

Creating a Welcoming Therapeutic Environment for Gender Diverse Youth

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2023 FALL NW PSYCHOLOGICAL CONVENTION
OCTOBER 13, 2023

A PARTNER IN
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The National Child
Traumatic Stress Network





WELCOME TO A
**SAFE &
INCLUSIVE
SPACE**

Land Acknowledgment

I live and work in Houston, TX on land that belongs to the Karankawa, Sana, Coahuiltecan, and Atakapa-Ishak tribes.

- ▶ The Native Land resource (<https://native-land.ca/>) can help you take a first step to learn more about the Indigenous Nations of the land where you are located.
- ▶ You can learn more about why this is important and by reading what Indigenous and Native people in the US have written about Land Acknowledgements, including the guide to Indigenous Land Acknowledgement written by the Native Governance Center at <https://nativegov.org/a-guide-to-indigenous-land-acknowledgment/>.

Disclaimer & Disclosure

This presentation should not be considered all-inclusive and is only up to date as of today.

- ▶ Dr. Mooney is one of the co-founders of Gender Infinity, a non-profit from which she has no financial gain.
- ▶ Dr. Mooney is one of the co-authors of “Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity” from which she has no financial gain.
- ▶ Dr. Mooney is currently involved in litigation to protect gender-affirming care in Texas <https://www.aclu.org/cases/doe-v-abbott>

Most photos/images are from <https://unsplash.com/> or <https://pixabay.com/>

Resources for Language & Terminology

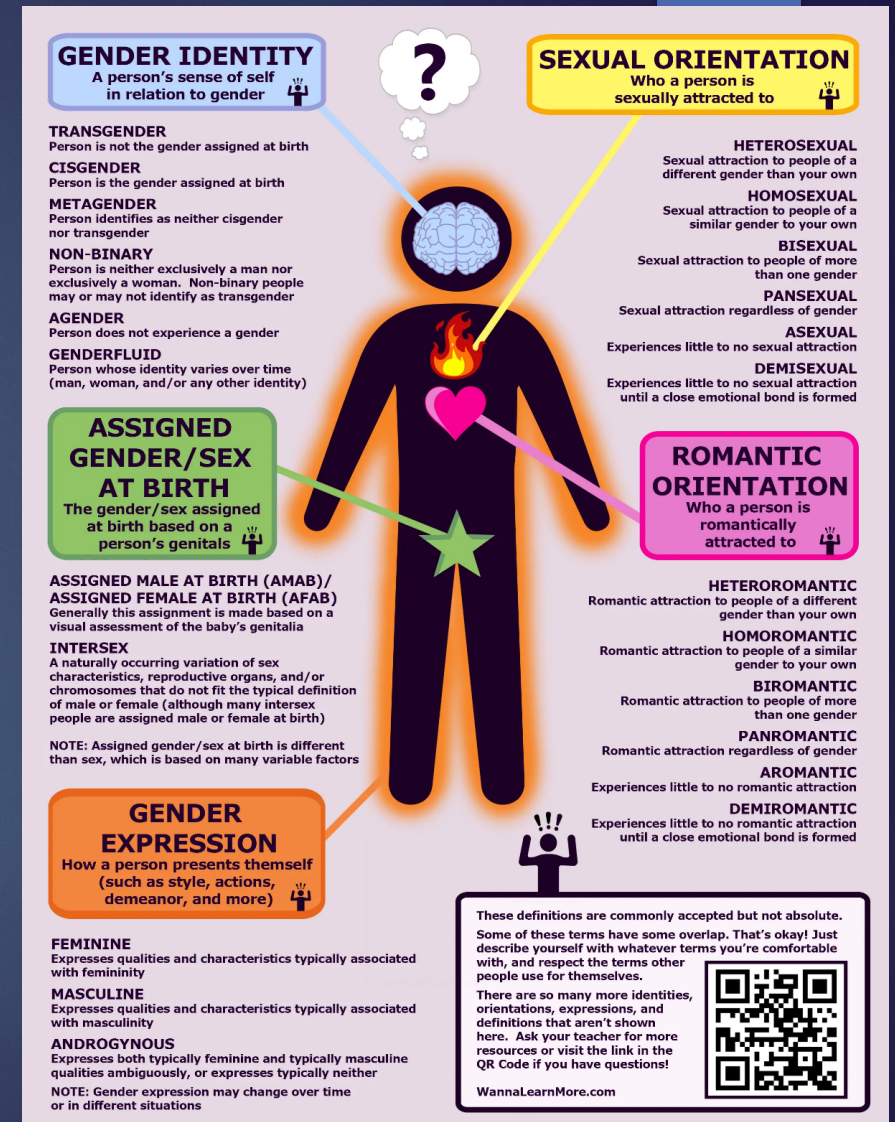
► <https://wannalearnmore.com/poster>

► <https://lgbtqequity.org/wp-content/uploads/2021/04/SOGIE-Glossary.pdf>

► <https://sogiecenter.org/>

► <https://transstudent.org/about/definitions>

► <https://www.hrc.org/resources/glossary-of-terms>



My Intersecting Identities



Setting The Stage

U.S. >

Transgender former student sues school after being asked to use boys' bathrooms despite alleged rape threats

AUGUST 2, 2023 / 11:11 AM / AP



Florida veered from norms to strip transgender care from Medicaid, records show

At least two state employees involved with a controversial report received raises well above their peers.

US senator JD Vance moves to ban all gender-affirming care for trans minors across the nation

“Unbearable”: Doctors treating trans kids are leaving Texas, exacerbating adolescent care crisis

