

LGBTQ+ Safer Space Training
and Action Planning Workshop

Community Resources Tool Kit

Summer 2020



Virginia Department of
Behavioral Health &
Developmental Services

Thank you for partnering with DBHDS, Side by Side, and Virginia systems of care in providing safe, inclusive, and affirming spaces for Virginia’s LGBTQ+ youth. Together – with you, local, state, and national partners we can ensure that the behavioral health support that LGBTQ+ youth in Virginia receive is inclusive of affirming language, terminology, and policies through acknowledging the risk and protective factors that exist for LGBTQ+ youth. Enclosed in this tool kit are resources from organizations that affirm LGBTQ+ youth.

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Who is Side by Side and Why this work?

For over 25 years, Side by Side has supported **lesbian, gay, bisexual, transgender, queer, and questioning youth** in Virginia. As we strive to create supportive communities where Virginia's LGBTQ+ youth can define themselves, belong, and flourish, we want to ensure families, teachers, counselors, mentors and caring adults are aware of the programs, services and resources we offer.

Richmond LGBTQ+ Youth Programs and Services

Youth Support Groups

- **Youth of Color Group**
 - 2nd and 4th Mondays, 6:30 – 8:30pm
- **General Support Group**
 - Tuesdays, 6:30 – 8:30pm
- **Middle School Group**
 - Wednesdays, 6:00 – 7:30pm
- **Trans Support Group**
 - Thursdays, 6:30 – 8:30pm

Youth Services

- Meals provided for groups
- Free Counseling services
- Clothing and hygiene closet
- Housing services (ages 18-25)
- Youth Support Line
888.644.4390
24/7/365

Youth Leadership

- YLC (Youth Leadership Committee) application based program
- Youth Speakers Bureau

How Side by Side Helps the Community

Volunteer Opportunities

Volunteers help Side by Side do the work we do. Volunteers can bring meals, help at the youth center, support special events and become a volunteer facilitator to work directly with youth.

Informative Trainings for the Broader Community

Trainings on understanding LGBTQ+ identities and how to proactively create an inclusive community where youth can define themselves, belong, and flourish. These trainings seek to support individuals and organizations that work with LGBTQ+ youth.

Youth Centered Community Events

Side by Side hosts events and activities that are open to LGBTQ+ youth ages 11-20. They include the annual Richmond Alternative Prom in May, a Pool Party in August and the Youth Pride Village at the VA Pride Festival in September.

"When I am depressed, I like to come here because I feel important, and not once have I ever left here depressed. I can go in sad, but I never leave that way. It's a fun environment that cares about you."
- Side by Side Youth

To stay connected to what's happening with Side by Side visit our website:
www.sidebysideva.org



Common LGBTQ Terms and “Definitions”

“‘Definition’ is perhaps too strong a word; if our gender is ambiguous, then so is the rest of our existence. These definitions are approximately correct, but they are soft around the edges.” –Diane Wilson

Ally: In its verb form, ally means to unite or to form a connection between. In the LGBTQ community, allies are all those wonderful folks who have attempted to educate themselves about gender and sexuality issues, who work to reduce homophobia and transphobia in themselves, their families and communities, and who try their best to support LGBTQ people in the political, social and cultural arenas.

The LGBTQ+ Community: An umbrella term used to refer to people who self-identify as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, and all those whose identity transcends the bounds of culturally prescribed norms for gender and/or sexuality.

Gender: A set of social, psychological, and emotional traits, often influenced by societal expectations that classify an individual as masculine or feminine. Some terms referring to gender include:

- Cisgender: A person whose gender identity matches the sex they were assigned at birth.
- Gender Identity: refers to an individual’s internal sense of the gender they most identify as. Gender identity may change over time and may not conform with one’s sexual identity or gender expression.
- Gender Expression: refers to the way an individual expresses their gender according to social and cultural understandings of male and female through appearance, dress, mannerisms, speech patterns, and social interactions. Gender expression may change over time and from day-to-day and is not related to an individual’s gender identity.
- Non-binary: Used to describe a person who feels they do not fit within the traditional binaries of gender identity, gender expression, or sexual orientation.
- Transgender: a self-identifying term that describes a person whose gender identity is different than their assigned sex at birth. There are transgender people from every race, class, sexual orientation and ability. Trans is often preferable to transgender for some people.

Intersectionality: the interconnected nature of social identities such as race, class, gender, gender identity and sexual orientation, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

Queer: a self-identifying term which can be controversial because it has been used historically as a derogatory term to identify LGBTQ people. It has been widely reclaimed by people in the LGBTQ community to represent individuals whose gender and sexuality do not conform with typical gender and sexuality identities.

Questioning: a term used to describe someone who is questioning their gender identity or sexual orientation.

Sex: refers to the cluster of biological, chromosomal and anatomical features, including genitalia, hormone levels, genes, or secondary sex characteristics, as they are present in the human body. Some terms used to refer to sex are:



- Assigned Sex: the sex one is assigned at birth, generally by a medical professional, based on an examination of external genitalia.
- Intersex: A term used for a person born with internal or external reproductive or sexual anatomy that do not align with traditional definitions of female or male.

Sexual Orientation: the culturally defined set of terms people use to describe their feelings of attraction. Sexual orientation is not static and can shift over time. Some terms referring to sexual orientation include:

- Asexual: someone who does not have feelings of sexual attraction to another person.
- Bisexual: the attraction to more than one gender, whether on an emotional, physical, and/or sexual level.
- Gay: a term used mostly by a man who is attracted to men. It is a self-identifying term that describes feelings and emotions, not behavior.
- Lesbian: a term used mostly by a woman who is attracted to women. Again, like “gay,” “lesbian” is a self-identifying term that describes feelings and emotions, not behavior.
- Pansexual: the attraction to people of all sexual orientations, gender identities, and gender expressions. *Is sometimes referred to as “Pan” for short.*
- Same-Gender Loving: A self-identifying term, often used by communities of color, referring to people who are attracted to other people of the same gender.

Side by Side is an LGBTQ+ youth serving organization in Richmond, VA. We are dedicated to creating supportive communities where Virginia’s LGBTQ+ youth can define themselves, belong and flourish.

Terms and definitions were constructed with the help of:

- www.fyeahtransitioninggqs.tumblr.com (Specific Gender Identities/Expressions)
- www.Genderqueerid.com (Identities)
- List compiled with thanks and apologies to Raphael Carter, Evan Hempel and Joelle Ruby Ryan. Edited by Jack Skelton in 2007.
- *Trans Bodies, Trans Selves: A Resource for the Transgender Community*, Laura Erickson-Schroth, ed, New York: Oxford University Press, 2014.
- And the creative energy of Side By Side staff and volunteers

The Importance Names & Pronouns

A guide to why they matter and how they make a difference.

Why Names & Pronouns Matter

- Using someone's chosen name is a sign of respect and a way to build a relationship with someone. We often use people's chosen names instead of their given/legal name, for example using someone's nickname or middle name.
- We most often assign a person a pronoun based on their gender expression and assume we know who they are. It is better to ask people what pronouns they use.
- Our names are a reflection of our identity including but not limited to our gender, our faith, our race, and our culture.
- Pronouns in the English language denote gender, and using the incorrect pronoun is considered "misgendering" someone, or not respecting their gender identity.
- Our names and pronouns represent who we are and should be respected.

Quick Pronoun Use Guide*

Subject	Object	Possessive	Possessive Pronoun	Reflexive
He	Him	His	His	Himself
She	Her	Her	Hers	Herself
They	Them	Their	Theirs	Themselves
Ze	Hir	Hir	Hirs	Hirself

*please note this is not an exhaustive list of pronouns people use, but rather the most common we are currently seeing.

Examples of Using Pronouns

- Someone left **their** cell phone in my office, I hope **they** come back to get it soon.
- I'm excited to welcome Taylor to our team, **ze** joins us from our Atlanta branch where **ze** made a name for **hirself** with new innovative approaches.
- Chris is a graduate of VCU where **they** studied computer science. **They** is currently teaching English over at TJ.

What To Do If You Make a Mistake

Everyone makes mistakes! Apologize, try to fix it, and move on! The important thing is to not only apologize when you make a mistake, but work to change your behavior so the mistake does not continue. So when you misgender someone or use the wrong name, be sure to apologize and work to ensure it does not continue to happen.

Using a Legal Name vs. Chosen Name

There are times when you are required to use someone's legal name. This is solely on legal documents, including but not limited to:

- Employment record
- Tax documents (including W-2)
- Official school transcripts
- Medical record and insurance forms
- Legal ID (driver's license, passport)

Here are some examples of documents that are **NOT** legal documents that you can use a chosen name on, but often get confused as legal documents:

- Employee or School ID cards or badges
- Diplomas, class rosters, athletic rosters
- Name within employee or student system (example: intranet or "Bannerweb")
- Email addresses and business cards
- Listing in work or school directories



10 Things Transgender Youth in Virginia Want from their Schools

In May 2016, Side by Side asked some of our transgender youth involved in our YEL (Youth Engaged in Leadership) program what they wanted from their schools. Here's what they said:

1. Inclusive non-discrimination policy.
2. Publicly state support for transgender students.
3. Allow transgender students to use the restroom that they feel comfortable in, and have gender-neutral/single-use restrooms available. Similarly, allow transgender students to participate in school activities that align with their gender identity.
4. Have a policy that protects the confidentiality of a student and not sharing their transgender identity with other students, faculty, staff, or parents.
5. Provide a designated support system for students coming out as transgender and provide a transition plan.
6. Hire transgender & LGBTQ+ faculty/staff, and ensure there are also LGBTQ+ faculty/staff of color.
7. Include transgender people and stories in curriculum, ensuring these are not always negative stories.
8. Be aware of the language when communicating with students (ex: avoid "good evening ladies")
9. Provide transgender students inclusive resources both at and outside of school.
10. Bring in support from outside to provide training, education, and workshops, not just for faculty/staff, but also for students.

Side by Side is dedicated to creating supportive communities where Virginia's LGBTQ+ youth can define themselves, belong, and flourish.



2311 Westwood Ave.
Richmond, VA 23230
804-644-4800
www.sidebysideva.org



10 Tips for Adult Allyship

Here are 10 simple ways adults can support LGBTQ+ youth!

1. Listen without judgment.
2. Believe youth when they tell you who they are.
3. Consistently use the youth's name and pronoun.
4. Think thoughtfully about sharing youth information with their parents or family without youth consent.
5. Don't assume the youth's LGBTQ+ identity is their priority or all they care about.
6. Given the high rates of suicide and self-harm among LGBTQ+ youth, ensure that you are aware of the warning signs and how to help a youth in crisis!
7. Share positive stories, media, and history of LGBTQ+ people.
8. Allow the youth to come out on their own terms, and help them through the process by regularly checking-in with them.
9. Connect the youth to LGBTQ+ resources in your community like Side by Side.
10. Ensure youth know that they are loved and supported by caring and trusted adults!

Youth Support Line 888-644-4390

Side by Side is dedicated to creating supportive communities where Virginia's LGBTQ+ youth can define themselves, belong, and flourish.

**SIDE
BY 
SIDE**

2311 Westwood Ave.
Richmond, VA 23230
804-644-4800
www.sidebysideva.org



2020 General Assembly Updates

New laws going into effect on July 31, 2020:

- SB 245 - Ends conversion therapy on minors and bans use of state funds for conversion therapy on minors.
- SB 868 - Prohibits discrimination in public accommodations, employment, credit, and housing based on sexual orientation and gender identity.
- HB 618 - Adds gender, gender identity, disability, and sexual orientation to categories of hate crimes
- SB 246 - Requires the DMV to offer a "non-binary" gender option for Driver's Licenses and IDs. Denoted as an "X" marker.
- SB 657 - Easier for trans people to obtain a new birth certificate with updated name and sex.
- SB 161 - Protect trans kids! Requires the Dept. of Education to create model policies on the treatment of transgender students in public schools.

