



TANENBAUM

COMBATING RELIGIOUS PREJUDICE

Building a world that respects religious difference

LGBTQ+ Youth Health: The Role of Religion

TANENBAUM | CENTER FOR
INTERRELIGIOUS UNDERSTANDING

Made Possible By: *The E. Rhodes and Leona B. Carpenter Foundation*

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.

Terminology: SOGIE

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

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.

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.

Terminology: LGBTQ+

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

Terminology: LGBTQ+

The **Q** in LGBTQ:

- Queer
- Questioning

Please note:

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

IDENTIFY health inequities and
disparities for LGBTQ+ youth

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.*

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.

Defining Health Disparities

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

Behavioral Health Disparities Among LGBTQ+ Youth

Compared to heterosexual peers:

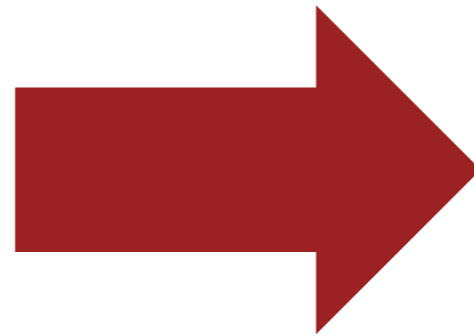
- *Higher levels of depressive symptoms during and after high school.*
- *Over twice as likely to report persistent feelings of sadness or hopelessness.*
- *29.4% reported attempting suicide in the last year.*
 - *6.4% of non-LGB high school students.*

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.

Chain of Events

Inequities



Disparities

LGBTQ+ Youth Health Disparities

Transgender and Nonbinary vs. Cisgender LGBTQ youth:

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

What health inequities are linked to these disparities?

At Least One Accepting Adult...

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

Video: Trevor Project – Kaiden’s Story



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

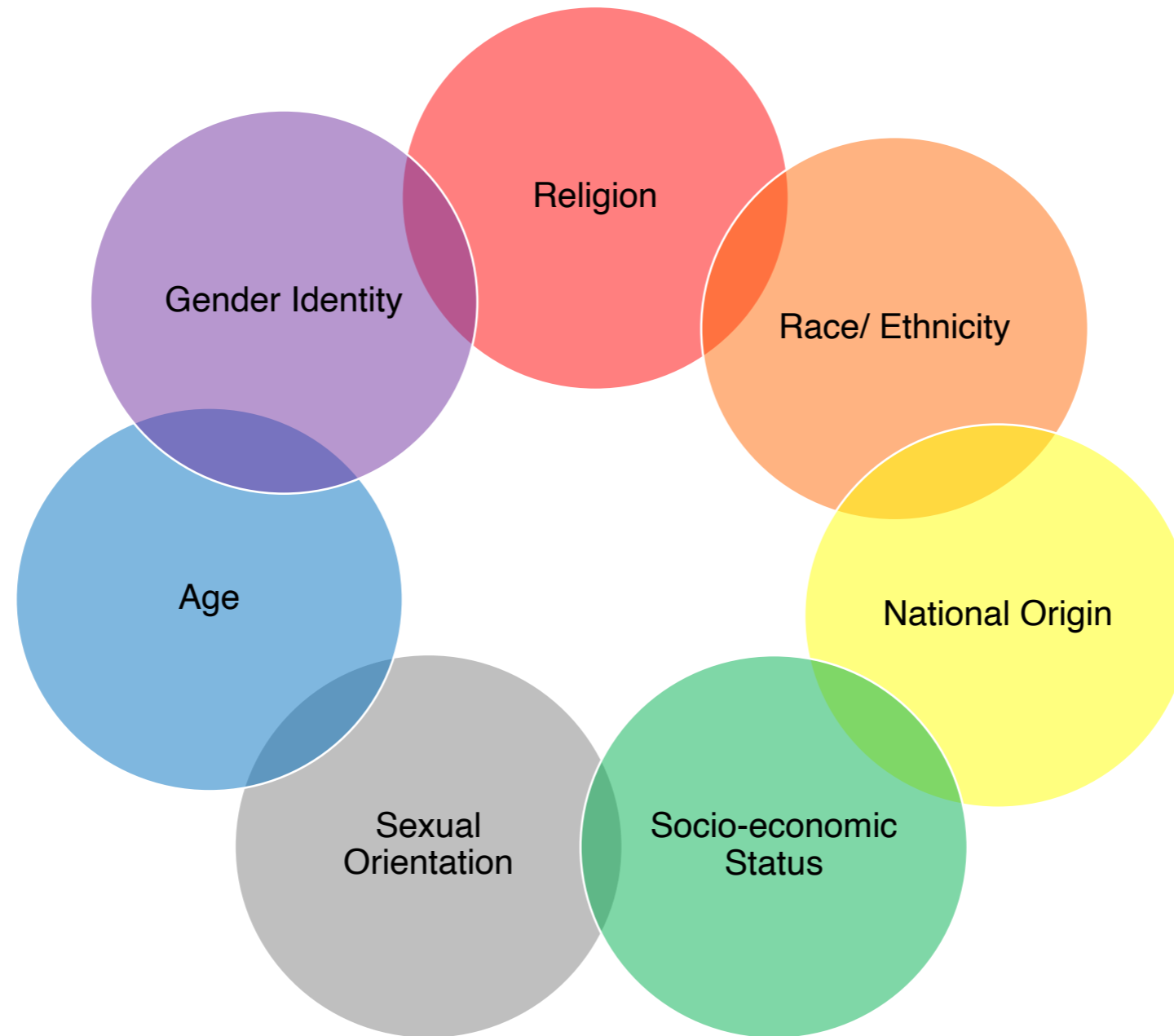


Questions for Discussion

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

ASSESS how social identifiers
impact LGBTQ+ youth patients

Intersectionality



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."*

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 of religion reported significantly lower rates of depression symptoms

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*
- *U.S. physicians and medical students identified religious beliefs as a prevalent reason for refusing treatment to LGBTQ+ patients*

Prairie, Tara M., Bethany Wrye, and Sarah Murfree. (2018). Intersections of Physician Autonomy, Religion, and Health Care when Working with LGBT+ Patients. *Health Promotion Practice*.