US Courts Block Anti-Trans Legislation

New Rulings Condemn Anti-Trans Discrimination

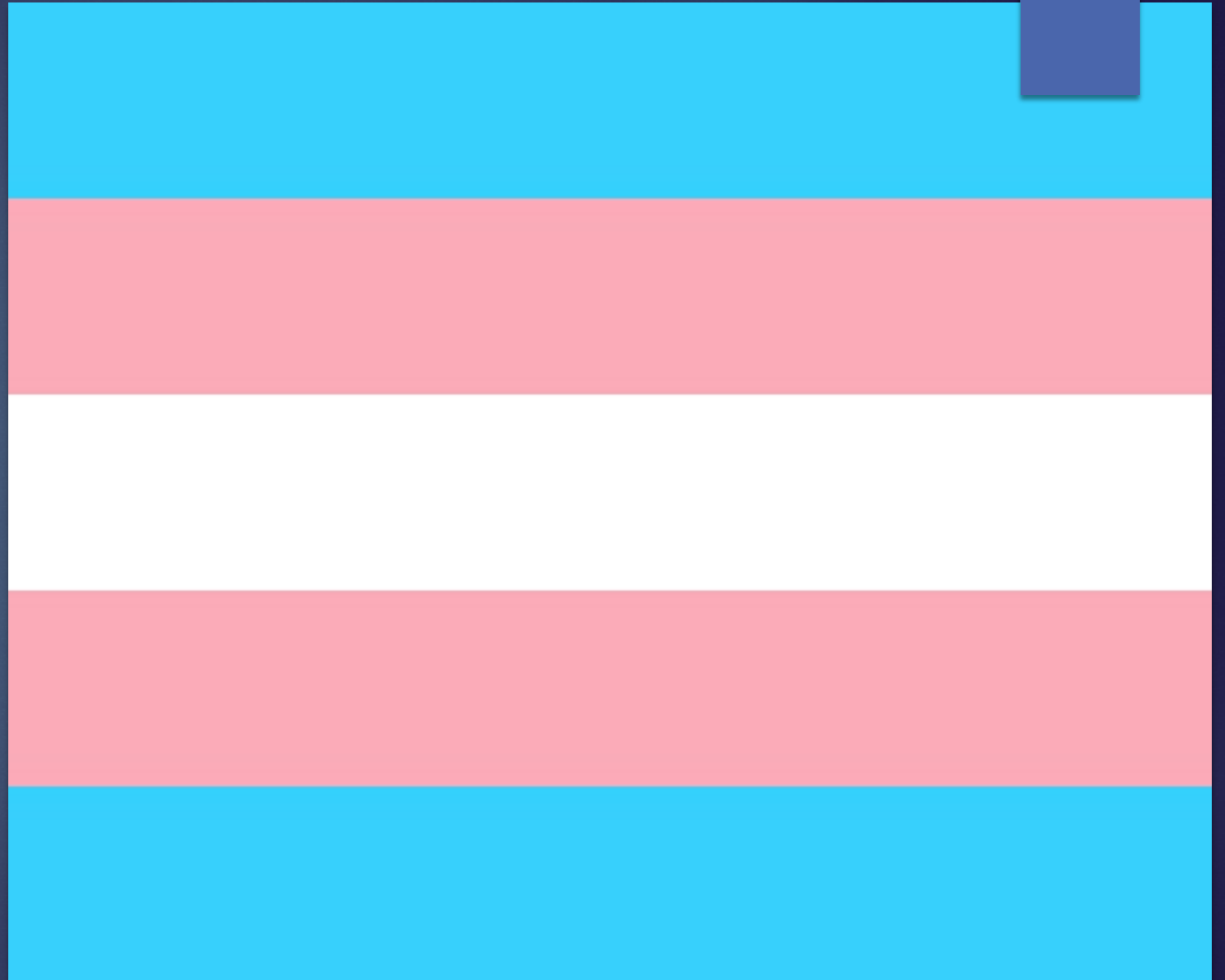
Transgender rights targeted in executive order signed by Oklahoma governor

The order requires state agencies and boards to define the words “female” and “male” to correspond with a person’s sex assigned at birth.

“Trans people are extraordinary, strong, intelligent, persistent and resilient. We have to be. And we will not stand for the picking and choosing of rights. We still have hope.”

-Grace Dolan-Sandrino

Source:
https://www.washingtonpost.com/posteverything/wp/2017/03/02/transgender-kids-are-resilient-we-wont-let-trump-keep-us-down/?utm_term=.3c151cc9a271





The Intersection of Trauma & Gender Identity in Youth

Trans Youth's Experiences of Trauma: Data from the Youth Risk Behavior Survey

(Johns, et al., 2019)

- About 24% had been threatened or injured with a weapon at school (vs 6% of cisgender youth)
- 23% had experienced sexual dating violence (vs 3.5% of cisgender youth)
- 26% had experienced physical dating violence (vs 6% of cisgender youth)
- About 24% had been forced to have sexual intercourse at some point in their life (vs 4% of cisgender youth)
- About 35% had been bullied at school (vs almost 15% of cisgender youth)

Experiences of Gender Diverse Youth in Schools

The Gay, Lesbian, and Straight Education Network (GLSEN) 2021 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation's Schools

Source: Kosciw, J. G., Clark, C. M., & Menard, L. (2022). The 2021 National School Climate Survey: The experiences of LGBTQ+ youth in our nation's schools. New York: GLSEN.



Typical experiences of LGBTQ+ youth



- ▶ Many LGBTQ+ students avoided gender-segregated spaces in school because they felt unsafe or uncomfortable (bathrooms: 45%, locker rooms: 39%)
- ▶ Over half of LGBTQ+ students were called names or threatened based on their gender identity and expression

Typical experiences of LGBTQ+ youth: Verbal harassment

- ▶ Almost 92% heard negative remarks about gender expression (not acting “masculine/feminine enough”)
- ▶ 83% heard negative remarks specifically about transgender people (e.g., “tranny” or “he/she”)



Typical Experiences of LGBTQ+ Youth:

Physical Harassment Based on Gender Expression or Identity



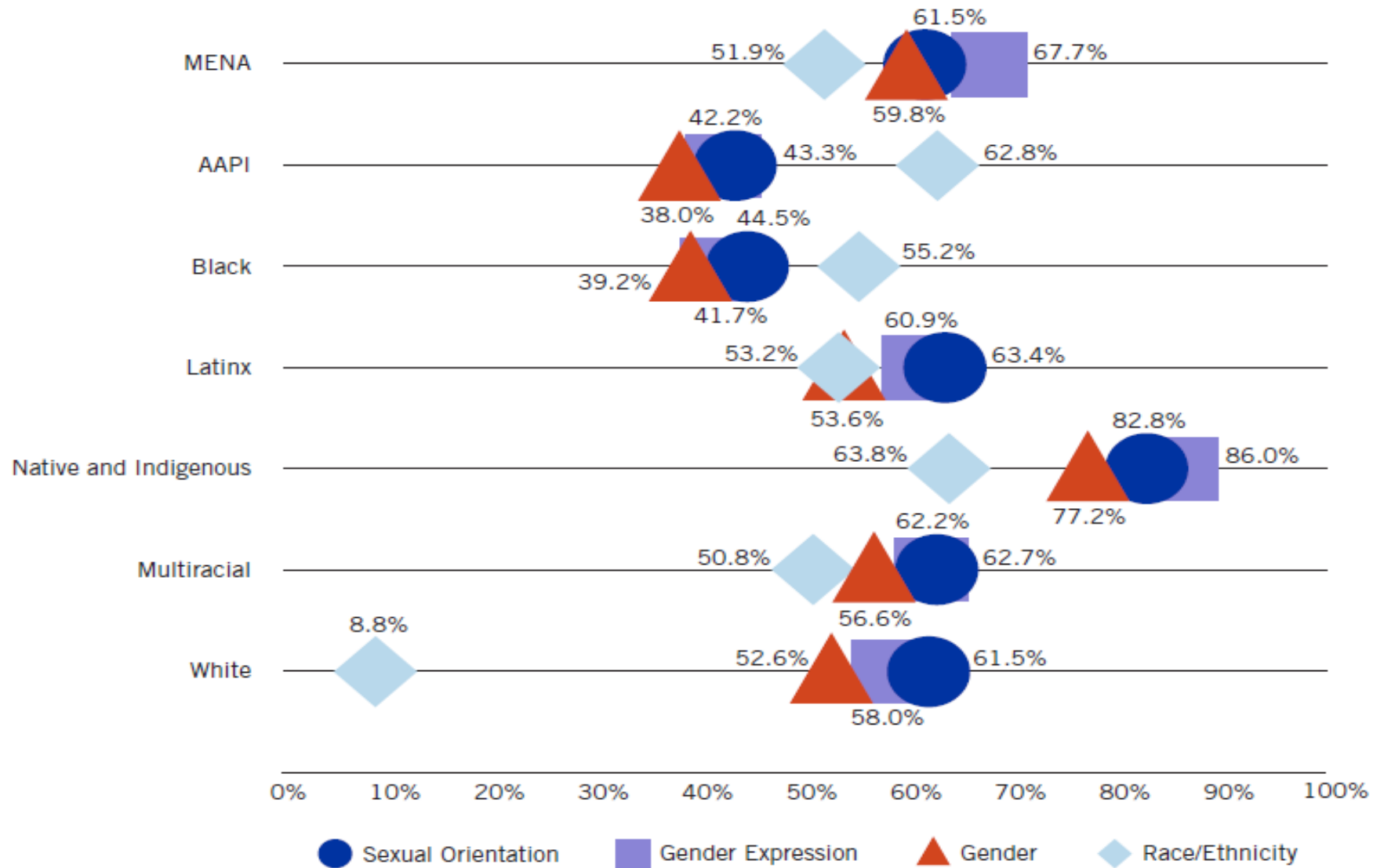
- ▶ About 20% of LGBTQ+ students had been physically harassed (e.g., shoved, punched, kicked, injured with a weapon) at school during the past year
- ▶ About 8% of LGBTQ+ students reported being physically assaulted (e.g., being punched, kicked, or injured with a weapon) in school during the past year

