TTASC Series:
LGBTQIA+ Youth & Prevention
Part 1: Introduction & Foundations

the hub

Prevention
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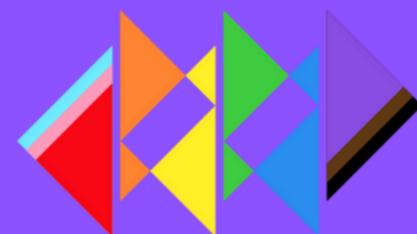
Triangle
Community Center

OUR PURPOSE

✓ **Inform & educate our region in what is happening in the LGBTQIA+ community & how we can help**

✓ **Affirm & support the lives of the LGBTQIA+ individuals**

✓ **Create brave spaces for all individuals**

✓ **Create inclusivity where we can - in our spaces, paperwork, policies, language and more**

✓ **To inform and empower advocates & allies**

✓ **To create movement in supporting "at risk" populations**

LEARNING OBJECTIVES

Participants will:
- **Learn terms**
- **Be provided data specific to this population**
- **Understand risk and protective factors**
- **Identify common community challenges**
- **Learn about evidence-based prevention practices**
- **How to build the LGTBQIA+ community into the Strategic Prevention Framework**
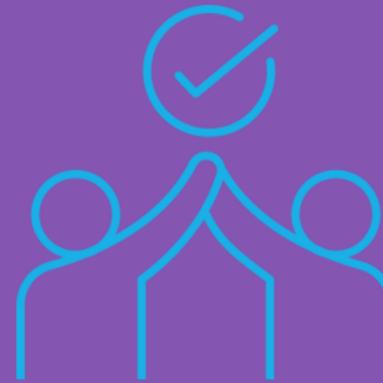
CULTURAL HUMILITY

Cultural humility is a lifelong process that requires self-examination, critique, and refinement. A person who is culturally humble recognizes that they will always be changing and so will culture

Tenants of Cultural Humility:
- A lifelong commitment to self-evaluation and critique.
- Understanding life is a learning process.
- Redress (make right) the power imbalances in the provider-client dynamic.
- Develop mutually beneficial, non-paternalistic partnerships with communities on behalf of individuals and defined populations.

- Providers remain open to learning.
- Understanding and accept we can never be truly "competent" in another's culture.
- Challenge yourself in identifying your own values as not the "norm."

(Tervalon & Murray-Garcia, 1998)

ASPECTS OF IDENTITY

SEX
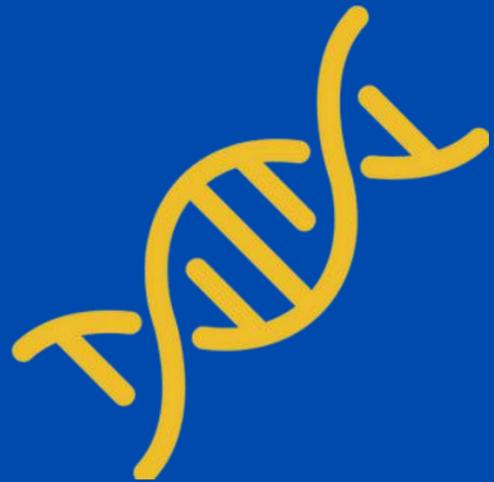
GENDER

SEXUAL ORIENTATION
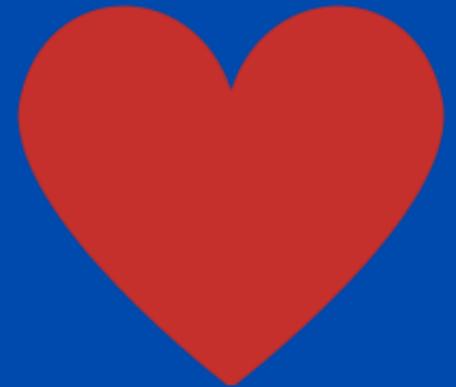
CURRENT SOCIAL NORMS - A BINARY WORLD
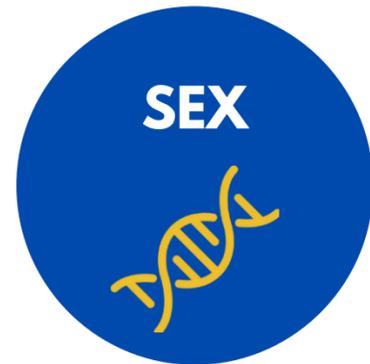
SEX	ASSIGNED A GENDER AT BIRTH BASED ON SEX CHARACTERISTICS	**MALE** — **FEMALE**
GENDER	IDENTITY, EXPRESSION	**MASCULINE** — **FEMININE**
SEXUAL ORIENTATION	ROMANTIC/SEXUAL ATTRACTION	**WOMEN** — **MEN**

