



LGBTQ+ Youth Health: The Role of Religion

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Tanenbaum combats religious prejudice, hatred and violence and works to create a more peaceful world where differences are respected. As a secular, non-sectarian nonprofit, Tanenbaum promotes mutual respect with practical programs that bridge religious difference and combat prejudice in schools, workplaces, health care settings, and areas of armed conflict.

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We would like to thank the Tanenbaum staff who researched and authored this module, Senior Health Care Program Associates Madeline Frankel, MSW and Rev. Karen Bona. Additionally, thank you to all those who had a hand in reviewing, editing, and giving feedback on this paper including Tanenbaum CEO Rev. Mark Fowler, Manager of Programs Rabbi Melinda Zalma, Communications Associate Julia Arce, and Communications Assistant Director Nicole Margaretten. Special thanks to Christine Rodriguez, DNP, MDiv of Yale School of Nursing for lending their expertise for this resource. Tanenbaum is also grateful to the Trevor Project for their pioneering work to meet the mental health needs of LGBTQ+ youth. Their ongoing research and projects, such as the *Learn with Love* series, uplift LGBTQ+ youth voices and stories. For more information on Tanenbaum's work, please visit tanenbaum.org.

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Slide 1: LGBTQ+ Youth Health: The Role of Religion



LGBTQ+ Youth Health: The Role of Religion

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Introduce yourself and review the rationale below.

Rationale: Religious and cultural identity can have significant impacts on patients' health and well-being. For LGBTQ+ youth patients, this dynamic is especially complex. To care for LGBTQ+ patients effectively, providers must know how to discuss sexual orientation and gender identity with patients and families of diverse religious and cultural backgrounds. This module assists health care providers to understand the health inequities and disparities that disproportionately affect LGBTQ+ youth; assess how social identifiers, such as religion, impact LGBTQ+ youth patients; and develop skills to respectfully navigate the intersections of belief, religion, and LGBTQ+ health.

Time: 60 minutes (lecture & discussion)

Materials:

- PowerPoint Slide Deck
- Training Evaluations
- Handout: Tanenbaum LGBTQ+ Glossary
- If In-Person:
 - Flip Chart
 - Markers

Slide 2: Objectives

Objectives

- I. Identify health inequities and disparities for LGBTQ+ youth.
- II. Assess how social identifiers impact LGBTQ+ youth patients.
- III. Develop strategies for respectfully navigating the intersections of belief, religion, and LGBTQ+ health.



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Review the objectives for the session.

- I. The first objective is to **identify health inequities and disparities for LGBTQ+ youth**. The module begins with defining sexual orientation and gender identity (SOGIE) terminology. This objective describes the relationship between health inequities and health disparities and their application to LGBTQ+ youth patient populations.
- II. The second objective is to **assess how social identifiers, specifically religion, impact LGBTQ+ youth patients**. This section describes intersectional social identities, emphasizing religion. It also analyzes research on LGBTQ+ youth and health care professional perspectives about religion/spirituality and health.
- III. The third objective is to **develop practical strategies for respectfully navigating the intersections of belief, religion, and LGBTQ+ youth health**. Participants will evaluate and apply recommendations in case study examples.

Slide 3: Terminology: SOGIE

Terminology: SOGIE

- **S**exual
- **O**rientation
- **G**ender
- **I**ntity
- **E**xpression

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Introduce the SOGIE acronym and state that the definitions for each of these terms will be covered in greater detail in the following slides.

State SOGIE refers to Sexual Orientation, Gender Identity and Expression. **SOGIE characteristics are common to all people as everyone has a sexual orientation and gender identity. Everyone expresses their gender, not just individuals who identify as lesbian, gay, bisexual and transgender.**

Note that 'sexual orientation' and 'gender identity' distinct. These concepts are often conflated in mainstream media.

Johnson, K. (2019). *SOGIE Handbook Sexual Orientation, Gender Identity, and Expression Affirming Approach and Expansive Practices*. New York State Department of Health.
https://www.health.ny.gov/prevention/sexual_violence/docs/sogie_handbook.pdf

Slide 4: Terminology: SO

Terminology: SO

Sexual Orientation: Whom a person is attracted to and feels drawn to romantically, emotionally, and/or sexually.

Sexual Fluidity:
Sexual orientation may vary

Johnson, K. (2019). *SOGIE Handbook: Sexual Orientation, Gender Identity, and Expression Affirming Approach and Expansive Practices*. New York State Department of Health.

Planned Parenthood. (n.d.). *What is Sexual Orientation?*

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State the definition of sexual orientation on the slide.

Add that sexual orientation occurs on a continuum or spectrum, not an either/or distinction.

Add that sexual fluidity suggests that both **who** a person is attracted to and **why** may vary over time. This may be experienced by both LGBTQ+ and heterosexual, or 'straight,' people. Sexual fluidity also suggests that for some people, **how they identify** or describe their romantic or sexual attractions may shift over time.

Johnson, K. (2019). *SOGIE Handbook Sexual Orientation, Gender Identity, and Expression Affirming Approach and Expansive Practices*. New York State Department of Health.
https://www.health.ny.gov/prevention/sexual_violence/docs/sogie_handbook.pdf

What is Sexual Orientation? | Sexual Orientation vs Gender. (n.d.). Planned Parenthood.
<https://www.plannedparenthood.org/learn/sexual-orientation/sexual-orientation>

Slide 5: Terminology: GIE

Terminology: GIE

Gender Identity

- Defined by the person
- Can differ from sex assigned at birth

Gender Expression

- How one expresses their gender identity

Personal Gender Pronouns:
The pronouns a person uses which reflect their gender identity.

Johnson, K. (2019). *SOGIE Handbook Sexual Orientation, Gender Identity, and Expression Affirming Approach and Expansive Practices*. New York State Department of Health.

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State that **gender identity** is a person's deeply held core sense of self related to gender and does not always correspond to one's biological sex.

Gender expression is a broad term encompassing how one expresses gender identity. This may include clothing, hairstyle, and other external physical characteristics.

Note that everyone has a gender identity that is self-defined. As previously discussed with sexual orientation, gender identity and gender expression also occur on a continuum and can vary over time. Gender expression can vary greatly depending on social context, particularly for transgender*people – those whose gender identity differs from the sex assigned to them at birth.