Experiences of Gender Expansive Youth at School



- ▶ With regard to both in-person victimization and online harassment based on gender and gender expression:
 - ▶ Transgender students experienced higher rates of both than did students of all other gender identities
 - ▶ Nonbinary students experienced higher rates of victimization than cisgender students and students questioning their gender identity

Figure 3.18 Experiences of In-Person Victimization by Race/Ethnicity
 (Percentages of LGBTQ+ Students Experiencing Any Victimization Based on Sexual Orientation, Gender Expression, Gender, and Race/Ethnicity)



Victimization
 of Trans
 Students of
 Color in
 Schools

Typical Experiences for LGBTQ+ Youth with School Personnel

- ▶ Most (61.5%) LGBTQ+ students who were harassed or assaulted in school did not report the incident to school staff, most commonly because they doubted that the staff would do anything.
- ▶ About 60% of students who did report problems to school personnel reported that nothing was done and/or were told to ignore the incident
- ▶ Almost a third of students (30.8%) who heard negative remarks about gender expression reported that school staff members were present all or most of the time when these remarks were made.
- ▶ About 16% of students who reported being victimized by peers to staff were told to change their own behavior (e.g., not act so gay" or to change how they dress)
- ▶ *Nearly 72.0% of students had heard teachers or other school staff make negative comments about a student's gender expression*



Why
does this
matter?

Educational Outcomes of Victimization for Gender Diverse Students

LGBTQ+ students who experienced higher levels of victimization based on gender:

- ▶ **Were more likely to have missed school**
 - ▶ About 60% had missed at least one day of school in the past month
- ▶ **Had lower grade point averages (GPAs) than other students**
 - ▶ Ex. LGBTQ+ students who experienced higher levels of victimization based on gender expression reported an average GPA of 2.76 and LGBTQ+ students who experienced lower levels of this type of victimization reported an average GPA of 3.17



Educational Outcomes of Victimization for Gender Diverse Students

Students who experienced higher levels of victimization based on gender or gender expression:

- ▶ Were **more likely to have been disciplined** at school
- ▶ Were more likely to report that they **did not plan to pursue any post-secondary education** (e.g., college or trade school)
 - ▶ 31% stated that this was because of gendered school policies and practices



Mental Health of Gender Diverse Youth

- ▶ Posttraumatic Stress Disorder
 - ▶ Rates of PTSD are higher in LGBTQ+ youth than their heterosexual and cisgender peers.
 - ▶ Gender nonconformity in children accounts for some of the disparities in abuse
 - ▶ Gender nonconformity is associated with significantly more symptoms of PTSD as compared even to other LGBTQ+ youth, especially for males
- ▶ Eating Disorders:
 - ▶ 2-15% of transgender youth
 - ▶ 1-4% of cisgender youth
- ▶ Depression:
 - ▶ 20 – 64% of transgender youth
 - ▶ 6 – 20% of cisgender youth



Suicidality in Trans Youth

▶ Considered Suicide

- ▶ 44% of transgender youth
- ▶ 11% of cisgender youth

▶ Suicide Attempt (past 12 months):

- ▶ 34.6% Transgender youth
- ▶ 5-9% of cisgender youth

▶ Lifetime Suicide Attempt:

- ▶ 45.0% Transgender youth
- ▶ 4.1% national average for youth

- ▶ Sources: Mustanski, Garofalo, & Emerson (2010), Nock, et al. (2013), Johns, et. al. (2019 and 2020)





Professional Standards & Guidelines related to Gender-Affirming Care

Gender Affirming Care

- ▶ Social Transition
 - changes in outward appearance (hair, clothes etc.)
 - use of pronouns and name
 - working with a therapist on gender identity and expression
 - starting to tell family and friends
- ▶ Reversible or Partially Reversible Medical Transition
 - puberty blockers
 - cross-sex hormone therapy (“HRT”)
- ▶ Irreversible Medical Transition (Gender confirmation surgery)
 - not often recommended for those under 18
 - includes double mastectomy
 - other surgeries related to internal and/or external genitalia



APA Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (2015)

- ▶ There was/is (?) a lack of consensus regarding treatment of prepubertal children
 - ▶ “Wait and See”
 - ▶ Explore & Affirm
- ▶ “...there is greater consensus that treatment approaches for adolescents affirm an adolescents’ gender identity.”
 - ▶ Social approaches
 - ▶ Medical approaches

APA Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (2015)

- ▶ Psychologists working with TGNC and gender-questioning youth are encouraged to regularly review the most current literature in this area
- ▶ Psychologists are encouraged to offer parents and guardians clear information about available treatment approaches, regardless of the specific approach chosen by the psychologist.
- ▶ Psychologists are encouraged to complete a comprehensive evaluation and ensure the adolescent's and family's *readiness to progress* while also avoiding unnecessary delay for those who are ready to move forward.
- ▶ Psychologists working with TGNC and gender-questioning youth are encouraged to become familiar with medical treatment options for adolescents (e.g., puberty suppressing medication, hormone therapy) and work collaboratively with medical providers to provide appropriate care to clients.
- ▶ Psychologists may encourage parents and caregivers to involve youth in developmentally appropriate decision making about their education, health care, and peer networks, as these relate to children's and adolescents' gender identity and gender expression
- ▶ Parents and caregivers may benefit from a supportive environment to discuss feelings of isolation, explore loss and grief they may experience, vent anger and frustration at systems that disrespect or discriminate against them and their youth, and learn how to communicate with others about their child's or adolescent's gender identity or gender expression

