Show Description. America’s families are as diverse as America itself. The U.S. Supreme Court ruling that the Constitution guarantees the right to same-sex marriage, and the extension of federal marriage benefits to these couples in all states, has highlighted family issues for the lesbian, gay, bisexual, and transgender (LGBT) community. LGBT individuals and families are culturally diverse, with 4.6 percent of African Americans, 4.0 percent of Hispanics/Latinos, 4.3 percent of Asians, and 3.2 percent of Whites identifying as LGBT in a 2012 Gallup poll. This show will focus on the experiences of LGBT individuals in general and in the Asian, African American, and Hispanic/Latino communities in particular, and the impact of acceptance or conflict about sexual orientation and gender identity on behavioral health. Research suggests that personal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBT individuals. Unfortunately, LGBT individuals face
health disparities linked to societal prejudice and discrimination (including violence and victimization), which have been associated with high rates of mental or substance use disorders. Panelists will discuss behavioral health disparities within the LGBT community and the special considerations for LGBT members of the military and for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. This episode will examine the impact of same-sex marriage rights on benefit sharing and coverage under the Affordable Care Act. Panelists will also discuss the treatment and recovery needs of LGBT individuals (including spirituality). The show will highlight SAMHSA’s efforts and culturally competent resources that support members of the LGBT community as they work to improve their health and wellness, live self-directed lives, and strive to reach their full potential.

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Panel 1: Behavioral Health and the LGBT Community

Key Questions

1. **What are behavioral health disparities, and why is it important to address them?**
   What are some examples of behavioral health disparities?

2. **Are there terms and other information that people can learn to enhance their awareness and understanding of the LGBT community?**

3. **What are some behavioral health disparities experienced by the LGBT community?**

4. **How do the life experiences of people in the LGBT community—particularly acceptance by others or internal conflict about either sexual orientation or gender identity—affect their behavioral health?**

5. **What is the impact of prejudice and discrimination on members of the LGBT community?**

6. **What are some efforts and resources to address the behavioral health needs of the LGBT community?**

Behavioral Health Disparities—Definition, Importance, and Examples


- Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

- Significant behavioral health disparities persist in diverse communities across the United States, including:
  - Racial and ethnic groups
  - Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations
  - People with disabilities
  - Transition-age youth
  - Young adults

- Various subpopulations face elevated levels of mental and substance use disorders, and experience higher rates of suicide, poverty, domestic violence, childhood and historical trauma, as well as involvement in the foster care and criminal justice systems. Historically, these diverse populations tend to have less access to care, lower or disrupted service use, and poorer behavioral health outcomes. These disparities may be related to factors such as a lack of access to health care, the need for a diverse health care workforce, a lack of information, and the need for culturally and linguistically competent care and programs.
• Behavioral health disparities and their impact point to the need for an increased focus on effective prevention, treatment, and services for diverse populations.

Terms and Information to Enhance Awareness


• As with many other populations, there are terms and definitions that are specific to LGBT populations. Creating awareness and understanding of these terms is essential to promoting cultural competence among prevention specialists and healthcare providers, as well as ensuring sensitivity toward LGBT individuals.
• When addressing LGBT individuals, prevention specialists and healthcare providers should always ask clients how they identify and/or wish to be addressed.
• [Some of the relevant terms are:]
  o Gender identity—A person’s internal sense of being male, female, or something else. Since gender identity is internal, one’s gender identity is not necessarily visible to others.
  o Gender expression—The manner in which a person represents or expresses their gender identity to others.
  o [Gender role—A set of societal norms dictating what types of behaviors are generally considered acceptable, appropriate, or desirable for a person based on their actual or perceived sex.]
  o [Gender fluid—A general term for gender identities that are not exclusively masculine or feminine.]
  o Transgender—A person whose gender identity and/or expression is different from that typically associated with their assigned sex at birth.
  o Bisexual—A person who self-identifies as having an emotional, sexual, and/or relational attraction to men and women.
  o Coming out—The process through which a person identifies, acknowledges, and decides to share information about their sexual orientation and/or gender identity with others.
  o Gay—A man who self-identifies as having an emotional, sexual, and/or relational attraction to other men. *Note: The term gay may be used by some women who prefer it over the term lesbian.*
  o Lesbian—A woman who self-identifies as having an emotional, sexual, and/or relational attraction to other women.
  o MSM—An acronym used to identify men who have sex with men. MSM is a term used to identify and describe a behavior among males and is not the same as a sexual identity or sexual orientation.
  o Outing—The act of exposing information about a person’s sexual orientation and/or gender identity without their consent.
LGBT people are members of every community. They are diverse, come from all walks of life, and include people of all races and ethnicities, all socioeconomic statuses, and are from all parts of the country. According to the Williams Institute’s review, conducted in 2011, an estimated 3.5% of adults in the United States identified themselves as lesbian, gay, or bisexual and an estimated 0.3% of adults are transgender. The review reported that there are approximately 9 million LGBT Americans.

According to data from the 2013 National Health Interview Survey (NHIS): Among U.S. adults aged 18 and over, 97.7% identified as straight, 1.6% as gay or lesbian, and 0.7% as bisexual.

With regard to age, a lower percentage of adults aged 65 and over identified as gay or lesbian (0.7%) or bisexual (0.2%) compared with adults aged 18–44 (gay or lesbian: 1.9%; bisexual: 1.1%) and adults aged 45–64 (gay or lesbian: 1.8%; bisexual: 0.4%).

According to a Gallup poll in 2012, 3.4 percent of respondents say “yes” when asked if they identify as lesbian, gay, bisexual, or transgender (4.4 percent refused or said “don’t know”).

Although the difference is not large, women are slightly more likely to identify as LGBT than are men (3.6% vs. 3.3%). Put differently, more than 53% of LGBT individuals are women.

Adults aged 18 to 29 (6.4%) are more than three times as likely as seniors aged 65 and older (1.9%) to identify as LGBT. Among those aged 30 to 64, LGBT identity declines with age—at 3.2% for 30- to 49-year-olds and 2.6% for 50- to 64-year-olds.

Younger women are more likely to identify as LGBT than are younger men. Among 18- to 29-year-olds, 8.3% of women identify as LGBT, compared with 4.6% of men the same age.

Gallup’s analysis shows that identification as LGBT is highest among Americans with the lowest levels of education—contrary to what other, more limited, studies have shown. Among those with a high school education or less, 3.5% identify as LGBT, compared with 2.8% of those with a college degree and 3.2% of those with postgraduate education. LGBT identification is highest among those with some college education but not a college degree, at 4.0%.
• A similar pattern is found across income groups. More than 5% of those with incomes of less than $24,000 a year identify as LGBT, a higher proportion than among those with higher incomes—including 2.8% of those making $60,000 a year or more.

• Among those who report income, about 16% of LGBT-identified individuals have incomes above $90,000 per year, compared with 21% of the overall adult population. Additionally, 35% of those who identify as LGBT report incomes of less than $24,000 a year, significantly higher than the 24% for the population in general.

Behavioral Health Disparities Experienced by the LGBT Community


• Some of the key findings of this study across the life course are summarized below.

Childhood/Adolescence

• The burden of HIV falls disproportionately on young men, particularly young black men, who have sex with men.
• LGB youth are at increased risk for suicidal ideation and attempts as well as depression. Small studies suggest the same may be true for transgender youth.
• Rates of smoking, alcohol consumption, and substance use may be higher among LGB than heterosexual youth. Almost no research has examined substance use among transgender youth.
• The homeless youth population comprises a disproportionate number of LGB youth. Some research suggests that young transgender women are also at significant risk for homelessness.
• LGBT youth report experiencing elevated levels of violence, victimization, and harassment compared with heterosexual and nongender-variant youth.
• Families and schools appear to be two possible focal points for intervention research.

Early/Middle Adulthood

• As a group, LGB adults appear to experience more mood and anxiety disorders, more depression, and an elevated risk for suicidal ideation and attempts compared with heterosexual adults. Research based on smaller convenience samples suggests that elevated rates of suicidal ideation and attempts as well as depression exist among transgender adults; however, little research has examined the prevalence of mood and anxiety disorders in this population.
• Lesbians and bisexual women may use preventive health services less frequently than heterosexual women.
• Lesbians and bisexual women may be at greater risk of obesity and have higher rates of breast cancer than heterosexual women.
• HIV/AIDS continues to exact a severe toll on men who have sex with men, with black and Latino men being disproportionately affected.
LGBT people are frequently the targets of [prejudice], discrimination, and violence because of their sexual- and gender-minority status.

LGB adults may have higher rates of smoking, alcohol use, and substance use than heterosexual adults. Most research in this area has been conducted among women, with much less being known about gay and bisexual men. Limited research among transgender adults indicates that substance use is a concern for this population.

Gay men and lesbians are less likely to be parents than their heterosexual peers, although children of gay and lesbian parents are well adjusted and developmentally similar to children of heterosexual parents.

Later Adulthood

Limited research suggests that transgender elders may experience negative health outcomes as a result of long-term hormone use.

HIV/AIDS impacts not only younger but also older LGBT individuals. However, few HIV prevention programs target older adults, a cohort that also has been deeply affected by the losses inflicted by AIDS.

There is some evidence that LGBT elders exhibit crisis competence (a concept reflecting resilience and perceived hardiness within older LGBT populations).

LGBT elders experience [prejudice], discrimination, and violence across the life course.

LGBT elders are less likely to have children than heterosexual elders and are less likely to receive care from adult children.


[This report provides] national estimates for indicators of health-related behaviors, health status, health care service utilization, and health care access by sexual orientation using data from the 2013 National Health Interview Survey (NHIS).

NHIS is an annual multipurpose health survey conducted continuously throughout the year.

For the first time in its 57-year history, the 2013 NHIS included a measure of sexual orientation, thereby enabling researchers and data users to examine how the prevalence of a wide variety of health-related behaviors, health status indicators, and measures of health care service utilization and access vary across categories of sexual orientation in a representative sample of the civilian noninstitutionalized U.S. adult population.

Analyses were based on data collected in 2013 from 34,557 adults aged 18 and over [and provide] national estimates that are representative of the civilian noninstitutionalized U.S. adult population.

Significant differences were found in health-related behaviors, health status, health care service utilization, and health care access among U.S. adults aged 18–64 who identified as straight, gay or lesbian, or bisexual.
• A higher percentage of adults aged 18–64 who identified as gay or lesbian (27.2%) or bisexual (29.5%) were current cigarette smokers compared with their counterparts who identified as straight (19.6%).

• For the measure of alcohol consumption, a higher percentage of adults aged 18–64 who identified as gay or lesbian (35.1%) or bisexual (41.5%) reported having had five or more drinks in one day at least once in the past year compared with those who identified as straight (26.0%).

• With regard to meeting the federal physical activity guidelines for aerobic activity, no significant differences were found by sexual orientation, neither among adults overall aged 18–64 nor for women or men in this age group.

• For the series of indicators pertaining to health care access ..., among all adults aged 18–64, a higher percentage of those who identified as straight (81.0%) had a usual place to go for medical care compared with those who identified as bisexual (72.5%).

• A higher percentage of adults aged 18–64 who identified as bisexual (16.5%) failed to obtain needed medical care in the past year due to cost compared with the percentage of adults aged 18–64 who identified as straight (8.8%).

• For indicators of health insurance coverage, no significant differences in uninsurance rates were found by sexual orientation when looking at all adults aged 18–64 or women in this age bracket.


• Although there is a paucity of national data, more than a decade of research indicates LGBT populations have been associated with high rates of alcohol consumption and substance abuse. The American Lung Association reports that LGBT individuals are also more likely to use tobacco than the general population, with some studies estimating smoking rates as much as double the national average.

• LGBT people, especially youth, also experience high levels of mental disorders such as anxiety, depression, and suicidal thoughts. LGBT youth are at high risk for suicide attempts and completions. Suicide is a particular concern for transgender people. In the largest national survey of transgender adults to date, 41% of respondents reported having attempted suicide.

Life Experiences of LGBT People and Behavioral Health


• An overwhelming share of America’s lesbian, gay, bisexual and transgender adults (92%) say society has become more accepting of them in the past decade and an equal number expect it to grow even more accepting in the decade ahead.

• They attribute the changes to a variety of factors, from people knowing and interacting with someone who is LGBT, to advocacy on their behalf by high-profile public figures, to LGBT adults raising families.
At the same time, however, a new nationally representative survey of 1,197 LGBT adults offers testimony to the many ways they feel they have been discriminated against by society. About four-in-ten (39%) say that at some point in their lives they were rejected by a family member or close friend because of their sexual orientation or gender identity; 30% say they have been physically attacked or threatened; 29% say they have been made to feel unwelcome in a place of worship; and 21% say they have been treated unfairly by an employer. About six-in-ten (58%) say they’ve been the target of slurs or jokes.

Also, just 56% say they have told their mother about their sexual orientation or gender identity, and 39% have told their father. Most who did tell a parent say that it was difficult, but relatively few say that it damaged their relationship.

The survey finds that 12 is the median age at which lesbian, gay and bisexual adults first felt they might be something other than heterosexual or straight. For those who say they now know for sure that they are lesbian, gay, bisexual or transgender, that realization came at a median age of 17.