Another term to be mindful of is *gender attribution*, whereby individuals are attributed a gender simply by appearance. Gender attribution is not self-defined and can lead to misgendering people unintentionally.

Note that personal gender pronouns, which are the pronoun or pronouns a person uses to describe their gender identity, may also change over time, and be used in some social settings and not used in others.

*This includes culturally specific distinctions of gender identity. Please refer to slide 6 for more information about culturally specific terms for those whose gender identity differs from the sex assigned to them at birth.

Johnson, K. (2019). *SOGIE Handbook Sexual Orientation, Gender Identity, and Expression Affirming Approach and Expansive Practices*. New York State Department of Health.
https://www.health.ny.gov/prevention/sexual_violence/docs/sogie_handbook.pdf

Slide 6: Terminology: LGBTQ+

Terminology: LGBTQ+

- **L**esbian
- **G**ay
- **B**isexual
- **T**ransgender

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Define what the LGBT acronym stands for – namely the terms Lesbian, Gay, Bisexual, and Transgender.

Note that while many people are familiar with this acronym already, the definitions from PFLAG are included here and on the glossary handout.

LGBTQ+ collectively refers to the terms lesbian, gay, bisexual, transgender, and queer or questioning. The + is meant to include the additional letters that are being added to the acronym and those who consider themselves part of the community but for whom LGBTQ does not accurately reflect their identity. Several iterations of the acronym, including LGBTQIA+, 2SLGBTQIA+, etc., exist. Each version is intended to capture cultural nuances and diverse gender experiences.

Lesbian refers to a woman who is emotionally, romantically, and/or physically attracted to other women.

Gay is a term used to describe people who are emotionally, romantically, and/or physically attracted to people of the same gender.

Bisexual, commonly referred to as bi, refers to a person who acknowledges in themselves the potential to be attracted--romantically, emotionally and/or sexually – to people of more than one gender, not necessarily at the same time, in the same way, or to the same degree.

Note that **attraction** and **self-identification** determine sexual orientation, not the gender or sexual orientation of one's partner.

Transgender, often shortened to trans, is a term describing a person's gender identity that does not necessarily match their assigned sex at birth. This word is also used as an umbrella term to describe groups of people who transcend conventional expectations of gender identity or expression. Such groups include, but are not limited to, people who identify as transsexual, genderqueer, gender variant, gender diverse, and androgynous.

Among different cultures within and outside the U.S., different terms are used to describe a person whose gender identity does not match their assigned sex at birth. For example, when talking to a person from South Asia, they may self-describe as *hijra* (referring to persons who identify as having a third gender). A person from Samoa may use the term *fa'afafine*; those native to Hawaii may use *māhū*; Zapotec cultures of Oaxaca (southern Mexico) might use the term *muxe*. Native and Indigenous communities have words that describe diverse gender experiences (e.g., *wínkte*, *nádleeh*, *ininiikaazo*, etc.) Two-Spirit is an overarching term often used by Native and Indigenous communities to describe those who do not identify as cisgender or heterosexual. The Talmud (the body of Jewish civil and ceremonial law, which dates from the 5th century CE) describes eight gender designations.

Individuals from the same culture may identify themselves differently. Some Native/Indigenous people may identify as two-spirit, others as transgender, a person from a specific tribe may identify as Biawaisa (which means two-spirit in the native indigenous Taino Arawakan language,) etc. Never assume how a person identifies themselves, or that they act as the representative for their entire culture. Follow their lead and ask.

If participants ask any questions about the meaning of these terms, or any additional terminology, refer to the definitions provided on the Tanenbaum LGBTQ+ Glossary [handout](#). There are many more terms defined in the PFLAG glossary at: [LGBTQ+ Glossary - PFLAG](#)

GLAAD. (2023, November 29). *Glossary of Terms: Transgender* | GLAAD. GLAAD | GLAAD Rewrites the Script for LGBTQ Acceptance. <https://www.glaad.org/reference/trans-terms>

Scheinerman, R. (2022, May 3). *The Eight Genders in the Talmud*. My Jewish Learning. <https://www.myjewishlearning.com/article/the-eight-genders-in-the-talmud/>

PFLAG. (2023, December 21). *PFLAG National Glossary*. PFLAG. <https://pflag.org/glossary>

Slide 7: Terminology: LGBTQ+

Terminology: LGBTQ+

The **Q** in LGBTQ:

- Queer
- Questioning

Please note:

- 'Queer': understood differently by different people
- Follow their lead or ask



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Note the Q in LGBTQ+ stands for **Queer** and/or **Questioning**. Questioning describes those who are in a process of exploration and discovery about their sexual orientation, gender identity, gender expression, or a combination thereof. When applied affirmingly, 'queer' is an umbrella term that describes sexual orientation or gender identity that does not conform to social norms. Originally, 'queer' was a harmful slur used to describe the LGBTQ+ community. It is a term that some LGBTQ+ people started to reclaim following the Stonewall Riots in 1969. However, it is not universally accepted even within the LGBTQ+ community and should be avoided unless quoting or describing someone who self-identifies using this term.

Note if you are unsure what pronoun or identifier to use, follow the lead of the other person or ask them what their preference is. A person may use two different pronouns, such as she/they. In this case, it is advised to use either pronoun or ask the person what their preference is.

Invite the participants to notice what their responses are to the notion of asking someone about their SOGIE. You may wish to invite participants to share their responses. Some participants may experience or express discomfort with the idea of asking someone about their SOGIE. The final section of this module includes recommendations to make such inquiries respectfully.

Slide 8: Identify Health Inequities and Disparities for LGBTQ+ Youth

IDENTIFY health inequities
and disparities for LGBTQ+
youth

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State the first objective: **Identify health inequities and disparities for LGBTQ+ youth.** This section will define the terms 'health inequities' and 'health disparities', how they interact with one another, and apply them to LGBTQ+ youth patient populations. The purpose of this objective is to increase participants' understanding of the physical and behavioral health disparities experienced by LGBTQ+ people on the micro and macro level so that residents can work toward minimizing these disparities in their own practices.

