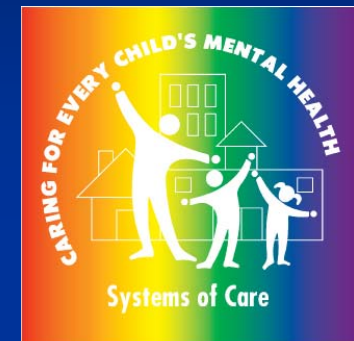


## Asset-Based Approaches for

# Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two-Spirit (LGBTQI2-S)

## Youth and Families in Systems of Care



April 20, 2010

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The content of this publication does not necessarily reflect the views, opinions or policies of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration or the Department of Health and Human Services.

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# Objectives

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- Develop a greater understanding of asset-based research for youth who are LGBTQI2-S and their families
- Develop a greater understanding of working with parents and other caregivers who are LGBTQI2-S to improve treatment engagement
- Gain an appreciation for the challenges and strategies for implementing LGBTQI2-S-specific treatment strategies in real-world treatment settings
- Gain information on promising approaches to meeting the needs of youth who are LGBTQI2-S and their families

# LGBTQI2-S ?

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- **Lesbian** - a woman who is physically, mentally, or emotionally attracted to other women
- **Gay** – a man or woman who is physically, mentally, or emotionally attracted to the same gender; this term is either used to only identify men or all sexual minority individuals
- **Bisexual** – a man or woman who is physically, mentally, or emotionally attracted to both genders
- **Transgender** – an umbrella term used to describe a person whose self-identity as male or female differs from their anatomical sex determination at birth
  - This term is also used to describe a gender non-conforming person, whose behaviors, mannerisms or clothing are perceived by others as inappropriate for their birth sex based on societal beliefs or standards

(adapted from Lambda Legal, 2009)

# LGBTQI2-S ?

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- **Questioning** – a person, often an adolescent, who has questions about his or her sexual orientation or gender identity and does not necessarily identify as gay, for example
- **Intersex** – people born with an indeterminate sexual anatomy or developmental hormone pattern/chromosome pattern that is neither male nor female; the conditions that cause these variations are sometimes grouped under the terms “intersex” or “DSD” (Differences of Sex Development)
- **Two-Spirit** – a contemporary term used to describe North American Aboriginal People who possess the sacred gifts of the female-male spirit
  - Two-spirit people were respected, contributing members of traditional Aboriginal societies; today, Aboriginal people who are two-spirit may also identify as being LGBT
  - **Note:** the term is not universally accepted among Native communities and nations; some also use terms from their own nations

(adapted from Lambda Legal, 2009)

# Think, Pair, and Share

- Is identity fixed or variable? (explain why)

**Fixed**

**Variable**

# Think, Pair, and Share

- Is identity fixed or variable?

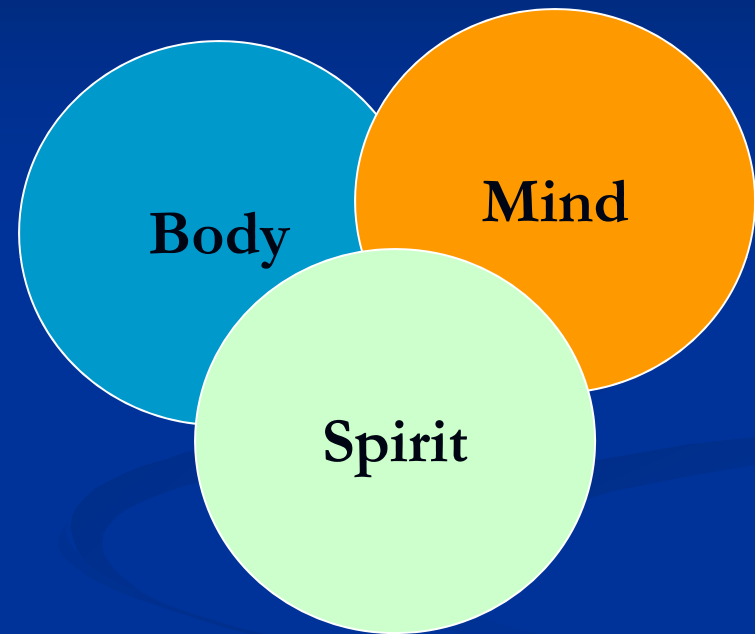
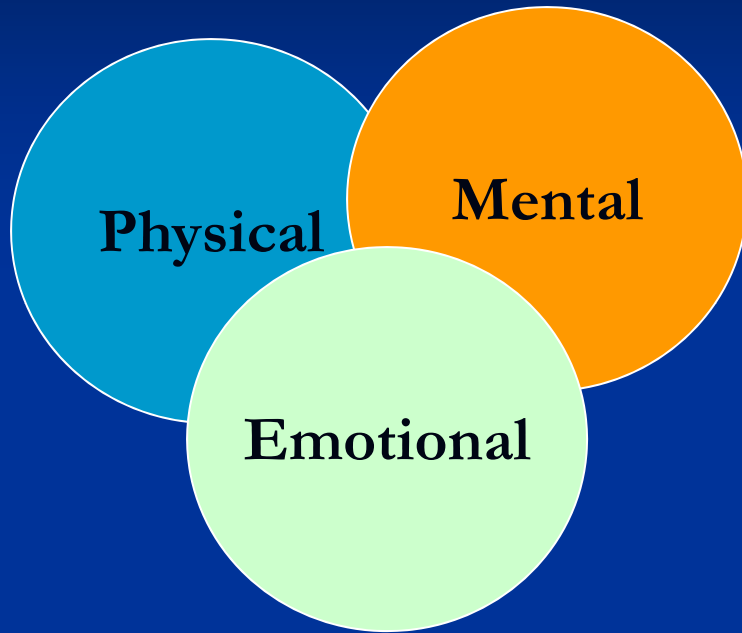
**Fixed**