APA Resolution on Supporting Sexual/Gender Diverse Children and Adolescents in Schools (2020)

The American Psychological Association and the National Association of School Psychologists:

- ▶ affirm that diverse gender expressions and presentations, regardless of gender identity, and diverse gender identities, beyond a binary classification, are normal and positive variations of the human experience
- ▶ support affirmative interventions with transgender and gender diverse children and adolescents that encourage self-exploration and self-acceptance rather than trying to shift gender identity and gender expression in any specific direction
- ▶ Encourage school psychologists to adhere to established ethical principles which support the physical and psychological safety of sexual and gender diverse children and adolescents when school/local policy is contrary to the best interests of children and adolescents

APA Resolution on Gender Identity Change Efforts (February 2021)

- ▶ “diversity in gender identity and expression is part of the human experience and transgender and gender nonbinary identities and expressions are healthy, **incongruence between one’s sex and gender is neither pathological nor a mental health disorder**”
- ▶ “**self-determination in defining one’s gender identity is a source of resilience** for transgender and gender nonbinary people and associated with improvements in wellbeing and reductions in psychological distress”
- ▶ “**professional consensus recommends affirming therapeutic interventions for transgender and gender nonbinary adults** who request that a therapist engage in GICE, **and for trans youth whose parents/guardians or other custodians** (e.g., state, foster care) request that a therapist engage in GICE”
- ▶ “**individuals who have experienced gender affirming psychological and medical practices report improved psychological functioning, quality of life, treatment retention and engagement, and reductions in psychological distress, gender dysphoria, and maladaptive coping mechanisms**”
- ▶ “**evidence supports psychologists in their professional roles to use affirming and culturally relevant approaches with individuals of diverse gender expressions and identities**”

The World Professional Association for Transgender Health (WPATH)

Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (2022)

The following are recommended standards for healthcare professionals who work with gender diverse adolescents and children:

- ▶ Receive theoretical and evidenced-based training and develop expertise in general child, adolescent, and family mental health across the developmental spectrum.
- ▶ Receive training and have expertise in gender identity development, gender diversity in children and adolescents, have the ability to assess capacity to assent/consent, and possess general knowledge of gender diversity across the life span.
- ▶ Receive training and develop expertise in autism spectrum disorders and other neurodevelopmental presentations or collaborate with a developmental disability expert when working with autistic/neurodivergent gender diverse adolescents/children.

WPATH SOC8: Mental Health Treatment

- ▶ Addressing mental illness and substance use disorders is important but should not be a barrier to transition-related care. Rather, these interventions to address mental health and substance use disorders can facilitate successful outcomes from transition-related care, which can improve quality of life
- ▶ Recommendations:
 - ▶ Mental health professionals address mental health symptoms that interfere with a person's capacity to consent to gender affirming treatment before gender-affirming treatment is initiated.
 - ▶ Mental health professionals offer care and support to transgender and gender diverse people to address mental health symptoms that interfere with a person's capacity to participate in essential perioperative care before gender-affirmation surgery.

Gender Affirming Care – What we Know

- ▶ There are many positive results of gender affirming medical care including:
 - ▶ increased quality of life
 - ▶ decreased depression and suicidality (including suicide attempts)
 - ▶ increased body satisfaction and positive feelings about physical appearance
 - ▶ Increased overall self-worth

- ▶ Arnoldussen, et al., 2022; Grannis, et al., 2021; Kuper, et al., 2020; Nobili et al., 2018, Tordoff, et al., 2022; Turban, et al., 2020

Gender Affirming Care – What we Know

- ▶ There may be some risks for gender-affirming medical care including:
 - ▶ decreases in bone mineral density, increased triglycerides, and cardiovascular risks for those receiving feminizing hormones
 - ▶ increases in cholesterol and triglycerides with masculinizing hormones
 - ▶ Note: there may be/are likely some complicating factors related to overall physical activity and health
 - ▶ Singh-Ospina et al., 2017; Hodax, 2022; Maraka et al., 2017



Creating Affirming Environments for Gender Diverse Youth

- Mission & Vision
- Recruitment/Hiring/ Retention
- Activities & celebrations
- Forms & documents
- Physical Environment
 - LGBTQ+ Symbols & Flags
 - Gender-inclusive facilities & restrooms
- Policies
 - Non-discrimination policies
 - Accountability
 - Dress code
 - FMLA

- Visibility and Representation
 - LGBTQ+ leaders, advocates, activists, academics
 - LGBTQ+ magazines, ads, and flyers
- Competency
 - Seek additional training/mentorship/supervision
 - Have a good referral network
 - Make decision based on least risk of harm to client
- Training
 - Train all staff who work with youth, not just direct service providers
 - Intersectionality

Systemic/Organizational Recommendations

Gender Affirming Care: Increasing Protective Factors

- ▶ ****Family Acceptance****
 - ▶ Family acceptance has a protective effect for all LGBTQ+ youth against many threats to well-being including health risks such as depression, HIV infection, drug use, and suicide.
 - ▶ Dr. Caitlin Ryan, Family Acceptance Project: <http://familyproject.sfsu.edu/>
- ▶ School Connectedness
 - ▶ May protect from extreme distress & despair
- ▶ Social Support/Friend Support
 - ▶ May be related to decreased risk for suicide attempts
- ▶ Access to and ability to locate affirming and knowledgeable treatment providers

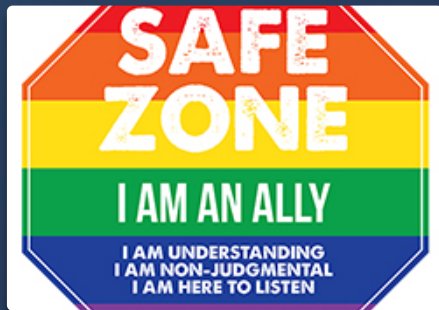
Gender-Affirming Care for Families 101

- ▶ Focus on safety
- ▶ Increase acceptance & affirmation
- ▶ Provide accurate, up-to-date information
 - ▶ Medical care
 - ▶ Laws
 - ▶ School policies
- ▶ Support *both* youth and caregivers
- ▶ Connect with resources and supports



<https://www.npr.org/2022/03/24/1088108783/texas-governor-calls-gender-affirming-care-child-abuse-this-family-fights-back>

Creating A Welcoming Environment



Inclusive environment

- Consideration of personal pictures, posters, decorations
- Safe Zone signs, Pride Progress flags, Transgender symbols