Slide 9: Defining Health Inequities

Defining Health Inequities

Systematic **differences in the opportunities** which different groups have to achieve optimal health

→ Leads to unfair and avoidable differences in **health outcomes**.

Braveman, P. (2006) Health Disparities and Health Equity: Concepts and Measurement. Annual Review of Public Health, 27(1), 167-194.
WHO (2018) [Health Inequities and Their Causes](https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes)

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Note that multiple definitions for the terms, 'health inequities' and 'health disparities,' exist. This module uses the World Health Organization's (WHO) 2018 definition for health inequities.

Read the definition on the slide – **Health inequities are systematic differences in the opportunities which different groups have to achieve optimal health.** Emphasize that according to the National Institutes of Health (NIH), differences are **systematic** and impact social identities including but not limited to SOGIE, race, ethnicity, age, disability, and so on.

Systematic differences refer to historical decisions, policies, and health care practices (rather than coincidental circumstances) that have varied impacts on different populations.

Make the point that some people experience health inequities related to multiple identities. This module will discuss this intersectionality a bit later.

State that health inequities lead to differences in health outcomes that are both **unfair** and **avoidable**. Emphasize unfair and avoidable.

Braveman, P. (2006). *HEALTH DISPARITIES AND HEALTH EQUITY: Concepts and Measurement*. Annual Review of Public Health, 27(1), 167–194.

<https://doi.org/10.1146/annurev.publhealth.27.021405.102103>

World Health Organization: WHO. (2018, February 22). *Health Inequities and Their Causes*. <https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>

Slide 10: Health Inequities Among LGBTQ+ Youth

Health Inequities Among LGBTQ+ Youth

- Historically marginalized status.
- Lack of education and training for health care workers.
- Lack of research.
- Restrictive health benefits.
- Limited role models.
- Fear due to stigma, discrimination, and institutional bias.

© 2019 Cigna Healthcare

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Ask participants to share health inequities they know of that impact LGBTQ+ youth. Collect 3-5 responses.

Click slide to bring up list of inequities. Explain that LGBTQ+ youth are at greater risk for experiencing these inequities compared to their non-LGBTQ+ peers.

- **Historically Marginalized status**
 - As a historically marginalized group, LGBTQ+ people experience social stigmatization from multiple sources, including the medical community.
- **Lack of education and training for health care workers**
 - A lack of clinical research on and the minority status of the LGBTQ+ community result in less education offered to health care professionals on the needs of this population.
- **Lack of research**
 - As will be discussed shortly, there is a dearth of research on the health inequities experienced by LGBTQ+ people and how these inequities impact their lived experience.
- **Restrictive health benefits**
 - LGBTQ+ individuals may have more difficulty obtaining health benefits, and the benefits they are able to access may not cover the health care they need, such as gender-affirming care.
- **Limited role models**
 - The pervasive stigmatization of the LGBTQ+ community over time means that there are fewer role models of healthy living for members of the LGBTQ+ community.
- **Fear due to stigma, discrimination, and institutional bias**
 - It is widely accepted that chronic fear can have a negative impact on one's health. Therefore, the fear resulting from the experiences of being stigmatized and discriminated against is an inequity that impacts the health of LGBTQ+ individuals.

LGBTQ+ Health Disparities | Cigna Healthcare. (n.d.-b). <https://www.cigna.com/knowledge-center/lgbt-disparities>

Slide 11: Defining Health Disparities

Defining Health Disparities

Types of **health differences** closely linked with social, economic, and/or environmental disadvantages.

Read definition of health disparities from slide – **Health disparities are types of health differences that are closely linked with social, economic, and/or environmental disadvantages.**

A 2009 study, conducted at Harvard Medical School and Cambridge Health Alliance, found that uninsured, working-age Americans have a 40% higher risk of death than their privately insured counterparts.

Note that health differences refer to the differences in health outcomes. The social, economic, and/or environmental disadvantages are health inequities.

Note in the above example, the increased risk of death is the health disparity and is linked to the inequity of not having health insurance.

Office of the Assistant Secretary for Health, Office of Disease Prevention and Health Promotion. (2022). *Health Equity and Health Disparities Environmental Scan*.

<https://health.gov/sites/default/files/2022-04/HP2030-HealthEquityEnvironmentalScan.pdf>

Cecere, D. (2019, January 7). *New study finds 45,000 deaths annually linked to lack of health coverage*. The Harvard Gazette. <https://news.harvard.edu/gazette/story/2009/09/new-study-finds-45000-deaths-annually-linked-to-lack-of-health-coverage/>

Slide 12: Behavioral Health Disparities Among LGBTQ+ Youth

Behavioral Health Disparities Among LGBTQ+ Youth

Compared to heterosexual peers:

- Higher levels of depressive symptoms during and after high school.
- Over twice as likely to report persistent feelings of sadness or hopelessness.
- 29.4% reported attempting suicide in the last year.
 - 6.4% of non-LGB high school students.

Centers for Disease Control and Prevention. (2018). *Sexual Orientation and Gender Identity, Sexual Orientation, and Gender Identity: Associated Health Disparities in Adolescent Medicine*. National LGBT Health Education Center. (2018). *Sexual Orientation and Gender Identity: Associated Health Disparities in Adolescent Medicine*.

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There is a growing body of research that shows disparities in behavioral health outcomes for LGBTQ+ youth.

Review the disparities on the slide.

When comparing LGBTQ+ health outcomes to those for heterosexual and/or cisgender (refers to an individual whose gender identity aligns with the sex assigned to them at birth) youth, we see the following disparities:

- A study published in the journal *Pediatrics* found that sexual minority/LGB youth (trans and nonbinary youth were not included in this study) experienced significantly higher levels of depressive symptoms from 11th grade through 3 years after high school. This study showed that more LGBTQ+ youth experienced depressive symptoms with greater frequency and intensity as compared to their heterosexual and cisgender peers.
- The Centers for Disease Control and Prevention's (CDC) 2020 Youth Risk Behavior Survey showed that LGBTQ+ youth are **more than twice as likely** to report persistent feelings of sadness or hopelessness.
- There is considerable data showing that LGBTQ+ youth are more likely to consider or attempt suicide. One study showed that 29.4% of LGB youth report attempting suicide in the past year, compared to 6.4% of non-LGB high school students. This study only looked at the intersection of sexual orientation and suicidality and did not compile data on the intersection of gender identity and suicidality.
 - A 2021 research brief by the Trevor Project estimates that an LGBTQ+ youth **attempts suicide every 45 seconds in the U.S.**