- Born
- Sex change, but still man/woman
- God's plan

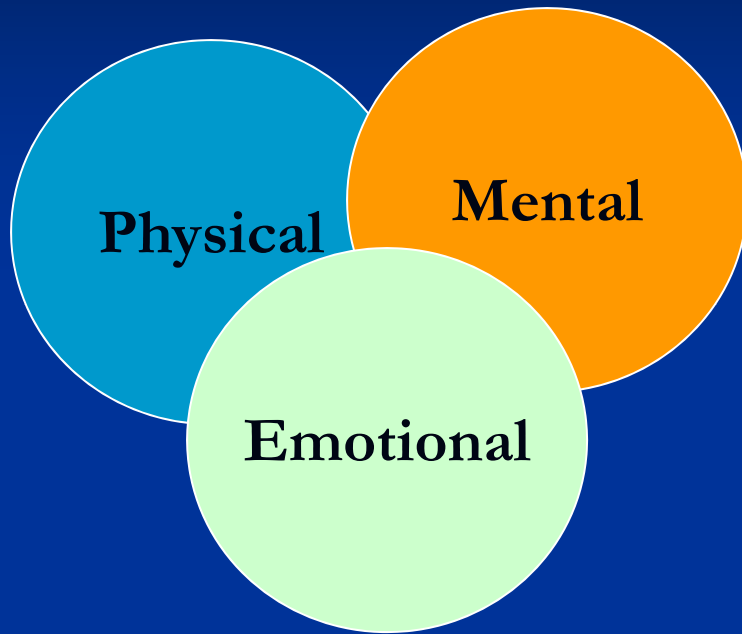
**Variable**

- Change every day
- Self-discovery process
- Say one way but do differently

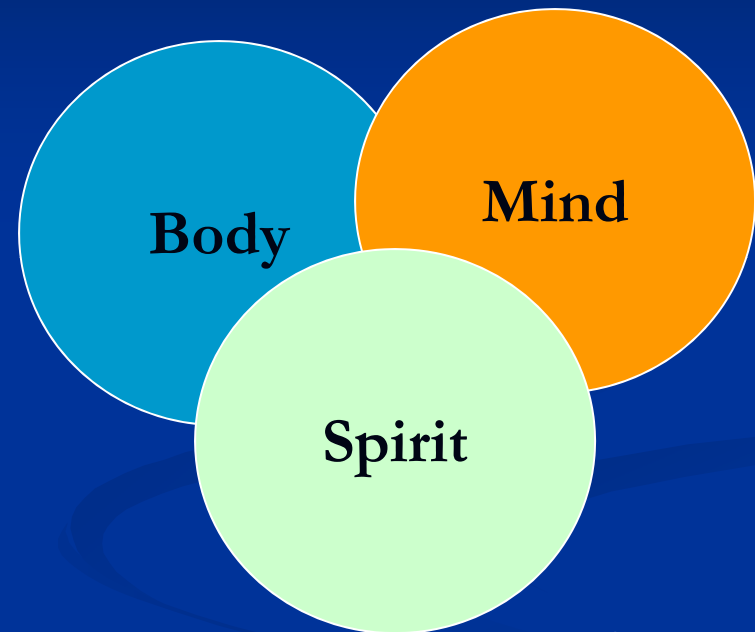
# Behaviors or Identity?



# Behaviors or Identity?



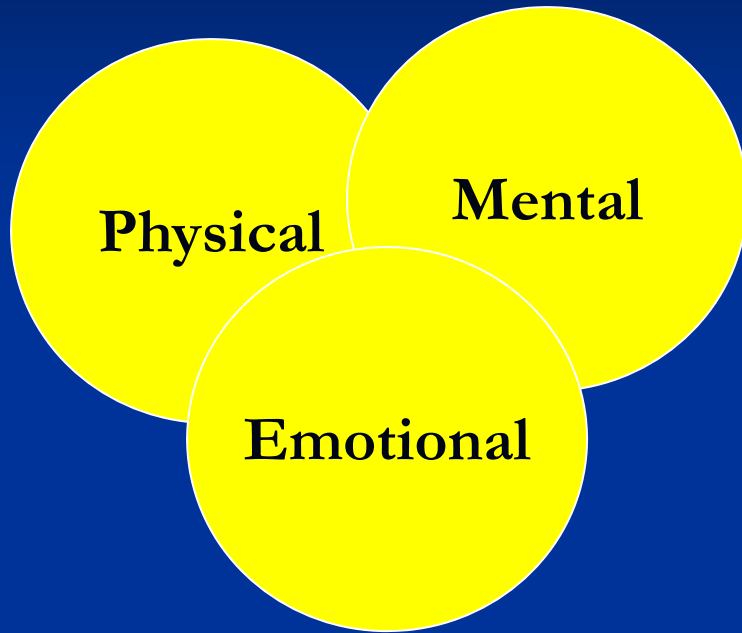
- Born
- Sex change, but still man/woman
- God's plan