SEX

SEX

AFAB: ASSIGNED FEMALE AT BIRTH

AMAB: ASSIGNED MALE AT BIRTH

GENETICS

GENITALIA

### PRIMARY SEX CHARACTERISTICS

SECONDAY SEX CHARACTERISTICS
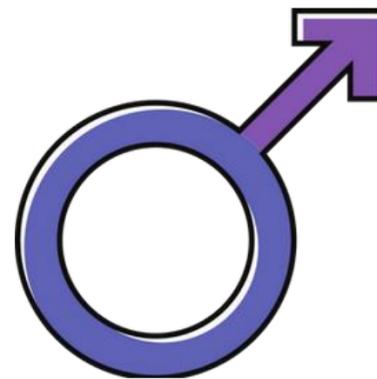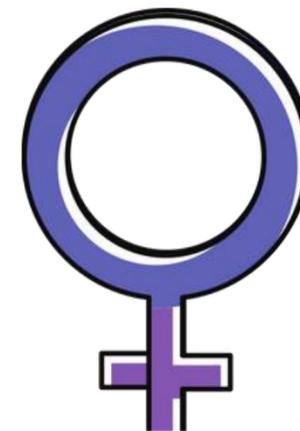
MALE

FEMALE
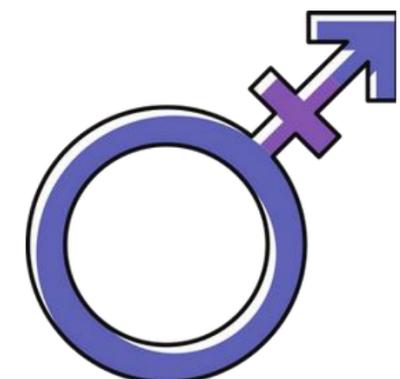
INTERSEX

GENDER - IDENTITY, EXPRESSION

GENDER

GENDER
SOCIAL, PSYCHOLOGICAL AND EMOTIONAL TRAITS

GENDER IDENTITY
OUR WAY OF UNDERSTANDING OUR INNER SELF

GENDER EXPRESSION
PHYSICAL CHARACTERISTICS, BEHAVIORS AND PRESENTATION

CIS-GENDER, TRANSGENDER, GENDER QUEER,
NON-BINARY, NON-CONFORMING, GENDER FLUID, AGENDER

LGBTQIA+ TERMS
GLOSSARY
LGBTQIA.UCDAVIS.EDU

SEXUAL ORIENTATION

SEXUAL ORIENTATION

WHO WE ARE SEXUALLY ATTRACTED TO OR NOT