Inclusive language

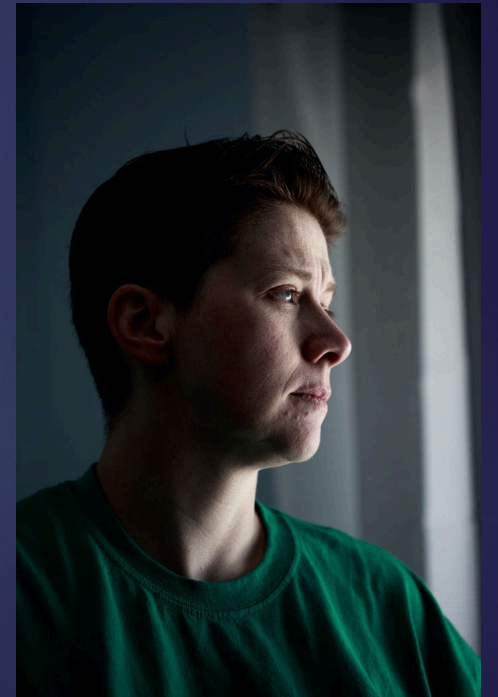
- Forms & paperwork include options for transgender and gender diverse youth to identify
- Forms & paperwork include options for youth to identify as attracted to more than one gender
- All clients identify their (nick)name and pronouns

Inclusive services

- Explicit that you do not provide/endorse "reorientation therapy," "conversion therapy," or sexual orientation/gender identity/gender expression change efforts

Interpersonal Recommendations

- ▶ Provide your pronouns as part of introductions
- ▶ Ask & respect names & pronouns
- ▶ Follow clues given – don't make assumptions
- ▶ Do not ask unnecessary questions
 - ▶ Ask yourself why you're asking a specific question
- ▶ Do not assume a person's gender or sexual orientation
- ▶ Apologize once and move on
- ▶ Do not "out" without asking first
- ▶ Correct others when they use incorrect names and pronouns
- ▶ Speak against homophobic/transphobic/trans negative remarks





Gender-Affirming Care is Trauma-Informed Care

Major medical associations recognize gender-affirming care as the standard of care for transgender, gender diverse, and intersex (TGI) youth. Gender-affirming care broadly refers to creating an environment that facilitates youth to move through the world safely as the gender they know themselves to be. This includes developmentally appropriate, evidence-based care provided by medical and mental health experts in partnership with youth, parents, and caregivers. It may include evidence-based interventions such as puberty blockers and gender-affirming hormones. Gender-affirming care also includes access to opportunities that all children should have, such as playing team sports, safely using bathrooms in their schools and other public places, and positive relationships with supportive adults.

Providing gender-affirming care is neither child maltreatment nor neglect. The child welfare system in the US, charged with "improving" the overall health and well-being of our nation's children and families,¹ should not be used to deny care or separate families working to make the best decisions for their children's well-being. There is no scientifically sound research showing negative impacts from providing gender-affirming care. The decision for the child welfare system to become involved in the lives of families, potentially to the extent of removing children from their families and homes, should be wielded with the utmost care, grounded in evidence, and always prioritizing the well-being of children and preservation of families.

It has been well-documented that TGI youth experience trauma, discrimination, and health disparities at higher rates than their cisgender peers, including disproportionate rates of negative behavioral health outcomes and higher rates of attempted suicide.^{2,3} Trauma exposure for TGI youth also includes the trauma of experiencing oppression when their identities are rejected by individuals in their lives, in their communities, or in the broader public. Alternatively, affirmation from families has been shown to be a protective factor against attempted suicide, depression, substance misuse, and other negative health outcomes.⁴ Consistently using youth's chosen names and pronouns reduces suicidality and depression.⁵ Gender-affirming medical care, particularly puberty blockers and gender-affirming hormones, reduces rates of depression, suicidal ideation, and other serious behavioral health outcomes.⁶

TGI youth can thrive when they are supported and affirmed in their identities and their identity development, when they have open and affirming school environments where they can talk about their experiences, and when their families are resourced to make the best evidence-based care decisions in collaboration with their providers. We have the tools to increase TGI youth's current social, emotional, and physical well-being and to support them to imagine and experience a future in which they can thrive and live full, happy lives. You can help keep TGI youth safe by expressing your support and acceptance and finding ways to partner with others to create affirming and supportive environments. Here are some practical suggestions for what you can do:

- **Take responsibility for your own knowledge and understanding of gender diversity** by staying up-to-date on evidence-based research and best practice, attending trainings, and reading work by transgender and gender diverse writers to understand more about the language and experiences of TGI youth. This will enable you to better establish safety, build trust, and provide better quality care. Recognize that despite what you've learned, you may not always be sure what something means, especially related to an individual's identities or experiences. It is okay to ask in a respectful and genuine manner.

Gender-Affirming Care IS Trauma-Informed Care

<https://www.nctsn.org/resources/gender-affirming-care-is-trauma-informed-care>

Identifying the intersection of trauma & sexual orientation & gender identity

▶ Part I: Key Considerations

<https://www.nctsn.org/resources/identifying-the-intersection-of-trauma-and-sexual-orientation-and-gender-identity-key-considerations>

▶ Part II: The Screener

<https://www.nctsn.org/resources/identifying-the-intersection-of-trauma-and-sexual-orientation-and-gender-identity-the-screener>



Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity:

Part I:
Key Considerations

WHY ASK ABOUT SEXUAL ORIENTATION AND GENDER IDENTITY?

There is a growing body of evidence showing that Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+) youth suffer from potentially traumatic events (PTEs) at significantly higher rates than their straight and cisgender peers. Among the most prevalent PTEs affecting LGBTQ+ youth are parental rejection, bullying, physical and sexual harassment, and hate crimes. Consequently, LGBTQ+ youth experience a wide array of health disparities, such as increased rates of anxiety, depression, suicidal ideation and attempts, drug and alcohol misuse, sexually transmitted diseases/infections, homelessness, and Post-Traumatic Stress Disorder (PTSD). The alarming rate at which LGBTQ+ youth are victimized in the United States urges us to identify LGBTQ+ youth in order to assess for safety and risk of self-harm or suicidality, prevent exposure to trauma via psychoeducation, and refer to evidence-based trauma-focused treatment when they have been exposed to trauma. Nevertheless, discussing and acknowledging sexual orientation and gender identity—with or without the aforementioned PTEs—has not been common practice in child-serving systems and organizations.

Often LGBTQ+ youth's increased risk for trauma is partly due to societal stigma and prejudice. As a trauma treatment provider, you have an obligation to provide safe and affirming spaces for LGBTQ+ youth to express themselves honestly without fear of judgment, ridicule, or having their identities outed. Additionally, you should ask about essential and basic information such as gender identity, sexual orientation, and PTEs. Without asking these important questions, you cannot provide trauma-informed services that truly meet the unique needs of LGBTQ+ youth and their families. It is essential that, as a provider, you actively acknowledge and validate youth who hold marginalized identities and seek to understand the ways in which these identities and PTEs may intersect.

IDENTIFYING THE INTERSECTION OF TRAUMA AND SEXUAL ORIENTATION AND GENDER IDENTITY: THE SCREENER

Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity was developed to contribute to the visibility of the alarming prevalence of violence and abuse against LGBTQ+ youth in our society. This screener was designed to help organizations and providers to gather information about gender identity, sexual orientation, and PTEs in a secure, supportive way and to prevent treatment providers from seeing less trauma. The screener, intended for use with children and youth ages 7-18, seeks to highlight common risk factors and the critical importance of screening for trauma exposure, PTSD, and post-traumatic stress symptoms.