Among those who have shared this information with a family member or close friend, 20 is the median age at which they first did so.


Research suggests that LGBT individuals face health disparities linked to societal prejudice, discrimination, and denial of their civil and human rights. Discrimination against LGBT persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide. Experiences of violence and victimization are frequent for LGBT individuals, and have long-lasting effects on the individual and the community. Personal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBT individuals.

Impact of Prejudice and Discrimination


In addition to considering the needs of LGBT people in programs designed to improve the health of entire communities, there is also a need for culturally competent medical care and prevention services that are specific to this population. Social inequality is often associated with poorer health status, and sexual orientation has been associated with multiple health threats. Members of the LGBT community are at increased risk for a number of health threats when compared to their heterosexual peers.

Differences in sexual behavior account for some of these disparities, but others are associated with social and structural inequities, such as the prejudice and discrimination that LGBT populations experience.
Homophobia, [prejudice] (negative and usually unfair beliefs), and discrimination (unfairly treating a person or group of people) against gay, bisexual, and other men who have sex with men still exist in the United States and can negatively affect the health and well-being of this community.

These negative beliefs and actions can affect the physical and mental health of gay, bisexual, and other men who have sex with men, whether they seek and are able to get health services, and the quality of the services they may receive. Such barriers to health must be addressed at different levels of society, such as health care settings, work places, and schools to improve the health of gay and bisexual men throughout their lives.

Some people may have negative attitudes toward gay, bisexual, and other men who have sex with men. These attitudes can lead to rejection by friends and family, discriminatory acts and violence, and laws and policies with negative consequences. If you are gay, bisexual, or a man who has sex with other men, homophobia, [prejudice], and discrimination can:

- Affect your income, whether you can get or keep a job, and your ability to get and keep health insurance.
- Limit your access to high quality health care that is responsive to your health issues.
- Add to poor mental health and poor coping skills, such as substance abuse, risky sexual behaviors, and suicide attempts.
- Affect your ability to have and maintain long-term same-sex relationships that lower your chances of getting HIV & STDs.
- Make it harder for you to be open about your sexual orientation, which can increase stress, limit social support, and negatively affect your health.

Homophobia, [prejudice], and discrimination can be especially hard for young men who are gay, bisexual, and other men who have sex with men. These negative attitudes increase their chance of experiencing violence, especially compared with other students in their schools. Violence can include behaviors such as bullying, teasing, harassment, physical assault, and suicide-related behaviors.

Lesbians and bisexual women face unique problems within the health care system that can hurt their health. Many health care professionals have not had enough training to know the specific health issues that lesbians and bisexuals face. They may not ask about sexual orientation when taking personal health histories. Health care professionals may not think that a lesbian or bisexual woman, like any woman, can be a healthy, normal female.
Things that can stop lesbians and bisexual women from getting good health care include:

- Being scared to tell your doctor about your sexuality or your sexual history
- Having a doctor who does not know your disease risks or the issues that affect lesbians and bisexual women
- Not having health insurance. Many lesbians and bisexuals don’t have domestic partner benefits. This means that one person does not qualify to get health insurance through the plan that the partner has (a benefit usually available to married couples).
- Not knowing that lesbians are at risk for STIs and cancer

For these reasons, lesbian and bisexual women often avoid routine health exams. They sometimes even delay seeking health care when feeling sick. It is important to be proactive about your health, even if you have to try different doctors before you find the right one. Early detection—such as finding cancer early before it spreads—gives you the best chance to do something about it. That’s one example of why it’s important to find a doctor who will work with you to identify your health concerns and make a plan to address them.

Efforts and Resources To Address the Behavioral Health Needs of LGBT Individuals


- SAMHSA’s LGBT-focused efforts include the following:
  - Encouraging states to consider LGBT needs in administering their SAMHSA Block Grants resources
  - Including a sexual and gender minority focus in funding announcements where it is appropriate
  - Supporting the inclusion of sexual orientation questions in the National Survey on Drug Use and Health
  - Providing targeted technical assistance to grantees and other stakeholders
  - Issuing guidance on the implementation of the Supreme Court’s decision in U.S. v. Windsor related to the federal definitions of “spouse” and “marriage”

- SAMHSA contributes to developing national data collection protocols and expanding health services for LGBT individuals. Multiple training efforts for behavioral health service providers have and will continue to improve service delivery and outcomes for LGBT individuals.


- [This resource] equips prevention professionals, healthcare providers, and educators with information on current health issues among lesbian, gay, bisexual, and transgender
(LGBT) populations. [It] includes an overview of terms related to gender identity and sexual expression.


- Having a supportive group of friends and family members is often key to successfully dealing with the stress of day-to-day life and maintaining good mental health. If you are unable to get social support from your friends and families, you can try finding support by becoming involved in community, social, athletic, religious, and other groups. Mental health counseling and support groups that are sensitive to the needs of gay and bisexual men can be especially useful if you are coming to terms with your sexual orientation or are experiencing depression, anxiety, or other mental health problems.
- While many gay, bisexual, and other men who have sex with men may not seek care from a mental health provider because of a fear of discrimination or homophobia, it is important to keep this as an option and to find a provider that is trustworthy and compatible.


- [This website provides information and resources that support communication and HIV prevention.]
- [Information on disclosing HIV status can be found at http://www.cdc.gov/actagainstaids/campaigns/starttalking/convo.html.]


- [This website offers information on depression as well as a referral source for finding treatment.]


- [This resource discusses] the health issues GLMA’s healthcare providers have identified as most commonly of concern for gay men. While not all of these items apply to everyone, it’s wise to be aware of these issues.

Source: Gay and Lesbian Medical Association. (2012, May). 10 things lesbians should discuss with their healthcare provider. From

- [This resource discusses] the health issues GLMA’s healthcare providers have identified as most commonly of concern for lesbians. While not all of these items apply to everyone, it’s wise to be aware of these issues.


- [This resource discusses] the health issues GLMA’s healthcare providers have identified as most commonly of concern for bisexual people. While not all of these items apply to everyone, it’s wise to be aware of these issues.


- [This resource discusses] the health issues GLMA’s healthcare providers have identified as most commonly of concern for transgender persons. While not all of these items apply to everyone, it’s wise to be aware of these issues.


- The Gay, Lesbian, Bisexual and Transgender (GLBT) National Hotline provides telephone, online private one-to-one chat and email peer-support, as well as factual information and local resources for cities and towns across the United States.
- All of our services are free and confidential.
- We speak with callers of all ages about coming-out issues, relationship concerns, bullying, workplace issues, HIV/AIDS anxiety and safer-sex information, and lots more!
- Toll-free 1-888-843-4564; help@GLBThotline.org


- [This website offers resources on mental health and recovery for the LGBT community.]

Panel 2: Diversity of the LGBT Community and Families
Key Questions

1. How racially and ethnically diverse is the LGBT community?
2. What are some special considerations for people who are LGBT in the Asian, African American, Native American, and Hispanic/Latino communities?
3. What are some resources to help families better understand and support their LGBT members?
4. How have attitudes about LGBT people and same-sex marriage changed?
5. How has the U.S. Supreme Court ruling that the Constitution guarantees the right to same-sex marriage affected benefit sharing under the Affordable Care Act and other federal programs?
6. How do LGBT partnerships/marriages affect health?
7. What are some special considerations for LGBT families, particularly the children, that may affect their behavioral health?
8. How are children affected when their LGBT parent has a behavioral health condition?
9. What are some efforts and resources to support the behavioral health of LGBT families?

Racial and Ethnic Diversity Among LGBT Individuals and Families


- According to a Gallup poll in 2012, nonwhites are more likely than white segments of the U.S. population to identify as LGBT.
- The survey results show that 4.6% of African-Americans identify as LGBT, along with 4.0% of Hispanics, 4.3% of Asians, and 3.2% of white Americans.
- The disproportionately higher representation of LGBT status among nonwhite population segments corresponds to the slightly below-average 3.2% of white Americans who identified as LGBT.

Special Considerations for LGBT People in the Asian, African-American, and Hispanic/Latino Communities


- Similar patterns of racial disparities in income and employment exist among individuals in same-sex and different-sex couples. The report also found that racial/ethnic minority individuals in same-sex couples tend to live in areas where there are higher proportions of individuals of their own race or ethnicity.
- Among same-sex couples, African-American, Latino, American-Indian and Alaskan Native respondents have lower incomes, lower college completion rates and higher
unemployment rates than White, Asian and Pacific Islander respondents. Regardless of race or ethnicity, individuals in same-sex couples have higher unemployment rates and, yet, higher rates of college completion compared to their counterparts in different-sex couples.

• Among same-sex couples, American-Indian, Alaskan Native and Latino/a individuals in same-sex couples are the least likely (70%, 71%) to be covered by health insurance. Health insurance rates are generally lower for individuals in same-sex couples compared to their counterparts in different-sex couples.

African-Americans


• In 2001, roughly one-third of both whites and blacks expressed support for same-sex marriage. Today, 58% of whites support same-sex marriage, as do 39% of blacks.


• People of color may face unique challenges when they come out as gay, lesbian, bisexual or transgender. To address these issues, the HRC Coming Out Project has developed a resource on coming out in the African-American community.


• [The researchers] investigated whether high gender role conflict (GRC; internal conflict with traditional gender-role stereotypes and an individual’s perceived need to comply with these roles) is associated with psychological distress and HIV-related risk behaviors in a sample of African American men who have sex with men and women (MSMW).
• [The researchers] analyzed baseline data collected from questionnaires completed by 400 MSMW participating in the Men of African American Legacy Empowering Self project in Los Angeles, California, in 2007 to 2010 for associations between participants’ GRC and experiences of poor mental health and HIV risk outcomes.
• MSMW who reported higher levels of GRC than other participants also reported more psychological distress, lower self-esteem, greater internalized homophobia, less HIV knowledge, lower risk reduction skills, less disclosure of same-sex behaviors to others, and more unprotected vaginal or anal intercourse with female partners.

• An estimated 1,018,700 or 3.7 percent of African-American adults consider themselves lesbian, gay, bisexual or transgender (LGBT) and 34 percent of African-American same-sex couples are raising children. Currently, the estimated 84,000 African-American individuals in same-sex couples tend to live in areas where there are higher proportions of African-Americans.

• The report finds overall higher unemployment rates (15 percent v. 12 percent) and lower proportions with a college degree (23 percent v. 26 percent) among LGBT African-Americans, when compared to their non-LGBT counterparts. However, these disadvantages are not present among African-Americans in same-sex couples. Twenty-five percent of African-Americans in same-sex couples have completed a college degree, compared to 22 percent of African-Americans in different-sex couples. In addition, 71 percent of African-Americans in same-sex couples are employed compared to 68 percent of their counterparts in different-sex couples. LGBT African-Americans are also less likely than their non-LGBT counterparts to have health insurance.

• African-American same-sex couples raising children, report household median incomes $15,000 lower than comparable African-American different-sex couples ($47,300 vs. $63,020). Female African-American same-sex couples, which comprise 58 percent of all African-American same-sex couples, earn over $20,000 less than male African-American same-sex couples. LGBT African-American females and African-American females in same-sex couples are three times more likely to report military service than their non-LGBT counterparts.


• From 2007–2009, Donna Victoria (Victoria Research & Consulting), Cornell Belcher (Brilliant Corners Research & Strategies) and the Arcus Foundation undertook a two-year research initiative that focused on listening—listening to how African Americans think and feel about LGBT people and issues, listening to areas of common ground, and listening to concerns about the ways some LGBT people compare and conflate their own experiences with those of African Americans. The research included a national telephone survey of African American voters focused solely on these topics, one-on-one interviews and focus groups around the country with African Americans, and an online survey of non-minority LGBT Americans.

[The following themes emerged from the research:]

o This research builds on prior research to conclude that using the term civil rights to describe LGBT equality hinders our conversations with many African Americans.

o A strong majority of African American respondents preferred the term equal rights to civil rights or human rights to describe the LGBT struggle.

o Additionally, the national survey also showed that more than half of African American respondents opposed comparisons between African American civil rights and efforts to advance LGBT equality, with three out of five of those expressing strong opposition.

o Most African American respondents embraced the idea of talking about equal rights when discussing LGBT people.
An overwhelming majority of African American respondents strongly agree that LGBT Americans experience discrimination.

Also, many African Americans do not extend the concept of discrimination to the denial of marriage to gay couples.

Elevating the voices of African Americans who are LGBT is critically important. Their stories and very existence bear witness for other African Americans of how the struggle for equality applies to their whole selves.


- In the [United States], young Black gay men are disproportionately impacted upon by HIV.
- In this qualitative study consisting of in-depth interviews with 31 young Black gay men and nine service providers, where we used thematic analysis to guide our interpretations, we found that HIV-related [prejudice] and homophobia, within the larger societal context of racism, were related to sexual risk [behavior], reluctance to obtain HIV testing or care, lower adherence to treatment medication, and non-disclosure of a positive HIV status to sexual partners.
- Participants experienced homophobia and HIV-related [prejudice] from churches and families within the Black community and from friends within the Black gay community, which otherwise provide support in the face of racism.
- Vulnerability to HIV was related to strategies that young Black gay men enacted to avoid being [discriminated against] or as a way of coping with alienation and rejection.