EMOTIONAL/ROMANTIC ORIENTATION

ATTRACTION, SEPARATE FROM SEXUAL

LESBIAN, GAY, BISEXUAL, QUEER, QUESTIONING, ASEXUAL (ACE), DEMISEXUAL, FLUID, PANSEXUAL, HETEROSEXUAL

SEXUAL ORIENTATION

LGBTQIA+ TERMS GLOSSARY
LGBTQIA.UCDAVIS.EDU

GENDER IDENTITY
- female/woman/girl
- nonbinary
- male/man/boy

GENDER EXPRESSION
- feminine
- neutral, undefined
- masculine
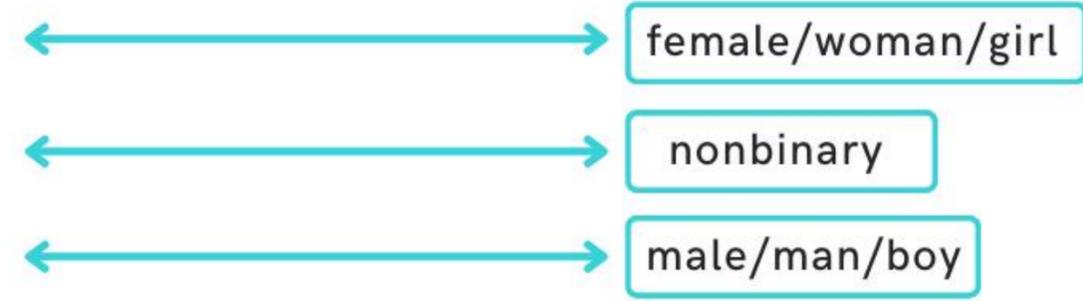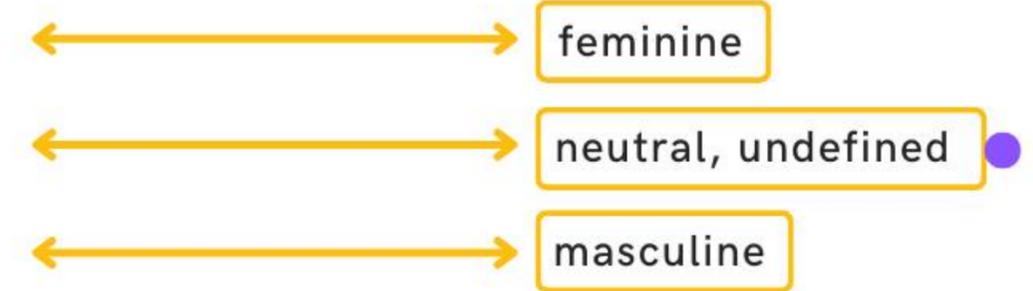
SEX ASSIGNED AT BIRTH
female — intersex — male

PHYSICALLY / SEXUALLY ATTRACTED TO...
- no one
- women, feminine people
- men, masculine people
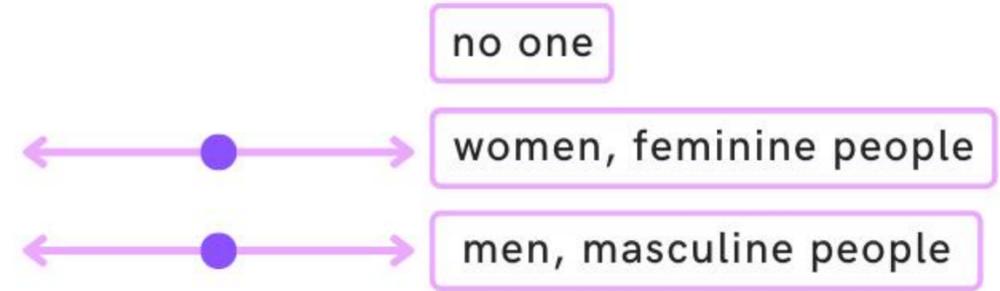
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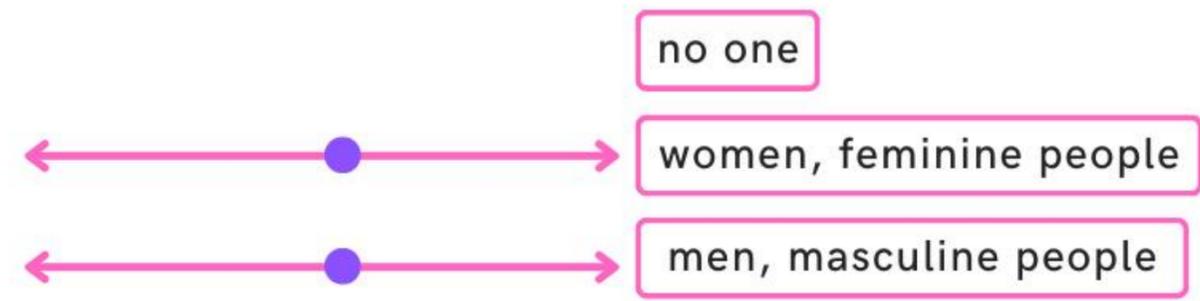
STATISTICS - Adults