Side by Side Summary of:
Human Rights Campaign's
2019 Black & African American LGBTQ Youth Report

If you would like to read the report in it's entirety, the report can be found at HRC's website in their resource files. The direct URL is:

[https://assets2.hrc.org/files/assets/resources/HRC 2019 Black and African American LGBTQ Youth Report-FINAL-web.pdf?_ga=2.235729030.64558315.1590512564-452272939.1557404147](https://assets2.hrc.org/files/assets/resources/HRC%2019%20Black%20and%20African%20American%20LGBTQ%20Youth%20Report-FINAL-web.pdf?_ga=2.235729030.64558315.1590512564-452272939.1557404147)

**All data collected in this document was collected from surveys conducted by the Human Rights Campaign in partnership with researchers at the University of Connecticut. 1,600 Black and African American LGBTQ youth responded to this survey*

Supporting Black and African American LGBTQ Youth

Being both a person of color and LGBTQ+ can magnify discrimination and lead to intersecting oppressions. This can have a negative impact on Black and LGBTQ youth's mental health and well-being.

The support of youth-serving professional is very important when youth struggle with the absence of affirmation from their families and/or communities.

The Importance of Family

Parents and families are crucial in setting up environments for youth that foster positive self-esteem, mental health, and well-being. Black and African American LGBTQ youth whose families provide safe, supportive and affirming homes are more likely to experience positive health outcomes across several dimensions, including: greater self-esteem and resilience; a lowered risk of depression, distress and feelings of hopelessness; and a reduced risk of substance use.

- 77% of Black LGBTQ+ youth have heard family members say negative things about LGBTQ+ people
- 47% have been taunted or mocked by family for being LGBTQ+
- Only 19% say they can "definitely" be themselves at home
- Only 26% have had family get involved in the larger LGBTQ+ community

Supportive families can also work as a buffer for any discrimination or harassment faced in schools and communities. However, sharing sexual orientation or gender identities with family can be very stressful due to fear of rejection, usually compounded by negative comments heard from family in regard to the LGBTQ community. It is life-saving to support youth who do not receive support at home. Where possible it is also important to educate families in your community so that they can become support systems themselves.

The Burden of Rejection

Along with familial rejection Black LGBTQ+ youth can face harassment, peer rejection, bullying and isolation. Additionally it can be difficult for Black LGBTQ+ youth to access affirming counseling services, and even when they can access this support it is often of a lower quality than their peers and can be tarnished by intentional and unintentional discrimination.

Only 10 percent of respondents would be very comfortable discussing a question about their LGBTQ identity with a counselor. Several respondents wrote in that they would be more willing to talk about their identities if they knew their counselors were supportive and understanding of the interconnectedness of their LGBTQ and racial identities. Culturally competent and LGBTQ-affirming mental health service providers are essential to the well-being of Black LGBTQ+ youth.

- 18% have been forced to do unwanted sexual acts including;
 - 27% of transgender and gender-expansive youth
 - 14% of cisgender youth
- 8 in 10 rate their average stress level a 5 or higher on a 10 point scale
- 13% have been sexually attacked or raped
- 62% have experienced unwanted gestures, jokes, or comments
- 80% “usually” feel depressed or down
- 71% “usually” feel worthless or hopeless
- 80% “usually” feel worried, nervous, or panicked
- Only 35% received counseling in the past year
- 46% feel critical of their LGBTQ+ identities

When Schools Fall Short

While some schools offer safe and affirming spaces that enable LGBTQ youth to thrive, many young people still experience negative – and even hostile – school environments.

Even in schools that seek to protect LGBTQ students from discrimination and bullying, Black youth still face more barriers than their peers. The School-to-Prison Pipeline refers to a set of policies, procedures and barriers (such as increased police presence on campus or bias-ridden disciplinary policies) that pushes students out of school and into disciplinary settings. Research shows that youth of color, and particularly LGBTQ youth of color, are more likely to be negatively impacted and unfairly disciplined via these policies than their peers, and therefore are more likely to be forced out of school before graduation.

Youth-serving professionals must address both LGBTQ inclusion and anti-racism when designing policies and programs to support Black and African American LGBTQ youth in schools.

- Only 35% can “definitely” be themselves in school, including;
 - 27% of transgender and gender-expansive youth
 - 38% of cisgender LGBTQ youth
- 32% always feel safe in the classroom
- 40% have been bullied on school property within the last 12 months

- 21% have heard positive messages about being LGBTQ+ in school
- 20% have received information about safer sex that was relevant to them in school
- 67% have been verbally insulted because of their LGBTQ identity, including;
 - 82% of transgender and gender-expansive youth
 - 61% of cisgender LGBTQ+ youth
- 30% have been physically threatened because of their LGBTQ+ identity, including;
 - 41% of transgender and gender-expansive youth
 - 25% of cisgender LGBTQ+ youth

At the Intersection: Racism-Related Stress

Negative experiences, in any context, have a large impact on Black LGBTQ+ youth as they navigate interconnected forms of discrimination.

To understand the experiences of Black and African American LGBTQ youth, we must acknowledge the impact of historical and contemporary realities of white supremacy. The combination of discriminatory policies, systems, portrayals and biases complicate the ability of Black and African American LGBTQ youth to fully express and explore their intersecting racial and LGBTQ identities.

White supremacy can also manifest itself when youth-serving professionals fail to acknowledge, address and/or examine their own roles in perpetuating harmful systems of discrimination for Black youth. It is possible to unintentionally perpetuate white supremacy. Individuals often are ill-equipped and/or react negatively when asked to do the difficult work of confronting their own roles in oppression and societal discrimination.

However, in building a world where Black youth can thrive, we all must dismantle the barriers that deprive them of equal opportunities, dignity and respect. Both white and non-Black people of color allies must actively work to eliminate the forms in which anti-Blackness appears in our daily lives, communities and society as a whole. These efforts must also include examining our own personal experiences or implicit biases, and how our complicity in anti-Blackness upholds white supremacy, while questioning how our society continues to hold Black and African American people to differing standards and actively and passively discriminates against them in all areas of life.

- 90% have experienced racial discrimination
- 98% say racism affects the lives of Black people
- 91% say racism has impacted the lives of their friends and family
- Only 50% believe Black people are regarded positively in the United States

Gender-Expansive Youth Need Our Support

For Black and African American gender-expansive youth, serious challenges navigating their school system can be magnified by peers, teachers and staff harboring both anti-transgender and anti-Black biases. Furthermore, mainstream coverage of the transgender community often exclusively features white narratives, leaving out the contributions and legacies of transgender individuals of color and further impeding the ability of Black and African American transgender youth to receive necessary and overdue support from people in their lives.

Black transgender and gender-expansive youth report that they often feel unsafe and unprotected at school. They also report being barred from using locker rooms and bathroom facilities that match their gender identity, being misgendered, and getting called the wrong name by adults and peers.

- Restrooms:
 - 50% of Black transgender and gender-expansive youth can never use the restroom that aligns with their gender identity at school
 - 57% don't feel safe using them
 - 47% don't know if they're allowed
 - 63% try to avoid using the restroom during the school day
- Only 41% are always called by their true name
- Only 21% are always called by the correct pronouns
- Only 29% are able to dress in a way that completely reflects their gender identity

Coming Out

Black youth who identify as LGBTQ can face a more complex process than some of their peers as they reconcile multiple and intersecting identities. Cultural norms, religious identities and family dynamics can pull youth in different directions as they navigate the coming out process.

Yet, studies show that LGBTQ youth who live openly are more likely to experience positive outcomes such as better academic performance, higher self-esteem, and lower rates of anxiety and depression.

To best support Black and African American LGBTQ youth through the coming out process, youth-serving professionals must take into account how intersectional factors shape each individual's experience.

What You Can Do

Five Things You Can do to Support Black LGBTQ Young People

1. Elevate Black LGBTQ+ Narratives
2. Expand opportunities and resources for parents of Black LGBTQ+ youth to become better advocates for their children
3. Advocate for more inclusive educational spaces that provide equal and enhanced opportunities for Black and African American youth to succeed.
4. Encourage youth-serving professionals, especially health care professionals, to adapt their practices to actively dismantle systems of oppression that harm Black and African American LGBTQ youth.
5. Support and address policy reform that uniquely impacts Black and African American LGBTQ youth.

VALUES CONT.

TRUST/ACCESSIBILITY

We trust and follow the fierce leadership that already exists within our communities, particularly centering people who are most affected by oppression and violence.

FUN/CREATIVITY

We believe that creativity fosters resiliency and hope. Having fun together is essential to our survival.

INTEGRITY/TRANSPARENCY

We depend on our community to hold us accountable in matching our organizational actions with our stated values. We commit to being open, honest, and consistently showing up as we learn and grow in community.

LANGUAGE JUSTICE

We believe that language is power. We commit to the evolving work of language justice to provide support for diverse LGBTQ+ communities that have historically been silenced.



OUR MISSION

THE VIRGINIA ANTI-VIOLENCE PROJECT WORKS TO ADDRESS AND PREVENT VIOLENCE WITHIN AND AGAINST DIVERSE LGBTQ+ COMMUNITIES ACROSS VIRGINIA



804.925.9242



info@virginiaavp.org



www.virginiaavp.org

LGBTQ HELPLINE

free | 24/7 | confidential |
support | safety planning & help in crisis

TEXT: 804.793.9999

CALL: 866.356.6998 V/TTY

WEB CHAT: www.vadata.org/chat

**TODOS LOS SERVICIOS SON
GRATIS Y DISPONIBLES EN
INGLÉS Y ESPAÑOL**

**ALL SERVICES ARE FREE AND
AVAILABLE IN BOTH
ENGLISH AND SPANISH**

VALUES

COMMUNITY

We long to feel engaged with each other, to show up, to be seen and heard, and to feel valued. We join our community in building acceptance and connection.

FAMILY & RELATIONSHIPS

We celebrate chosen & biological families & relationships in all of their beautiful queer/trans variations. We recognize the importance of having fun conversations about how sex, intimacy, gender identity, and consent are central and crucial to our lives.

INTERSECTIONALITY & RACIAL JUSTICE

We challenge our communities to honor the wholeness of our identities. We acknowledge that some in our communities are disproportionately impacted by oppression. We commit to addressing and dismantling white supremacy.

LCBQTQ+ LIBERATION/EQUITY

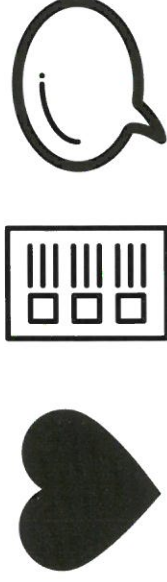
We believe that all LGBTQ+ people should have equitable access to resources and we work in many different spaces to make this belief a reality. To end violence, we must work toward full LGBTQ+ liberation.

FREE SERVICES

INDIVIDUAL ADVOCACY & SUPPORT



Listening
Validation
Safety Planning



Emotional Support
Help filling out forms
Licensed Therapy



Accompaniment (court, hospital, police, housing)
Connect to other resources/services (food, clothes, etc.)



Talk through healthy & unhealthy relationships
Emergency housing
Finding ways to take care of ourselves

COMMUNITY BUILDING

- **Queer Healthy Love Classes** - Explore skills we need to build relationships we want
- **Support Groups** - Groups for LGBTQ+ folks to process unhealthy relationships & unwanted sexual experiences
- **Wellness Events** - Activities to encourage self-care and fun
- **Pop-up Hour** - Confidential walk-in times w/ LGBTQ+ advocates
- **Survivor Retreats** - Healing space for LGBTQ+ folks impacted by violence
- **Community Engagement/Volunteer Program** - Help lead the community building work at VAVP

PRESENTATIONS/TRAINING

Intersections of LGBTQ+ Identities + Violence

- Δ Latinx and/or Spanish-speaking Communities
- Δ Transgender and Gender Non-Conforming Communities
- Δ People Of Color Communities
- Δ Youth Δ Older adults

LGBTQ+ Healthy Relationships/Sexuality

VAVP 101: Who We Are & What We Do (Services)

Tailored Trainings Available By Request

ONLINE PROGRAMMING

NAMI FAMILY SUPPORT GROUP FOR PARENTS OF CHILDREN 17 AND UNDER- NEW!

This is a free, peer led support for parents of children living with mental health challenges. Our NAMI Family Support Groups offer a confidential space to share and gain sincere uncritical acceptance from others with similar experiences.