- Our aggregated 2014 polling has found that about four-in-ten black Americans (42%) support same-sex marriage, 11 percentage points below the comparable figure among whites (53%). Meanwhile, seven-in-ten African Americans (70%) say that homosexual behavior is a sin, compared with 47% of whites who say this, according to our new survey.
- On the same survey, we asked respondents for the first time whether they think businesses that provide wedding services should be allowed to refuse to serve same-sex couples for religious reasons. On this issue, blacks stand out as especially likely to say that such businesses should be required to provide the same services to gay and lesbian couples as they would to all other customers. About six-in-ten African Americans (61%) say wedding-related businesses should be required to serve same-sex couples, compared with 45% of whites who say the same.
- Why do African Americans think wedding related businesses should be required to provide services to same-sex couples even though many harbor reservations about such
unions? This may partly reflect empathy among African Americans for the perceived discrimination that gays and lesbians face in American society.

- Most African Americans (80%) say that gays and lesbians face a lot of discrimination in the U.S., which is much higher than the number of whites who say this (61%). The poll also finds that, for the overall public, most people who think gays and lesbians face “a lot” of discrimination say that businesses should be required to provide services for same-sex weddings. By contrast, most people who think gays and lesbians do not face a lot of discrimination say businesses should not have to provide services for same-sex weddings.

**Asian Americans**


- An estimated 325,000 or 2.8% of all Asian and Pacific Islander (API) adults in the United States identify as lesbian, gay, bisexual, or transgender (LGBT). Nationally, API LGBT individuals have lower rates of employment and academic achievement than their non-LGBT counterparts. Nearly 33,000 API LGBT individuals are in same-sex couples, a third of which live in California, Hawaii and New York.
- Overall, the 33,000 API individuals in same-sex couples are doing better. However, detailed data analysis reveals vulnerable LGBT subgroups including Pacific Islanders and Native Hawaiians, female same-sex couples, couples where both partners are API and couples with children. These groups tend to experience lower rates of health insurance coverage, lower academic achievement, higher rates of noncitizenship status, and higher rates of unemployment than other API couples.
- API individuals in same-sex couples are more likely to be born in the U.S. than API individuals in different sex couples (35% versus 13%). The top three countries of origin reported for API individuals in same-sex couples born outside the U.S. are the Philippines, Vietnam and Taiwan. API individuals in same-sex couples are more likely to be a U.S. citizen than their counterparts in different-sex couples (81% versus 68%). One in five API same-sex couples are binational (include one citizen and one non-citizen).


- Asian Pacific Americans come from dozens of different countries, making that population one of the most diverse communities in America. The diversity of language and ethnicity among Asian Pacific Americans is as varied as the continents and islands from which they come. While this may mean that cultural backgrounds vary from one person to the next, lesbian, gay, bisexual and transgender (LGBT) Asian Pacific Americans still share similar challenges and experiences during the coming out process.
- One result is that there is no universal coming out experience that all LGBT Asian Pacific Americans share. It is possible to tell the individual stories of those who have come out,
but there can be vast differences in the experiences of, say, lesbian Indians, transgender Thais, gay Tongans, and bisexual Koreans.

**Hispanic/Latino Americans**


- An estimated 1.4 million or 4.3 percent of Latino/a adults consider themselves lesbian, gay, bisexual or transgender (LGBT) and 29 percent of Latino/a same-sex couples are raising children. The estimated 146,100 Latino/a individuals in same-sex couples tend to live in areas where there are higher proportions of Latinos/as. A third of Latino/a same-sex couples live in New Mexico, California, and Texas.

- Nationally, Latino/a individuals in same-sex couples are faring better than Latinos/as in different-sex couples. Twenty-six percent of all Latinos/as in same-sex couples have completed a college degree or more, compared to 14 percent of Latinos/as in different-sex couples. But the data evidence that there are subgroups within the Latino/a LGBT community that are more socioeconomically vulnerable. Reported median household incomes for Latino/a same-sex couples raising children are 20% below the incomes of same-sex Latino/a couples without children. Latina/female same-sex couples also make close to $15,000 less than Latino/male same-sex couples and have lower rates of college completion. Rates of education also vary depending on individual ancestry. Individuals of Spanish or Cuban ancestry report higher levels of educational attainment, while Mexican, Salvadoran, and Puerto Rican individuals report lower rates of college completion.

- Latino/a individuals in same-sex couples are also more likely to be born in the U.S. than Latino/a individuals in different sex couples (59% versus 37%) and more likely to be a U.S. citizen than their counterparts in different-sex couples (80% versus 62%). However, one in seven Latino/a same-sex couples are binational (include one citizen and one non-citizen). The top three countries of origin reported for Latino/a individuals in same-sex couples born outside the U.S. are Mexico, Puerto Rico and Cuba.


- Growing evidence suggests that lesbian, gay, and bisexual adults may be at elevated risk for mental health and substance use disorders, possibly due to anti-gay [prejudice]. Little of this work has examined putative excess morbidity among ethnic/racial minorities resulting from the experience of multiple sources of discrimination.

- The authors report findings from the National Latino and Asian American Survey (NLAAS), a national household probability psychiatric survey of 4,488 Latino and Asian American adults.

- Approximately 4.8% of persons interviewed identified as lesbian, gay, bisexual, and/or reported recent same-gender sexual experiences.
• Although few sexual orientation-related differences were observed, among men, gay/bisexual men were more likely than heterosexual men to report a recent suicide attempt.

• Among women, lesbian/bisexual women were more likely than heterosexual women to evidence positive 1-year and lifetime histories of depressive disorders.

• These findings suggest a small elevation in psychiatric morbidity risk among Latino and Asian American individuals with a minority sexual orientation. However, the level of morbidity among sexual orientation minorities in the NLAAS appears similar to or lower than that observed in population-based studies of lesbian, gay, and bisexual adults.


• [The researchers] examined specific family rejecting reactions to sexual orientation and gender expression during adolescence as predictors of current health problems in a sample of lesbian, gay, and bisexual young adults.

• [They developed a survey instrument that asked respondents] to assess retrospectively in young adults the frequency of parental and caregiver reactions to a lesbian, gay, or bisexual sexual orientation during adolescence.

• [The] survey instrument also included measures of 9 negative health indicators, including mental health, substance abuse, and sexual risk.

• The survey was administered to a sample of 224 white and Latino self-identified lesbian, gay, and bisexual young adults, aged 21 to 25, recruited through diverse venues and organizations. Higher rates of family rejection were significantly associated with poorer health outcomes.

• On the basis of odds ratios, lesbian, gay, and bisexual young adults who reported higher 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.

• Latino men reported the highest number of negative family reactions to their sexual orientation in adolescence.

• This study establishes a clear link between specific parental and caregiver rejecting behaviors and negative health problems in young lesbian, gay, and bisexual adults.

• Providers who serve this population should assess and help educate families about the impact of rejecting behaviors. Counseling families, providing anticipatory guidance, and referring families for counseling and support can help make a critical difference in helping decrease risk and increasing well-being for lesbian, gay, and bisexual youth.

Native Americans

• Native Americans—Ten Native American tribes allow same-sex marriages. As federally recognized sovereign nations they have the ability to make gay marriage legal within their tribes regardless of their state’s marriage equality status. Despite this, some tribes still oppose gay marriage such as the Cherokee and Navajo tribes which are two of the largest in the nation. Still Native American tribes have historically been more accepting of homosexuality by highly respecting those they considered “two-spirit”, androgynous men and women or feminine men or masculine women married to the same gender. These individuals were honored for having two spirits, both a man and a woman’s spirit and were sometimes placed in important positions such as teachers or religious leaders.

Efforts and Resources To Help Families Support LGBT Members


• [This document provides information for parents and families of LGBT youth.]


• [This website links to various documents that are designed to help people better understand sexual orientation and gender identity.]


• The Family Acceptance Project™ is a research, intervention, education and policy initiative that works to prevent health and mental health risks for lesbian, gay, bisexual and transgender (LGBT) children and youth, including suicide, homelessness and HIV—in the context of their families, cultures and faith communities. We use a research-based, culturally grounded approach to help ethnically, socially and religiously diverse families to support their LGBT children.

• Our team has been putting research into practice by developing an evidence-based family model of wellness, prevention and care to strengthen families and promote positive development and healthy futures for LGBT children and youth. We provide training and consultation on our family-based prevention and intervention approach across the United States and in other countries.

This groundbreaking guide, *Schools In Transition: A Guide for Supporting Transgender Students in K-12 Schools*, is written for administrators, teachers, parents, and other adults who work with youth, and covers topics ranging from basic concepts of gender and the importance of affirming gender identity, to best practices for restroom access and working with unsupportive parents.

**Attitudes About LGBT People and Same-sex Marriage**


- The Supreme Court decision last week legalizing gay marriage nationwide came with growing public support over the past decade. But the support for gays and lesbians to wed legally is a reminder of how Americans’ acceptance of homosexuality has also grown dramatically.
- Three decades ago, most Americans felt it would be troubling to have a child tell them he or she was gay: In a 1985 Los Angeles Times survey, nine-in-ten American adults (89%) said they would be upset if this happened, and just 9% said they would not be.
- But views of homosexuality have shifted over time, and today nearly six-in-ten (57%) say they would not be upset if they had a child come out as gay or lesbian, according to a Pew Research Center survey conducted in May.
- The change in attitudes toward having a gay child reflects broader shifts in views of homosexuality. More than six-in-ten Americans (63%) now say homosexuality should be accepted by society, compared with 46% in July 1994, according to the same May poll. In 1994, 49% of the public said society should discourage homosexuality.
- Millennials are the least likely to say they would be upset (29%) if their child told them he or she was gay or lesbian. But the older the respondents, the more likely they are to say the moment would be a difficult one: 36% of Gen Xers say they would be upset, as would 47% of Boomers and 55% of Silents.
- The question on learning a child is gay or lesbian is largely hypothetical (it was asked of adults with children and without), and this is especially true for Millennials. The oldest Millennial today is 34 years old, and our 2013 survey of LGBT Americans found that the median age for coming out to a family member or close friend was 20.
- An important milestone for many gay men and lesbians is telling their parents about their sexual orientation, our 2013 survey showed. Overall, gay adults are more likely to have shared this information with their mothers (70% in the case of gay men, 67% in the case of lesbians) than with their fathers (53% gay men, 45% lesbians).
- The majority of gay adults who did end up telling their parents said it was hard to do. Among those who told their mothers, 64% of gay men and 65% of lesbians said it was difficult; and among those who told their fathers, 74% of gay men and 63% of lesbians said it was difficult.
- LGBT respondents who said in our 2013 survey that they had not told their parents about their sexual orientation or gender identity were asked in an open-ended question, “Why not?” Two main reasons emerged: 1) Some felt it was not important to tell their
1) Some mentioned they did not feel they could tell their parent, or the subject never came up; and 2) some assumed their parent would not be accepting or understanding of this, or they worried about how it would affect their relationship with their parent.

- Most gay men and lesbians who told their parents about their sexual orientation, however, said their relationship with that parent either grew stronger afterward or stayed the same, while very few said their relationship weakened.


- In Pew Research polling in 2001, Americans opposed same-sex marriage by a 57% to 35% margin.
- Since then, support for same-sex marriage has steadily grown. Based on polling in 2015, a majority of Americans (55%) support same-sex marriage, compared with 39% who oppose it.


1. There has been a dramatic shift in recent years in Americans’ attitudes about gay marriage, with support for same-sex marriage rising from 37% in 2009 to 57% in May 2015, according to the most recent Pew Research Center polling. Among the groups most likely to favor same-sex marriage today are Millennials (73%), Democrats (65%) and people without any religious affiliation (85%).

2. There are some notable differences in how groups feel about allowing gays and lesbians to marry. For example, a majority of whites (59%) and Hispanics (56%) favor same-sex marriage, compared with 41% of blacks. Religion continues to be a major factor in attitudes as well. Fully 85% of those who are religiously unaffiliated favor same-sex marriage, as do 62% of white mainline Protestants and 56% of Catholics. Among black Protestants, 33% favor same-sex marriage (57% oppose), and 27% of white evangelical Protestants favor it (70% oppose). Adults in the Silent generation (ages 70 to 87) are the only age group in which significantly more oppose (53%) than favor (39%) gay marriage. Americans who live in states where same-sex marriage has been legalized by the legislature or popular vote are the most likely to favor gays and lesbians marrying (68%); 59% of people in states where a court has legalized the practice favor same-sex marriage, compared with just 43% of those living somewhere where it is not legal.

3. Prior to the U.S. Supreme Court ruling, same-sex marriage was legal in 36 states and the District of Columbia. In 19 of those states, including Florida, Pennsylvania and Utah, gay marriage became legal (starting at the beginning of 2014) after federal courts struck down laws or state constitutional amendments banning same-sex unions.

4. In the recent Pew Research survey, nearly three-quarters (72%) of Americans—including half of those who oppose gay marriage—said they saw eventual legal recognition of same-sex marriages as “inevitable.”