Jeremy W. Luk, Stephen E. Gilman, Denise L. Haynie, Bruce G. Simons-Morton. (2018). *Sexual Orientation and Depressive Symptoms in Adolescents*. PEDIATRICS.
<https://publications.aap.org/pediatrics/article-abstract/141/5/e20173309/37851/Sexual-Orientation-and-Depressive-Symptoms-in?redirectedFrom=fulltext?autologincheck=redirected>

Centers for Disease Control and Prevention. (2020). *Youth Risk Behavior Survey Data Summary & Trends Report*. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/yrbs_data-summary-trends_report2023_508.pdf

National LGBT Health Education Center. (2018). *Suicide Risk and Prevention for LGBTQ Patients Brief*. <https://www.lgbtqiahealtheducation.org/wp-content/uploads/2018/10/Suicide-Risk-and-Prevention-for-LGBTQ-Patients-Brief.pdf>

The Trevor Project. (March 11, 2021). *Estimate of How Often LGBTQ Youth Attempt Suicide in the U.S.* Trevor Project. <https://www.thetrevorproject.org/research-briefs/estimate-of-how-often-lgbtq-youth-attempt-suicide-in-the-u-s/>

Slide 13: Physical Health Disparities Among LGBTQ+ People

Physical Health Disparities Among LGBTQ+ People

- Higher rates of HPV, certain cancers.
- Gay and bisexual men more likely to have HIV/AIDS.
- Youth more likely to be threatened or injured by a weapon at school.
- Youth more likely to be overweight.

Centers for Disease Control and Prevention. (2018). *HPV Among Gay, Bisexual, and Other Men Who Have Sex With Men*. Human Rights Campaign. Retrieved (2022) from <https://www.hrc.org/resources/fact-sheet/10-facts-about-hiv-aids-in-the-lgbtq-community>

Human Rights Campaign. (2018). *HPV Among Gay, Bisexual, and Other Men Who Have Sex With Men*. Retrieved (2022) from <https://www.hrc.org/resources/fact-sheet/10-facts-about-hiv-aids-in-the-lgbtq-community>

Human Rights Campaign. (2018). *HPV Among Gay, Bisexual, and Other Men Who Have Sex With Men*. Retrieved (2022) from <https://www.hrc.org/resources/fact-sheet/10-facts-about-hiv-aids-in-the-lgbtq-community>

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The lack of research on how best to support LGBTQ+ youth in achieving optimal health outcomes is an inequity that impacts this patient population across the lifespan. Hence, this session includes information on physical health disparities experienced by LGBTQ+ adults as well as youth.

Read the disparities on the slide.

- LGBTQ+ people have higher rates of HPV (human papilloma virus) and related cervical and/or anal cancers.
- Gay and bisexual men are more likely to have HIV or AIDS.
- LGB youth are more likely to be threatened or injured by a weapon at school.
- And LGB youth are more likely to be overweight.

Gay, Bisexual, and Other MSM | Volume 31 | HIV Surveillance | Reports | Resource Library | HIV/AIDS | CDC. (n.d.). <https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-31/content/msm.html>

Research on LGBTQ+ people and the COVID-19 pandemic. (n.d. -b). Human Rights Campaign. <https://www.hrc.org/resources/the-lives-and-livelihoods-of-many-in-the-lgbtq-community-are-at-risk-amidst-covid-19-crisis>

How to close the LGBT health Disparities Gap. (2009, December 21). *Center for American Progress.* <http://www.americanprogress.org/article/how-to-close-the-lgbt-health-disparities-gap/>

Slide 14: Chain of Events

Chain of Events

Inequities



Disparities

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Explain that there is a link between opportunities to achieve optimal health (environment, access/utilization/quality of care) and health status/outcomes. Health *disparities* — described by a population’s disproportionate incidence of disease/illness, are often driven by *health inequities*, including, but not limited to racial and/or religious discrimination, access to nutritious food, safe drinking water, education opportunities, etc.

LGBTQ+ youth, and the LGBTQ+ community, are not prone to the aforementioned behavioral and physical health disparities because of their sexual orientation and/or their gender identity. Rather, the LGBTQ+ community is placed at higher risk for these health disparities due to the unique health inequities they face, relative to straight or non-LGBTQ+ people.

The inequities (which are the differences in opportunities) lead to the disparities (which are the unfair and avoidable differences in health outcomes.)

Slide 15: LGBTQ+ Youth Health Disparities

LGBTQ+ Youth Health Disparities

Transgender and Nonbinary vs. **Cisgender LGBQ** youth:

2-2.5 times as likely to experience depression,
consider and/or attempt suicide

What health inequities are linked to these disparities?

Price-Feeney, Myrick, Amy E. Green, and Samuel Dorison. (2020) Understanding the Mental Health of Transgender and Nonbinary Youth. *Journal of Adolescent Health*

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Explain that emerging research shows disparities for transgender and nonbinary youth mental health. Nonbinary refers to people who do not subscribe to the gender binary. They may identify as existing between or beyond the man-woman binary.

A 2020 study published in the *Journal of Adolescent Health* describes transgender and non-binary youth as 2-2.5 times more likely than their cisgender peers to experience depression and to consider and/or attempt suicide.

Ask the participants to share what inequities they can think of that could cause this disparity. Collect 3-5 responses.

Explain that research indicates that “LGBTQ+ youth are not inherently prone to suicide risk because of their sexual orientation and/or gender identity, but rather are placed at higher risk because of how they are mistreated and stigmatized in society.” **It is the social stigmatization (health inequity) LGBTQ+ youth face that increases suicidality (health disparity).**

Price-Feeney, M., Green, A. E., Dorison, S., & The Trevor Project. (2020). Understanding the Mental Health of Transgender and Nonbinary Youth. *Journal of Adolescent Health*, 66, 684–690.
<https://doi.org/10.1016/j.jadohealth.2019.11.314>

The Trevor Project. (2024, January 9). *Facts about suicide among LGBTQ+ young people* | *The Trevor Project*. <https://www.thetrevorproject.org/resources/article/facts-about-lgbtq-youth-suicide/>

Slide 16: At Least One Accepting Adult...