The Screener can augment a more general trauma screening and should be used in a safe, affirming, and validating manner. It has been developed to be administered verbally.

Some Sample Language

(from “Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity”)

1. What name should I use for you while you're here?

Are you comfortable with me writing this name in your records, where other people might see it? This would include other staff at our organization, but also could possibly include your parents/caregivers/guardians.

2. What are your pronouns?

He/Him

She/Her

They/Them

Ze/Zir/Hir

I'm not sure

Prefer not to respond

Some Sample Language

(from “Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity”

3. What is your gender? You can choose more than one.

Male (boy)

Female (girl)

Agender

Gender Fluid

Gender Queer

Gender Expansive

Non-Binary

Trans Female

Trans Male

Questioning/exploring

I'm not sure

Prefer not to respond

4. For youth 12 or older: What is your sexual orientation? You can choose more than one.

Gay

Lesbian

Bisexual

Pansexual

Queer

Demisexual

Asexual

Heterosexual

Questioning/exploring

I'm not sure

Prefer not to respond



Resources



Family Acceptance Project®

LGBTQ YOUTH & FAMILY RESOURCES

To Decrease Mental Health Risks & Promote Well-Being

Welcoming your child's LGBTQ friends is one of **more than 50 ways** that parents & caregivers can reduce risk and increase well-being for LGBTQ youth



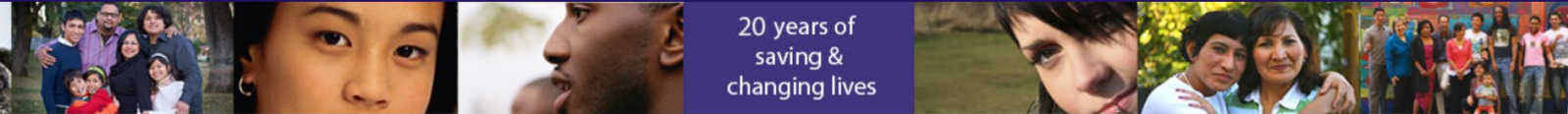
FAMILY MATTERS

Research from the Family Acceptance Project® shows that families play a critical role in contributing to serious health risks & promoting well-being for LGBTQ young people. Learn about how family behaviors affect your LGBTQ child's health risks and ways to reduce risk and increase support.

LEARN MORE

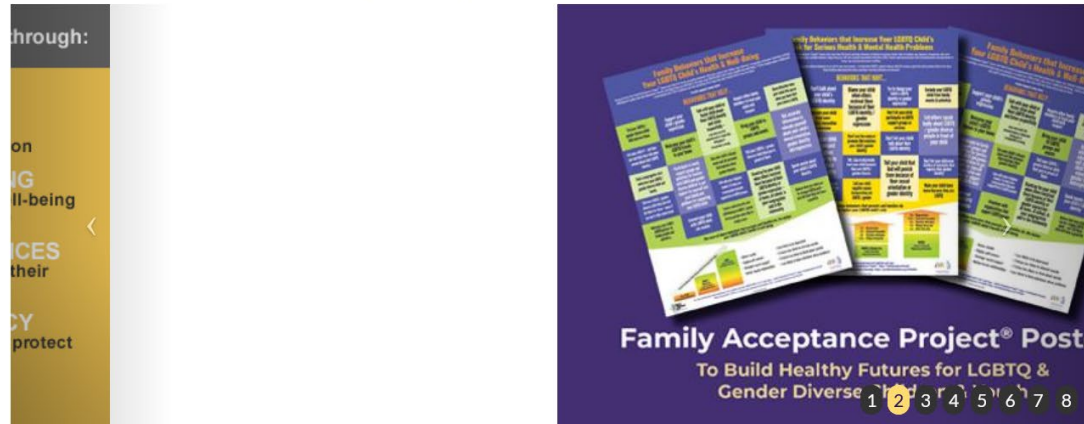
Family Acceptance Project: Family & Youth Resources

<https://lgbtqfamilyacceptance.org/>



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- [Publications](#)
- [Posters](#)
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- [Family Videos](#)
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- [Research](#)
- [Media Releases](#)
- [Contact Us](#)
- [Resources \(links\)](#)

Welcome to the Family Acceptance Project



The Family Acceptance Project® is a research, intervention, education and policy initiative to prevent health and mental health risks and to promote well-being for lesbian, gay, bisexual, transgender and queer-identified (LGBTQ) children and youth, including suicide, homelessness, drug use and HIV – in the context of their families, cultures and faith communities.

Our team has put research into practice by developing and implementing the Family Acceptance Project's Family Support Model - the first of its kind - to prevent health risks, strengthen families and build healthy futures for LGBTQ and gender diverse children and youth. We provide training and consultation on working with diverse families and implementing FAP's evidence-based family support model across the United States and in other countries.

Download FAP's Education Posters to Build Healthy Futures for LGBTQ/Two Spirit & Gender Diverse Children & Youth – in 10 Languages with a New Version for American Indian Communities!

[Download posters](#)

New! First-of-Its-Kind Resource for LGBTQ Youth and Families Launched

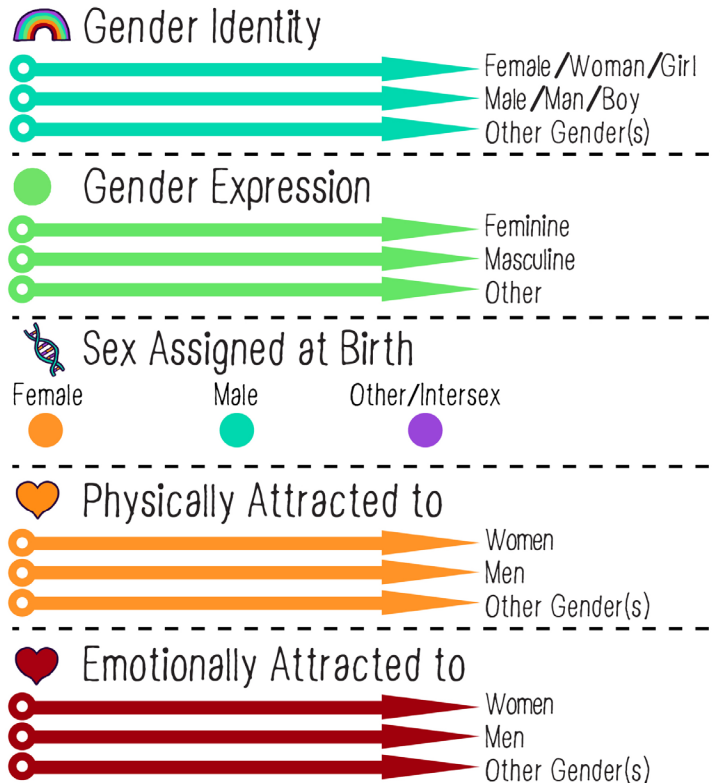
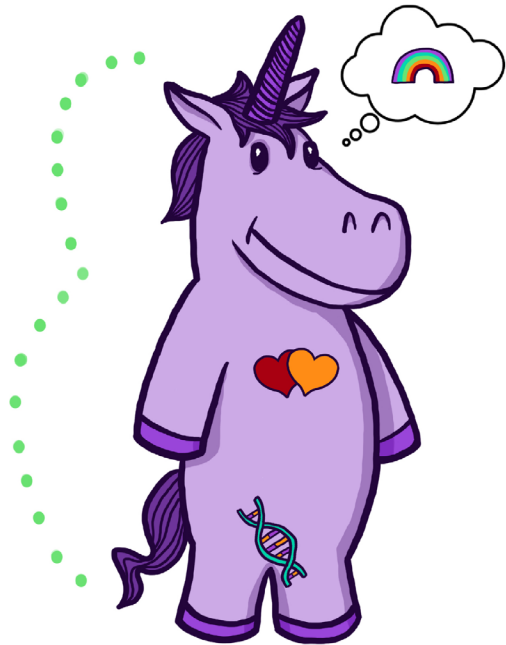
[Visit online resource](#)