▪The LGBTQ+ adult population in US has reached at least 20 million

▪LGBTQ+ people live in every community in every state

Human Rights Campaign, 2021

▪7.6 million LGB adults have both a serious mental illness & SUD

▪There has been an increase in LGB adults who have a serious mental illness

▪Suicidality has increased in LGB adults

▪There are huge treatment gaps for mental and substance use disorder

National Survey on Drug Use & Health - LGB Adults, 2019

▪LGB adults are more than twice as likely as heterosexual adults to experience a mental health condition

NAMI

▪Alcohol use disorder among LGB adults remain stable

▪Opioid misuse declined for those ages 18-25 but increased for those 26 & older

▪Marijuana use has significantly increased for everyone

National Survey on Drug Use & Health - LGB Adults, 2019

STATISTICS - Youth

- 70% of LGBTQ youth stated that their mental health was "poor" most of the time or always during COVID-19.
- 42% of LGBTQ youth seriously considered attempting suicide in the past year, including more than half of transgender and nonbinary youth.
- 12% of white youth attempted suicide compared to 31% of Native/Indigenous youth, 21% of Black youth, 21% of multiracial youth, 18% of Latinx youth, and 12% of Asian/Pacific Islander youth.

Trevor Project National Survey, 2021

- LGBTQ youth in CT often hear anti-lgbtq remarks in schools. Mostly hearing "gay" in a negative way "That's so gay…"
- 57% of LGBTQ youth have experienced verbal harassment based on their sexual orientation, followed closely by gender expression and gender. 20% have experienced physical harassment based on their sexual orientation

National School Climate Survey - CT Snapshot, 2019

STATISTICS - Youth

24% of LGBTQ youth, 35% of transgender youth and 41% of questioning youth
 have skipped school because they felt unsafe at school or on their way to school, compared to 8% of non-LGBTQ youth.

22% of LGBTQ youth, 29% of transgender youth and 32% of questioning youth and 27% of LGBTQ youth of color have attempted suicide, compared to 5% of non-LGBTQ youth.

53% of LGBTQ youth, 55% of transgender youth, and 55% of LGBTQ youth of color have tried smoking electronic vapor products, compared to 46% of non-LGBTQ youth.

33% of LGBTQ youth, 39% of transgender youth, and 35% of LGBTQ youth of color are currently using alcohol, compared to 26% of non-LGBTQ youth.

33% of LGBTQ youth said they have used cocaine, inhalants, heroin, meth, ecstasy or steroids at least once in their life, compared to 6% of non-LGBTQ youth

Human Rights Campaign, 2021

LGBTQ+ Experiences - Connecticut

Youth Substance Use

Categories: Cigarettes, E-cigarettes, Marijuana, Alcohol, Rx (non medical)
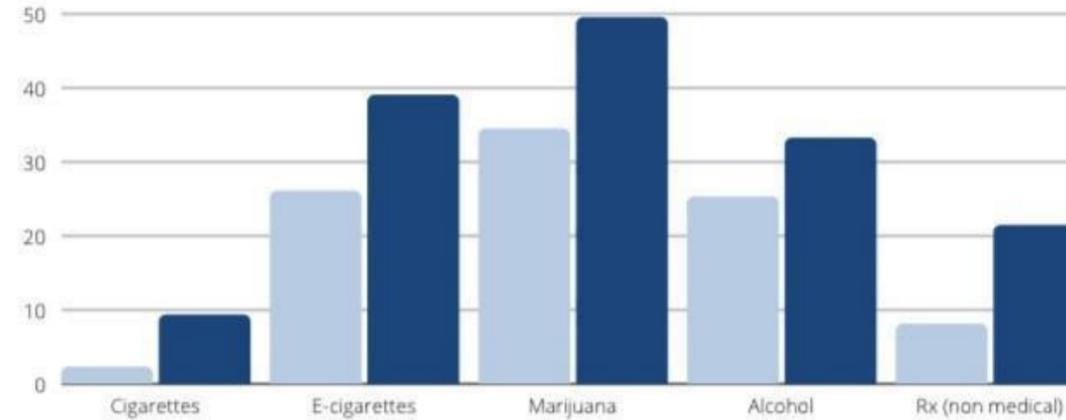
Youth Bullying & Harassment