At Least One Accepting Adult...

can **reduce** the risk of a **suicide attempt** among LGBTQ+ youth by **40%**.

The Trevor Project. (2019, June 27). *The impact of accepting adults on LGBTQ+ youth suicide risk.*

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Explain that additional research shows that for LGBTQ+ youth, having at least one accepting adult in their life can reduce the risk of a suicide attempt by as much as 40%.

The Trevor Project. (2019, June 27). *The impact of accepting adults on LGBTQ+ youth suicide risk.* <https://www.thetrevorproject.org/research-briefs/accepting-adults-reduce-suicide-attempts-among-lgbtq-youth/>

Slide 17: Video: Trevor Project – Kaiden’s Story

Video: Trevor Project – Kaiden’s Story



The Trevor Project (2023) The Trevor Project Releases Documentary Short Film Learn with Love, Uplifting Transgender Youth Stories

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Introduce the video clip from the Trevor Project documentary: *Learn With Love* which can be found at: [\(271\) Learn With Love: Episode 1 - YouTube](#).

Preface the film clip with an explanation of the Trevor Project.

The Trevor Project is the leading organization dedicated to suicide prevention for LGBTQ+ young people. They provide information and support 24/7 to LGBTQ+ young people and the people who love them, conduct extensive research, and advocate to increase public awareness and acceptance of LGBTQ+ young people. Their ultimate goal is to end LGBTQ+ youth suicide. *Learn With Love* is a documentary film released in 2023 that highlights the lived experiences of three transgender youth and their relationships with the adults in their lives.

Play the clip using the following time stamp as a reference: **00:43-05:31**. The clip introduces Kaiden who is a transgender young person, and his mother Kristen. Stop the film after the statistic: “More than half of transgender and nonbinary youth seriously considered suicide in the past year” comes up on the screen.

Debrief the film with the questions on the next slide.

The Trevor Project. (2023b, January 31). *The Trevor Project Releases Documentary Short Film Learn with Love, Uplifting Transgender Youth Stories*. <https://www.thetrevorproject.org/blog/the-trevor-project-releases-documentary-short-film-learn-with-love-uplifting-transgender-youth-stories/>

Slide 18: Questions for Discussion

Questions for Discussion

- How does Kristen's perspective impact Kaiden's perception of self?
- What other aspects of Kaiden's identity besides gender impact his life?



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Ask the participants:


How does Kristen's perspective impact Kaiden's perception of self?

- Collect 3-5 responses. Some possibilities to bring into the discussion:
 - Acceptance of sexual orientation and "tomboy" qualities.
 - Kaiden describes his mom as a "realist"/"keeping it real" – suggesting that he trusts his mom to honestly tell him what she thinks/how she feels.
 - Kaiden describes his mom as kind, compassionate, and caring.
 - Kristen's initial response to Kaiden's coming out as trans is one of confusion ("How could you know that you want to be a man at 3 and 4 years old?" – suggesting that when he came out as trans, Kaiden admitted to knowing this gender identity at a very young age). Kaiden initially felt sad and angry at this response, feeling as if his mom and grandmother were questioning the validity of his knowing.
 - Kaiden says that he perceived his gender as a part of him that was tormenting him from the inside, making him feel that he was "not ok", and that this led him to consider and attempt suicide.
 - Even though Kaiden now sees his mom as kind and caring, her initial response to his coming out as trans caused Kaiden to feel "bad and ugly".

What other aspects of Kaiden's identity besides gender impact his life?

- Collect up to 3 responses. Ensure **race, sexual orientation, and age** are all included.
 - Kaiden's identity as a black trans male caused concern for mom Kristen as to how society would respond to Kaiden.

Slide 19: Assess How Social Identifiers Impact LGBTQ+ Youth Patients



ASSESS how social identifiers
impact LGBTQ+ youth patients

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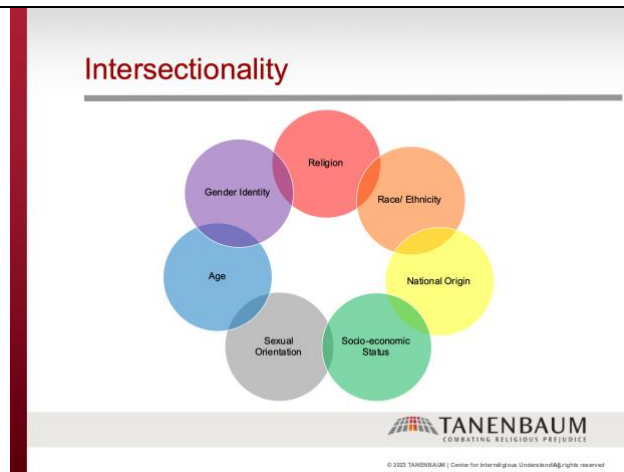
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Content covered at this point: SOGIE terminology; definitions of and relationship between health inequities and disparities, discussion of how health inequities and disparities impact LGBTQ+ youth specifically.

The second learning objective is – **assess how social identifiers impact LGBTQ+ patients**. This section will describe intersectional social identities, emphasizing religion. There will be an overview of the limited research available on LGBTQ+ youth religiosity and care professionals' experiences on navigating LGBTQ+ care with faith mandates.

Emphasize that this section specifically assesses how religion impacts LGBTQ+ youth patients in multifaceted ways.

Slide 20: Intersectionality



Explain that the circles on the screen represent a few examples of the social identities that make up who a person is. Point out that none of these identifiers operate in silos. They intersect and are layered on top of one another.

This graphic shows social identity domains including age, sexual orientation, socio-economic status, national origin, race/ethnicity, religion, and gender identity.

Acknowledge the takeaways from the previous discussion about Kaiden's experience including that he, like all people, has multiple aspects of social identity that intersect and interact with each other to shape his experience. The ways identities intersect and interact is a dynamic process that can change over time. During adolescence, young people are developing awareness of their social identities and their potential complexities.