When: 1st and 3rd Wednesdays of the month from 7:00 pm – 8:00 pm. via Zoom.
If interested, please email mwalsh@namivirginia.org for the link.



CHILDREN'S CHALLENGING BEHAVIORS (CCB)

Education Course
Registration is required.

NAMI Virginia has adapted this in person workshop to be offered online. Children's Challenging Behaviors provides education and support for parents of children living with mental health challenges. Parents learn when and how to seek help, develop parenting strategies, learn the ins and outs of special education and other educational supports, and discover community resources available to families and youth

The course is led by trained and experienced parents who provide information to help other parents understand typical behaviors versus challenging behaviors that require intervention. **CCB will be taught on Zoom over the course of 3 days with 2-hour classes.**



NAMI BASICS ON DEMAND

Education Course
Registration is required.

NAMI Basics OnDemand is an adaptation of NAMI Basics and is a free, six-session online education program for parents, caregivers and other family who provide care for youth aged 22 or younger who are experiencing mental health symptoms. You'll learn the facts about mental health conditions and how best to support your child at home, at school and when they're getting medical care.

The course is taught by a trained team with lived experience—they know what you're going through because they've been there. The 6-session program provides critical strategies for taking care of your child and learning the ropes of resiliency and recovery.

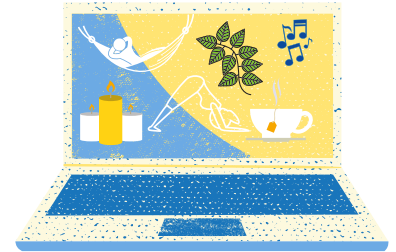


ONLINE PROGRAMMING FOR YOUTH AND YOUNG ADULTS

GUIDED SELF CARE

This is a twice monthly, one-hour long activity based group for both YA and Youth. Facilitators will guide the group through a new self-care practice as the participants partake in the practice on Facebook live through the YOUTH MOVE Facebook page.

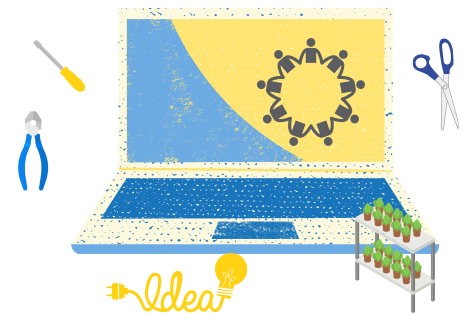
When: *The 2nd and 4th Mondays of the Month from 6pm-7pm*



STAY IN AND STAY BUSY

This event, for both Youth and YA, is held on Youth MOVE's Facebook page and focuses on creative ways to make a difference during social distancing while sharpening your own personal leadership approach in a safe environment with your peers. Topics include but are not limited to, using your lived experience, remote volunteer projects, community engagement, and leadership.

When: *Every Wednesday from 7pm-8pm*



FILM AND FRIENDS

This a weekly film screening that allows all participants to view that same movie in real time through a shared link created by the Netflix Party on Google Chrome. This is limited to 15 participants per viewing party and allows movie goers to respond to one another in a chat box for all to view. The goal is to relax and have fun while viewing a film with individuals who share similar lived experiences with mental health.

When:

- *1st and 3rd Friday for Youth (14-17) 7:00pm-9:00 pm*
- *2nd and 4th Friday for young adults 7:00pm-9:00 pm*

Registration is required.



(As of 6/10/2020)

Substance Abuse Recovery:
Alcoholics Anonymous of Virginia
LGBTQ+ Affirming Support Groups

Journey to Serenity LGBTQIA...& ALLIES

Spiritworks Foundation
 Wednesdays at 6:30pm
 5800 Mooretown Rd.
 Williamsburg, VA 23188

All Queer No Beer

RVA Light
 Saturday at 5:00pm
 504 W Broad St.
 Richmond, VA 23220

Diversity Big Book

Diversity Richmond
 Thursdays at 7:00pm
 1407 Sherwood Ave.
 Richmond, VA 23220

LGBTQ+ Serenity

Diversity Richmond
 Saturdays at 7:00pm
 1407 Sherwood Ave.
 Richmond, VA 23220

Peace & Serenity

Triangle Stepping Stones Sober Club
 Thursdays at 7:00pm
 3279 Lake Powell Rd.
 Williamsburg, VA 23185

Diverse Reflections

Diversity Richmond
 Sundays at 11:30am
 1407 Sherwood Ave.
 Richmond, VA 23220

Diversity Beginnings

Diversity Richmond
 Fridays at 5:30pm
 1407 Sherwood Ave.
 Richmond, VA 23220

Third Tradition Group

LGBTQ Center
 Saturdays at 12:00pm
 13 W Beverley St., 5th Floor
 Staunton, VA 24401

(As of 6/10/2020)

Substance Abuse Recovery:**Gay & Sober***LGBTQ+ Affirming Support Groups***ALEXANDRIA****Back to Basics AA**

Westminister Presbyterian Church
 Thursdays at 8pm
 2701 Cameron Mills Rd.
 Room 103/105

Tools for Sobriety Group AA

St. Clements
 Saturdays at 10:30am
 1701 N. Quaker Ln.

ARLINGTON**Step Up CMA**

First Presbyterian Church
 Mondays at 7pm
 601 N Vermont
 room 204

Hearts Alive Group AA

St. John's Episcopal Church
 Tuesdays at 7pm
 415 S. Lexington Street

Live and Let Live Gay Group AA

Arlington Unitarian Church
 Tuesdays at 8pm
 4444 Arlington Blvd.

Tools for Sobriety AA

Calvary United Methodist Church
 Wednesdays at 7pm
 2315 Grant Street

Lambda AA

Arlington Unitarian Church
 Saturdays at 8:30pm
 4444 Arlington Blvd.

FREDERICKSBURG**Rainbow Group AA**

Snowden Treatment Center
 Fridays at 7pm
 1200 Sam Perry Blvd.
 Room 119

NEWPORT NEWS**I Will Survive Group AA**

Warwick Church of Christ
 Mondays at 7pm
 10 Matoaka Ln.

NORFOLK**LGBT Center Meeting AA**

The Norfolk LGBT Center
 Thursdays at 6:30pm
 247 W. 25th Street

Saturday Night Live AA

First Lutheran Church
 Saturdays at 8pm
 1301 Colley Ave

(As of 6/10/2020)

Substance Abuse Recovery:**Gay & Sober***LGBTQ+ Affirming Support Groups***RICHMOND****12 & 12 AA**

St. Jame's Episcopal Church
 Mondays at 7:30pm
 1205 W. Franklin Street

Wednesday Gay Group AA

St. Jame's Episcopal Church
 Wednesdays at 6:30pm
 1205 W. Franklin Street

Friday Rainbows AA

St. Jame's Episcopal Church
 Fridays at 6:30pm
 1205 W. Franklin Street

Gay Serenity AA

Retreat Hospital
 Saturdays at 7pm
 2621 Grove Ave.

Double Anonymity AA

St. Jame's Episcopal Church
 1205 W. Franklin Street
 8:30pm

ROANOKE VALLEY**Gay Group AA**

Sundays at 5pm
 828 Campbell Ave. SW.

VIRGINIA BEACH**The Family Room Group AA**

Emmanuel Episcopal Church
 Saturdays at 6:30pm
 5181 Princess Anne Rd.
 Suite 103

(As of 6/10/2020)

Substance Abuse Recovery:
Narcotics Anonymous of Virginia
LGBTQ+ Affirming Support Groups

Second Floor Serenity Clubhouse
Rainbow Connection Room
Sundays at 7:00pm
6020 Midlothian Turnpike
Richmond, VA 23225

Unity of Richmond
Fridays at 9:00pm
800 Blanton Ave.
Richmond, VA 23221

LGBT Life Center
(Entrance on corner of Llewellyn and 25th St)
Tuesdays at 6:00pm
248 West 24th St.
Norfolk, VA 23517

THE **TREVOR** PROJECT

NATIONAL

SURVEY

ON

LGBTQ

YOUTH

MENTAL

HEALTH

2019

INTRODUCTION

I'm proud to share The Trevor Project's inaugural National Survey on LGBTQ Youth Mental Health.

This is our first wide-ranging report from a cross-sectional national survey of LGBTQ youth across the United States. With over 34,000 respondents, it is the largest survey of LGBTQ youth mental health ever conducted and provides a critical understanding of the experiences impacting their lives.

This ground-breaking survey provides new insights into the challenges that LGBTQ youth across the country face every day, including suicide, feeling sad or hopeless, discrimination, physical threats and exposure to conversion therapy.

The data provides a sobering look at how far we still have to go to protect LGBTQ young lives. But the survey also reveals the resilience and diversity of LGBTQ youth and provides guidance on what can be done to enable them to survive and thrive.

Among some of the key findings of the report from LGBTQ youth in the survey:

- **39% of LGBTQ youth** seriously considered attempting suicide in the past twelve months, with more than half of transgender and non-binary youth having seriously considered
- **71% of LGBTQ youth** reported feeling sad or hopeless for at least two weeks in the past year
- **Less than half of LGBTQ respondents** were out to an adult at school, with youth less likely to disclose their gender identity than sexual orientation
- **2 in 3 LGBTQ youth** reported that someone tried to convince them to change their sexual orientation or gender identity, with youth who have undergone conversion therapy more than twice as likely to attempt suicide as those who did not
- **71% of LGBTQ youth** in our study reported discrimination due to either their sexual orientation or gender identity
- **58% of transgender and non-binary youth** reported being discouraged from using a bathroom that corresponds to their gender identity
- **76% of LGBTQ youth** felt that the recent political climate impacted their mental health or sense of self
- **87% of LGBTQ youth** said it was important to them to reach out to a crisis intervention organization that focuses on LGBTQ youth and **98%** said a safe space social networking site for LGBTQ youth would be valuable to them

The Trevor Project's National Survey on LGBTQ Youth Mental Health is part of our commitment to use research and data to continually improve our life-saving services for LGBTQ youth and expand the knowledge base for organizations around the globe.

This survey builds upon critical research done by many of our partner organizations over the years and we are particularly proud that it is inclusive of youth of more than 100 sexual orientations and more than 100 gender identities from all 50 states across the country.

We hope this report elevates the voices and experiences of LGBTQ youth, providing insights that can be used by the many organizations working alongside The Trevor Project to support LGBTQ young people around the world. We also hope this report shows LGBTQ youth that we hear them, that their lives have value, and that we are here to support them 24/7.



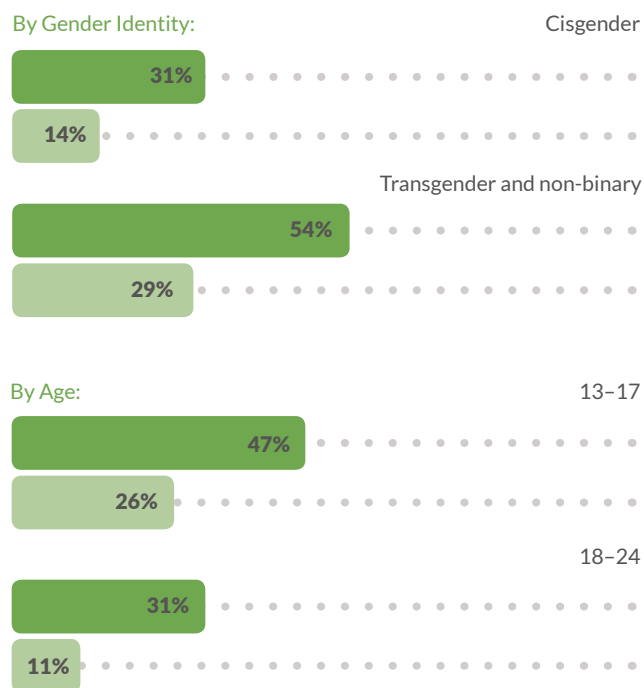
Amit Paley
CEO & Executive Director
The Trevor Project

SUICIDALITY & MENTAL HEALTH

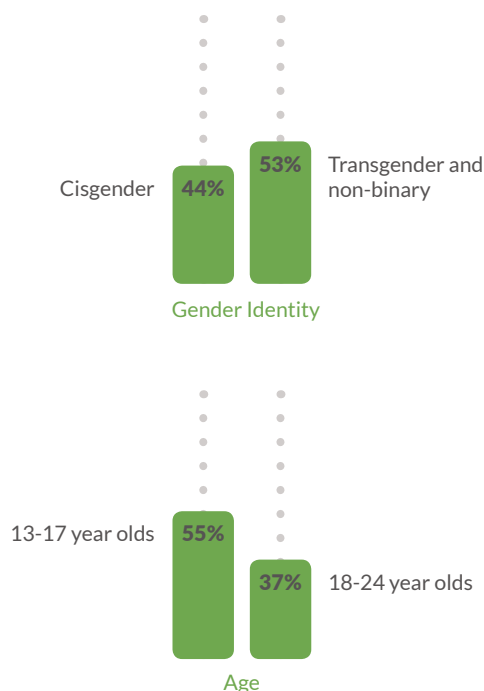
39% of LGBTQ respondents seriously considered attempting suicide in the past twelve months.