Westwood, Sue. (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*.



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, Kristin G., Djin L. Tay, Eli Iacob, Miranda Jones, Maija Reblin, and Lee Ellington. (2020). [Hospice Interdisciplinary Team Providers' Attitudes Toward Sexual and Gender Minority Patients and Caregivers](#). *Patient Education and Counseling*.

Higgins, Agnes, Carmel Downes, Greg Sheaf, Elisa Bus, Sandra Connell, Trish Hafford-Letchfield, Anže Jurcek et al. (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*.

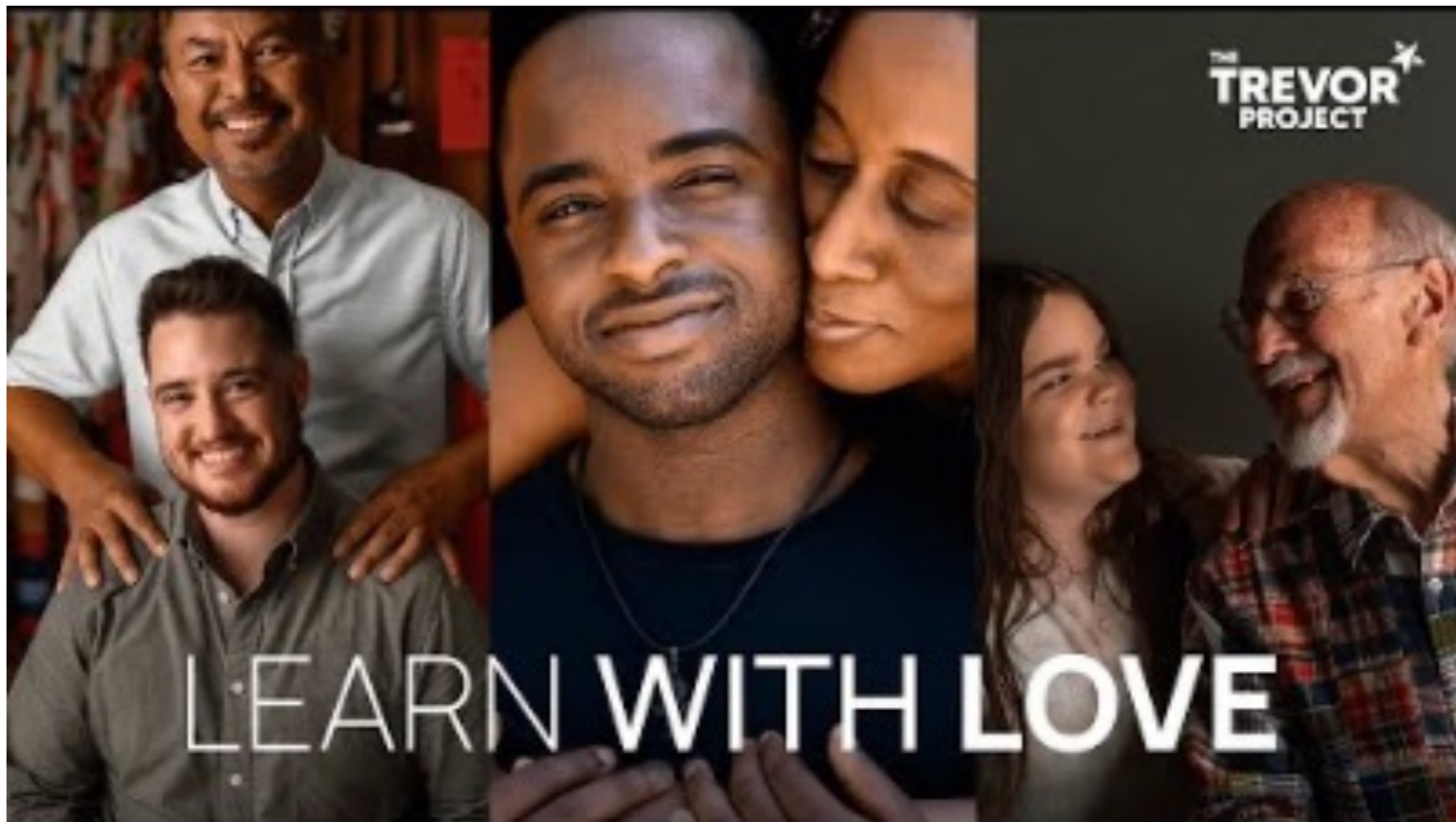


A Delicate Balance

- 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

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

Video: Trevor Project – Lyndon & Danny’s Story



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



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?

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.

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!



Questions?

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

tanenbaum.org

200 Broadway
3rd Floor

New York, NY 10038

212-967-7707