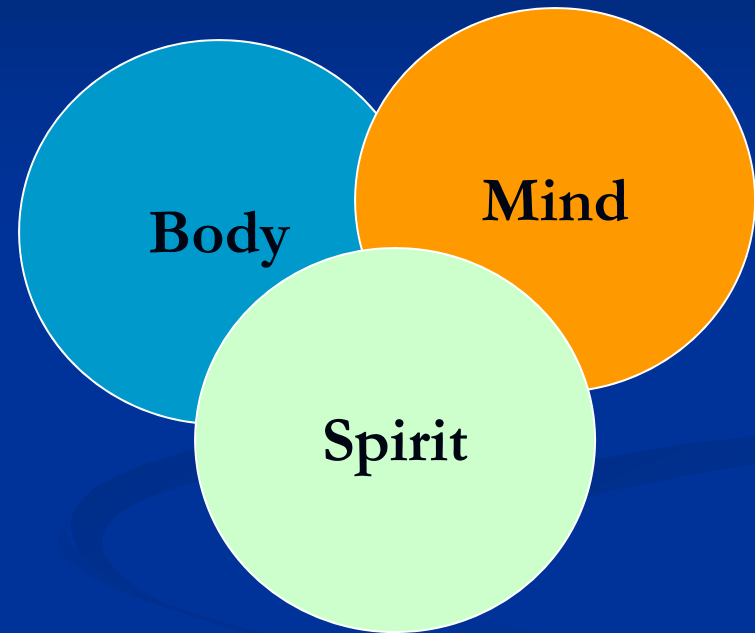
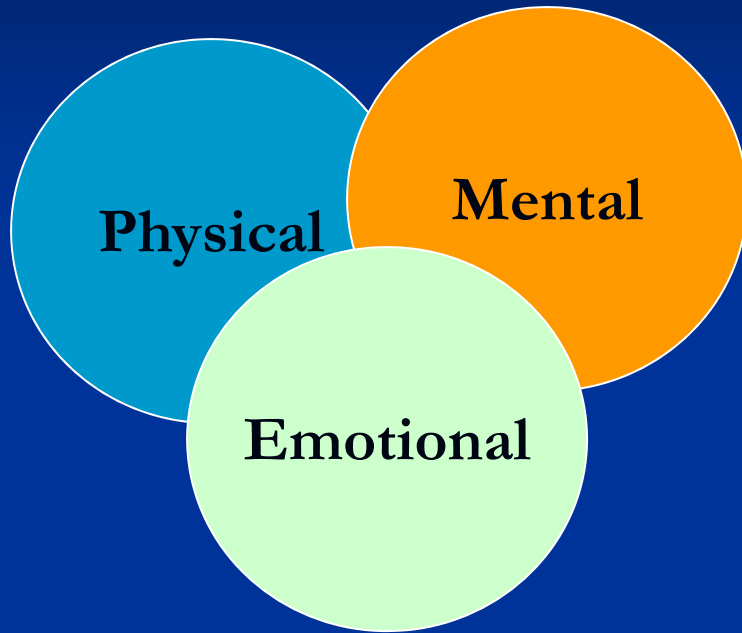
- Change every day
- Self-discovery process
- Say one way but do differently



# Behaviors or Identity?



# Behaviors or Identity?



# Population Data

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- Baseline estimates of individuals who are LGBTQI2-S, including children and youth, are obfuscated by **non-standardized** definitions and measures of sexual orientation that alternately classify participants based on **self-report**/same-sex sexual **behavior**  
(Stacey & Biblarz, 2001; McDaniel, Purcell, & D'Augelli, 2001; Sell, 1997)
- Depending on inclusion criteria and study methods, estimates for this population range anywhere from **one to greater than 10 percent** of the overall U.S. population  
(Remafedi, Resnick, Blum, & Harris, 1992)

# Population Data

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- While teenagers are coming out as LGBTQI2-S at younger ages, youth in African-American and Latino communities have been found to disclose their homosexuality to fewer others than their White peers, indicating greater degrees of underestimation cited in the research literature

(Elias, 2007; Kreiss & Patterson, 1997; Rosario, Schrimshaw, & Hunter, 2004; Setoodeh, 2008)

# Research Approaches



- Much of the current research literature is deficit and problem based, focused on risk factors



- At risk ?
- High risk ?
- Risk prone ?

- Caution has been expressed that an overarching focus on problems associated with being LGBTQI2-S in the research literature and mental health field may **pathologize** sexual orientation and gender identity as **causing negative outcomes**

(Bakker & Cavender, 2003; Harper & Schneider, 2003; Meyer, 2003; NAMI, 2007)



# Research Approaches

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- While the American Psychological Association lifted its characterization of homosexuality as a **mental disorder** in 1975, within the Diagnostic and Statistical Manual of Mental Disorders transgenderism remains a gender identity **disorder** (i.e., a “cause of distress or disability” for those that experience intense, persistent gender dysphoria)

(APA, 1994; Conger, 1975)



# Research Approaches

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- While a disorder/disability label increases access to services (e.g., counseling) for transgender individuals, attributing negative personal outcomes to the disorder/disability does not explain or resolve negative social conditions
- Harm reduction approaches that largely center on risks associated with **being LGBTQI2-S** (i.e., the person-at-risk model) can ignore how individuals who are **not** LGBTQI2-S can mistakenly be perceived as such, and experience both hate crimes and hate incidents