While it can be very useful to deconstruct the nuances of each social identity separately as it relates to health care, it is also essential to understand the ways in which these identities interact with each other. This is because at the intersections of these identities, new challenges can emerge. For example, a patient may self-identify as gay, but this can mean something very different to each person (each patient), depending on the unique intersection of their social and personal identities. For instance, the experience of being a religiously unaffiliated gay man living in a large metropolitan city will likely differ from the experience of being a religiously unaffiliated gay man living in a small town with a highly religious population.

Before moving on to the next slide, acknowledge that the module will now examine the intersection of religion, sexual orientation, and gender identity.

Slide 21: Youth Perceptions

Youth Perceptions

Research indicates that the majority of surveyed LGBTQ+ youth

- view faith as a barrier to a positive relationship with their parents
- believe they are "not welcome in their places of worship."
- report religion held "a negative impact" in their "coming out process."

Roe, S. (2016). "Family Support Would Have Been Like Amazing." LGBTQ+ Youth Experiences With Parents and Family Support. *The Family Journal*

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State that the intersection of religion, sexual orientation, and gender identity is complex, and therefore it is difficult to generalize. Each person has their own experience regarding identity. However, emerging research explores the relationship between these identity domains.

Refer to the slide and **explain** that a study published in 2017 in *The Family Journal* found the majority of the gay and bisexual youth surveyed:

- Viewed faith as a barrier to having a positive relationship with, or support from their parents.
- Believed that they are not welcome in their places of worship.
- Reported that religion had a negative impact on their coming out process.

(Ask the participants why they think this might be?)

Acknowledge that 'coming out' is not a one-time occurrence. LGBTQ+ individuals often experience 'coming out' repeatedly as they age and are introduced to new individuals and communities including health care settings.

Roe, S. (2016). "Family support would have been like amazing." *The Family Journal*, 25(1), 55–62.
<https://doi.org/10.1177/1066480716679651>

Slide 22: Youth Perceptions

Youth Perceptions

- 1 in 5 LGBTQ+ youth reported that their religion or spirituality is important or very important to them
- Native and Indigenous LGBTQ+ youth (34%) reported the highest rates of importance
- LGBTQ+ youth who reported high importance reported significantly lower rates of depression symptoms

The Trevor Project (2022). *Religion and Spirituality among LGBTQ Youth*

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State that the relationship between the LGBTQ+ community and religion is complex. Often, in media portrayals especially, there is a trope that being LGBTQ+ and religious are mutually exclusive. This is not true.

Explain that the information on the slide comes from the Trevor Project's 2022 *National Survey on LGBTQ Youth Mental Health*. According to the brief *Religion and Spirituality Among LGBTQ Youth*, numerous studies have documented that in general, religion and spirituality are associated with positive mental health for adolescents. Yet these topics become more complex for LGBTQ+ adolescents due to the historical anti-LGBTQ+ perceptions among religious groups that have been used to dehumanize and exclude the LGBTQ+ community.

State that as shown on the slide, this research shows that:

- 1 in 5 LGBTQ+ youth report religion or spirituality is important or very important to them.
- Native and Indigenous LGBTQ+ youth (34% of them) reported the highest rates of their religion or spirituality being important or very important to them.
- LGBTQ+ youth who reported high importance of religion or spirituality reported significantly lower rates of depression symptoms when compared to peers for whom religion and spirituality were less important. It is noteworthy that LGBTQ+ youth reported similar rates of anxiety and suicidality whether they considered religion or spirituality to be important or not.

Ask participants what their experience has been thus far in their practice with any of this?

Explain that these findings show that religion and spirituality are important to many LGBTQ+ youth in the U.S. The relationship between religious importance and mental health is **varied** ("it's complicated") and requires more research. Religion can serve as a social and emotional support system and a welcoming community.

The Trevor Project. (2024b, February 15). *Religion & Spirituality Statistics among LGBTQ+ Youth*. <https://www.thetrevorproject.org/research-briefs/religion-and-spirituality-among-lgbtq-youth-dec-2022/>

Slide 23: Clinical Practice and Education

Clinical Practice and Education

Surveyed...

- Health care professionals and students affiliated with a religion were more likely to have negative attitudes toward LGBTQ people, their lives, and lifestyles
- US physicians and medical students identified religious beliefs as a prevalent reason for refusing treatment to LGBTQ+ patients

Prairie, T.M., Wrye, B., & Murfree, S. (2017). Intersections of Physician Autonomy, Religion, and Health Care when Working with LGBTQ+ Patients. *Health Promotion Practice*, 19(4), 542-549. <https://doi.org/10.1177/1524839917738974>

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Acknowledge that after discussing the intersection of religion and health from LGBTQ+ youths' perspective, it is essential to consider health care providers' experiences in providing comprehensive LGBTQ+ care.

Explain that research on this topic is limited. Of note,

- A 2022 review of international literature published in the journal *Health & Social Care in the Community* found that across 25 different countries, **health care professionals and students affiliated with a religion were more likely to have negative attitudes toward LGBTQ people.**
- In a 2018 study, **U.S. physicians and medical students identified religious beliefs as a prevalent reason for refusing treatment to LGBTQ+ patients.** This study specifically looked at the notion of duty versus physician autonomy/religious exemption.

Prairie, T. M., Wrye, B., & Murfree, S. (2017). Intersections of physician autonomy, religion, and health care when working with LGBTQ+ patients. *Health Promotion Practice*, 19(4), 542–549. <https://doi.org/10.1177/1524839917738974>

Westwood, S. (2022). Religious-based negative attitudes towards LGBTQ people among healthcare, social care and social work students and professionals: A review of the international literature. *Health & Social Care in the Community*, 30(5). <https://doi.org/10.1111/hsc.13812>

Slide 24: Clinical Practice and Education

Clinical Practice and Education

- Surveyed medical educators reluctant to engage with students 'who have religious or cultural beliefs that consider LGBTQ+ identities as pathological, deviant and sinful'
- Religion a factor in both denying medical treatment and in prohibiting discrimination

Cloyes, K. G., Tay, D., Jacob, E., Jones, M. D., Reblin, M., & Ellington, L. (2020). Hospice interdisciplinary team providers' attitudes toward sexual and gender minority patients and caregivers. *Patient Education and Counseling*, 103(10), 2185–2191. <https://doi.org/10.1016/j.pec.2020.07.004>

Higgins, A., Downes, C., Sheaf, G., Bus, E., Connell, S., Hafford-Letchfield, T., Jurček, A., Pezzella, A., Rabelink, I., Robotham, G., Urek, M., Van Der Vaart, N., & Keogh, B. (2019). Pedagogical principles and methods underpinning education of health and social care practitioners on experiences and needs of older LGBT+ people: Findings from a systematic review. *Nurse Education in Practice*, 40, 102625. <https://doi.org/10.1016/j.nepr.2019.102625>

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Continue explaining the research findings on the slide.