More than half of transgender and non-binary youth have seriously considered suicide.

LGBTQ youth that
 ■ considered and ■ attempted suicide:



Youth who attempted suicide among those who considered:



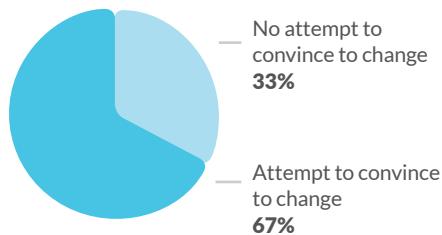
71% of respondents reported feeling sad or hopeless for at least two weeks in the past year

- **Over 18% of LGBTQ respondents** attempted suicide in the past twelve months
- **29% of transgender and non-binary youth respondents** have attempted suicide
- **76% of the sample** felt that recent politics impacted their mental health or sense of self
- **47% of the sample** received psychological or emotional counseling from a mental health professional

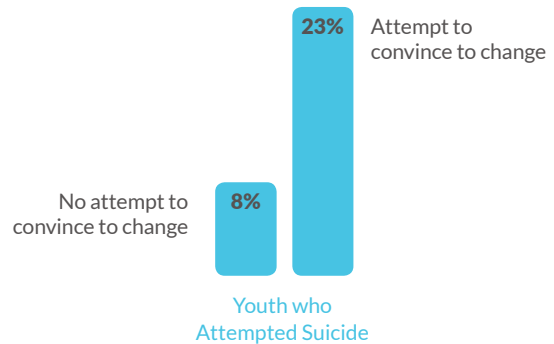
CONVERSION THERAPY & CHANGE ATTEMPTS

2 in 3 youth in our study reported that someone tried to convince them to change their sexual orientation or gender identity.

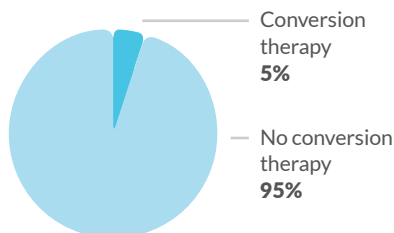
LGBTQ youth who reported someone attempted to convince them to change their sexual orientation or gender identity*:



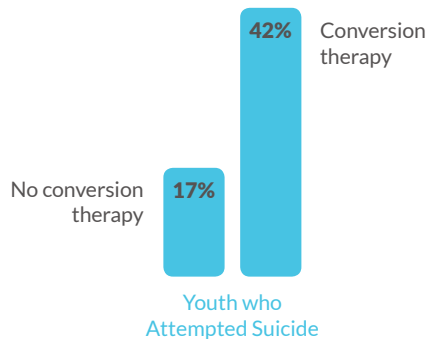
Youth who attempted suicide, comparison of those who experienced attempts to change their sexual orientation or gender identity to those who had not:



LGBTQ youth who reported undergoing conversion therapy*:



Youth who attempted suicide, comparison of those who experienced conversion therapy with those who had not:



57 % of transgender and non-binary youth who have undergone conversion therapy report a suicide attempt in the last year.

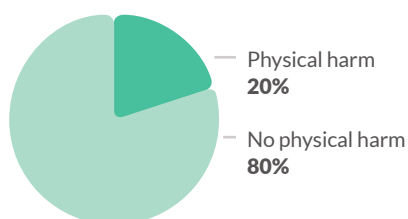
* Some LGBTQ youth who have undergone conversion therapy may not use that term to describe their experience. We asked youth separately whether someone attempted to convince them to change their sexual orientation or gender identity and whether they underwent conversion therapy in order to fully capture the ways youth experience efforts to change their sexual orientation or gender identity.

DISCRIMINATION & PHYSICAL HARM

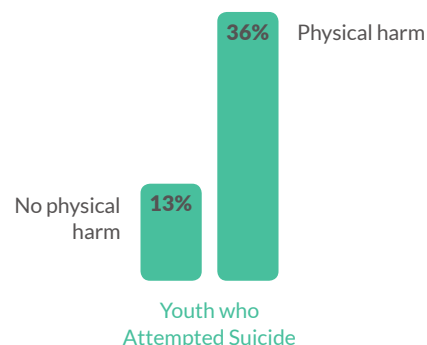
71% of LGBTQ youth in our study reported experiencing discrimination due to either their sexual orientation or gender identity.

78% of transgender and non-binary youth reported being the subject of discrimination due to their gender identity and **70% of LGBTQ youth** reported discrimination due to their sexual orientation.

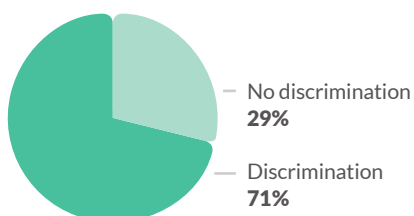
LGBTQ youth who experienced physical harm due to either their sexual orientation or gender identity:



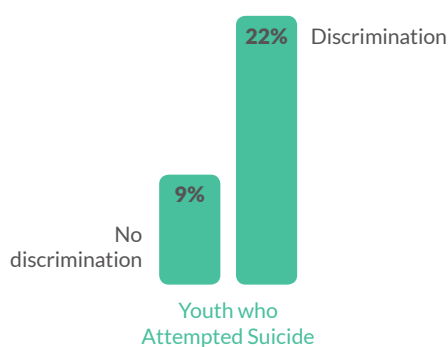
Youth who attempted suicide, comparison of those who experienced physical harm with those who had not:



LGBTQ youth who experienced discrimination due to either their sexual orientation or gender identity:



Youth who attempted suicide, comparison of those who experienced discrimination with those who had not:



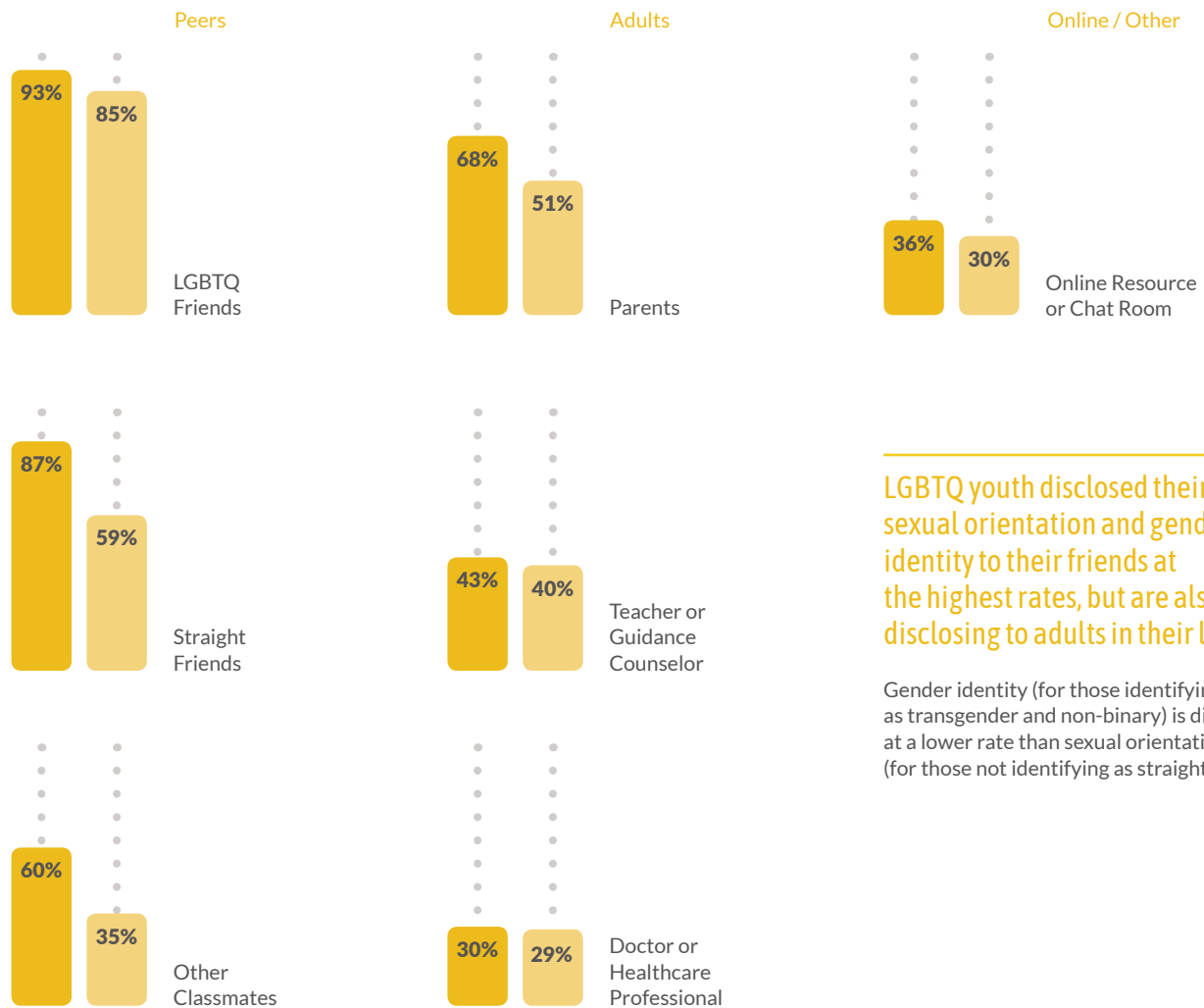
58% of transgender and non-binary youth reported being discouraged from using a bathroom that corresponds to their gender identity.

DISCLOSURE

Less than half of LGBTQ respondents were out to an adult at school.

Youth are **less likely** to disclose their gender identity than sexual orientation.

With whom do LGBTQ youth share their ● sexual orientation and ● gender identity?



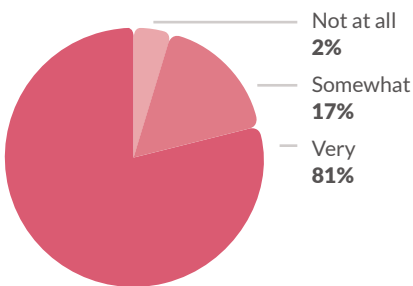
LGBTQ youth disclosed their sexual orientation and gender identity to their friends at the highest rates, but are also disclosing to adults in their lives.

Gender identity (for those identifying as transgender and non-binary) is disclosed at a lower rate than sexual orientation (for those not identifying as straight).

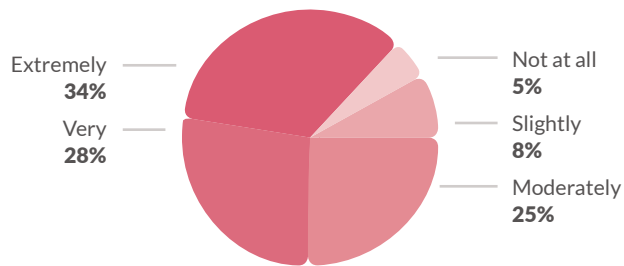
YOUTH SUPPORT PREFERENCES

76% of youth respondents indicated that they would be somewhat to extremely likely to reach out via text or chat in a crisis.

How valuable is an LGBTQ safe-space networking site?