(Herek, 2003; USDOJ, 2004)

# HIV Stigma

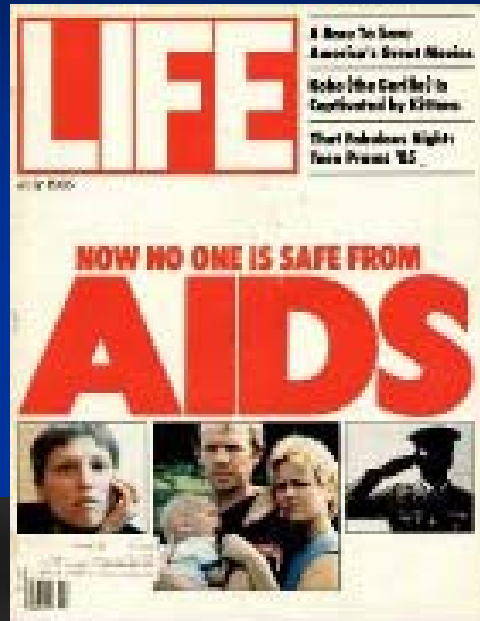
HIV or AIDS + **killer**

HIV or AIDS + **threat**

HIV or AIDS + **deadly**

HIV or AIDS + **suffer**

HIV or AIDS + **victim**



HIV is a gay disease.



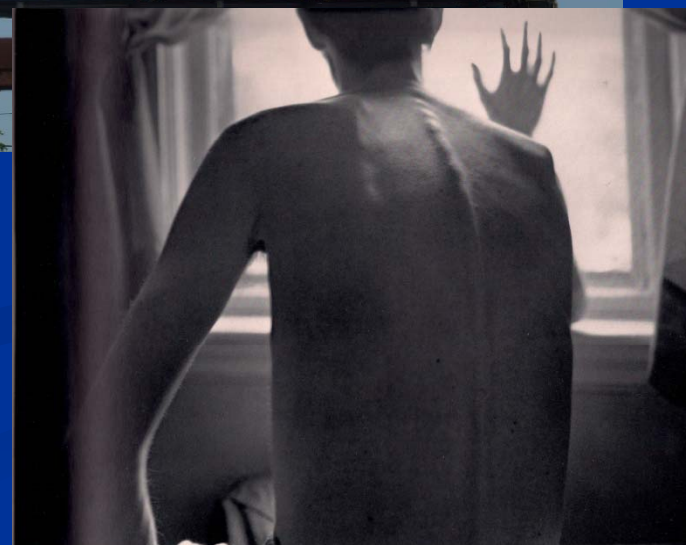
OK, diseases don't have sexual orientations, but in Los Angeles more than 75% of those living with HIV/AIDS are gay or bisexual men of all races and ethnicities. We know that HIV isn't just a gay disease, but not all the gay men who have become the focus of it. The death and suffering have been monumental and we have been forever changed by it.

We are grateful to those outside our community who have come to our assistance - who have supported us and fought for us, but HIV has been, and continues to be, our disease.

And it continues after 25 years because we haven't stopped it.

Own it. End it.

[www.OwnItEndIt.org](http://www.OwnItEndIt.org)





# HIV/AIDS



HIV is a gay disease.

OK, diseases don't have sexual orientations, but in Los Angeles more than 70% of those living with HIV/AIDS are gay or bisexual men of all races and ethnicities. We know that it's not just a gay disease, but in L.A. it's gay and to men who have borne the brunt of it. The death and suffering have been monumental and we have been forever changed by it.

We are grateful to those outside our community who have come to our assistance - who have supported us and fought for us. But HIV has been, and continues to be, our disease.

And it continues after 25 years because we haven't stopped it.

**Own it. End it.**

[www.OwnItEndIt.org](http://www.OwnItEndIt.org)





**Silence is Death**

HIV/AIDS: the #1 Killer  
of Blacks 25 to 44


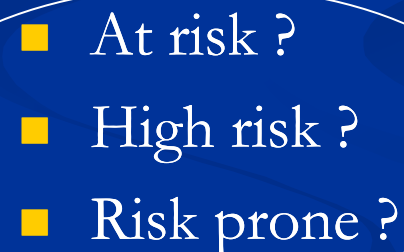
Break the Silence. Get Tested.  
Protect Yourself.

016259 CLEAR CHANNEL

# Evolving Disease = Evolving Approaches

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- As youth pass through stages of social expectations of adulthood that include taking responsibility for one's actions, establishing beliefs and values as part of one's identity, and taking on roles for family provision, they are exposed to **varying attitudes** about the **likelihood of contracting HIV** and **perceptions of the types of people who have the disease**

- 
- 
- At risk ?
  - High risk ?
  - Risk prone ?