5. With the Supreme Court’s decision, the U.S. now joins 20 other countries that already allow gay and lesbian couples to wed in all of their jurisdictions. The first nation to legalize gay marriage was the Netherlands, which did so in 2000. Since then, several
other European countries—including Spain, France, all of Scandinavia and, most recently, Ireland—have enacted laws sanctioning gay marriage. Outside of Europe, same-sex marriage is now legal in Argentina, Brazil, Canada, New Zealand, South Africa and Uruguay, as well as in parts of Mexico.

**Same-sex Benefits Sharing Under the Affordable Care Act and Other Federal Programs**


- Attorney General Loretta Lynch announced that federal marriage benefits—including those offered by the Social Security Administration and the Department of Veterans Affairs—are available to same-sex couples in all 50 states. Such benefits include being recognized when filing federal taxes, receiving health insurance and retirement benefits when married to a federal employee, and getting spousal benefits when married to a member of the armed forces. It also means that citizens or lawful permanent residents can sponsor a same-sex spouse for immigration (family-based immigrant visa).


- For coverage starting in 2015, an insurance company that offers health coverage to opposite-sex spouses must do the same for same-sex spouses.
- As long as a couple is married in a jurisdiction with legal authority to authorize the marriage, an insurance company can’t discriminate against them when offering coverage. This means that it must offer to same-sex spouses the same coverage it offers to opposite-sex spouses.
- The Marketplace also treats married same-sex couples the same as married opposite-sex couples when they apply for premium tax credits and lower out-of-pocket costs on private insurance plans.


- Several recent changes within the legal and policy landscape have served to increase access to care and insurance for LGBT individuals and their families. Most notably these include: the implementation of the Affordable Care Act (ACA); the Supreme Court’s overturning of a major portion of the Defense of Marriage Act (DOMA) in *United States v. Windsor* and subsequent ruling in *Obergefell v. Hodges* legalizing same-sex marriage nationwide; and steps taken by the Obama Administration to promote equal treatment.
of LGBT people and same-sex couples in the nation’s health care system. The ACA expands access to health insurance coverage for millions, including LGBT individuals, and includes specific protections related to sexual orientation and gender identity. The 2013 Supreme Court ruling on DOMA resulted in federal recognition of same-sex marriages for the first time and paved the way for recognition in many more states. Finally, the Court, in its 2015 decision in Obergefell, ruled that the Fourteenth Amendment requires a state to license same-sex marriages and to recognize such marriages performed out-of-state, thereby further expanding access and coverage across the country.

- Marriage is tied to access to health insurance. Prior to the Supreme Court’s Windsor ruling, however, same sex married couples were only able to obtain coverage for their spouse as a domestic partner, if their employer provided such coverage, and these benefits were considered taxable income. Nationally, four in ten (39%) firms that offered health insurance provided benefits to unmarried same-sex domestic partners in 2014, up from 21% in 2009, a percentage that varies by firm size, region, and industry, with larger companies, those in the Northeast, and manufacturing field most likely to offer coverage to unmarried same-sex partners. With the Windsor and Obergefell rulings, this situation has changed. Indeed, one study found that the legalization of same-sex marriage in New York was associated with an increase in employer-sponsored insurance among same-sex couples.


- [This website provides answers to frequently asked questions about Social Security benefits and same-sex marriage.]


- [This website provides information about Medicare benefits and same-sex marriage.]


- [This website provides information about Affordable Care Act coverage and same-sex marriage.]


- [This website offers information on adoption, LGBTQ issues and child welfare and foster care, LGBT refugees, and other topics related to children and families.]
Health Impact of Same-sex Partnerships/Marriage


- [This research examined] whether having a same-sex partner is associated with general self-reported health and depressive symptoms for LGB older adults.
- Based on survey data collected from LGB adults 50 years of age and older, having a same-sex partner was associated with better self-reported health and fewer depressive symptoms when compared with single LGB older adults, controlling for gender, age, education, income, sexuality, and relationship duration.
- Relationship duration did not significantly impact the association between partnership status and health. In light of recent public debates and changes in policies regarding same-sex partnerships, more socially integrated relationship statuses appear to play a role in better health for LGB older adults.


- Significantly compromised health care delivery and adverse health outcomes are well documented for the lesbian, gay, bisexual, and transgender (LGBT) community in the United States compared with the population at large.
- LGBT individuals subject to societal prejudice in a heterosexist world also suffer from the phenomenon known as “minority stress,” with its attendant negative mental and physical health effects.
- Reports in the medical and social science literature suggest that legal and social recognition of same-sex marriage has had positive effects on the health status of this at-risk community. Improved outcomes are to be expected because of the improved access to health care conferred by marriage benefits under federal or state law and as a result of attenuating the effects of institutionalized [discrimination] on a sexual minority group.


- [The researchers] examined whether same-sex marriage was associated with nonspecific psychological distress among self-identified lesbian, gay, and bisexual adults, and whether it had the potential to offset mental health disparities between lesbian, gay, and bisexual persons and heterosexuals.
- [The researchers] used population-based data from the 2009 adult (aged 18–70 years) California Health Interview Survey. The analysis included 1166 LGBT individuals and 35,608 heterosexual individuals.
- Same-sex married lesbian, gay, and bisexual persons were significantly less distressed than lesbian, gay, and bisexual persons not in a legally recognized relationship; married heterosexuals were significantly less distressed than nonmarried heterosexuals.
• Comparisons indicated that married heterosexuals had the lowest psychological distress, and lesbian, gay, and bisexual persons who were not in legalized relationships had the highest psychological distress. Psychological distress was not significantly distinguishable among same-sex married lesbian, gay, and bisexual persons, lesbian, gay, and bisexual persons in registered domestic partnerships, and heterosexuals.

Special Considerations for LGBT Parents and Their Children


• All decisions relating to custody and parental rights should rest on the interest of the child. There is no evidence to suggest or support that parents who are lesbian, gay, bisexual, or transgender are per se superior or inferior from or deficient in parenting skills, child-centered concerns, and parent–child attachments when compared with heterosexual parents. There is no credible evidence that shows that a parent’s sexual orientation or gender identity will adversely affect the development of the child.

• Lesbian, gay, bisexual, or transgender individuals historically have faced more rigorous scrutiny than heterosexual people regarding their rights to be or become parents. The American Academy of Child & Adolescent Psychiatry opposes any discrimination based on sexual orientation or gender identity against individuals in regard to their rights as custodial, foster, or adoptive parents.


• Millions of children in the United States have lesbian, gay, bisexual and/or transgender (LGBT) parents. Some children of LGBT parents were conceived in heterosexual marriages or relationships. An increasing number of LGBT parents have conceived children and/or raised them from birth, either as single parents or in ongoing committed relationships. This can occur through adoption, alternative insemination, surrogate or foster parenting. A small number of states currently have laws supportive of LGBT couple adoption.

• What effect does having LGBT parents have on children? Sometimes people are concerned that children being raised by a gay parent will need extra emotional support or face unique social stressors. Current research shows that children with gay and lesbian parents do not differ from children with heterosexual parents in their emotional development or in their relationships with peers and adults. It is important for parents to understand that it is the quality of the parent/child relationship and not the parent’s sexual orientation that has an effect on a child’s development. Research has shown that in contrast to common beliefs, children of lesbian, gay, or transgender parents:
  o Are not more likely to be gay than children with heterosexual parents.
- Are not more likely to be sexually abused.
- Do not show differences in whether they think of themselves as male or female (gender identity).
- Do not show differences in their male and female behaviors (gender role behavior).

**Raising children in a LGBT household**—Although research shows that children with gay and lesbian parents are as well adjusted as children with heterosexual parents, they can face some additional challenges. Some LGBT families face discrimination in their communities and children may be teased or bullied by peers. Parents can help their children cope with these pressures in the following ways:

- Prepare your child to handle questions and comments about their background or family.
- Allow for open communication and discussions that are appropriate to your child’s age and level of maturity.
- Help your child come up with and practice appropriate responses to teasing or mean remarks.
- Use books, Web sites and movies that show children in LGBT families.
- Consider having a support network for your child (For example, having your child meet other children with gay parents.)
- Consider living in a community where diversity is more accepted.

- Like all children, most children with LGBT parents will have both good and bad times. They are not more likely than children of heterosexual parents to develop emotional or behavioral problems. If LGBT parents have questions or concerns about their child, they should consider a consultation with a qualified mental health professional.


**Lesbian and Gay Parents** … three major concerns about lesbian and gay parents are commonly voiced. These include concerns that lesbians and gay men are mentally ill, that lesbians are less maternal than heterosexual women, and that lesbians’ and gay men’s relationships with their sexual partners leave little time for their relationships with their children. In general, research has failed to provide a basis for any of these concerns. First, homosexuality is not a psychological disorder. Although exposure to prejudice and discrimination based on sexual orientation may cause acute distress, there is no reliable evidence that homosexual orientation per se impairs psychological functioning. Second, beliefs that lesbian and gay adults are not fit parents have no empirical foundation. Lesbian and heterosexual women have not been found to differ markedly in their approaches to child rearing. Members of gay and lesbian couples with children have been found to divide the work involved in childcare evenly, and to be satisfied with their relationships with their partners. The results of some studies suggest that lesbian mothers’ and gay fathers’ parenting skills may be superior to those of matched heterosexual parents. There is no scientific basis for concluding that lesbian mothers or gay fathers are unfit parents on the basis of their sexual orientation. On the contrary, results of research suggest that lesbian and gay parents are as likely as heterosexual parents to provide supportive and healthy environments for their children.
• **Children of Lesbian and Gay Parents**—As the social visibility and legal status of lesbian and gay parents has increased, three major concerns about the influence of lesbian and gay parents on children have been often voiced. One is that the children of lesbian and gay parents will experience more difficulties in the area of sexual identity than children of heterosexual parents. For instance, one such concern is that children brought up by lesbian mothers or gay fathers will show disturbances in gender identity and/or in gender role behavior. A second category of concerns involves aspects of children’s personal development other than sexual identity. For example, some observers have expressed fears that children in the custody of gay or lesbian parents would be more vulnerable to mental breakdown, would exhibit more adjustment difficulties and behavior problems, or would be less psychologically healthy than other children. A third category of concerns is that children of lesbian and gay parents will experience difficulty in social relationships. For example, some observers have expressed concern that children living with lesbian mothers or gay fathers will be [discriminated against], teased, or otherwise victimized by peers. Another common fear is that children living with gay or lesbian parents will be more likely to be sexually abused by the parent or by the parent’s friends or acquaintances.

• Results of social science research have failed to confirm any of these concerns about children of lesbian and gay parents. Research suggests that sexual identities (including gender identity, gender-role behavior, and sexual orientation) develop in much the same ways among children of lesbian mothers as they do among children of heterosexual parents. Studies of other aspects of personal development (including personality, self-concept, and conduct) similarly reveal few differences between children of lesbian mothers and children of heterosexual parents. However, few data regarding these concerns are available for children of gay fathers. Evidence also suggests that children of lesbian and gay parents have normal social relationships with peers and adults. The picture that emerges from research is one of general engagement in social life with peers, parents, family members, and friends. Fears about children of lesbian or gay parents being sexually abused by adults, ostracized by peers, or isolated in single-sex lesbian or gay communities have received no scientific support. Overall, results of research suggest that the development, adjustment, and well-being of children with lesbian and gay parents do not differ markedly from that of children with heterosexual parents.

• [For more research on LGBT parents and their children, see http://www.apa.org/pi/lgbt/resources/parenting.aspx.]

**Effect on Children of LGBT People With Behavioral Health Conditions**


[There is little information on whether the children of LGBT people and heterosexual people are affected differently when their parents have a behavioral health condition.]
However, treatment providers should be mindful of various special considerations when working with LGBT individuals who are parents.

Treatment providers need to consider an LGBT client’s partner, children, family of origin, and family of choice when providing care.

Many LGBT individuals are parents and have children from a heterosexual marriage, have adopted children, or have children through some other means. Substance abuse treatment providers should expect to work with increasingly more LGBT clients who are parents, either as part of a couple or as single parents, and should consider parenting issues during treatment and discharge planning.

Relapse prevention requires an understanding of the social life many gay men will return to after discharge from treatment, whether as part of the singles circuit party group or as part of a same-sex couple raising children. For lesbians, the party scene is generally not as intense.

Although Federal and a number of State statutes protect recovering substance abusers from many forms of discrimination, LGBT individuals are not afforded the same protections in many areas of the country. Because of the lack of protection under the law, LGBT individuals may suffer severe or painful consequences if their sexual orientation becomes known. They risk losing custody of their own children in disputes with former spouses or families of origin because of their sexual orientation. (A diagnosis of substance abuse can be yet another strike against them in such cases.)

Resources To Support the Behavioral Health of LGBT Families


• [This website provides information and resources regarding adoption by LGBT families.]


• This collection of questions and answers is designed to address some of the concerns that LGBT prospective adoptive parents may encounter when deciding to adopt a child or navigating the adoption process. Many public and private agencies welcome the LGBT community. Leading child welfare organizations believe that prospective LGBT parents are an excellent resource for children and youth in need of permanent families. However, many LGBT prospective adoptive parents continue to face discrimination.
Panel 3: Addressing the Needs of LGBT Military Members and Veterans, Youth, and Older Adults

Key Questions

1. What are some special considerations for LGBT members of the military and veterans?
2. What are some efforts and resources to support LGBT members of the military and veterans?
3. What are some special considerations related to the behavioral health of LGBTQ youth?
4. What is conversion therapy? Why is it important to end conversion therapy?
5. What are some efforts and resources to support the behavioral health of LGBTQ youth?
6. What are some special considerations regarding the behavioral health of LGBT older adults?
7. What are some efforts and resources to support the behavioral health of LGBT older adults?