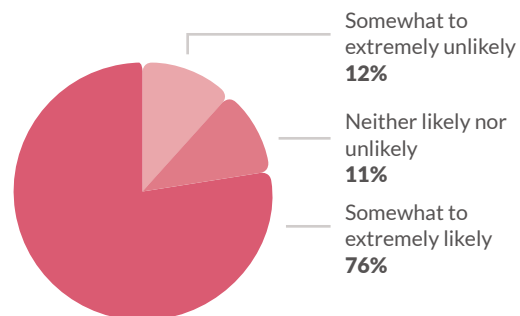


How important would it be to you to reach out to a crisis intervention organization focused on LGBTQ youth?



Youth indicated a strong digital preference for reaching out when in crisis.

If you needed to reach out to a crisis intervention organization for support, how likely are you to reach out via chat/instant message or text message?

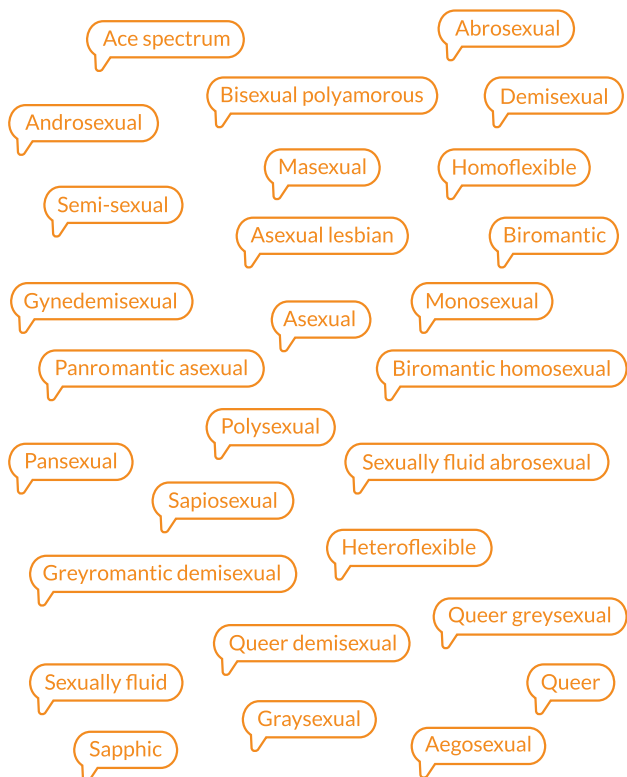


DIVERSITY OF LGBTQ YOUTH

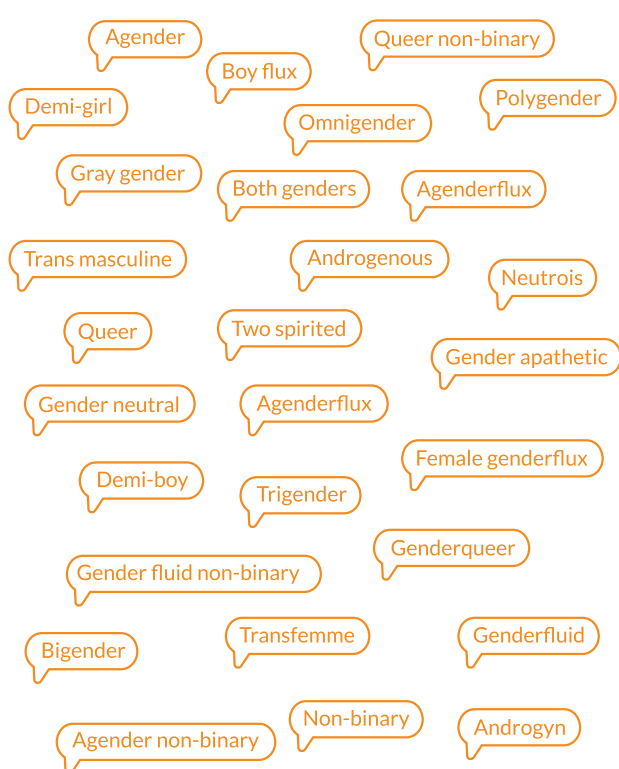
LGBTQ youth are **in all parts and communities of America**, with a **large amount** identifying sexual orientation and gender identity in non-binary ways.

Respondents were from **all 50 states**. **39%** were religious.

LGBTQ youth in the survey identified with more than 100 sexual orientations



LGBTQ youth in the survey identified with more than 100 gender identities



RESEARCH

The mission of The Trevor Project's Research Department is to **produce and use innovative research** that brings new knowledge and clinical implications to the field of suicidology and LGBTQ mental health.

To address this mission we:

Advance Scientific Inquiry

Providing empirical data to better understand the lives of LGBTQ youth and suicidality including risk factors, protective factors, and outcomes.

- The Trevor Project will be a leading source of scientific information on the needs and strengths of LGBTQ youth
- The Trevor Project will collaborate with key national and international research teams and agencies to improve the lives of LGBTQ youth

Support The Trevor Project's Life-Saving Work

Using internal and external data and research findings to advance Trevor's crisis services and peer support programs as well as advocacy and education initiatives.

- The Trevor Project's advocacy and training activities will be supported by data collected directly by The Trevor Project as well as evidence gathered from the broader research literature
- The Trevor Project will embody an evidence-informed culture in which all staff are supported and recognized in the use of research evidence

Inform Public Knowledge

Ensuring our research and evaluation findings are applicable and widely communicated to the broader public including LGBTQ-youth-serving agencies and mental health organizations.

- The Trevor Project will serve as a national model on how to integrate the best research evidence into its practices, programs, and policies
- The Trevor Project will be a leading resource on terminology related to LGBTQ youth

Recommended Citation

The Trevor Project. (2019).
National Survey on LGBTQ Mental Health.
New York, New York: The Trevor Project.

For additional information please contact:
Research@TheTrevorProject.org

METHODOLOGY

The content and methodology for The Trevor Project's 2019 National Survey on LGBTQ Mental Health were approved by an independent Institutional Review Board.

A quantitative cross-sectional design was used to collect data using an online survey platform between February 2, 2018 and September 30, 2018.

A sample of individuals ages 13–24 who resided in the United States were recruited via targeted ads on social media. No recruitment was conducted via The Trevor Project website or TrevorSpace. Respondents were defined as being LGBTQ if they identified with a sexual orientation other than straight/heterosexual, a gender identity other than cisgender, or both. In order to ensure representativeness of the sample, targeted recruitment was conducted to ensure adequate sample sizes with respect to geography, gender identity, and race/ethnicity. Qualified respondents completed a secure online questionnaire that included a maximum of 110 questions.

Questions on sexual orientation and gender identity (SOGI) were aligned with the best practices identified in SOGI measurement. Questions on depressed mood and suicidality in the past twelve months were taken from the Center for Disease Control and Prevention's Youth Risk Behavior Surveillance Survey to allow for direct comparisons to their nationally representative sample.

Each question related to mental health and suicidality was preceded by a message stating:

"If at any time you need to talk to someone about your mental health or thoughts of suicide, please call The Trevor Project at 1-866-488-7386."

Participation was voluntary, informed consent was obtained, and no names or personal details were included ensuring confidentiality.

A total of 34,808 youth consented to complete the online survey. Youth who indicated that they lived outside of the U.S. (n=475) received a message that they were ineligible to participate in the survey. Youth who indicated that they were both cisgender and straight (n=294) were excluded from the sample. A filter was applied to indicate youth who either a) completed less than half of the survey items or b) reached the end of the survey within three minutes (n=8,091).

Additionally, a mischievous responders analysis identified and removed 52 youth who either provided highly unlikely answers (e.g., selecting all possible religious affiliations and race/ethnicity categories) and/or who provided obvious hate speech about LGBTQ populations in any of the free response options.

The final analytic sample was comprised of 25,896 LGBTQ youth in the United States.

Preliminary analyses were conducted to identify any potential problems with redundancy (e.g., multicollinearity) among similar variables such as experiences of discrimination and victimization. All variables contributed uniquely to indicators related to suicidality.

This report uses "transgender and non-binary" as an umbrella term to encompass non-cisgender youth, which includes young people who identify as transgender or non-binary as well as gender expansive, differently gendered, gender creative, gender variant, genderqueer, agender, gender fluid, gender neutral, bigender, androgynous, or gender diverse.

METHODOLOGY

COMPARABILITY

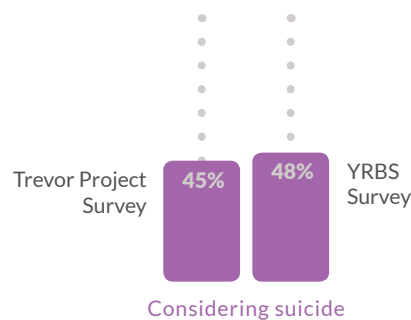
In order to better understand how our sample compares to a national probabilistic sample, we included questions regarding suicidality that were identical to those used by the Center for Disease Control and Prevention (CDC) in their Youth Risk Behavior Surveillance Survey (YRBS).

Analyses were conducted to compare rates of seriously considering suicide and attempting suicide in the past 12 months among youth ages 13–18 in our sample to the 2017 YRBS sample of lesbian, gay, and bisexual (LGB) youth.

YRBS prevalence rates among LGB youth for seriously considering suicide (48%) were comparable to rates among the same age range in our sample (45%).

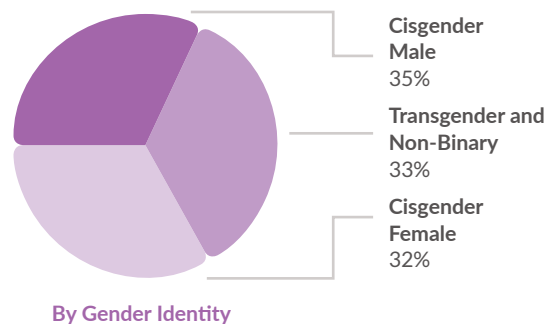
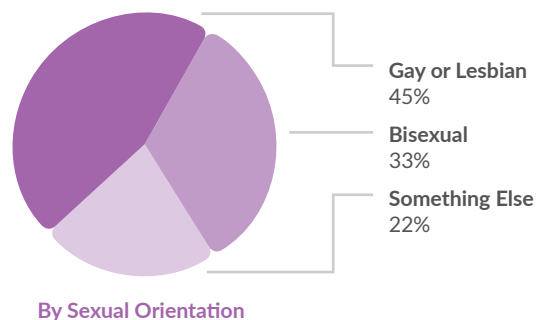
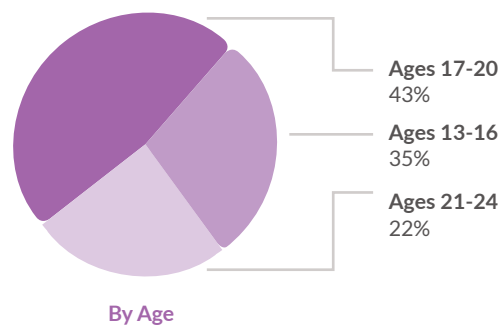
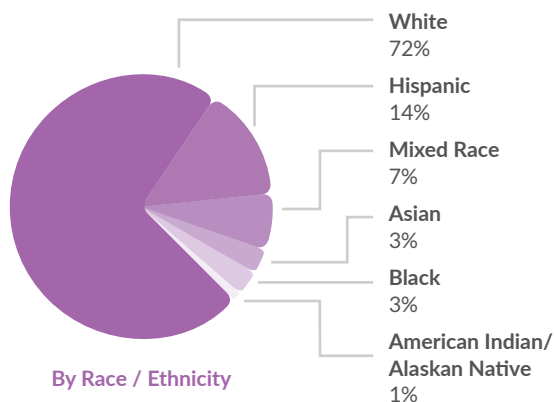
Similarly 23% of LGB youth in the 2017 YRBS reported a suicide attempt in the past 12 months compared to 24% in our sample.

Comparability metrics: Trevor Project Survey and YRBS Survey



PARTICIPANTS

Youth participants in the survey were recruited broadly and represented a wide-range of the LGBTQ community.





The Trevor Project is the world's largest suicide prevention and crisis intervention organization for LGBTQ youth.