(Arnett, 2001; Kittredge, 1991;  
Moore, Rosenthal, & Mitchell, 1996)



# Risks

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- HIV Aids; need for education; evolution of stigma
- Homelessness
- Alcohol and substance abuse
- Suicide

# IS IT OK TO BE ME?

- 60.8% felt unsafe at school because of their sexual orientation; 38.4% felt unsafe because of their gender expression
- 32.7% skipped a day of school in the past month because of feeling unsafe
- 28% dropped out of school to escape the violence and harassment
- For LGBTQI2-S youth of color, stigma creates even greater risk for substance use, violence, and risky sexual behaviors

# New Lens

- 60.8% felt unsafe at school because of their sexual orientation

## What made the 39.2% feel safe?

- 28% dropped out of school due to peer harassment (3 times the national average)

## What is it about the 72% who stayed in school?

31.1% who did report an incident said that school staff did nothing in response

## How did 69% of the school staff respond?

- 26% of youth who “come out” to their families are thrown out of their homes because of conflicts with moral and religious values

## What’s happening in the homes of the other 74%?

# Assets-Based Approaches

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## Resiliency Development

- Resilience theory supports an assets-based approach by:
  - (1) identifying qualities of individuals and support systems that **explain or predict success**
  - (2) describing the **process of coping** with negative stressors
  - (3) creating experiences that move individuals toward **reintegration** (Richardson, 2002; Masten & Powell, 2003)

# Assets-Based Approaches

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## Resiliency Development

- Resilience research has found:
  - **Early and continuous attachment** positively shapes relationship development in later years among all young children, adolescents, and adults (Rutter & Rutter, 1990)
  - **Protective factors** in one setting can **compensate for risks in multiple settings** (Bernard, 2004)

# Assets-Based Approaches

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## Resiliency Development: Social Support and Acceptance

- Studies of resilience for LGBTQI2-S youth demonstrate:
  - (1) positive social relationships moderate the relationship between stress and distress (Rosario, Schrimshaw, & Hunter, 2005)
  - (2) affirming faith experiences contribute to less internalized homonegativity, more spirituality, and improved psychological health (Lease, Horne, & Noffsinger-Frazier, 2005)



# Assets-Based Approaches

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## Resiliency Development: Family Support and Acceptance

- Family dynamics among a network of support (e.g., friends as family, building community) are indicative of promoting resilience (Russell & Richards, 2003; Oswald, 2002)
- Secure attachment during the “coming out” process functions to enhance coping with antigay prejudice, self-acceptance, and self-esteem (Mohr & Fassinger, 2003; Griffin & Bartholomew, 1994)
- Families have a dramatic influence on their children who are LGBT, including their health and mental health outcomes (Ryan, Huebner, Diaz, & Sanchez, 2009)
- Family support and acceptance explains adolescent comfort and resilience in later life (Glicklen, 2006)

# Assets-Based Approaches

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## Resiliency Development

- The numerous challenges in addressing the tensions regarding **age appropriateness** for children's education programs regarding same sex relationships, religiosity and intergenerational divisions, and antagonistic environments beset with misinformation about sexuality, necessitate **dialogue** rather than avoidance and silence
- LGBT programs that emphasize dialogue demonstrate effective ways to begin to **dissolve fear** and produce actions without fear of controversy or confrontation to **protect all youth** (YES Institute, 2008)