Family Acceptance Project: Provider Resources

<https://familyproject.sfsu.edu/>

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources

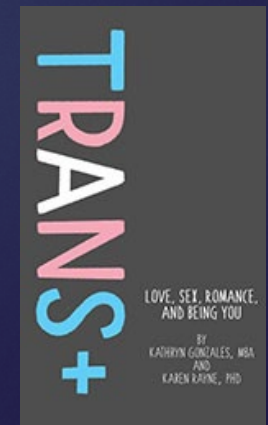
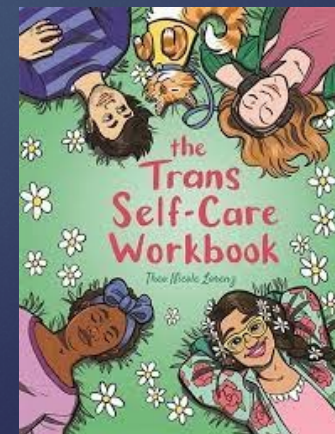
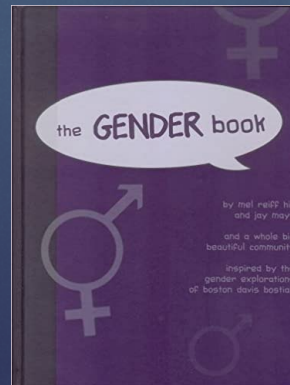
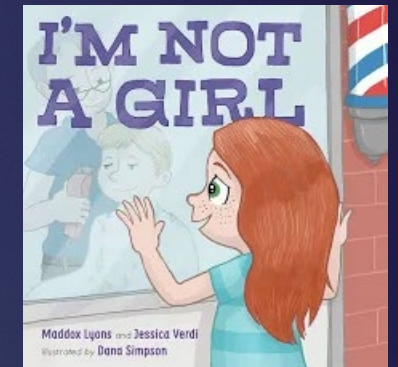
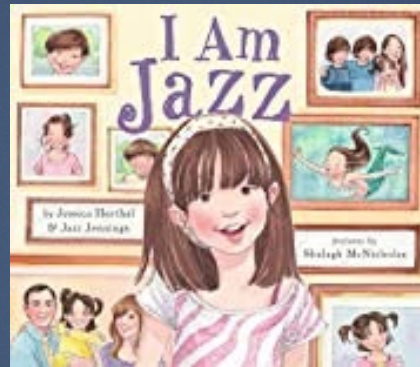
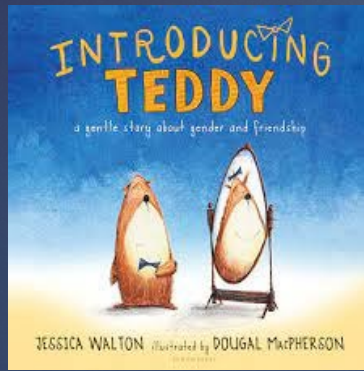
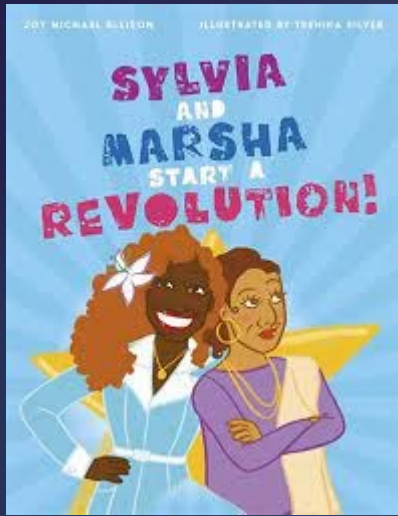
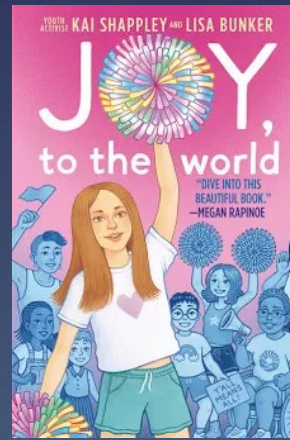
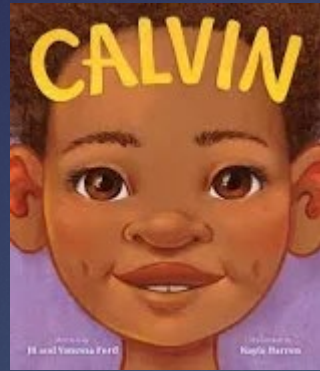


To learn more, go to:
www.transstudent.org/gender

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Crisis Resources

988 Helpline (formerly National Suicide Prevention Lifeline)

Call 988 (option 3)

Text “Q” to 988

Chat: <https://988lifeline.org/chat/>

The Trevor Project

Phone: 866-488-7386

Text: Text “START” to 678-678

Chat: <https://www.thetrevorproject.org/get-help-now/>

Trans Lifeline

Phone: 877-565-8860

Additional Resources

- ▶ American Psychological Association Office on Sexual Orientation and Gender Diversity <https://www.apa.org/pi/lgbt>
- ▶ Equality Texas: <https://www.equalitytexas.org/>
- ▶ Family Acceptance Project: www.familyproject.sfsu.edu
- ▶ GLAAD (national). www.glaad.org/transgender/allies
- ▶ GLSEN www.glsen.org
- ▶ The Gender Book www.thegenderbook.com
- ▶ The Gender Wheel www.genderwheel.com/
- ▶ Gender Spectrum (CA) www.genderspectrum.org/
- ▶ Human Rights Campaign www.hrc.org
- ▶ InterACT <https://interactadvocates.org/>
- ▶ Legal Resource for Transgender Youth: www.transgenderlawcenter.org
- ▶ Lambda Legal www.lambdalegal.org