Categories: Electronically Bullied, Bullied at School, Felt Unsafe at School, Forced to have Sex, Dating Violence

Youth Mental Health

Categories: Felt Sad or Hopeless, Considered Suicide, Attempted Suicide

- Lesbian, Gay, or Bisexual
- Straight/Heterosexual
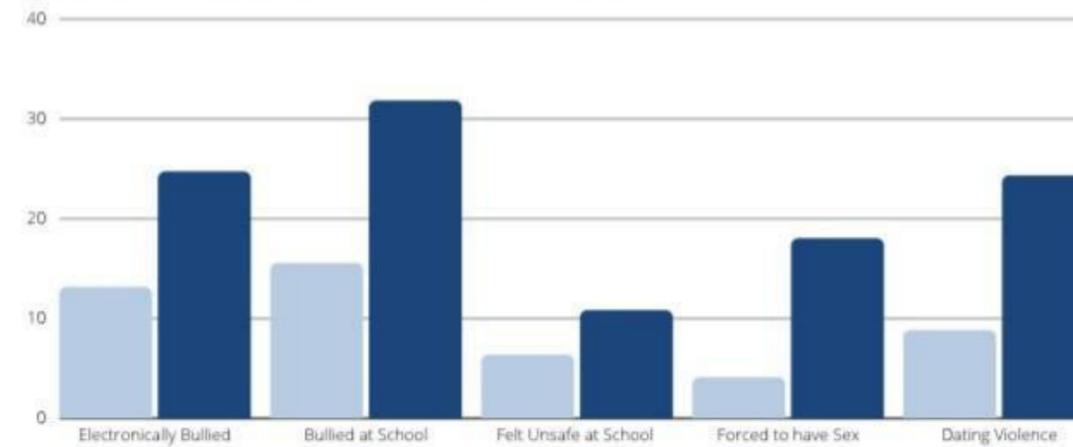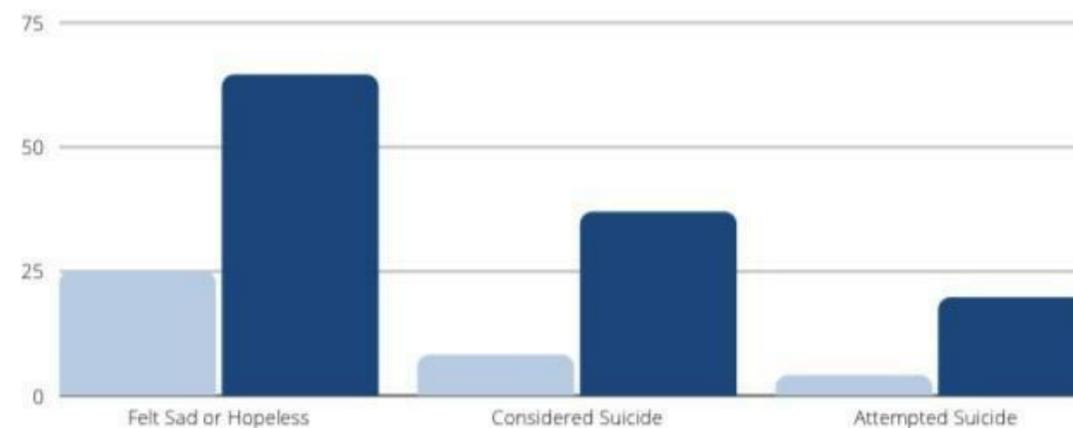
Data Limitations

According to the National Institute on Drug Abuse, many federally funded surveys have only recently started to ask about sexual orientation and gender identification in their data collections.