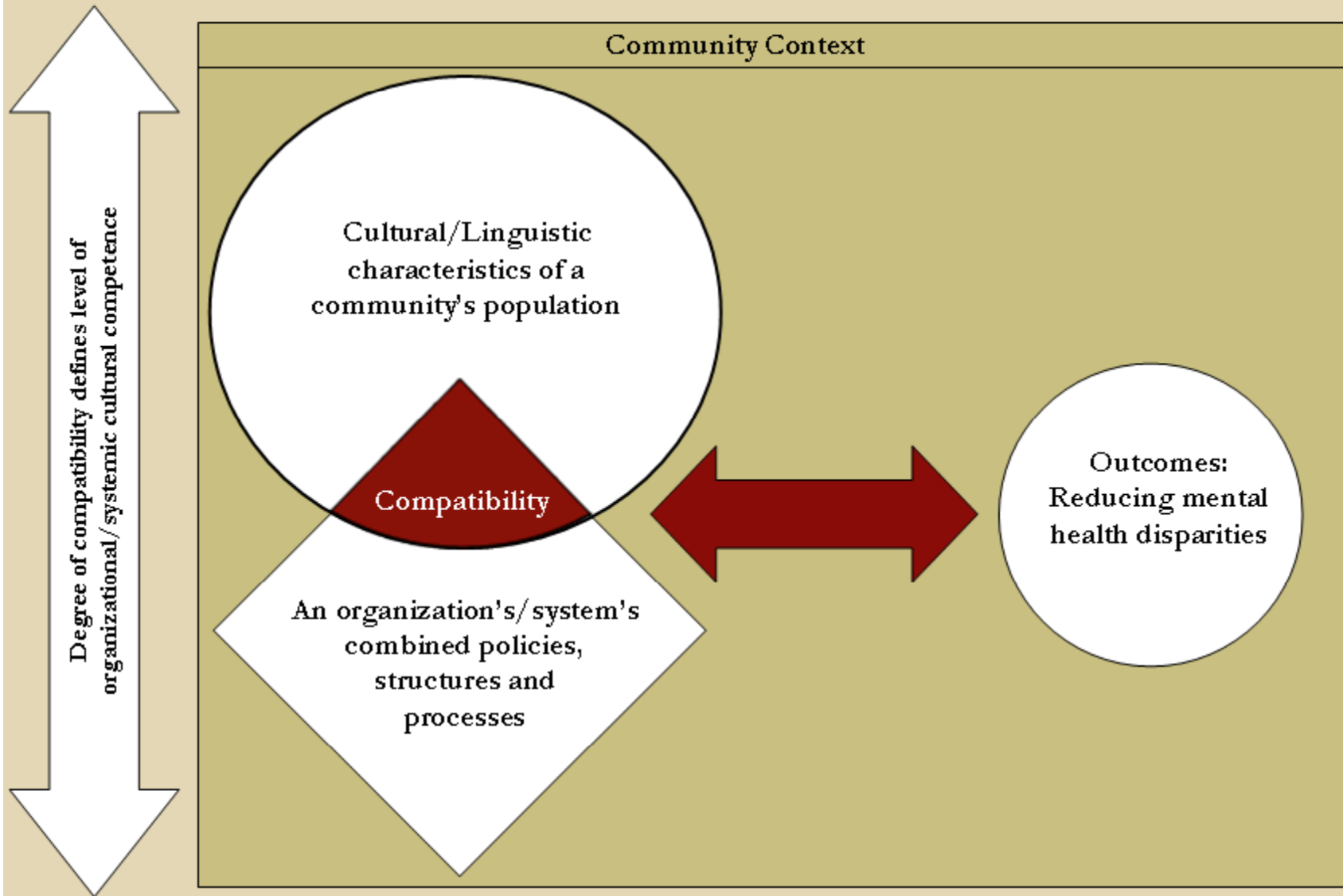
# Assets-Based Approaches

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## Community-Focused and Organizational Cultural Competency

- Community-focused cultural competence provides a framework for an assets-based approach for the LGBTQI2-S population
- An evolving fourth wave of inquiry is how **organizational infrastructure** and **direct services** interact to **promote compatibility** (Macro International CLC Study Team, 2008)
- Cross, Bazron, Dennis and Issacs (1989) define cultural competence as **a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations**; cultural competence efforts of any organization or system must include working in **partnership with the community**

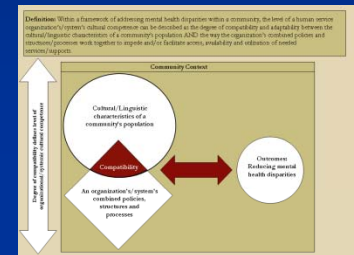
**Definition:** Within a framework of addressing mental health disparities within a community, the level of a human service organization's/system's cultural competence can be described as the degree of compatibility and adaptability between the cultural/linguistic characteristics of a community's population AND the way the organization's combined policies and structures/processes work together to impede and/or facilitate access, availability and utilization of needed services/supports.



# Assets-Based Approaches

## Community-Focused Cultural Competency

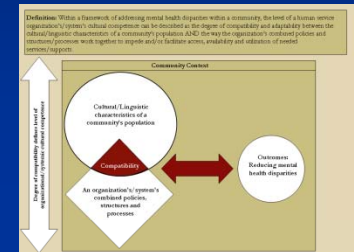
- Ensure compatibility between an organization's/system's structures and processes and the community's characteristics
- Outreach to, and engagement of, the LGBTQI2-S population to foster alignment would include an awareness of both their struggles and achievements to be effective
- Specific practices, such as those that employ messaging (e.g., risk awareness messages, health maintenance messages) would also incorporate an understanding of labeling and self-identification



# Assets-Based Approaches

## Community-Focused Cultural Competency

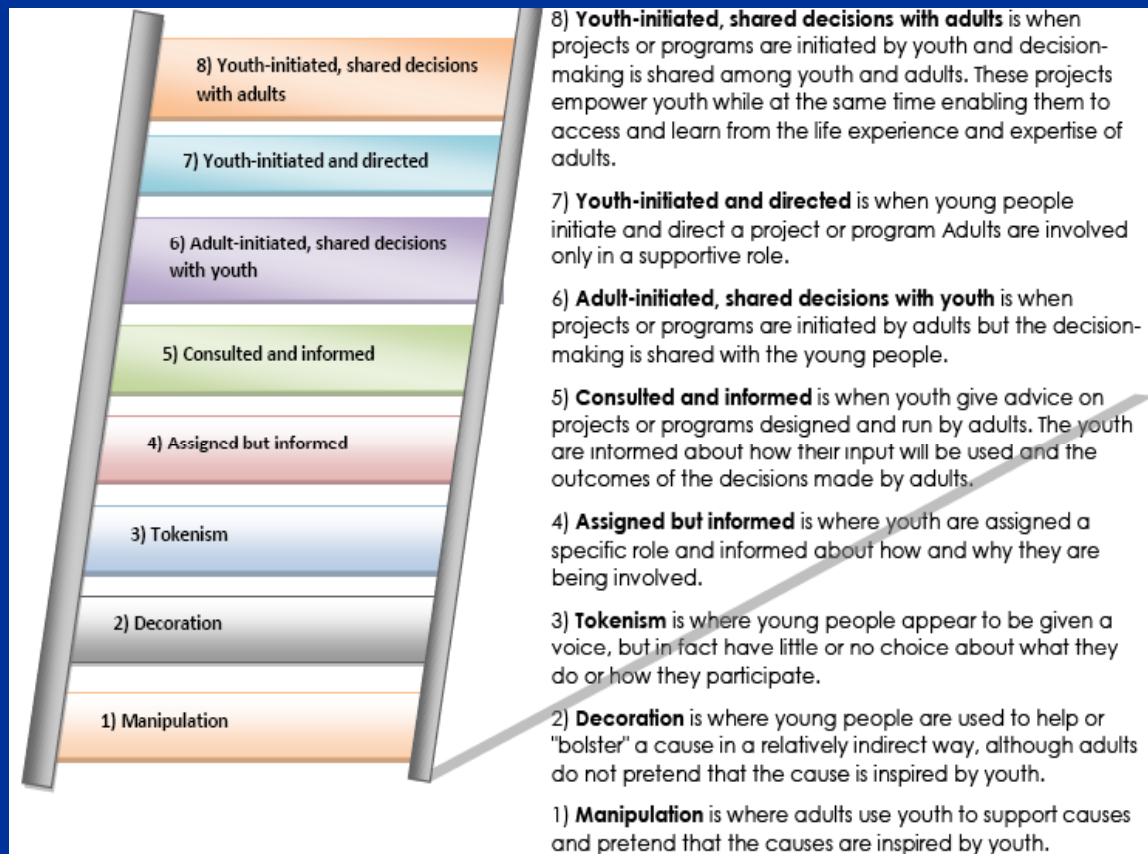
- The expected outcome of organizational cultural competence is reduced mental health disparities for children and their families
- The model illustrates that this outcome is the product of **joint organizational and community efforts**