Need Help? We are here for you 24/7

For over 20 years, we have worked to save young lives by providing support through Trevor's free and confidential crisis services programs, including TrevorLifeline, TrevorChat, and TrevorText. We also run TrevorSpace, the world's largest safe space social networking site for LGBTQ youth, and operate innovative advocacy, research, and education programs across the country.



TrevorLifeline

The only nationwide, 24/7 crisis and suicide prevention lifeline offering free and confidential counseling for LGBTQ youth.



TrevorText

A free, confidential, secure service for LGBTQ youth to text a trained Trevor counselor for support and crisis intervention.



TrevorChat

A free, confidential and secure instant messaging service that provides live help for LGBTQ youth by trained counselors.



TrevorSpace

The world's largest safe space social networking community for LGBTQ youth, their friends, and allies.

www.TheTrevorProject.org

@TrevorProject
 @TheTrevorProject
 @TrevorProject



Trevor Research

Our programmatic evaluations ensure we significantly reduce suicidality with our services, and we also publish external research to help peers support LGBTQ youth.



Trevor Advocacy

Our advocacy work at the federal, state, and local levels includes publicly advocating for/against particular bills and filing/joining amicus briefs in major cases.



Trevor Education

Our online education programs include information about school policies and training programs for teachers and guidance counselors.



A PRACTITIONER'S RESOURCE GUIDE:

Helping Families to Support Their LGBT Children

ACKNOWLEDGEMENTS

A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children was prepared by Caitlin Ryan, PhD, ACSW, Director of the Family Acceptance Project at San Francisco State University under contract number HHSP233201200519P for SAMHSA, HHS.

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RECOMMENDED CITATION

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Introduction

Since the early 1990s, young people have increasingly been coming out or identifying as lesbian, gay, and bisexual, and more recently as transgender, during adolescence. This coincides with greater awareness and visibility of lesbian, gay, bisexual, and transgender (LGBT) people in society, the media, schools, congregations, and communities. More widespread access to information about sexual orientation, gender identity, and LGBT resources through the internet has contributed to significant changes in how children and adolescents learn about LGBT people and their lives. And increasingly, this has helped young people come out at much earlier ages than prior generations of LGBT adults. (For information about sexual orientation and gender identity, see “Definitions” on the following page.)

Coming out at earlier ages has important implications for how practitioners work with children, youth, and families, how they educate parents, families, and caregivers about sexual orientation and gender identity, and how services are provided to LGBT children and adolescents. Historically, services for LGBT youth and later for transgender youth were developed to protect them from harm, including from parents and families that were perceived as rejecting or incapable of supporting their sexual minority children. As a result, services evolved over several decades to serve LGBT adolescents either individually – like adults – or through peer support, and not in the context of their families (Ryan, 2004; Ryan & Chen-Hayes, 2013).

Even though families, in general, play a critical role in child and adolescent development and well-being, and connections to family are protective against major health risks (Resnick et al., 1997), until recently little was known about how parents reacted to their LGBT children from the perspective of parents and caregivers (Bouris et al., 2010; Diamond et al., 2012; Ryan, 2010) or how they adapted and adjusted to their LGBT children over time. As a result, many practitioners assumed that little could be done to help parents and families who were perceived as rejecting to support

their LGBT children. So few practitioners tried to engage or work with these families (Ryan & Chen-Hayes, 2013). Nevertheless, earlier ages of coming out coupled with emerging research which indicates that families of LGBT adolescents contribute significantly to their children’s health and well-being call for a paradigm shift in how services and care are provided for LGBT children and adolescents (Ryan, 2010).

Research findings that show the critical role of family acceptance and rejection – and earlier ages of coming out – call for a paradigm shift to serve LGBT children and adolescents in the context of their families.

This new family-oriented approach to services and care requires practitioners to proactively engage and work with families with LGBT children and adolescents. This includes providing accurate information on sexual orientation and gender identity for parents and caregivers early in their child’s development; engaging, educating, counseling, and making appropriate referrals for families with LGBT children; and in particular, helping parents and caregivers who react to their LGBT children with ambivalence and rejection understand how their reactions contribute to health risks for their LGBT children (Ryan & Chen-Hayes, 2013).

The overall objective in helping families learn to support their LGBT children is not to change their values or deeply-held beliefs. Instead, practitioners should aim to meet parents, families, and caregivers “where they are,” to build an alliance to support their LGBT children, and to help them understand that family reactions that are experienced as rejection by their LGBT child contribute to serious health concerns and inhibit their child’s development and well-being (Ryan & Diaz, 2011; Ryan & Chen-Hayes, 2013).

Aims of Resource Guide

This resource guide was developed and is being disseminated throughout health and social service systems to help practitioners who work in a wide range of settings to understand the critical role of family acceptance and rejection in contributing to the health and well-being of adolescents who identify as lesbian, gay, bisexual, and transgender. This includes practitioners who work in primary care, behavioral health, school-based services, family service agencies, homeless and run-away programs, and foster care and juvenile justice settings. Its intent is to help practitioners implement best practices in engaging and helping families and caregivers to support their LGBT children. The family intervention approach discussed in this guide is based on research findings and more than a decade of interactions and intervention work by the Family Acceptance Project (FAP) at San Francisco State University with very diverse families and their LGBT children.

Earlier Ages of Awareness & Coming Out

A seminal study of LGB identity and adolescent development found that young people report having their first “crush” or attraction for another person, on average, at around age 10 (Herdt & Boxer, 1993). Subsequent studies on LGB youth have reported comparable ages of first awareness of sexual attraction (e.g., D’Augelli, 2006; Rosario, Schrimshaw, & Hunter, 2009), and coming out at much younger ages than prior generations of LGB adults. Among contemporary youth, researchers from the Family Acceptance Project found that adolescents self-identified as LGB, on average, at age 13.4. And increasingly, parents and families report children identifying as gay at earlier ages – between ages 7 and 12.

Practitioners who work with transgender and gender non-conforming children and youth note that gender identity is expressed at early ages (Brill & Pepper, 2008), most often by age 3 (Leibowitz & Spack, 2011). As with LGB adolescents, the internet and media have significantly increased awareness of gender diversity and of the needs and experiences of transgender and gender non-conforming children, adolescents and adults. Because children can express a clear sense of gender identity at very early ages, many are able to communicate their experiences to parents and caregivers, so there is greater awareness among some families that a child or adolescent

DEFINITIONS

Sexual Orientation – a person’s emotional, sexual, and/or relational attraction to others. Sexual orientation is usually classified as heterosexual, bisexual, or homosexual (lesbian and gay), and includes components of attraction, behavior, and identity (Laumann et al., 1994). Sexual orientation is expressed in relationship to others to meet basic human needs for love, attachment, and intimacy (Institute of Medicine, 2011). Thus, young people can be aware of their sexual orientation as feelings of attachment and connection to others before they become sexually active.

Gender Identity – a person’s internal sense of being male, female, or something else. Gender identity is internal, so it is not necessarily visible to others. Gender identity is also very personal, so some people may not identify as male or female while others may identify as both male and female.

Gender Expression – the way a person expresses their sense of gender identity (e.g., through dress, clothing, body movement, etc.). Young children express their sense of gender through choices for personal items such as toys and clothes, as well as hairstyle, colors, etc.

Gender Non-conforming or Gender Variant – a person whose gender expression differs from how their family, culture, or society expects them to behave, dress, and act.

Transgender – a person who feels that their gender identity does not match their physical body and differs from the gender that others observed and gave them at birth (assigned or birth gender).

Source: Institute of Medicine, 2011; SAMHSA, 2012

might be transgender. As a result, more parents are seeking accurate information about gender development and local sources of support.

Still, many families have strict cultural expectations about gender role behavior for males and females and have great difficulty tolerating gender non-conforming behavior in their children and adolescents (e.g., Malpas, 2011). This includes children and youth who are lesbian, gay, and bisexual, as well as heterosexual. A significant number of families have never heard of the word *transgender* and have little understanding of the distress

that children who are gender non-conforming may experience on a daily basis. This may include parents and families who have less access to accurate information, based on socio-cultural and linguistic backgrounds and/or geographic location.

These early ages of self-awareness and coming out as LGBT during childhood and adolescence call for practitioners to ex-

pand their approach to care from serving LGBT young people either alone as individuals or through peer support to providing services and support in the context of their families and caregivers (Ryan & Chen-Hayes, 2013). This need is heightened by the lack of available services and trained practitioners to provide family-oriented services and support for LGBT children and adolescents across practice disciplines and care settings.



Critical Role of Families in Reducing Risk & Promoting Well-Being

Before research was conducted that included LGBT adolescents, parents, foster parents, and other key family members, perceptions of how parents and families would react to their LGBT children were predominantly negative (Ryan, 2010). However, an in-depth study of LGBT adolescents and families found that family reactions to their LGBT children were much more varied and hopeful than had been previously assumed (Ryan, 2004; Ryan & Chen-Hayes, 2013). This study found that:

- Family reactions to their LGBT adolescents range from highly rejecting to highly accepting. Thus, a proportion of families respond with acceptance, and more with ambivalence, to learning about their child's LGBT identity – and not with uniform rejection as had been previously assumed.

- Rejecting families become less rejecting over time, and access to accurate information is a critical factor in helping parents, families, and caregivers learn to support their LGBT children.

"My son is a gift. My role as a parent has been to give him space to unfold – just as he is – into a happy, caring young gay man. I've learned so much from **him. He's helped me grow as a parent and as a person.**"

Hugo, father of 14-year old gay youth

- Parents and families want to help their LGBT children and to keep their families together, but many do not know how.
- Parents and caregivers who are perceived as rejecting their LGBT children and who engage in rejecting behaviors (e.g., trying to change their child's sexual orientation and gender expression) are motivated by care and concern for their LGBT children – and by trying to help their LGBT child “fit in,” have a “good life,” and be accepted by others.

“When my daughter was little I spent so much time fussing over how she looked. I should have been concerned about how she felt. We didn’t know about transgender – but I know how sad and depressed she got right before middle school. The school helped us find a counselor and that’s when we found out how hopeless she felt. I wanted to make sure she wasn’t rejected by others, but instead, I was the one who was rejecting her. I’m so grateful I could change things before it was too late.”

Brianna, mother of 12-year old transgender youth

- Negative outcomes for many LGBT youth, including suicide, homelessness, and placement in foster care or juvenile justice facilities, can be prevented or reduced if parents, families, and caregivers can turn to a knowledgeable source for guidance, accurate information, and support.
- Many parents and families whose children end up out of home (e.g., homeless or in custodial care) want to reconnect and to have an ongoing relationship with their LGBT children despite assumptions by others that they do not want to have any involvement with their LGBT children's lives.

Relationship to Risk & Well-Being

Research has also found that parents and caregivers play a critical role in their LGBT children's health and well-being (e.g., Ryan et al., 2009; Ryan et al., 2010). In particular, families help protect against suicidal behaviors (Eisenberg & Resnick, 2006; Mustanski & Liu, 2013; Ryan et al., 2010). Research with LGBT youth and families, foster families, and caregivers has identified more than 100 specific ways that parents and caregivers express acceptance and rejection of their LGBT children (Ryan, 2009; Ryan, 2010). This includes behaviors such as preventing LGBT youth from learning about their LGBT identity versus connecting them with a positive role model to show them options for the future (see Ryan, 2009). These family reactions were

FAMILY REJECTION & HEALTH RISKS

(Ryan et al., 2009)

LGBT young adults who reported high levels of family rejection during adolescence were:

- 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 –

compared with peers from families that reported no or low levels of family rejection

FAMILY ACCEPTANCE & WELL-BEING

(Ryan et al., 2010)

Family acceptance helps:

- protect against depression, suicidal behavior, and substance abuse
- promote self-esteem, social support, and overall health

then measured in a follow up study of LGBT young adults to assess the relationship of family acceptance and rejection during adolescence to health and mental health in young adulthood.

This research found what many providers have known intuitively for years: that LGBT young people whose parents and caregivers reject them report high levels of negative health problems (Ryan et al., 2009), and those whose parents support them show greater well-being, better general health, and significantly decreased risk for suicide, depression, and substance abuse (Ryan et al., 2010). Additional research from this project provides key information on school-based and faith-based experiences, including the relationship between condemnation, victimization, and support of LGBT adolescents and their health and well-being in young adulthood.