The 2020 United States Census was the first census to ask questions regarding living situations that included an option to list same-sex spouses. The Census still does not ask meaningful demographic questions related to sexual orientation and gender identity resulting in major data gaps for the LGBTQ+ population.

Surveys thus far have found that sexual minorities have higher rates of substance misuse and substance use disorders (SUDs) than people who identify as heterosexual.

This data is from the 2019 Youth Risk Behavioral Survey administered to High School students in Connecticut. The survey tool does not currently collect sexual orientation or gender identity information beyond Lesbian, Gay, or Bisexual.

NE PTTC CT- LGBTQ+ State Infographic

RISK FACTORS
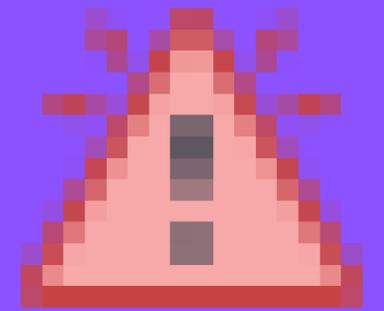
The Need for Safety: homophobia, transphobia, microaggressions, bullying/harrassment, violence

Disrespect/no recognition in validation, names, pronouns
Lack of representation
Expected or perceived rejection
Internalized homophobia, transphobia...shame

Concealed Identity - "in the closet"
&
The Continuum of Coming Out - "outing"

Disapproving family, friends, community
Difficulties finding or maintaining a support system
Trauma (interpersonal, treatment, history, etc.), MH, SUD

Homelessness, job loss, discrimination
Laws & policies, inequity, incarceration

Inadequeate behavioral health care & distrust in care professionals/providers
Lack of representation

PROTECTIVE FACTORS

SCHOOL ENGAGEMENT

RESPECTING NAMES & PRONOUNS

SUPPORTIVE FAMILY, CHOSEN FAMILY, SOCIAL CIRCLE

REPRESENTATION

SUPPORTIVE AND INCLUSIVE SCHOOLS, COMMUNITY CENTERS, SPACES, WORK PLACES

HEALTHY SENSE OF SELF WORTH & SELF APPRECIATION

LGBTQIA+ AFFIRMING SERVICES

CULTURALLY COMPTENT SERVICES AND RESOURCES

PREVENTION STRATEGIES

FOR ALL YOUTH

**Discussing expectations**

Monitoring

Positive reinforcement

FOR TEENS

Family support

Caring adults

Safe schools

Health Care
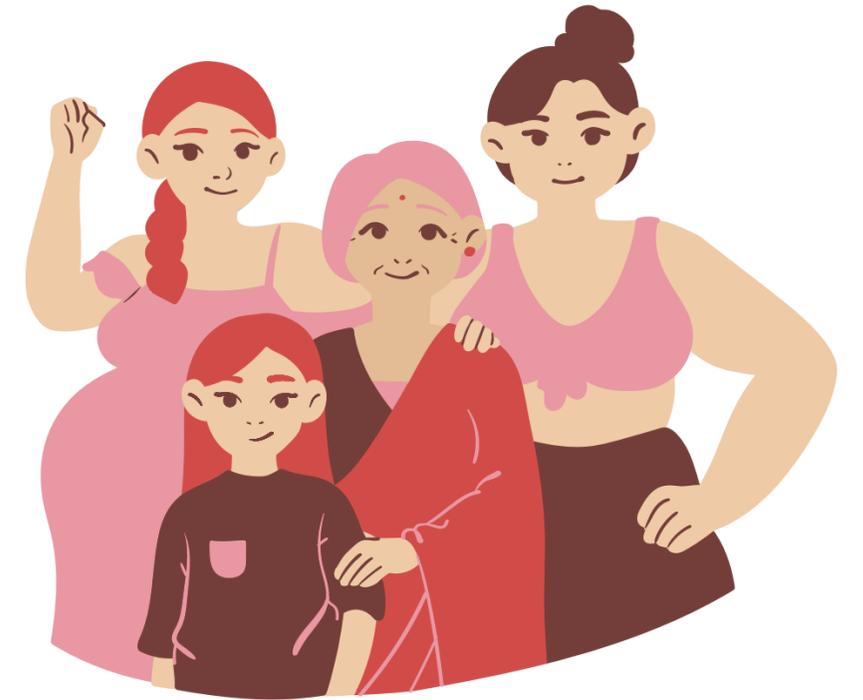
For Prevention Professionals:
Building the LGBTQIA+ Community into the SPF