# Assets-Based Approaches

## Youth Engagement

- Joint organizational and community efforts contribute to cultural competence when they provide LGBTQI2-S youth and families shared decision-making along heightened levels of a ladder of participation



## A Service and Support Plan Identifies Strength-Based, Creative, Practical, Culturally Competent Strategies to Meet the Needs Identified by the Child/Youth and Family

### Culture and Strengths

- Johnny is a good artist
- Claire (mother) likes to help others
- Claire has strong spiritual beliefs
- Family is close
- Guidance counselor and truancy officer have strong community connections (including a church affiliated HIV/AIDS clinic)

### Needs

- Johnny needs to learn to get along with others
- Johnny needs to feel that he is OK and contributing to school, community.
- Johnny needs to feel safe at school;
- Johnny needs to attend all his classes for the next 3 months to graduate
- Claire needs to develop a social support network; accept Johnny for who he is
- Community needs help with project

**Family Vision: To get along better; Johnny to graduate from high school and get a good job**

### Strategies

- Johnny will work with other youth to design logos and posters for clinic
- Art teacher will introduce Johnny to gay artists, such of Keith Haring, and local artist, Erik Sosa
- Claire will attend PFLAG and family organization meetings
- Johnny, Johnny's brother, Claire and live-in boyfriend will participate in family counseling
- School will provide in-service to school staff to understand LGBTQI2-S issues and provide strong support and intervention in the event of bullying



# Summary

- Review and change frontline practice (including screening, assessment and evaluation)
- Make necessary policy changes to support practice
- Change negative, harmful climates; be strengths-based and create safe environments
- Include role models; shift from heterosexual bias to inclusiveness
- Recognize social supports
- Familiarize yourself with local, state, and national resources
- Develop comprehensive, individualized service plans; select strategies to meet needs

# Thank you!

**For references see monograph:  
Asset-Based Approaches for LGBTQI2-S Youth and  
Families in Systems of Care**

<http://rtckids.fmhi.usf.edu/rtcpubs/FamExp/lgbt-mono.pdf>

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# Supplementary Information

# Population Data

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- **Same-sex households**, established as a category of interest by the 2000 U.S. Census, are found in all Congressional districts in the U.S. and total **594,391** unmarried-partner residents (“a close and personal relationship that goes beyond sharing household expenses”)
- An analysis of the American Community Survey (ACS) provides an estimate of **8.8 million** gay, lesbian, and bisexual persons in the U.S. (Congressional Budget Office, 2004; Gates, 2006; Simmons & O’Connell, 2003)
- According to the American Academy of Pediatrics, as many as **six million children** are being raised by **parents** who are LGBT
- Patterson and Freil (2000) estimate an upper limit of more than double this figure (**14 million**) for **children** with one or two gay or lesbian **parents** in the U.S. (Patterson & Freil, 2000; Perrin, 2002; Stacey & Biblarz, 2001; Stein, Perrin, & Potter, 2004)

# Homelessness

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- Very few homeless shelters are specifically established for LGBTQI2-S youth (Wormer & McKinney, 2003), and local services requests based on national research findings can fall flat in the absence of area data (Roder, 2008)
- The total number of homeless youth within this population is estimated between 11 to 35% (Tenner, Trevithick, Wagner, & Burch, 1998; Kruks, 1991), although within these estimates are several limitations some researchers say leads to **underrepresentation** and conservative estimates from **undercounted** samples
- The reasons underlying these difficulties can include **social desirability effects, stigma, and situational independence**
- Homeless service access is also dependent on inclusive policies (e.g., identification, legal status, age, and health/mental health status requirements for qualification) and dependent on meeting definitions of homeless

(Phelan & Link, 1999; Rafferty, 1995; Phelan, Link, Moore, & Stueve, 1997)