Increasing Family Support

Working closely with many racially and ethnically diverse families, LGBT youth, and young adults in applying this research showed that families – even those who were very rejecting – could learn to modify rejecting behavior and

increase support for their LGBT children. This requires practitioners to provide education, guidance, and support in ways that resonate for them (Ryan, 2010). Several years of intervention and resource development work has led to the generation of a series of multicultural family education materials; research-based family intervention videos; assessment tools; and intervention strategies to help diverse families support their LGBT children (see Resources, p. 12).

Grounded in a strengths-based perspective, this family intervention framework (Ryan & Chen-Hayes, 2013; Ryan & Diaz, 2011) views families and caregivers as potential allies in reducing risk, promoting well-being, and creating a healthy future for their LGBT children. This approach views the family's cultural values – including deeply-held beliefs – as strengths. Research findings are aligned with underlying values to help families understand that it is specific behaviors and communication patterns that contribute to both their LGBT child's risk and their well-being. In expanding their frame to proactively engage and work with families, practitioners may find the assumptions in Figure 1 useful to build an alliance and to help parents, foster parents, families, and caregivers to support their LGBT children.

FIGURE 1 FAMILY ACCEPTANCE PROJECT – CORE ASSUMPTIONS

(Ryan & Diaz, 2011)

- Assumes that families love their children and want them to have a good life. At the same time, we acknowledge that their hopes and dreams for their children's future are shaped by cultural and religious beliefs that may be at odds with their child or adolescent's sexual orientation and gender identity/expression.
- Meets families where they are. This includes starting at the family's level of knowledge, expectations, and beliefs about their child's sexual orientation and gender identity/expression.
- Uses a strengths framework to align our research findings, education and prevention messages, and family support approach with the parents' and caregivers' values about family, and the role of family in their culture and religious practice.
- Supports the need for families to be heard and understood. A critical aspect of our work is to provide a nonjudgmental space where parents and caregivers can tell their story and share their experiences and expressions of care and concern for their children's well-being that are rooted in culture, values, and specific beliefs such as faith traditions.

(continued)

FIGURE 1, CONTINUED
FAMILY ACCEPTANCE PROJECT – CORE ASSUMPTIONS
 (Ryan & Diaz, 2011)

- Recognizes that parents and caregivers who are seen as rejecting their LGBT child are motivated by care and concern to help their child “fit in,” have a “good life,” and be accepted by others.
- Understands that family behaviors are not isolated incidents, but occur in a cultural context aimed at socializing their children and adolescents to adapt and be successful in a hetero-normative (heterosexual) society. These family behaviors aim to protect their children from harm, including victimization due to their LGBT identity and gender expression.
- Uses FAP research findings to link family reactions to their child’s LGBT identity with health, mental health, and well-being. Beyond building a strong alliance between families and providers, family awareness of the consequences of their behavioral reactions is the most important mechanism of change.
- Understands that parents and families experience their lack of knowledge about LGBT issues as inadequacy that feels disempowering and shameful. Many families perceive their children’s LGBT identity as a loss, particularly as a loss of control over their children’s future. Providers should help families validate and address these feelings by affirming the importance of family support to build their child’s self-esteem, to promote their child’s well-being, and to buffer rejection and negative reactions from others.
- Recognizes that when rejecting and accepting behaviors co-exist, parents and caregivers experience ambivalence, and their struggle to validate their LGBT child results in decreased support and increased risk. Education and learning how their reactions affect their LGBT children can improve communication and help parents and caregivers respond in ways that help their LGBT child feel supported and loved rather than misunderstood or rejected.

From: *Family Acceptance Project: Intervention guidelines and strategies* by Caitlin Ryan and Rafael Diaz. San Francisco: Family Acceptance Project, 2011. Copyright © 2011 Caitlin Ryan, PhD. Reprinted with permission.



Helping Families Decrease Risk & Increase Well-Being for Their LGBT Children

Beyond building an alliance and showing families that a practitioner respects their values and beliefs, the primary mechanism for change is helping families understand that there is a powerful relationship between their words, actions, and behaviors and their LGBT child's risk and well-being. Parental and caregiver reactions to an LGBT child or adolescent also affect their whole family.

“When I put my head on the pillow at night, I think about my daughter and just hope she’s safe. I don’t know where she is. I haven’t heard from her since I threw her out of the house when she told me she was lesbian. I didn’t know what to do. I wish I had acted differently. I would give anything to be able to change that now.”

Monica, mother of 16-year old lesbian youth

Families respond to their LGBT children based on what they know, what they hear from their family, clergy, close friends, and information sources, including providers who may also have misinformation about sexual orientation and gender identity, especially in childhood and adolescence. As a result, parents and families who believe that homosexuality and gender non-conformity are wrong or are harmful for their LGBT children may respond in a variety of ways to try to prevent their children from becoming gay or transgender.

This may include: preventing their child from having an LGBT friend, learning about their LGBT identity, or participating in a support group for LGBT youth (such as a Gay Straight Alliance or school diversity club), or excluding

their child from family events and activities. Families and caregivers who respond in these ways do so without understanding that these reactions are experienced as rejection by their LGBT children and that they are significantly related to attempted suicide and other serious health concerns for LGBT young people (e.g., Ryan, 2009).

Parents and families who engage in these behaviors are typically motivated by helping their children and protecting them from harm. In this case, families are trying to prevent their children from adopting what they perceive as a “lifestyle” or “choice” that they believe will hurt them. Understanding that specific reactions that parents and families think are caring but that LGBT youth experience as rejecting and harmful – and that contribute to serious health problems – helps motivate parents, families, and caregivers to modify and stop rejecting behaviors, to support their LGBT children (Ryan, 2009; Ryan & Diaz, 2011).

Approach to Working with Families

Several key approaches can help families learn to support their LGBT children, across a wide range of practice settings and service systems (Ryan & Diaz, 2011). These include the following:

Engage, approach, and connect with families and caregivers by meeting them “where they are,” and view each family as an ally.

Each family brings different dynamics, experiences, and strengths to learning that their child is lesbian, gay, bisexual, or transgender. Some families can quickly learn to support their LGBT children. Some were accepting before they knew or perceived that their child was LGBT. Others need individual support to adjust to having a gay or transgender child. Some need counseling, and others may need family therapy.

All families need education about how family reactions relate to their LGBT children's health and well-being. Families who are accepting are eager to learn new ways of supporting their LGBT children. For most families, learning about specific behaviors to protect and support their LGBT children will be new information. In addition, many families who believe they are

Give families respectful language to talk about sexual orientation and gender identity.

Most families and many providers lack understanding of normative development of sexual orientation and gender identity in children and adolescents. Many families and caregivers have not talked about these issues in a way that

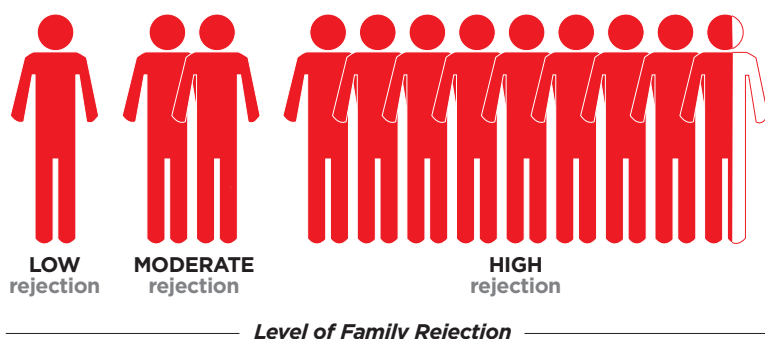
is not disparaging. For others, cultural silence about homosexuality is the norm, and talking about these issues may feel shameful and uncomfortable.

FAP has developed research-based multicultural education resources to teach providers how to talk about these issues with families, to educate families on sexual orientation and gender identity, and to show them ways to help and support their LGBT children (see Resources, p. 12). These materials were developed with extensive guidance from families, LGBT youth and informed linguists and literacy experts to use language that is not derogatory and is readily understood and respectful, to help parents and families understand new research on family reactions and adjustment to having an LGBT child. For some families, these topics

Family Rejection & Risk for Suicide

LIFETIME SUICIDE ATTEMPTS BY LGBT YOUNG ADULTS REJECTED BY FAMILIES IN ADOLESCENCE

Ages 21-25



Source: *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* by Caitlin Ryan, Family Acceptance Project, San Francisco State University, 2009. Copyright © Caitlin Ryan, PhD. Reprinted with permission.

accepting are actually ambivalent about their child's sexual orientation and gender identity. Rather than expressing support, these families are instead giving their child mixed messages that contribute to health risks and diminished self-esteem.

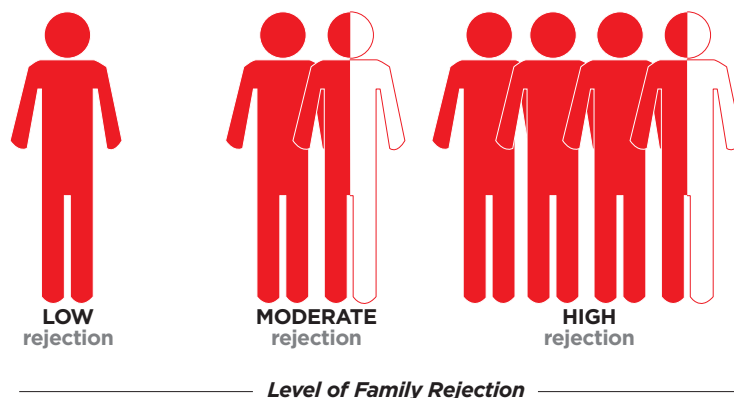
Let parents and caregivers tell their story.

Research and intervention work has found that few parents and caregivers have had the opportunity to talk about their experiences, concerns and hopes for their LGBT child with a supportive, nonjudgmental professional (Ryan & Chen-Hayes, 2013). Parents and caregivers also need to express their anxieties and fears about how others might treat or hurt their LGBT child. This step is critical to building an alliance and to understanding their perspective.

Family Rejection & Risk for HIV

RISK FOR HIV INFECTION AMONG LGBT YOUNG ADULTS REJECTED BY FAMILIES IN ADOLESCENCE

Ages 21-25



Source: *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* by Caitlin Ryan, Family Acceptance Project, San Francisco State University, 2009. Copyright © Caitlin Ryan, PhD. Reprinted with permission.

are distressing and may never have been discussed in a neutral way. Helping families start to frame these issues differently will enable them to talk about them with their LGBT children. Talking with their LGBT child about their child's identity (even when they are uncomfortable) is a supportive behavior that helps protect against risk and promote well-being (Ryan, 2009).

Educate families on how family rejecting behaviors affect their LGBT child.

This approach has found that helping parents and families understand the serious health risks related to family rejection lays the groundwork to focus on reducing their LGBT child's risk, to provide support and to accept their LGBT child (see Resources, p. 12). For families that are rejecting and ambivalent, in particular, learning that behaviors they thought were helping their child are instead putting their child at risk is sobering, disturbing, and even shocking. This includes common rejecting behaviors such as trying to discourage or change their child's sexual orientation or gender expression or blaming them when others mistreat them because of their LGBT identity. Few parents and families want to intentionally hurt their LGBT children, and learning about this research helps parents understand their critical role in protecting their child from harm. It also helps them understand how these rejecting behaviors contribute to family conflict.

Educate families on how supportive and accepting behaviors affect their LGBT child.

Families typically think that loving their child will build their child's self-esteem and protect them from harm. However, it is *how* parents, foster parents, and caregivers treat or respond to their LGBT children that matters. In other words, the specific behaviors that families and caregivers engage in – or *how* they love their LGBT children – contribute to serious health risks or help protect them from harm and promote their well-being.