Special Considerations for LGBT Members of the Military and Veterans


- With the repeal of Don’t Ask, Don’t Tell legislation in 2011 and the recent Supreme Court decision allowing the federal government to recognize same-sex marriage, lesbian and gay service members can now serve openly and have equal access to benefits. The DoD [Department of Defense] is working to make the same benefits available to the same-sex spouses of uniformed service members as those available to opposite-sex spouses.
- Following are some of the benefits available to service members and their families:
  - Health care through TRICARE
  - Basic allowance for housing
  - Family separation allowance
  - Family relocation benefits
  - Military ID cards
  - Commissary and exchange privileges
  - Morale, Welfare and Recreation programs
  - Child care
  - Youth programs
  - Joint duty assignments
  - Military and family support center programs
  - Disability and death compensation
  - Space-available travel on DoD aircraft
  - Legal assistance
• Retirement benefits (through the Survivor Benefit Plan)

• Certain benefits, such as TRICARE, basic allowance for housing and family separation allowance, will be retroactive to the date of the Supreme Court decision. For those service members married after June 26, 2013, benefits will begin on the date of marriage.


• Same-sex married couples will now be able to share veterans pensions, home loans, medical services and similar benefits previously unavailable to them, department officials announced Monday.

• On Friday, the Supreme Court ruled that same-sex couples have the right to marry in all states and that those unions must be recognized. Gay rights advocates hoped the measure would drop the last obstacles in getting benefits through the Veterans Affairs Department [VA] for same-sex couples with military ties.

• Active-duty same-sex military couples received access to Defense Department benefits in 2013, when the high court struck down the Defense of Marriage Act. But even after that ruling, VA officials denied benefits for some same-sex couples in states where their marriages were not legally recognized, citing other federal restrictions.

• Now those barriers are gone. In a statement, VA officials said they are working quickly to provide instructions on extending benefits to all married couples, including same-sex spouses.


• The Defense Department’s current regulations regarding transgender service members are outdated and are causing uncertainty that distracts commanders from our core missions.

• Today, I am issuing two directives to deal with this matter. First, DoD will create a working group to study over the next six months the policy and readiness implications of welcoming transgender persons to serve openly. Led by (Acting) Under Secretary of Defense for Personnel and Readiness Brad Carson, and composed of military and civilian personnel representing all the military services and the Joint Staff, this working group will report to Deputy Secretary of Defense Bob Work. At my direction, the working group will start with the presumption that transgender persons can serve openly without adverse impact on military effectiveness and readiness, unless and except where objective, practical impediments are identified. Second, I am directing that decision authority in all administrative discharges for those diagnosed with gender dysphoria or who identify themselves as transgender be elevated to Under Secretary Carson, who will make determinations on all potential separations.
• As I’ve said before, we must ensure that everyone who’s able and willing to serve has the full and equal opportunity to do so, and we must treat all our people with the dignity and respect they deserve.


• On June 26, 2015, the Supreme Court held in Obergefell v. Hodges that the Fourteenth Amendment of the U.S. Constitution requires a state to license a marriage between two people of the same sex and to recognize a marriage between two people of the same sex when their marriage was lawfully licensed and performed out-of-state. Accordingly, VA may now recognize the same-sex marriage of all Veterans for VA purposes.

• The Department of Veterans Affairs (VA) offers a variety of benefits and services that depend on “spouse” and “surviving spouse” status. For the purpose of VA benefits, spousal status is predicated on a valid marriage under state law. Under the current Federal law, 38 U.S.C. § 103(c), VA may recognize a Veteran’s marriage for VA purposes if:
  o the marriage was legal in the place where the Veteran or the Veteran’s spouse lived at the time of the marriage; or
  o the marriage was legal in the place where the Veteran or the Veteran’s spouse lived when he or she filed a VA claim or application (or a later date when the Veteran became eligible for benefits).

• VA is providing information about when it can recognize a marriage on its application form instructions and through public outreach. VA generally accepts a claimant’s or applicant’s statement that he or she is married as sufficient evidence to establish a Veteran’s marriage for the purpose of VA benefits.

• [This website also provides additional information on how to determine if VA will recognize a marriage.]


• Repeal of the “Don’t Ask, Don’t Tell” [DADT] policy that excluded openly lesbian, gay, and bisexual (LGB) persons from military service (Don’t Ask, Don’t Tell Repeal Act of 2010, Pub. L. No. 111–321, 124 Stat. 3515, 2010) was a defining moment for the nation and cause for hope that open service might become a reality for thousands of LGB service members.

• But the near-term reality of the DADT repeal may include heightened stressors and risks for LGB military personnel, including continuation of sexual [discrimination] and prejudice and resistance to the policy change, a potential spike in sexual-orientation-based harassment and victimization, difficult decisions about remaining concealed or disclosing sexual orientation, and the potential that military mental health providers will have little recent experience in service delivery to openly LGB clients.

• In this article, [the authors] consider the effects of the DADT policy and the policy repeal on LGB military members. [They] conclude with several recommendations for
psychologists who serve active duty LGB clients and who consult to military commanders and policymakers.


- The American Psychological Association [APA] hailed the Senate’s vote Saturday to repeal “don’t ask, don’t tell.”
- Over the last year, APA actively lobbied in support of legislation to repeal “don’t ask, don’t tell.” Most recently, APA sent a letter to the Senate asking it to support language to repeal the policy as part of the defense authorization bill. In addition, APA provided feedback to the Department of Defense as it crafted a report on the aftermath of repeal. [APA President Carol D.] Goodheart said APA welcomes the opportunity to continue to work with the Pentagon in efforts to affect the repeal of the “don’t ask, don’t tell” policy.
- [A briefing on why the APA supported the repeal of the “don’t ask, don’t tell” policy can be found at [http://www.apa.org/pi/lgbt/resources/military-sexual-orientation.aspx](http://www.apa.org/pi/lgbt/resources/military-sexual-orientation.aspx).]

Efforts and Resources To Support LGBT Members of the Military and Veterans


- Great strides have been made on behalf of the LGBT community. First, the repeal of “Don’t ask, don’t tell” and now same-sex marriage is legal in all 50 states. Married, same-sex couples will soon have access to the same military benefits and protections as their opposite-sex counterparts. While this legislation requires that all states recognize same-sex marriage, it may take time for legislatures and community offices to catch up. [This website provides] information [to] help you understand benefits and protections for lesbian and gay service members.


- The American Military Partner Association is the nation’s largest resource and support network for the partners, spouses, families, and allies of America’s lesbian, gay, bisexual, and transgender (LGBT) service members and veterans.
- [This website lists resources for LGBT partners and spouses of military members and veterans, including information for families with children.]


- [This website outlines cultural competence training for those who work with LGBT members of the military and their families.]
Special Considerations for LGBTQ Youth


- Gay and bisexual youth and other sexual minorities are more likely to be rejected by their families. This increases the possibility of them becoming homeless. Around 40% of homeless youth are LGBT. A study published in 2009 compared gay, lesbian, and bisexual young adults who experienced strong rejection from their families with their peers who had more supportive families. The researchers found that those who experienced stronger rejection were about:
  o 8 times more likely to have tried to commit suicide
  o 6 times more likely to report high levels of depression
  o 3 times more likely to use illegal drugs
  o 3 times more likely to have risky sex

- Gay and bisexual men and their family and friends can take steps to lessen the effects of homophobia, [prejudice], and discrimination and protect their physical and mental health. One way to handle the stress from [prejudice] and discrimination is by having social support. Studies show that gay men who have good social support—from family, friends, and the wider gay community—have
  o higher self-esteem,
  o a more positive group identity, and
  o more positive mental health.


- Most lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are happy and thrive during their adolescent years. Going to a school that creates a safe and supportive learning environment for all students and having caring and accepting parents are especially important. This helps all youth achieve good grades and maintain good mental and physical health. However, some LGBTQ youth are more likely than their heterosexual peers to experience difficulties in their lives and school environments, such as violence.

- Negative attitudes toward lesbian, gay, and bisexual (LGB) people put these youth at increased risk for experiences with violence, compared with other students. Violence can include behaviors such as bullying, teasing, harassment, physical assault, and suicide-related behaviors.

- According to data from Youth Risk Behavior Surveys (YRBS) conducted during 2001–2009 in seven states and six large urban school districts, the percentage of LGB students (across the sites) who were threatened or injured with a weapon on school property in the prior year ranged from 12% to 28%. In addition, across the sites—
  o 19% to 29% of gay and lesbian students and 18% to 28% of bisexual students experienced dating violence in the prior year.
14% to 31% of gay and lesbian students and 17% to 32% of bisexual students had been forced to have sexual intercourse at some point in their lives.

- LGBTQ youth are also at increased risk for suicidal thoughts and behaviors, suicide attempts, and suicide. A nationally representative study of adolescents in grades 7–12 found that lesbian, gay, and bisexual youth were more than twice as likely to have attempted suicide as their heterosexual peers. More studies are needed to better understand the risks for suicide among transgender youth. However, one study with 55 transgender youth found that about 25% reported suicide attempts.


- Adolescent school victimization due to lesbian, gay, bisexual, or transgender (LGBT) status is commonplace, and is associated with compromised health and adjustment.
- Few studies have examined the long-term implications of LGBT school victimization for young adult adjustment.
- [The researchers examined] the association between reports of LGBT school victimization and young adult psychosocial health and risk behavior.
- [They used] the young adult survey from the Family Acceptance Project [which] included 245 LGBT young adults between the ages of 21 and 25 years, with an equal proportion of Latino and non-Latino White respondents. A 10-item retrospective scale assessed school victimization due to actual or perceived LGBT identity between the ages of 13 and 19 years.
- [They examined the links between] LGBT school victimization and young adult depression, suicidal ideation, life satisfaction, self-esteem, and social integration, while controlling for background characteristics.
- [The researchers studied] young adult suicide attempts, clinical levels of depression, heavy drinking and substance use problems, sexually transmitted disease (STD) diagnoses, and self-reported HIV risk.
- [The results indicated that] lesbian, gay, bisexual, and transgender-related school victimization is strongly linked to young adult mental health and risk for STDs and HIV; there [was] no strong association with substance use or abuse.
- Elevated levels of depression and suicidal ideation among males can be explained by their high rates of LGBT school victimization.
- [The authors concluded that] reducing LGBT-related school victimization will likely result in significant long-term health gains and will reduce health disparities for LGBT people. Reducing the dramatic disparities for LGBT youth should be educational and public health priorities.


- A disproportionate number of lesbian, gay, bisexual, and transgender (LGBT) youth experience homelessness each year in the United States.
• LGBT youth who are homeless have particularly high rates of mental health and substance use problems, suicidal acts, violent victimization, and a range of HIV risk behaviors.

• Transgender youth are at particularly high risk.
• The most commonly cited reason among LGBT youth for becoming homeless is running away from families who reject them due to sexual orientation or gender identity. The second most commonly cited reason is being forced out by their family, despite preferring to stay at home, after disclosing their sexual orientation or gender identity. Another common reason for becoming homeless is aging out of or running away from the foster care system, where harassment and violence of LGBT youth frequently occur.

• Among lesbian, gay and bisexual youth, the mean age of becoming homeless for the first time is 14 years, and many of these youth do not disclose their sexual identity to another person until after becoming homeless.

• The Runaway and Homeless Youth Act (RHYA) (Administration for Children and Families, 2008) is the existing federal legislation that funds street outreach programs, drop-in centers, basic needs such as food and clothing, and counseling services for homeless youth.

• [This article reviews] the causes of homelessness among LGBT youth, [discusses] the mental health and victimization risks faced by this population, [addresses] differences among homeless LGBT subgroups, and [recommends] effective interventions and best practices.

• Best practices for serving the mental health needs of LGBT individuals in programs for homeless youth should include staff training in LGBT competency, standardized initial assessment of clients’ sexual orientation, sexual behavior and gender identity, and brief screening for mental health and substance use problems. These assessments can then guide referrals for case management, counseling, psycho-education, psychotherapy, and psychopharmacology for mood disorders, trauma, and substance use disorders, as well as behavioral interventions such as contingency management for HIV risk behavior reduction.

• In addition to developing evidence-based practices that are supported by robust outcome research, it is essential that non-discrimination policies be developed. Given the myriad challenges faced by LGBT homeless youth, policy initiatives would ideally involve prohibiting discrimination against LGBT youth, reauthorizing RHYA, and dissemination of explicit LGBT cultural competency training for all providers of services for homeless youth. [It is important to] develop evidence-based and community-informed policies focused on LGBT youth. Without further supports, LGBT youth who are homeless will continue to be a lost generation.

use, sexual behaviors, dietary behaviors, physical activity and sedentary behaviors, and weight management) and the prevalence of obesity and asthma among youths and young adults. YRBSS includes state and local school-based Youth Risk Behavior Surveys (YRBSs) conducted by state and local education and health agencies.