Additional Resources (cont'd)

- ▶ LGBTQ Religious Archives <https://lgbtqreligiousarchives.org/profiles/luisa-derouen>
- ▶ National Center for Transgender Equality: transequality.org
- ▶ National Child Traumatic Stress Network www.nctsn.org
- ▶ National Gay and Lesbian Task Force: www.thetaskforce.org
- ▶ PFLAG: pflag.org/
- ▶ Substance Abuse and Mental Health Services Administration: www.samhsa.gov
- ▶ Trans Student Educational Resources www.transstudent.org
- ▶ The Transgender Education Network of Texas <https://www.transtexas.org/>
- ▶ The Trevor Project: www.thetrevorproject.org
- ▶ World Professional Association for Transgender Health: www.wpath.org

Scientific References

- ▶ Arnoldussen, M, van der Miesen, A, Elzinga, W, Alberse, A, Popma, A, Steensma, T, and de Vries, A. (2022). Self-Perception of Transgender Adolescents After Gender-Affirming Treatment: A Follow-Up Study into Young Adulthood. *LGBT Health*, 9, 4, DOI: 10.1089/lgbt.2020.0494.
- ▶ Boulware, S., Kamody, R., Kuper, L., McNamara, M., Olezeski, C., Szilagyi, N., & Alstott, A. (2022). Biased Science: The Texas and Alabama Measures Criminalizing Medical Treatment for Transgender Children and Adolescents Rely on Inaccurate and Misleading Scientific Claims. Available at SSRN 4102374. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4102374
- ▶ Connolly, MD, Zervos, MJ, Barone, CJ, Johnson, CC, & Joseph, CLM (2016). The Mental Health of Transgender Youth: Advances in Understanding, *Journal of Adolescent Health*, 59, 489-495. <http://dx.doi.org/10.1016/j.jadoheath.2016.06.012>.
- ▶ Connor Grannis, Scott Leibowitz, Shane Gahn, Leena Nahata, Michele Morningstar, Whitney I. Mattson, Diane Chen, John F. Strang and Eric E. Nelson. (2021). Testosterone Treatment, Internalizing Symptoms, and Body Image Dissatisfaction in Transgender Boys, *Psychoneuroendocrinology*, doi:<https://doi.org/10.1016/j.psyneuen.2021.105358>.
- ▶ Eime, R. M., Young, J. A., Harvey, J. T., Charity, M. J., & Payne, W. R. (2013). A systematic review of the psychological and social benefits of participation in sport for children and adolescents: informing development of a conceptual model of health through sport. *International journal of behavioral nutrition and physical activity*, 10(1), 1-21. <http://www.ijbnpa.org/content/10/1/98>
- ▶ Fish, J. N., Baams, L., Wojciak, A. S., & Russell, S. T. (2019). Are sexual minority youth overrepresented in foster care, child welfare, and out-of-home placement? Findings from nationally representative data. *Child Abuse & Neglect*, 89, 203-211.
- ▶ Hodax JK, Brady C, DiVall S, Ahrens KR, Carlin K, Khalatbari H, Parisi MT, Salehi P (2022). Low pretreatment bone mineral density in gender diverse youth, *Transgender Health X:X*, 1–5, DOI: 10.1089/trgh.2021.0183.

Scientific References

- ▶ Johns MM, Lowry R, Andrzejewski J, et al. (2019). Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017. *MMWR Morb Mortal Wkly Rep* 2019;68:67–71. DOI: <http://dx.doi.org/10.15585/mmwr.mm6803a3>.
- ▶ Kosciw, J. G., Clark, C. M., & Menard, L. (2022). *The 2021 National School Climate Survey: The experiences of LGBTQ+ youth in our nation's schools*. New York: GLSEN. Retrieved from <https://www.glsen.org/research/2021-national-school-climate-survey>
- ▶ Kuper LE, Stewart S, Preston S, et al. (2020). Body Dissatisfaction and Mental Health Outcomes of Youth on Gender-Affirming Hormone Therapy. *Pediatrics*, 145(4):e20193006.
- ▶ Maraka, S., Singh Ospina, N., Rodriguez-Gutierrez, R., Davidge-Pitts, C. J., Nippoldt, T. B., Prokop, L. J., & Murad, M. H. (2017). Sex steroids and cardiovascular outcomes in transgender individuals: a systematic review and meta-analysis. *The Journal of Clinical Endocrinology & Metabolism*, 102(11), 3914-3923. <https://doi.org/10.1210/jc.2017-01643>
- ▶ Mustanski, B.S., Garofalo, R., & Emerson, E.M. (2010). Mental Health Disorders, Psychological Distress, and Suicidality in a Diverse Sample of Lesbian, Gay, Bisexual, and Transgender Youths. *American Journal of Public Health*, 100, 12, 2426-2432.
- ▶ Nobili, A., Glazebrook, C., & Arcelus, J. (2018). Quality of life of treatment-seeking transgender adults: A systematic review and meta-analysis. *Reviews in Endocrine and Metabolic Disorders*, 19(3), 199-220. <https://doi.org/10.1007/s11154-018-9459-y>
- ▶ Nock, M. K., Green, J. G., Hwang, I., McLaughlin, K. A., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2013). Prevalence, correlates, and treatment of lifetime suicidal behavior among adolescents: results from the National Comorbidity Survey Replication Adolescent Supplement. *JAMA psychiatry*, 70(3), 300–310. <https://doi.org/10.1001/2013.jamapsychiatry.55>

Scientific References

- ▶ Singh-Ospina, N., Maraka, S., Rodriguez-Gutierrez, R., Davidge-Pitts, C., Nippoldt, T. B., Prokop, L. J., & Murad, M. H. (2017). Effect of sex steroids on the bone health of transgender individuals: a systematic review and meta-analysis. *The Journal of Clinical Endocrinology & Metabolism*, 102(11), 3904-3913. <https://doi.org/10.1210/jc.2017-01642>.
- ▶ Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual review of clinical psychology*, 12, 465.
- ▶ Taylor, A.B., Chan, A., Hall, S.L., Saewyc, E. M., & the Canadian Trans & Non-binary Youth Health Survey Research Group (2020). *Being Safe, Being Me 2019: Results of the Canadian Trans and Non-binary Youth Health Survey*. Vancouver, Canada: Stigma and Resilience Among Vulnerable Youth Centre, University of British Columbia. Retrieved from <https://www.saravyc.ubc.ca/2020/03/18/being-safe-being-me-2019/>
- ▶ Tordoff, D., Wanta, J., Collin, A., Stepney, C., Inwards-Breland, D, Ahrens, K. (2022). *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care*. *JAMA Network Open*. 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978
- ▶ Turban JL, King D, Carswell JM, et al. (2020). *Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation*. *Pediatrics*, 145(2):e20191725
- ▶ Veale JF, Peter T, Travers R, Saewyc EM (2017) *Enacted stigma, mental health, and protective factors among transgender youth in Canada*, *Transgender Health* 2:1, 207–216, DOI: 10.1089/trgh.2017.0031.

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