# Homelessness

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- LGB adolescents (ages 16-19) are more likely than heterosexual adolescents to have been kicked out or to have run away because of **conflict over their sexual orientation**
- Gay males were more likely than heterosexual peers to have engaged in **survival sex** [defined by Greene, Ennett, and Ringwalt (1999) as “**selling sex to meet subsistence needs such as shelter, food, drugs, or money**”]
- A matched sample of LGBT homeless adolescents (ages 13-21) found this group was more likely to report **victimization**, engage in **substance abuse**, **leave home** more frequently, have more **sexual partners**, and have higher rates of **psychopathology** when compared with heterosexual adolescents (Cochran, Stewart, Ginzler, & Cauce, 2002)
- One study found that 65% of 400 homeless youth in their sample reported having been in a **child welfare placement** at some point in their life (Berberet, 2006)

# Evolution of HIV Stigma

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- The CDC found that 55% of young men (aged 15-22) **did not let other people know** they were sexually attracted to men, and were, therefore, less likely to seek HIV testing (CDC, 2008e)
- Youth born between the mid 1980s and the latter part of the 1990s are **in transition** to adulthood **during an evolving understanding of HIV/AIDS**
- Messages surrounding HIV/AIDS during the early years of the epidemic was overtly negative and grounded in an inability to **control risks** among specific infected populations (gay men, Haitians, African Americans, injection drug users) that could infect a larger population (hemophiliacs, heterosexuals)
- **Programs** have been formed since this time to **reduce youth risks**, and comparative implementation research with the use of a case study design in this area is nascent

# HIV/AIDS

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- 15% of individuals with a new HIV diagnosis in 2006 were between the ages of 13 and 24 (CDC, 2008b)
- Biological properties (e.g., cellular and genetic functions) among the LGBTQI2-S population do not explain or predict disproportionate risk for HIV infection, since disease transmission, resistance, and immunity are functions of individual health, susceptibility, and social determinants
- Young people are at persistent risk for HIV infection, with a higher risk for youth of minority races and ethnicities
- According to the CDC, an estimated 7,761 young people were living with AIDS in 2004, a 42% increase since 2000, when 5,457 young people were living with AIDS



# The Need for HIV Education

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- 35 states and Wash. DC **mandate HIV education**, though **curricular content varies widely**. Educators within schools and youth-serving human services programs face similar **curricular challenges**
- From 1982 through the middle of the last decade, Congress appropriated more than **\$1.5 billion** dollars for **abstinence-only** or **abstinence-until-marriage** programs
- **Barriers** to educating youth about HIV include the beliefs among some youth that they are **invincible**, **stigma and myths** about HIV [myths about people who have it; what it means to have it (e.g., death sentence); that it is curable (or soon will be); that it is no big deal (drug treatment is readily available and tolerable)]

(Hampton, 2008; Kaiser Family Foundation, 2010; Baylor College of Medicine, 2006; Jack, 1989).

# Alcohol and Substance Abuse

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- A number of studies find that lesbian and gay individuals experience higher rates of substance abuse than heterosexuals (Hughes and Eliason, 2002; Skinner, 1994; Gruskin, Hart, Gordon, and Ackerson, 2001)
- Several underlying factors include coping with the stress of homophobia and heterosexism by smoking, drinking heavily, or both, and negative stress responses that include depression and anxiety
- Gay youth report higher rates of cigarette, alcohol and marijuana use, as well as other illicit drugs, including cocaine, methamphetamines, and injection drugs (Marshall, et al., 2008)
- Transgender people are also at higher risk of substance abuse than the general population (Reback & Lombardi 2001)
- Research points to a lack of sensitivity and respect on the part of health care providers; a lack of help-seeking among transgender persons due to reports of discriminatory treatment by other transgender individuals

# Suicide

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- Studies have found that LGBT youth were more likely than their heterosexual peers to report suicidal **ideation**, **intent**, and **attempts** (Goodenow, 2004; Remafedi et al., 1998)
- In an earlier study, Remafedi, Farrow, and Deisher (1991) found that sexual orientation for gay and bisexual youth was tangential to self-harm
- Of particular note is the finding that one third of first attempts occurred **within the same year of self-identification as gay or bisexual**

# Suicide

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- With minority youth more likely to express feelings of alienation, cultural and societal conflicts, academic anxieties, and feelings of victimization, it is clear that careful attention must be paid to the needs of minority youth and their families **within the context of their culture**

# Suicide

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- McDaniel, Purcell, and D'Augelli (2001) discuss the methodological and substantive limitations of conducting LGB suicide research
- These include definitional differences of LGB, as well as suicide attempt (which may or may not correlate with self-harm)
- Another prominent limitation is that “most researchers have examined risk factors but have ignored factors that promote resilience” (p. 86)
- Identified risk factors include **stress**, **lack of social support**, and **ineffective coping** (Safren & Heimberg, 1999), in addition to **psychiatric and substance abuse disorders**, **discrimination** and **homophobia**, and an **HIV/AIDS diagnosis** (McDaniel, Purcell, & D'Augelli, 2001; Moscicki, 1997)

# Systems Respond to Needs of Youth Who are LGBTQI2-S

- Child, Adolescent and Family Branch, CMHS, SAMHSA: LGBTQI2-S National Workgroup; webinars; toolkit
- National Center for Cultural and Linguistic Competence: cultural competency practice briefs
- National Child Traumatic Stress Network: brief focused on trauma among youth who are LGBTQ
- CWLA: best practice guidelines for serving LGBT youth in out-of-home care; CWLA and Lambda Legal “toolkit” to support LGBTQ youth in care