- This report summarizes results from YRBSs conducted during 2001–2009 in seven states and six large urban school districts that included questions on sexual identity (i.e., heterosexual, gay or lesbian, bisexual, or unsure), sex of sexual contacts (i.e., same sex only, opposite sex only, or both sexes), or both of these variables. The surveys were conducted among large population-based samples of public school students in grades 9-12.

- Across the nine sites that assessed sexual identity, the prevalence among gay or lesbian students was higher than the prevalence among heterosexual students for a median of 63.8% of all the risk behaviors measured, and the prevalence among bisexual students was higher than the prevalence among heterosexual students for a median of 76.0% of all the risk behaviors measured.

- In addition, the prevalence among gay or lesbian students was more likely to be higher than (rather than equal to or lower than) the prevalence among heterosexual students for behaviors in seven of the 10 risk behavior categories (behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, sexual behaviors, and weight management).

- Similarly, the prevalence among bisexual students was more likely to be higher than (rather than equal to or lower than) the prevalence among heterosexual students for behaviors in eight of the 10 risk behavior categories (behaviors that contribute to unintentional injuries, behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, sexual behaviors, and weight management).

- Across the 12 sites that assessed sex of sexual contacts, the prevalence among students who had sexual contact with both sexes was higher than the prevalence among students who only had sexual contact with the opposite sex for a median of 71.1% of all the risk behaviors measured, and the prevalence among students who only had sexual contact with the same sex was higher than the prevalence among students who only had sexual contact with the opposite sex for a median of 29.7% of all the risk behaviors measured.

- Furthermore, the prevalence among students who had sexual contact with both sexes was more likely to be higher than (rather than equal to or lower than) the prevalence among students who only had sexual contact with the opposite sex for behaviors in six of the 10 risk behavior categories (behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, and weight management).

- The prevalence among students who only had sexual contact with the same sex was more likely to be higher than (rather than equal to or lower than) the prevalence among students who only had sexual contact with the opposite sex for behaviors in two risk behavior categories (behaviors related to attempted suicide and weight management).

What Is Conversion Therapy? Why Is It Important To End Conversion Therapy?
• Sexual orientation conversion therapy refers to counseling and psychotherapy to attempt to eliminate individuals’ sexual desires for members of their own sex.


• The Substance Abuse and Mental Health Services Administration (SAMHSA) is releasing “Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth,” a comprehensive report that provides an in-depth review of research and clinical expertise related to conversion therapy. This important new resource makes it clear that conversion therapy is not an appropriate therapeutic approach based on the evidence, and explores alternative ways to discuss sexual orientation, gender identity, and gender expression with young people.

• This report includes the first publication of consensus statements developed by an expert panel held by the American Psychological Association in July 2015. The expert panel included researchers and practitioners in child and adolescent mental health with a strong background in gender development, gender identity, and sexual orientation in children and adolescents. Experts with a background in family therapy, ethics, and the psychology of religion also participated.

• Through a collaborative process, this panel found that variations in sexual orientation and gender identity are normal, and that conversion therapies or other efforts to change sexual orientation or gender identity are not effective, are harmful, and are not appropriate therapeutic practices. The report provides an overview of existing efforts to eliminate the practice of conversion therapy.

• The information and resources contained within the report include a review of the research in this area, detailed information on supportive therapeutic approaches, areas of opportunity for future research, existing strategies to end the practice of conversion therapy, and targeted guidance for various audiences.

• These materials help providers, families, and care-givers support their LGBTQ and gender non-conforming children and adolescents. They also illuminate practices that may contribute to the health disparities facing LGBTQ youth, which should be avoided.


• This report and its recommendations are based on consensus statements developed by experts in the field after a careful review of existing research, professional health association reports and summaries, and expert clinical guidance. Key statements that form the underpinnings of the guidance in this report are [as follows:]
and variations in gender identity and gender expression are a part of the normal spectrum of human diversity and do not constitute a mental disorder.

- There is limited research on conversion therapy efforts among children and adolescents; however, none of the existing research supports the premise that mental or behavioral health interventions can alter gender identity or sexual orientation.

- Interventions aimed at a fixed outcome, such as gender conformity or heterosexual orientation, including those aimed at changing gender identity, gender expression, and sexual orientation are coercive, can be harmful, and should not be part of behavioral health treatment.

- When providing services to children, adolescents, and families, appropriate therapeutic approaches include: providing accurate information on the development of sexual orientation and gender identity and expression; increasing family and school support; and reducing family, community, and social rejection of sexual and gender minority children and adolescents.

- Approaches should be client-centered and developmentally-appropriate with the goal of treatment being the best possible level of psychological functioning, rather than any specific gender identity, gender expression, or sexual orientation. Appropriate therapeutic approaches with sexual and gender minority youth should include a comprehensive evaluation and focus on identity development and exploration that allows the child or adolescent the freedom of self-discovery within a context of acceptance and support.

- It is important to identify the sources of any distress experienced by sexual and gender minority youth and their families, and work to reduce this distress. Working with parents and guardians is important as parental behaviors and attitudes have a significant effect on the mental health and wellbeing of sexual and gender minority children and adolescents. School and community interventions may also be necessary and appropriate.

- In addition to the appropriate therapeutic approaches described above – comprehensive evaluation, support in identity exploration and development without an a priori goal of any particular gender identity or expression, and facilitation of family and community support – social transition and medical intervention are therapeutic approaches that are appropriate for some gender minority youth. Careful evaluation and developmentally-appropriate informed consent of youth and their families, including a weighing of potential risks and benefits are vital when considering medical intervention with gender minority youth.

- Eliminating the practice of conversion therapy with sexual and gender minority minors is an important step, but it will not alleviate the myriad of stressors they experience as a result of interpersonal, institutional, and societal bias and discrimination against sexual and gender minorities.

- LGBTQ youth still need additional support to promote positive development in the face of such stressors. Supportive family, community, school, and health care environments have been shown to have great positive impacts on both the short- and long-term health and well-being of LGBTQ youth.

- Families and others working with LGBTQ children and adolescents can benefit from guidance and resources to increase support for sexual and gender minority minors and to help facilitate the best possible outcomes for these youth.
Given that conversion therapy is not an appropriate therapeutic intervention; efforts should be taken to end the practice of conversion therapy. Efforts to end the practice have included policy efforts to reduce the negative attitudes and discrimination directed at LGBTQ individuals and families; affirmative public information about LGBTQ individuals, particularly directed at families and youth; resolutions and guidelines by professional associations to inform providers that conversion efforts are inappropriate and to provide guidance on appropriate interventions; and, state and federal legislation and legal action to end the practice of conversion therapy. Future efforts may include improved provider training, federal regulatory action, advancement of legislation at the state and federal level, and additional activities by the Administration, which issued a public statement supporting efforts to ban the use of conversion therapy for minors in the spring of 2015.

Efforts and Resources To Support LGBTQ Youth


- [This document provides research-based information on HIV and young men who have sex with men.]


- [This resource] provides information about sexual orientation and gender identity to help friends, family, and other adults support LGBT children and adolescents. It reports research findings from the Family Acceptance Project at San Francisco University and includes research on the impact of families on their LGBT children’s health, mental health, and well-being. It also provides ways ethnically, religiously, and socially diverse families, parents, and caregivers can support their LGBT children. Family materials and provider tools such as education materials, assessment and policy resources, research publications, and gender spectrum education and training materials are presented.


- [This website provides information for LGBTQ youth on bullying and what to do about it.]
The 1.5 million older adults who self-identify as lesbian, gay, bisexual, and transgender (LGBT) are expected to double in number by 2030.

Research suggests that health disparities are closely linked with societal [prejudice], discrimination, and denial of civil and human rights. More LGBT older adults struggle with depression, substance abuse, social isolation, and acceptance compared to their heterosexual counterparts.

Despite individual preferences, most health care providers recognize the right of any individual to have access to basic medical services. The U.S. Department of Health and Human Services requires that all hospitals receiving funds from Medicare and Medicaid respect visitation and medical decision-making rights to all individuals identifying as LGBT.

The Joint Commission also requires a non-discrimination statement for accreditation.

The current literature review examines LGBT health disparities and the consequential psychosocial impact on LGBT older adults as well as brings awareness to the needs of this underserved and underrepresented population.

More than 39 million people in the U.S. are age 65 years or older including 1.5 million people who identify as lesbian, gay, bisexual or transgender (LGBT). As the baby boomer generation ages, the older adult population will increase from 12.8 percent to an estimated 19 percent in 2030. Psychological service providers and care givers for older adults need to be sensitive to the histories and concerns of LGBT people and to be open-minded, affirming and supportive towards LGBT older adults to ensure accessible, competent, quality care. Caregivers for LGBT people may themselves face unique challenges including accessing information and isolation.

As a group, LGBT older adults experience unique economic and health disparities. LGBT older adults may disproportionately be affected by poverty and physical and mental health conditions due to a lifetime of unique stressors associated with being a minority, and may be more vulnerable to neglect and mistreatment in aging care facilities. They may face dual discrimination due to their age and their sexual orientation or gender identity. Generational differences and lack of legal protection may cause older LGBT adults to be less open about their sexuality. Social isolation is also a concern because LGBT older adults are more likely to live alone, more likely to be single and less likely to have children than their heterosexual counterparts. All of these considerations can be compounded by intersections of sex, race, ethnicity and disability.

Psychologists, mental health facilities and aging services treating older adults are working with LGBT people, whether they have chosen to disclose or not, and providers should be cognizant of their presence and their unique needs should integrated into systems of care. Services intended for the older adult population must be assessed proactively and changes implemented as may be necessary to be welcoming for people who are both older and identify as LGBT.
Efforts and Resources for LGBT Older Adults


- This e-learning module is a short introduction to some advanced planning that we all need to think about, especially as LGBT people, along with some resources to help you get started.


- The National Resource Center on LGBT Aging is the country’s first and only technical assistance resource center aimed at improving the quality of services and supports offered to lesbian, gay, bisexual and/or transgender older adults. Established in 2010 through a federal grant from the U.S. Department of Health and Human Services, the National Resource Center on LGBT Aging provides training, technical assistance and educational resources to aging providers, LGBT organizations and LGBT older adults. The center is led by Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders, in collaboration with 18 leading organizations from around the country.


- This December 2013 webinar looks at the implications of the June 2013 U.S. Supreme Court decision overturning Section 3 the Defense of Marriage Act [DOMA] on benefits for same-sex couples.


- [This website provides resources on transgender aging, including Medicare and transgender-related care and ways to improve the lives of transgender older adults.]

Panel 4: LGBT Behavioral Health Treatment and Recovery Needs: Importance of Culturally Competent Care

Key Questions

1. What are some of the special challenges that LGBT people may face during treatment and recovery?
2. What is cultural competence, and why is it essential in behavioral health services?
3. Are there special treatment programs for LGBT individuals?
4. What are some key considerations for cultural competence in the context of working with members of the LGBT community?

5. What are some resources to help behavioral healthcare providers who work with members of the LGBT community gain cultural competence expertise?

6. What are some resources to help behavioral healthcare providers gain the expertise to support LGBTQ youth and older adults?

Special Treatment and Recovery Challenges of LGBT People


- This publication presents information to assist providers in improving substance abuse treatment for lesbian, gay, bisexual, and transgender (LGBT) clients by raising awareness about the issues unique to LGBT clients. Sensitizing providers to these unique issues will, it is hoped, result in more effective treatment and improved treatment outcomes. Effective treatment with any population should be sensitive and culturally competent. Substance abuse treatment providers, counselors, therapists, administrators, and facility directors can be more effective in treating LGBT clients when they have a better understanding of the issues LGBT clients face. With this knowledge, treatment providers can reexamine their treatment approaches and take steps to accommodate LGBT clients.

- Substance abuse treatment for an LGBT individual is the same as that for other types of clients and primarily focuses on stopping the substance abuse that interferes with the well-being of the client. It differs in the need for the client and counselor to address the client’s feeling about his or her sexual identity and the impact of homophobia and heterosexism. Even if the LGBT client is candid about his or her identity, he or she may be harboring the effects of society’s negative attitudes, which can result in feelings of doubt, confusion, fear, and sorrow. The client may have had problems in traditional health care systems and may distrust health care professionals, requiring extra sensitivity from substance abuse treatment providers.

- Some issues arise when treating LGBT clients using typical treatment modalities for groups, couples, or families. Groups should be as inclusive as possible and should encourage each member to discuss relevant treatment issues or concerns. Other clients in therapy may have negative attitudes toward LGBT clients. Staff members should ensure that LGBT clients are treated in a therapeutic manner and should tell other clients that homophobia will not be tolerated.

- It should be the LGBT client who decides whether to discuss issues relating to his or her sexual orientation in mixed groups. Providing individual services eliminates the mixing of heterosexual and LGBT clients in treatment groups and decreases the likelihood that heterosexism/homophobia will become an issue. However, in a mixed group led by trained and culturally competent staff members, LGBT clients may have a powerful
healing experience by gaining acceptance and support from non-LGBT peers. Family and couple counseling can be difficult because of alienation owing to the client’s sexual identity. Often, LGBT couples are not treated with sensitivity, and support is not offered to partners.