- The medical educators surveyed were **reluctant to engage with students 'who have religious or cultural beliefs that consider LGBTQ+ identities as pathological, deviant, and sinful.'**
- **Religion is a factor in both denying medical treatment and in prohibiting discrimination.**
 - o Medical educators assuming that their student's beliefs or interpretations align with affiliated faith institution's.

Explain that the findings of the referenced studies speak to the need for additional research to better understand **how** religious views affect LGBTQ+ patient care. This is essential to build lasting bridges of respect between patients and providers.

Cloyes, K. G., Tay, D., Jacob, E., Jones, M. D., Reblin, M., & Ellington, L. (2020). Hospice interdisciplinary team providers' attitudes toward sexual and gender minority patients and caregivers. *Patient Education and Counseling*, 103(10), 2185–2191. <https://doi.org/10.1016/j.pec.2020.07.004>

Higgins, A., Downes, C., Sheaf, G., Bus, E., Connell, S., Hafford-Letchfield, T., Jurček, A., Pezzella, A., Rabelink, I., Robotham, G., Urek, M., Van Der Vaart, N., & Keogh, B. (2019). Pedagogical principles and methods underpinning education of health and social care practitioners on experiences and needs of older LGBT+ people: Findings from a systematic review. *Nurse Education in Practice*, 40, 102625. <https://doi.org/10.1016/j.nepr.2019.102625>

Slide 25: A Delicate Balance

A Delicate Balance

- Mission to serve all patients, particularly those in vulnerable and marginalized communities
- Religious teachings about sexual orientation and gender identity
- Multiple decision-making stakeholders with opposing viewpoints



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Explain that building these bridges between health care providers and LGBTQ+ youth patients and their families in a way that respects religion and difference is a delicate balance and requires the following recognition:

- With faith-based health care organizations, it is essential to recognize their mission to meet the needs of all patients, **particularly** those who are vulnerable or from marginalized communities. As we've already discussed, LGBTQ+ youth are both marginalized and vulnerable, no matter where they live.
- There are a growing number of faith communities that are open and affirming to LGBTQ+ people individually and collectively. Historically this has not been the case, as many religious teachings characterize LGBTQ+ people and behaviors as sinful or deviant.
 - o It is noteworthy that being LGBTQ+ has been historically pathologized in the medical community. The Diagnostic Statistical Manual-I (DSM-I) listed 'homosexuality' as a 'sociopathic personality disturbance' in its original 1952 publication. Today, the DSM-V no longer includes being LGBTQ+ as a category of disorder. The DSM-V 'includes a separate, non-mental disorder diagnosis of gender dysphoria to describe people who experience significant distress with the sex and gender they were assigned at birth.' This classification addresses exogenous quality-of life-impacts, rather than pathologizing LGBTQ+ people. The World Health Organization's (WHO) International Classification of Diseases (ICD) 11 denotes the code 'Gender Incongruence' (of adulthood, adolescence, or childhood) replacing outdated ICD-10 diagnostic categories such as 'transsexualism' and 'gender identity disorder of children.' Gender Incongruence has been moved from the 'Mental and behavioral disorders' chapter to the 'Conditions related to sexual health' chapter. This shift reflects a greater understanding that transgender and gender diverse identities are not conditions of mental-ill health, and that classifying them as such promotes a harmful stigma.
- To balance the complicated intersection of religion, sexual orientation, gender identity, and youth health care is to consider the multiple decision-making stakeholders' perspectives with respect, which is what will be discussed in the final section of this module.

McHenry, S. E. (2022). "Gay is Good": History of Homosexuality in the DSM and Modern Psychiatry. *The American Journal of Psychiatry Residents' Journal*, 18(1), 4–5. <https://doi.org/10.1176/appi.ajp-rj.2022.180103>

Slide 26: Develop Strategies for Respectfully Navigating the Intersections of Belief, Religion, and LGBTQ+ Health

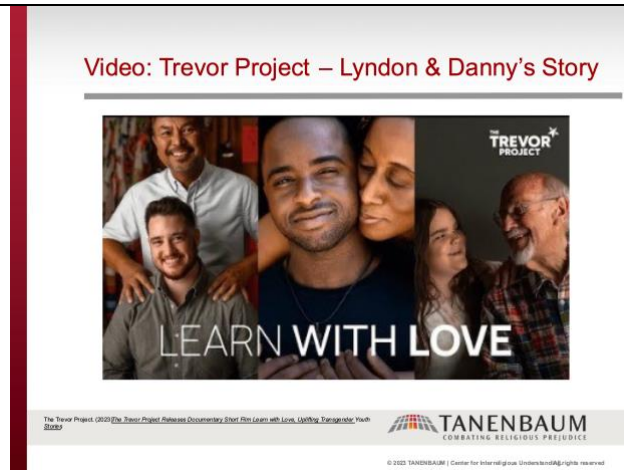
DEVELOP strategies for respectfully navigating the intersections of belief, religion, and LGBTQ+ health.



Ask if participants have any questions on the material covered in the previous section. If so, *briefly* respond to the questions before moving on to the final section.

State the final objective: **Develop** strategies for **respectfully** navigating the intersections of belief, religion, and LGBTQ+ health.

Slide 27: Video: Trevor Project – Lyndon & Danny’s Story



Introduce the video clip from the Trevor Project documentary: *Learn With Love* which can be found at: [\(271\) Learn With Love: Episode 1 - YouTube](#).

Play the clip using the following time stamp as a reference: **12:20-18:31**. The clip introduces viewers to Lyndon and Danny. Lyndon is a transgender young person who was disowned by his family when he came out as transgender. Danny is a Christian minister who grappled with his own religiously motivated bias against LGBTQ+ people upon meeting Lyndon.