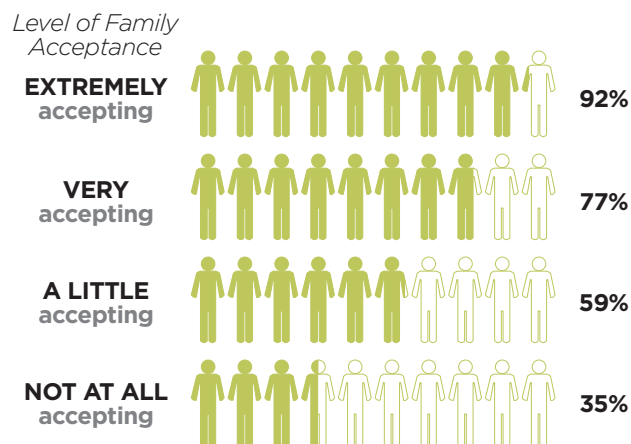
More than 50 family accepting behaviors were identified that are related to better overall

“I didn’t understand how hurtful it was to tell my son that being bisexual was just a fad. I pushed him away when he was trying to share an important part of himself with me. I didn’t understand about sexual orientation – I thought I could pressure him to be straight. But instead, I made him think I was rejecting him. I’ve spent a lot of time listening to him now – and learning.”

Ben, father of 14-year old bisexual youth

health, higher self-esteem and significantly lower levels of depression, suicidal behavior, and substance abuse (Ryan et al., 2010). These include a range of behaviors such as supporting their child's gender expression, welcoming their child's LGBT friends to family events and activities, and helping their congregation become more welcoming of LGBT people (for information on key behaviors, see Ryan, 2009).

FAMILY ACCEPTANCE DURING ADOLESCENCE & PERCEPTIONS OF BEING A HAPPY LGBT ADULT



Source: *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* by Caitlin Ryan, Family Acceptance Project, San Francisco State University, 2009. Copyright © Caitlin Ryan, PhD. Reprinted with permission.

Framing for Families That Are Struggling or Uncertain about Having an LGBT Child

Practitioners should help parents and caregivers separate their personal reactions to having an LGBT child from their child's need for love, safety, and support. For families that are struggling and may initially be rejecting or ambivalent, specific framing discussed below can help parents and caregivers provide support while integrating their child's sexual orientation, gender identity, and gender expression with their values, perceptions, and beliefs (Ryan, 2009; Ryan & Rees, 2012). This framing includes the following:

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.

Parents and caregivers who believe that homosexuality or gender non-conformity are wrong can still *support* their gay or transgender child by modifying or changing rejecting behaviors that increase their LGBT child's risk, without accepting an identity they think is wrong. FAP has been developing specific family education materials and ap-

proaches to help families support their LGBT children while maintaining their values and deeply-held beliefs (e.g., Ryan & Rees, 2012).

A little change makes a difference in decreasing family rejecting behaviors and in increasing support for their LGBT children.

Research shows that high, moderate, and low rejection are related to dramatically varying levels of risk. For example, LGBT youth from highly rejecting families were 8.4 times more likely to report having attempted suicide at least once by young adulthood, while those from families that were moderately rejecting were twice as likely to attempt suicide (compared with peers who reported no or low levels of specific family rejecting behaviors) (Ryan et al., 2009). Similarly, nearly all young adults who reported high levels of family acceptance believed they could have a good life as an LGBT young adult, compared with only about 1 in 3 of their peers who reported no acceptance from their family or caregiver during adolescence (Ryan, 2009). Perceptions of the future are very important for self-care, for health promotion, for decreasing risk-taking, and for career and personal aspirations.



Increasing Family Support: How to Help Right Now

Given the early ages of coming out and the critical need for family education and guidance, the dearth of targeted services to help diverse families support their LGBT children is a significant barrier to addressing the prevention, care, and support needs of LGBT children and adolescents. Until such services are widely available, practitioners and agencies can take several basic steps to respond to these needs in the following ways (Ryan & Diaz, 2011):

- Provide training on engaging and supporting families with LGBT children for all practitioners and agencies that work with children, youth, and families (see Resources, p. 12).

- Include LGBT young people and families when describing populations served in agency literature, brochures, outreach activities, and websites to ensure that LGBT youth and families know that your agency welcomes them and will provide services for them.
- Include information on the importance of family support and on the relationship between family acceptance and rejection and health risks and well-being for LGBT youth in all parent and caregiver education resources, activities, and programs.
- Ask adolescent patients and clients about their sexual orientation and gender identity.¹ Ask about family reactions to their sexual orientation, gender identity, and gender expression, including specific behaviors that parents, families, and caregivers use to respond to their child's sexual orientation and gender expression.²
- Provide education, support, and counseling to parents, families, foster parents, and caregivers who are engaging in rejecting behaviors. This includes using educational materials to help them understand the impact of their behaviors on their LGBT child (see Resources below), and providing coaching, counseling, peer support, and family therapy.
- Include families and caregivers of LGBT children and youth on advisory groups for child, youth, and family service programs and agencies.
- Do outreach to invite and include families and caregivers of LGBT children and youth and their LGBT children in recreational, social, and community activities and events offered by practitioners, programs, and agencies that serve children, youth, and families.
- Include LGBT books, brochures, and posters in agency waiting rooms, offices, and care facilities. Many LGBT youth and those who may be questioning their identity look for “safe zone” or rainbow stickers to indicate that a provider will be open and respectful in providing support and addressing needs related to their LGBT identity.



Resources for Practitioners and Families

The Family Acceptance Project has worked with many racially and ethnically diverse families, LGBT youth, and young adults, and the practitioners who care for them, to develop a series of multicultural family education and guidance materials and assessment tools. Information is available at: <http://familyproject.sfsu.edu/>

These include:

Family Education Booklets – research-based guidance materials that educate families, caregivers, and providers on

how family acceptance and rejection relates to health and well-being for LGBT young people to help increase family and caregiver support for LGBT children and youth. Currently available in English, Spanish, and Chinese, and some faith-based versions; new versions are in development, including low literacy, in other languages, and for families from a range of faith backgrounds. These booklets are designated as a “Best Practice” for suicide prevention for LGBT people by the Suicide Prevention Resource Center/American Foundation for Suicide Prevention Best Practices Registry.

Family Education Videos – compelling short documentaries that show the journey of ethnically and religiously diverse families from struggle to support of their LGBT children, to give LGBT youth and families hope and to show the process that helps families learn to support their LGBT children. Designed to educate families, LGBT children, and youth, for community education, and for provider training, these videos are based on research and practice with LGBT youth and families from the Family Acceptance Project.

Assessment and Training – a research-generated screening instrument (the FAPrisk Screener) was developed based on

findings from FAP studies to quickly identify LGBT youth who are experiencing rejection from parents, foster parents, and caregivers, with guidance to inform family interventions and follow up care, including preventing homelessness and placement in custodial care (Ryan & Monasterio, 2011). The screener is highly predictive of health concerns related to family rejection, including depression, suicide attempts, substance use problems, and diagnosis with a sexually transmitted disease.

Training is available on using the screener and using family education materials and family engagement and intervention strategies.

Endnotes

¹ Experts on care of LGBT children and youth in child welfare have developed guidelines for managing information about a young person's sexual orientation, gender identity, and expression which can help practitioners think about these issues and provide guidance for asking young people about their identities (see Wilber, 2013). In addition, many health professional disciplines have directed their members to ask adolescents about their sexual orientation, including the American Medical Association, which included a directive to ask adolescents about their sexual orientation 20 years ago (e.g., Elster & Kuznets, 1994). Major health

professional associations routinely update standards of care and policy statements on care of LGBT youth and adults.

² The Family Acceptance Project has developed a clinical assessment screening tool and training to help practitioners quickly identify LGBT young people who are experiencing various levels of family rejection and to help practitioners develop a follow up plan to engage families to decrease rejecting behaviors that are related to significantly increasing their LGBT children's risk for serious negative health problems (e.g., suicide, substance abuse, HIV, etc.) and which can precipitate ejection and removal from the home (see Ryan & Monasterio, 2011).



References

- Bouris, A., Guilamo-Ramos, V., Pickard, A., et al. (2010). A systematic review of parental influences on the health and well-being of lesbian, gay, and bisexual youth: Time for a new public health research and practice agenda. *Journal of Primary Prevention*, 31, 273–309.
- Brill, S. A., & Pepper, R. (2008). *The transgender child: A handbook for families and professionals*. Berkeley, CA: Cleis Press.
- D'Augelli, A. R. (2006). Developmental and contextual factors and mental health among lesbian, gay, and bisexual youths. In A. M. Omoto & H. S. Kurtzman (Eds.), *Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people* (pp. 37–53). Washington, DC: American Psychological Association.
- Diamond, L. M., Butterworth, M. R., & Allen, K. (2012). Sexual-minority development in the family context. In P. K. Kerig, M. S. Schulz, & S. T. Hauser (Eds.), *Adolescence and beyond: Family processes and development* (pp. 249–267). New York, NY: Oxford University Press.
- Eisenberg, M. E., & Resnick, M. D. (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health*, 39, 662–668.
- Elster, A. B., & Kuznets, N. J. (1994). *Guidelines for adolescent preventive services*. Baltimore: Williams and Wilkins.
- Herd, G. H. & Boxer, A. (1993). *Children of horizons: How gay and lesbian teens are leading a new way out of the closet*. Boston, MA: Beacon Press.
- IOM (Institute of Medicine). (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press.
- Laumann, E. O., Gagnon, J. H., Michael, R. T., & Michaels, S. (1994). *The social organization of sexuality: Sexual practices in the United States*. Chicago, IL: University of Chicago Press.
- Leibowitz, S. F., & Spack, N. P. (2011). The development of a gender identity psychosocial clinic: Treatment issues, logistical considerations, interdisciplinary cooperation, and future initiatives. *Child and Adolescent Psychiatric Clinics of North America*, 20, 701–724.
- Malpas, J. (2011). Between pink and blue: A multi-dimensional family approach to gender nonconforming children and their families. *Family Process*, 50(4), 453–470.
- Mustanski, B., & Liu, R. T. (2013). A longitudinal study of predictors of suicide attempts among lesbian, gay, bisexual and transgender youth. *Archives of Sexual Behavior*, 42, 437–448.
- Resnick, M. D., Bearman, P. S., Blum, R. W., et al. (1997). Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association*, 278(10), 823–832.
- Rosario, M., Schrimshaw, E. W., & Hunter, J. (2009). Disclosure of sexual orientation and subsequent substance use and abuse among lesbian, gay, and bisexual youths: Critical role of disclosure reactions. *Psychology of Addictive Behaviors*, 23(1), 175–184.
- Ryan, C. (2010). Engaging families to support lesbian, gay, bisexual and transgender (LGBT) youth: The Family Acceptance Project. *The Prevention Researcher*, 17(4), 11–13.
- Ryan, C. (2004). Families of lesbian, gay and bisexual adolescents. *Current Problems in Pediatric and Adolescent Health Care*, 34(10), 369–375.
- Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children*. San Francisco, CA: Family Acceptance Project, Marian Wright Edelman Institute, San Francisco State University.

- Ryan, C., & Chen-Hayes, S. (2013). Educating and empowering families of LGBTQ K-12 students. In E. S. Fisher & K. Komosa-Hawkins (Eds.), *Creating school environments to support lesbian, gay, bisexual, transgender, and questioning students and families: A handbook for school professionals* (pp. 209-227). New York, NY: Routledge.
- Ryan, C., & Diaz, R. (2011). Family Acceptance Project: Intervention guidelines and strategies. San Francisco: Family Acceptance Project.
- Ryan, C., & Monasterio, E. (2011). *Provider's guide for using the FAPrisk screener for family rejection & related health risks in LGBT youth*. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University.
- Ryan, C., & Rees, R. A. (2012). *Supportive families, healthy children: Helping Latter-day Saint families with lesbian, gay, bisexual & transgender children*. San Francisco, CA: Family Acceptance Project, Marian Wright Edelman Institute, San Francisco State University.
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay and bisexual young adults. *Pediatrics*, 123(1), 346-352.
- Ryan, C., Russell, S. T., Huebner, D. M., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.
- Substance Abuse and Mental Health Services Administration. (SAMHSA). (2012). *Top health issues for LGBT populations information & resource kit*. HHS Publication No. (SMA) 12-4684. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Wilber, S. (2013). *Guidelines for managing information related to the sexual orientation and gender identity and expression of children in child welfare systems*. Oakland, CA: Putting Pride Into Practice Project, Family Builders by Adoption.