Evaluation: Is our plan succeeding?
- Assess short term and long-term changes to your goals
- Document and Present Successes and Challenges
- Use Evaluation Data to Guide Future Programming
- Use both Qualitative and Quantitative Methods of Evaluation

Assessment: What is the problem?
- Identify Community Needs.
- Collect Comprehensive/Inclusive Data
- Identify Priority Topics/Subtances.
- Create Logic Model

Build Coalition Capacity: What do you have to work with?
- Build Inclusive Coalition Membership
- Develop Coalition Structures to Support
- Cultivate Coalition/Community Awareness
- Identify Resources and Readiness

Sustainability
- Create a Sustainability Plan
- Engage Stakeholders
- Select "Best Fit" Strategies
- Identify Human and Fiscal Resources
- Evolve plans as priorities change

Implementation: How to we put our plan into action?
- Prioritize Strategies and Action Plan Timelines
- Utilize Coalition/Sector Resources to Deliver Programming
- Ensure Implementation Fidelity
- Share Messaging with Sectors Partners and the Community

Cultural Competence
- Include members of the target population in planning
- Acknowledge and address disparities
- Ensure broad community representation
- Evaluate Impact

Planning: What should you do and how?
- Create a Vision and Mission
- Identify Objectives to Meet Local Needs
- Plan Strategies and Activities inclusive of population voice
- Develop Action Plans for each strategy

Prevention Professionals Strategies cont'd.

○ Use of targeted LGBTQIA+ messaging in social norms campaigns

○ Provide education and awareness trainings in your community

○ Promote affirming health care and mental health resources

○ Offer QPR and Youth Mental Health First Aid trainings

○ Conduct Focus Groups and Key Informant interviews to assess needs

○ Include LGBTQIA+ questions in your student and community surveys to identify address disparities

○ Be aware of terms and language in discussions and messaging

○ Avoid use of youth as tokenism, but rather incorporated into all aspects of planning

○ The Youth Engagement Ladder to the right visualizes a spectrum of youth engagement practices that can be taken separately but are best viewed as a progressive structure which youth ascend through active participation and interest in leadership opportunities.

Building Capacity for Leadership
- Organizing & Governing
- Youth-Initiated Leadership
- Youth-Initiated Partnership

Collaborating with Adults
- Youth-Adult Partnership
- Adult-Initiated, Shared Decision-Making