- The term “coming out” refers to the experiences of some, but not all, gay men and lesbians as they explore their sexual identity. There is no correct process or single way to come out, and some LGBT persons do not come out. The process is unique for each individual, and it is the choice of the individual. Several stages have been identified in the process: identity confusion, comparison, tolerance, acceptance, pride, and identity synthesis.

- When developing a plan and treating LGBT clients, providers should consider which stage the client is in. To be most helpful, counselors need to recognize a client’s comfort level with his or her feelings about his or her sexual identity and treat the client accordingly. A client who is uncomfortable with his or her sexual identity may not want to attend LGBT Alcoholics Anonymous (AA) meetings or discuss feelings about sexual orientation. However, these meetings could be helpful for a client who is more comfortable with his or her sexual identity. A provider may do harm if he or she forces openness by questioning a client’s sexuality before the client is ready.

- Providing support for LGBT clients and their families is a significant element of substance abuse treatment. Like other clients, LGBT individuals in treatment are involved in multidimensional situations and come from diverse family backgrounds. A family history and a review of the dynamics of the family of origin are part of a thorough biopsychosocial assessment. Questions should be asked with sensitivity. An LGBT client may have unresolved issues with his or her family of origin stemming from the family’s reaction to the disclosure of his or her sexual identity. A negative and intolerant reaction can have a devastating effect on the LGBT individual.

- Family dynamics are important in working with LGBT individuals, and counselors can put their understanding of these dynamics to work in counseling LGBT clients and their families. An LGBT client may have close connections to what is called a family of choice—a legal spouse or unrelated individuals who support and care about the client.

- Substance abuse counselors need an understanding of the dynamics of LGBT interpersonal relationships. This understanding includes awareness of the internal and external problems of same-sex couples and the diversity and variety of relationships in the LGBT community. Although many individuals have a life partner, others are single or in nontraditional arrangements. Providers need to be aware of their own biases when working with individuals who find themselves outside the cultural norm of a heterosexual, monogamous, and legally sanctioned marriage.

- Because each client brings his or her unique history and background into treatment, furthering our understanding of individuals different from ourselves helps ensure that clients are treated with respect, while improving the likelihood of effective substance abuse treatment interventions. It is hoped that the information in this publication helps providers improve their ability to provide competent and effective treatment. A substance abuse treatment provider who is knowledgeable about the unique needs of LGBT clients can enhance treatment. A provider who understands and is sensitive to the issues surrounding sexual and gender identity, homophobia, and heterosexism can help LGBT clients feel comfortable and safe while they confront their substance abuse and start their journey of recovery. It is hoped that this volume will assist administrators
and clinicians in forming a better understanding of LGBT people, their problems with substance abuse, and the unique challenges they face and that the knowledge providers gain from it about designing programs for LGBT clients will be used to create a more comfortable treatment environment.

Cultural Competence and Its Importance in Behavioral Health Services


- Being culturally competent and aware is to be respectful and inclusive of the health beliefs and attitudes, healing practices, and cultural and linguistic needs of different population groups.
- Behavioral health practitioners can bring about positive change by better understanding the differing cultural context among various communities, and being willing and able to work within that context.


- Cultural competence is the ability to interact effectively with people of different cultures. In practice, both individuals and organizations can be culturally competent.
- Culture must be considered at every step of the Strategic Prevention Framework (SPF).
- “Culture” is a term that goes beyond just race or ethnicity. It can also refer to such characteristics as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession.
- To produce positive change, prevention practitioners and other members of the behavioral health workforce must understand the cultural context of their target community. They must also have the willingness and skills to work within this context. This means drawing on community-based values and customs and working with knowledgeable people from the community in all prevention efforts.
- Practicing cultural competence throughout the program planning process ensures that all members of a community are represented and included. It can also prevent wasteful spending on programs and services that a community can't or won't use. This is why understanding the needs, risk and protective factors, and potential obstacles of a community or specific population is crucial.
- Cultural competence applies to organizations and health systems, just as it does to professionals. A culturally competent organization:
  - Continually assesses organizational diversity: Organizations should conduct a regular assessment of its members’ experiences working with diverse communities and focus populations. It also regularly assesses the range of values, beliefs, knowledge, and experiences within the organization that would allow for working with focus communities.
Invests in building capacity for cultural competency and inclusion:
Organizations should have policies, procedures, and resources in place that make ongoing development of cultural competence and inclusion possible. It must also be willing to commit the resources necessary to build or strengthen relationships with groups and communities. Including representatives of the focus population within the organization’s ranks is especially useful.

Practices strategic planning that incorporates community culture and diversity:
Organizations are urged to collaborate with other community groups. Its members are also encouraged to develop supportive relationships with other community groups. When these steps are taken, the organization is seen as a partner by other groups and their members.

Implements prevention strategies using culture and diversity as a resource:
Community members and organizations must have an opportunity to create and/or review audiovisual materials, public service announcements, training guides, printed resources, and other materials to ensure they are accessible to, and attuned to their community or focus population.

Evaluates the incorporation of cultural competence:
Community members must have a forum to provide both formal and informal feedback on the impact of all prevention interventions.

SAMHSA’s Center for Substance Abuse Prevention (CSAP) has identified the following principles of cultural competence:
- Ensure community involvement in all areas
- Use a population-based definition of community (let the community define itself)
- Stress the importance of relevant, culturally-appropriate prevention approaches
- Employ culturally-competent evaluators
- Promote cultural competence among program staff that reflect the community they serve
- Include the target population in all aspects of prevention planning

Special Treatment Programs


- The extent of substance abuse disorders among the lesbian, gay, bisexual, and transgender (LGBT) population is not well known, although a variety of research studies suggest that the rates may be 20 to 30 percent—rates which are higher than in the general population. Further, the clinical issues associated with LGBT clients may vary substantially within this population and in comparison with other clients.
- The National Survey of Substance Abuse Treatment Services (N-SSATS) provides information on the extent to which special programs for LGBT clients are available through the Nation’s treatment network. Two characteristics of facilities—type of ownership and primary focus of the facility—are often associated with the available mix
of services. In 2008, 777 of 13,688 (or 6 percent) of surveyed facilities offered these specialized programs.

- Facilities whose primary focus is a mix of substance abuse and mental health were more likely than other types of facilities to offer special groups for LGBT clients.
- Facilities operated by private-for-profit entities were more likely to offer such programs.


- Substance abuse research has demonstrated that client sexual orientation influences treatment outcomes. Consequently, many substance user treatment programs offer services for lesbian, gay, bisexual, and transgender (LGBT) individuals.
- In a recent search of SAMHSA treatment listings, 11.8% (N=911) of substance user treatment programs (including residential, outpatient, and partial hospitalization) in the United States and Puerto Rico indicated that they offer specialized services for LGBT clients.
- However, a telephone survey we conducted in 2003-2004 revealed that 70.8% of these "LGBT" programs were no different from services offered to the general population, and only 7.4% could identify a service specifically tailored to the needs of LGBT clients.
- Implications for LGBT individuals seeking services are discussed, the study's limitations are noted, and future research directions are identified.

**Key Considerations—LGBT Cultural Competence**


- This publication presents information to assist providers in improving substance abuse treatment for lesbian, gay, bisexual, and transgender (LGBT) clients by raising awareness about the issues unique to LGBT clients. Sensitizing providers to these unique issues will, it is hoped, result in more effective treatment and improved treatment outcomes. Effective treatment with any population should be sensitive and culturally competent. Substance abuse treatment providers, counselors, therapists, administrators, and facility directors can be more effective in treating LGBT clients when they have a better understanding of the issues LGBT clients face. With this knowledge, treatment providers can reexamine their treatment approaches and take steps to accommodate LGBT clients.
- Substance abuse treatment for an LGBT individual is the same as that for other types of clients and primarily focuses on stopping the substance abuse that interferes with the well-being of the client. It differs in the need for the client and counselor to address the client’s feeling about his or her sexual identity and the impact of homophobia and
heterosexism. Even if the LGBT client is candid about his or her identity, he or she may be harboring the effects of society’s negative attitudes, which can result in feelings of doubt, confusion, fear, and sorrow. The client may have had problems in traditional health care systems and may distrust health care professionals, requiring extra sensitivity from substance abuse treatment providers.

- Some issues arise when treating LGBT clients using typical treatment modalities for groups, couples, or families. Groups should be as inclusive as possible and should encourage each member to discuss relevant treatment issues or concerns. Other clients in therapy may have negative attitudes toward LGBT clients. Staff members should ensure that LGBT clients are treated in a therapeutic manner and should tell other clients that homophobia will not be tolerated.

- It should be the LGBT client who decides whether to discuss issues relating to his or her sexual orientation in mixed groups. Providing individual services eliminates the mixing of heterosexual and LGBT clients in treatment groups and decreases the likelihood that heterosexism/homophobia will become an issue. However, in a mixed group led by trained and culturally competent staff members, LGBT clients may have a powerful healing experience by gaining acceptance and support from non-LGBT peers. Family and couple counseling can be difficult because of alienation owing to the client’s sexual identity. Often, LGBT couples are not treated with sensitivity, and support is not offered to partners.

- The term “coming out” refers to the experiences of some, but not all, gay men and lesbians as they explore their sexual identity. There is no correct process or single way to come out, and some LGBT persons do not come out. The process is unique for each individual, and it is the choice of the individual. Several stages have been identified in the process: identity confusion, comparison, tolerance, acceptance, pride, and identity synthesis.

- When developing a plan and treating LGBT clients, providers should consider which stage the client is in. To be most helpful, counselors need to recognize a client’s comfort level with his or her feelings about his or her sexual identity and treat the client accordingly. A client who is uncomfortable with his or her sexual identity may not want to attend LGBT Alcoholics Anonymous (AA) meetings or discuss feelings about sexual orientation. However, these meetings could be helpful for a client who is more comfortable with his or her sexual identity. A provider may do harm if he or she forces openness by questioning a client’s sexuality before the client is ready.

- Providing support for LGBT clients and their families is a significant element of substance abuse treatment. Like other clients, LGBT individuals in treatment are involved in multidimensional situations and come from diverse family backgrounds. A family history and a review of the dynamics of the family of origin are part of a thorough biopsychosocial assessment. Questions should be asked with sensitivity. An LGBT client may have unresolved issues with his or her family of origin stemming from the family’s reaction to the disclosure of his or her sexual identity. A negative and intolerant reaction can have a devastating effect on the LGBT individual.

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families. An LGBT client may have close connections to what is called a family of choice—a legal spouse or unrelated individuals who support and care about the client.

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- Because each client brings his or her unique history and background into treatment, furthering our understanding of individuals different from ourselves helps ensure that clients are treated with respect, while improving the likelihood of effective substance abuse treatment interventions. It is hoped that the information in this publication helps providers improve their ability to provide competent and effective treatment. A substance abuse treatment provider who is knowledgeable about the unique needs of LGBT clients can enhance treatment. A provider who understands and is sensitive to the issues surrounding sexual and gender identity, homophobia, and heterosexism can help LGBT clients feel comfortable and safe while they confront their substance abuse and start their journey of recovery. It is hoped that this volume will assist administrators and clinicians in forming a better understanding of LGBT people, their problems with substance abuse, and the unique challenges they face and that the knowledge providers gain from it about designing programs for LGBT clients will be used to create a more comfortable treatment environment.


- [This article discusses the needs of LGBT individuals with mental health problems as well as inclusive approaches to serving LGBT patients. It offers the following guidelines for providers to improve services for LGBT patients:]
  - Use inclusive language. This simple shift is perhaps the most important first step a clinician can take in building working relationships with consumers. In many clinics and inpatient units, male patients are routinely asked, “Are you married, or do you have a girlfriend?” Many LGBT consumers will interpret this question as a signal that the person asking it is unwilling to hear about other kinds of relationships. Language like this implies that care providers and institutions would prefer that LGBT consumers remain silent and invisible. Inclusive language, such as “Are you in a relationship right now?” or “What kinds of people do you tend to have relationships with?,” is simple to use and may encourage a much broader range of disclosures;
  - Be aware of subtle signals you may be sending. As noted, nearly all LGBT people at some point in their lives have lost or disrupted relationships with friends, family members, or religious communities by disclosing their sexual or gender identity. As a result, many of them are extremely aware of possible cues indicating whether a given person may or may not be accepting and supportive of them. For this reason, hanging a small pro-LGBT flyer in your waiting room,
or posting information about LGBT resources on a bulletin board in your office or community, may help LGBT consumers feel that their disclosures are welcome;

- Welcome and normalize disclosures of sexuality or gender identity. A tentative disclosure of LGBT identity or experience can be welcomed with a simple “I’m glad you told me that.” This can be followed with the same kinds of questions that would follow upon any consumer’s mentioning of a relationship or experience, such as “What’s he like?” or “Where did you meet her?” Showing an LGBT consumer that you are willing to put yourself in his or her shoes (eg, “That must have really hurt,” or “That’s great, I’m happy for you!”) can have a tremendous effect on the working alliance and undo some of the estrangement from the mental health establishment that LGBT consumers have experienced. Many LGBT consumers report being stunned and deeply moved upon learning that their care providers empathize with them, support them, and wish them happiness;