Debrief the film clip using the questions on the next slide.

The Trevor Project. (2023c, January 31). *The Trevor Project Releases Documentary Short Film Learn with Love, Uplifting Transgender Youth Stories*. <https://www.thetrevorproject.org/blog/the-trevor-project-releases-documentary-short-film-learn-with-love-uplifting-transgender-youth-stories/>

Slide 28: Questions for Discussion

Questions for Discussion

1. In Danny and Lyndon's story, how were religious beliefs a challenge? In what way were they a support?
2. What questions would you ask an adolescent LGBTQ+ patient to assess the intersections of their gender identity/sexual orientation and their religious beliefs?

The Trevor Project (2021) The Trevor Project Releases Documentary Short Film Learn with Love, Uphold Transgender Youth 2020

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Ask the participants:

1. In Danny and Lyndon's story how were religious beliefs a challenge? In what way were they a support?

Collect 3-5 responses for both challenges and supports. Some possibilities to bring into the discussion:

- a. Challenges
 - i. Belief that being any part of the LGBTQ+ community is unacceptable and that it's the faith community's responsibility to reject or convert you to a non-LGBTQ+ identity/lifestyle (both Lyndon and Danny experienced this challenge in their own way).
 - ii. Conversion therapy – “pray the gay away” funded by Danny's church.
 - iii. Lyndon: Reconciling inner faith in God's love with the church's rejection.
 - iv. Lyndon: Why would God put me in the wrong body? How can I believe in a God that would do that to a person?
 - v. Danny: was taught that God created male and female and no other genders.
- b. Supports
 - i. Danny was compelled to accept Lyndon and take him in as a function of his faith.
 - ii. Danny's belief that the Biblical message to “love thy neighbor” means to do so without withholding love due to someone's SOGIE. (similar to some faith-based hospitals' interpretation of their mission to provide comprehensive care to all people)

2. What questions would you ask an adolescent LGBTQ+ patient to assess the intersections of their gender identity/sexual orientation and their religious beliefs?

Collect 3-5 responses. Some possibilities to bring into the discussion:

- a. Is your faith or religion an important part of your life?
- b. Are you a member of a faith community?
 - i. If yes, is your faith community affirming of your gender identity/sexual orientation?

- c. **Are there any religious/spiritual concerns you have related to your health that you would like me to know about?**

Slide 29: Recommendations for Providers

Recommendations for Providers

1. Create a welcoming space.
2. Use external and internal marketing, and grassroots organizing, to reach different LGBTQ+ demographics.
3. Practice transparency.
4. Distinguish between *belief* and *behavior*, *procedure* vs. *person*.
5. Use neutral and inclusive language when talking with patients. Ask patients for their pronouns.

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Briefly **discuss/review** each recommendation using the examples provided or add examples from your own experience/practice. You may also wish to ask the participants to offer suggestions as to how to enact some of the recommendations, highlighting any topics that have been particularly salient for them.

- 1. Create a welcoming space.**
 - a. Displaying signage in waiting room to indicate that the space is welcoming and/or safe for LGBTQ+ people.
 - b. Labelling bathrooms as gender-neutral or having separate gender-neutral bathrooms.
 - c. Using intake forms that include as many sexual orientations and gender identities as possible.
- 2. Use external and internal marketing and grassroots organizing to reach different LGBTQ+ demographics.**
 - a. **Acknowledge** that individual residents who work for larger health care organizations may have limited ability to impact the organization's marketing practices.
 - b. **Ask** participants how they can individually proactively engage with the LGBTQ+ community on a grassroots level?
- 3. Practice transparency**
 - a. Make sure staff are informed of expectations, policies, and procedures regarding caring for LGBTQ+ youth. If these policies are not provided, ask to see them. If they do not exist, ask how to go about creating them!
- 4. Distinguish between *belief and behavior*, *procedure vs person*.**
 - a. Establish standards for the behavior of staff in public and professional spaces.
 - b. A person or institution may choose not to perform a certain *procedure* based on their beliefs, but they cannot discriminate against a *person* based on their identity.
- 5. Use neutral and inclusive language when talking with patients. Ask patients for their pronouns.**

Slide 34: Recommendations for Providers

Recommendations for Providers

6. Respect patients' decision and pacing.
7. Inform patients about confidentiality practices and policies.
8. Ensure that all providers and non-clinical staff are informed and trained.
9. Evaluate hospital policies and practices.
10. Start a dialogue!



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Continue reviewing/discussing the remaining recommendations:

- 6. Respect patients' decision and pacing**
 - a. Follow the patients' lead in disclosing/describing their sexual orientation and/or gender identity, particularly in front of their parents/guardians.
- 7. Inform patients about confidentiality practices and policies**
 - a. Youth may not be aware of what information can and can't be shared with their parents. Informing young people about these rules may increase their comfort with openly sharing information about their sexual orientation and/or gender identity with their health care providers.
- 8. Ensure that all providers and non-clinical staff are informed and trained** in appropriate and respectful LGBTQ+ patient care.
 - a. Share what you have learned here with your colleagues!
- 9. Evaluate hospital policies and practices to ensure that treatment of LGBTQ+ patients and employees is inclusive.**
 - a. Depending on where they practice, participants may have limited ability to impact the policies and procedures at the organization where they work. They can however apply the principles covered in this module to the policies and procedures that they are aware of and use the information to accomplish recommendation #10.
- 10. Start a dialogue!**
 - a. Share what you have learned here with your colleagues, supervisors, administrators, etc.

Slide 31: Questions?



Questions?

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Thank participants for their time and participation in this module.

Invite participants to ask any questions they have about the material covered today.

Acknowledge that additional questions may arise after the conclusion of the session. If possible, share the contact information for the facilitator.

Provide the email address healthcare@tanenbaum.org and encourage participants to email Tanenbaum's Health Care program for more information on this topic, or on the other resources and trainings available from Tanenbaum's Health Care program.

Slide 32: Closing Slide

Tanenbaum promotes justice and builds respect for religious difference by transforming individuals and institutions to reduce prejudice, hatred, and violence.

tanenbaum.org
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Show closing slide with Tanenbaum tag line and additional contact information.