Being Heard
- Informed Dialogue
- Assigned & Informed

Avoid
- Tokenism
- Decoration
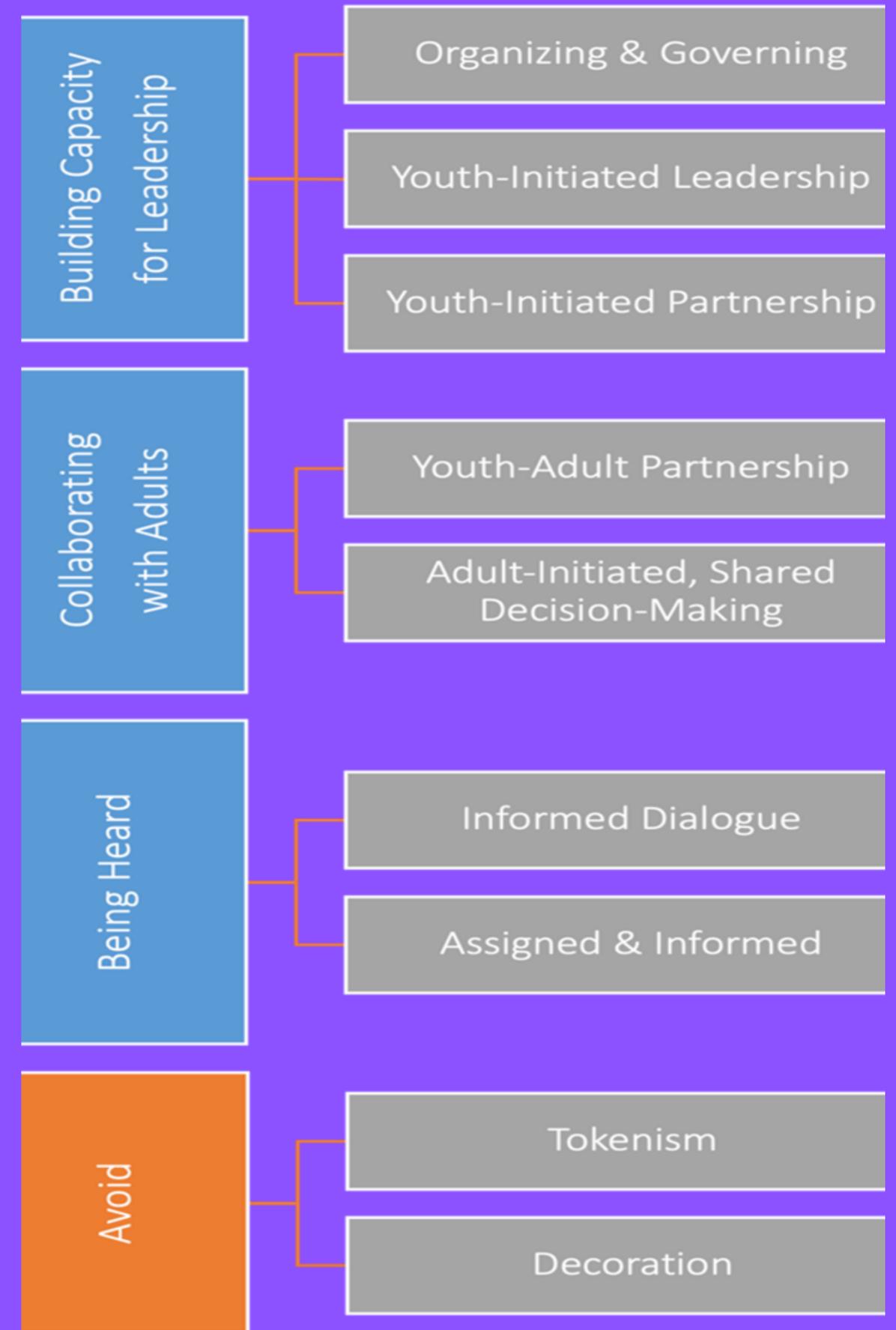
STEPS FOR EDUCATORS & YOUTH SERVING PROFESSIONALS

Create an **LGBTQIA+ affirming** environment

Prevent and address bias & bullying

Support LGBTQIA+ youth directly

Teach about mental health & substance misuse

STEPS FOR POLICYMAKERS & ADVOCATES

Oppose zero-tolerance policies

Expand services addressing LGBTQIA+ youth homelessness

Fund prevention-oriented research

LANGUAGE

- **Instead of "Identifies as..." Use "Is a...."**
- **Instead of "Preferred Name" Use "Name, Pronouns"**
- **Instead of "Homosexual" Use "Gay, Lesbian, etc."**
- **Instead of "Transexual" Use "Transgender"**
- **Person first. Instead of "Transgenders" Use "Individuals who are transgender..."**
- **Instead of "lifestyle" Use "lives, identities, community etc."**
- **Instead of "Chooses/Choices" Use "Coming out, accessing medical care"**
- **Instead of "Fully Transition" Use "Has had/Has not had gender affirming surgery/hormones"**
- **Instead of "Sex Change" Use "Gender affirming surgery"**
- **Instead of "Biological Male/Female" Use "AFAB, AMAB"**

*Note: Language changes constantly

*Note: It's okay to make mistakes. Hold yourself accountable, learn and keep trying

*Note: A person within a community can identify however they want - it is their power