- Use knowledge about a consumer’s sexuality in discharge planning. At Rainbow Heights Club, a number of members have an extensive history of decompensations and hospitalizations and yet have managed to maintain long-standing, supportive, intimate relationships. When considering discharge-related and treatment compliance issues, the patient’s romantic partner, extended family, and network of friends are all potential members of your treatment team and should be welcomed into family meetings. Partners, loved ones, friends, and family can provide crucial information, support with treatment compliance, and ongoing monitoring of the consumer’s mental status. Welcoming these collateral contacts and taking them seriously can amplify the effectiveness of your work, demonstrate the fact that you value and support these relationships, and generate better outcomes. Conversely, if you never hear about these relationships in the first place, your ability to effectively support your patient’s recovery is diminished;

- Avoid both over- and under-pathologizing. Echoing the mental health field’s past tendency to pathologize same-sex desires and gender-discordant identities, some care providers interpret any expression or exploration of sexual or gender identity by a patient as further evidence of the person’s mental illness. However, our patients’ efforts to explore, understand, and express their sexuality, and to find connections with others, are often the locus of a great deal of creativity, resilience, courage, and even playfulness. These qualities deserve our support and admiration. By contrast, it is not helpful to assume that every possible expression of a consumer’s sexuality or gender identity is to be celebrated. Sexual behavior has the potential to be destructive to both self and others in people with and without mental illness. Any such activity can and should be pragmatically evaluated in terms of its effects on the consumer’s physical and emotional health, self-esteem, and relationships;

- Be comfortable with your own sexuality. Issues of sexuality and gender identity raise anxiety and discomfort for many people. However, it is unfair and unethical to allow one’s patients to suffer the fallout of this. As care providers, we must resolve our issues and conflicts concerning our sexuality and gender identity so that we can work effectively to help our patients build lives, identities, and relationships of their own choosing.
• [This resource identified a number of issues and problems that LGBT mental health consumers across the country say they encounter in mainstream mental health settings. These issues include:]
  o [LGBT mental health consumers often feel that they must hide their sexual orientation or gender identity; yet, they feel that the LGBT community does not welcome discussion of their mental health problems.]
  o [LGBT mental health consumers also report that most programs and practitioners seem to assume that all their clients are heterosexual.]
  o [They feel some hostility from care providers and do not feel understood.]
  o [They report experiencing derogatory or sometimes threatening comments from other patients when enrolled in in-patient treatment.]
  o [The authors note that homophobia and heterocentrism within the mental health system impede the recovery process and reduce treatment effectiveness.]

Resources for Professionals and Organizations—Expertise To Support LGBT People


• [This website offers resources to assist behavioral health providers who work with LGBT clients.]


• This guide contains a detailed approach for healthcare providers to understand healthcare disparities affecting LGBT populations and how they can create welcoming clinical environments for LGBT patients.


• This report provides balanced information about the consequences and treatment of methamphetamine use among gay men.
Human Services for Low-Income and At-Risk LGBT Populations: An Assessment of the Knowledge Base and Research Needs explores our current understanding of the human service needs of low-income and at-risk LGBT people and their interactions with human services, especially those funded by ACF, and identifies important topics for further research in this area.

- One of the areas the report addresses is the child welfare system. Key findings include:
  - LGB youth are at increased risk for experiencing maltreatment and abuse compared to non-LGB youth.
  - Sexual minority youth may experience more instability in foster care placements than do their heterosexual peers, possibly as a result of discrimination.
  - Lesbian and gay parents report perceiving barriers in the process of adoption related to legal restrictions, inadequate professional training for agency staff related to LGBT issues, or bias among adoption agency staff or other professionals.

- The report can be found at

Recognize, Intervene, Support, and Empower (RISE) Report—In 2008, the Children’s Bureau began investing in the Recognize, Intervene, Support, and Empower (RISE) project, a multi-year, multi-million dollar effort to address the barriers to permanency experienced by LGBTQ (lesbian, gay, bisexual, transgender, questioning) youth in foster care. A summary of the report [Sexual & Gender Minority Youth in Los Angeles Foster Care—Executive Summary] can be found at


- [The researchers explored] how providers with LGBT-focused practices have developed their capacity for working with these populations.
- [They conducted] eight semi-structured interviews [with] mental health service providers with extensive experience serving LGBT individuals—[two in psychiatry, three in social work, two in psychotherapy, and one in psychology.]
- All providers self-identified as members of LGBT communities; however, most agreed that this membership was not necessary to provide supportive, appropriate care for LGBT individuals.
- Providers described their self-identity as members of LGBT communities, associated lived experiences and recognition of the need for mental health services that are
sensitive to the unique needs of LGBT individuals as influential factors in their career decisions.

- The lack of training opportunities and resources specific to the provision of LGBT-sensitive mental health services was highlighted.
- Provider recommendations included the introduction of mandatory LGBT health content in education curricula that addresses basic LGBT-related terminology, appropriate interview questions to facilitate the disclosure of sexual orientation and gender identity, information regarding the health impact of heterosexism and homophobia, and specific health care needs of sexual and gender identity minority people.


- [This website provides information on health and health care access for the transgender community and the providers who serve them.]


- Gay, bisexual, and other men who have sex with men (MSM) represent approximately 2% of the United States population, yet are the population most severely affected by HIV. In 2010, young gay and bisexual men (aged 13–24 years) accounted for 72% of new HIV infections among all persons aged 13 to 24, and 30% of new infections among all gay and bisexual men.


- [This website lists LGBT health clinics and other resources.]


- [This website allows users to search on their ZIP Code to find free, fast, and confidential HIV and STD testing.]


- The guidelines are intended to inform the practice of psychologists and to provide information for the education and training of psychologists regarding LGB issues.
[This document] informs clinicians and administrators about substance abuse treatment approaches that are sensitive to lesbian, gay, bisexual, and transgender (LGBT) clients. [It] covers cultural, clinical, health, administrative, and legal issues as well as alliance building.

[This document] recaps a meeting to identify factors that promote or hinder recovery from mental illness or substance abuse for lesbian, gay, bisexual, or transgender (LGBT) individuals and to gain an understanding of their perspectives and experiences in advancing recovery.

[This resource] guides health professionals in helping lesbian, gay, bisexual and transgender (LGBT) people understand health insurance options, particularly mental health and substance abuse benefits and services, under the Affordable Care Act (ACA) and enroll in plans.

[This document] offers information and resources to help practitioners throughout health and social service systems implement best practices in engaging and helping families and caregivers to support their lesbian, gay, bisexual, and transgender (LGBT) children.
• The reason for publishing this booklet now is to provide you, as principals, educators and school personnel, with accurate information that will help you respond to a recent upsurge in promotion of efforts to change sexual orientation through therapy and religious ministries. This upsurge has been coupled with a demand that these perspectives on homosexuality be given equal time in schools.


• The Safe and Supportive Schools Project promotes safe and supportive environments to prevent HIV and other sexually transmitted infections among adolescents. Through customized training, technical assistance and consultation, the project increases the capacity of state education agencies to help school districts create safe and supportive school environments for all students and staff. Education agencies may seek specific assistance for groups of youth at disproportionate risk, including lesbian, gay, bisexual and transgender youth with an emphasis on young men who have sex with men, homeless youth and youth enrolled in alternative schools.

• Safe and supportive environments are characterized by the absence of discrimination, intimidation, taunting, harassment and bullying.


• [This resource] presents research, clinical expertise, and expert consensus on therapeutic practices related to children’s and adolescent’s sexual orientation and gender identify, and makes the case for eliminating the use of conversion therapy among this population.


• For youth to thrive in their schools and communities, they need to feel socially, emotionally, and physically safe and supported. A positive school climate has been associated with decreased depression, suicidal feelings, substance use, and unexcused school absences among LGBQ students.

• Schools can implement clear policies, procedures, and activities designed to promote a healthy environment for all youth. For example, research has shown that in schools with LGB support groups (such as gay–straight alliances), LGB students were less likely to experience threats of violence, miss school because they felt unsafe, or attempt
suicide than those students in schools without LGB support groups. A recent study found that LGB students had fewer suicidal thoughts and attempts when schools had gay–straight alliances and policies prohibiting expression of homophobia in place for 3 or more years.

- To help promote health and safety among LGBTQ youth, schools can implement the following policies and practices:
  - Encourage respect for all students and prohibit bullying, harassment, and violence against all students.
  - Identify “safe spaces,” such as counselors’ offices, designated classrooms, or student organizations, where LGBTQ youth can receive support from administrators, teachers, or other school staff.
  - Encourage student-led and student-organized school clubs that promote a safe, welcoming, and accepting school environment (e.g., gay–straight alliances, which are school clubs open to youth of all sexual orientations).
  - Ensure that health curricula or educational materials include HIV, other STD, or pregnancy prevention information that is relevant to LGBTQ youth (such as, ensuring that curricula or materials use inclusive language or terminology).
  - Encourage school district and school staff to develop and publicize trainings on how to create safe and supportive school environments for all students, regardless of sexual orientation or gender identity, and encourage staff to attend these trainings.
  - Facilitate access to community-based providers who have experience providing health services, including HIV/STD testing and counseling, to LGBTQ youth.
  - Facilitate access to community-based providers who have experience in providing social and psychological services to LGBTQ youth.


- [This solutions brief outlines culturally competent best practices for working with LGBT youth who are homeless.]


- [This website offers resources on preventing bullying in schools.]


- [This website provides tools for bullying prevention for teachers, administrators, and other school staff.]
• This webpage provides fact sheets, best practices and other resources for supporting lesbian, gay, bisexual, transgender and questioning youth.

Efforts and Resources To Promote Behavioral Health and Wellness Among LGBT Older Adults

• The tool is intended for long term care and other aging service providers as an introduction to LGBT aging. For those participants using this tool who are working in a nonresidential setting, please print out and use this compendium guide to follow along with specific suggestions for nonresidential service settings. This tool is split up into six modules, each approximately 10 minutes long. We recommend that you watch them in order. They do not need to be watched all at once.

• Remember, this tool is a first step in learning about how to create safe, welcoming and inclusive services for LGBT older adults.

Recognizing the unique needs and concerns of older LGBT adults, the Administration on Aging has provided funding to create the country’s first national technical assistance resource center focused on the health and social disparities faced by LGBT elders. The center will:
  o Educate mainstream aging services organizations about the existence and special needs of LGBT elders
  o Sensitize LGBT organizations to the existence and special needs of older adults
  o Educate LGBT individuals about the importance of planning ahead for future long-term care needs.

• The National Resource Center on LGBT Aging is the country’s first and only technical assistance resource center aimed at improving the quality of services and supports offered to lesbian, gay, bisexual and/or transgender older adults. Established in 2010 through a federal grant from the U.S. Department of Health and Human Services, the National Resource Center on LGBT Aging provides training, technical assistance and educational resources to aging providers, LGBT organizations and LGBT older adults. The center is led by Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders, in collaboration with 18 leading organizations from around the country.
[In this study,] LGBT older adults (N = 327) were asked to describe what signals that a provider is LGBT-welcoming.

Six of the top 10 signals related to provider behavior and suggest the importance of staff training; the balance included display of signage and rainbow flags, use of inclusive language on forms and the presence of LGBT-identified staff.

Sexual orientation and gender identity are not commonly addressed in health and human service delivery, or in educational degree programs.

Based on findings from Caring and Aging with Pride: The National Health, Aging and Sexuality Study (CAP), the first national federally-funded research project on LGBT health and aging, this article outlines 10 core competencies and aligns them with specific strategies to improve professional practice and service development to promote the well-being of LGBT older adults and their families. The articulation of key competencies is needed to provide a blueprint for action for addressing the growing needs of LGBT older adults, their families, and their communities.

These competencies are tailored to account for the unique circumstances, strengths, and challenges facing LGBT older adults. [The 10 competencies are:]

1. Critically analyze personal and professional attitudes toward sexual orientation, gender identity, and age, and understand how factors such as culture, religion, media, and health and human service systems influence attitudes and ethical decision-making
2. Understand and articulate the ways that larger social and cultural contexts may have negatively impacted LGBT older adults as a historically disadvantaged population
3. Distinguish similarities and differences within the subgroups of LGBT older adults, as well as their intersecting identities (such as age, gender, race, and health status) to develop tailored and responsive health strategies
4. Apply theories of aging and social and health perspectives and the most up-to-date knowledge available to engage in culturally competent practice with LGBT older adults
5. When conducting a comprehensive biopsychosocial assessment, attend to the ways that the larger social context and structural and environmental risks and resources may impact LGBT older adults
6. When using empathy and sensitive interviewing skills during assessment and intervention, ensure the use of language is appropriate for working with LGBT older adults to establish and build rapport
7. Understand and articulate the ways in which agency, program, and service policies do or do not marginalize and discriminate against LGBT older adults
8. Understand and articulate the ways that local, state, and federal laws negatively and positively impact LGBT older adults, to advocate on their behalf

9. Provide sensitive and appropriate outreach to LGBT older adults, their families, caregivers and other supports to identify and address service gaps, fragmentation, and barriers that impact LGBT older adults

10. Enhance the capacity of LGBT older adults and their families, caregivers, and other supports to navigate aging, social, and health services

A link check was run on all the external websites listed in the discussion guide to identify and fix any broken links as of 12/9/15. However, we acknowledge that URLs change frequently and may require ongoing link checks for accuracy. Last Updated: 12/9/15.