



Healthy Teen Network

POSITION STATEMENT ON ENSURING EQUITY FOR YOUTH BY AFFIRMING THOSE WHO ARE LGBTQ+ OR GENDER NON-CONFORMING

Adopted by the Healthy Teen Network Board of Directors on September 21, 2017



Position

Healthy Teen Network believes youth who are lesbian, gay, bisexual, trans, questioning, and queer (LGBTQ+)*, youth falling outside of the cisgender, heterosexual norm, and gender non-conforming youth should be affirmed as equal members of society and communities, deserving education and care relevant to their lived experiences.

We call for all individuals and organizations to commit to the health and well-being of LGBTQ+ and gender-nonconforming youth by creating space for LGBTQ+ and gender non-conforming youth to assign terminology and pronouns to their sexualities, gender identities, and expressions and having those choices honored; deepening individual and organization understanding of and paying greater attention to the roles homophobia, transphobia,

heterosexism, and other social toxins play in the health and lives of youth; fostering safe and affirming living, learning, and services environments; and providing culturally appropriate information, referrals, and care to LGBTQ+ and gender non-conforming youth.

Further, Healthy Teen Network maintains that LGBTQ+ and gender non-conforming people should not be subject to discrimination or bias in marriage, family arrangement, employment, housing, public accommodation, commerce, or any other circumstance. We support laws and other public policies that ensure protections from such discrimination. We oppose laws or other public policies that codify such discrimination.

Issue

In contemporary society, the oppressions of homophobia, transphobia, and heterosexism remain pervasive and widespread. Institutions organized for the dominant population too often marginalize, ignore, or erase the LGBTQ+ experience. These factors combined affect the health and well-being of LGBTQ+ and gender non-conforming youth, as evidenced by high rates of attempted and completed suicide, unplanned pregnancies, and HIV and sexually transmitted infection diagnoses.

Individuals and organizations do not always honor youths' choices of expressions, terms, and pronouns by inquiring respectfully about and using youths' preferred descriptive terms.

Too often, staff and volunteers of youth-supporting organizations lack sufficient education, training, and skill building aimed at fostering safe and affirming environments where LGBTQ+ and gender non-conforming youth can thrive.

Furthermore, these organizations do not always ensure that their enrollment, assessment, educational, and treatment practices and materials are inclusive of LGBTQ+ and gender non-conforming youth. Curricula that explicitly portray LGBTQ+ and gender non-conforming people and their relationships, as well as LGBTQ+ history and events is not always available, or not selected for use when available. Health education best serves all youth when sexual orientation, gender identity, and gender expression are embedded in curricula in clear, positive, and bias-free ways; and when, age-appropriate discussions on sexual activity and risk include and outline safer sex practices for a wide array of sexual behavior and expression (e.g., vaginal, oral, and anal sex).

Supporting Information

Research shows prejudice and discrimination associated with homophobia, transphobia, and heterosexism negatively affect the health and well-being of LGBTQ+ and gender non-conforming youth.¹ In particular, schools remain unsafe and hostile environments for many LGBTQ+ and gender nonconforming youth,^{2,3} especially for LGBTQ+ youth of color⁴; bias in health care persists decades after the LGBTQ+ population was de-listed as a psychologically "disordered" population in the late 20th century.^{5,6} The unsafe, unsupportive environments

¹[The 2015 National School Climate Survey \(Rep.\)](#). (2016). New York, NY: GLSEN.

²Ibid.

³Munoz-Plaza, C., Quinn, S.C., & Rounds, K.A. (2002). Lesbian, gay, bisexual and transgender students: perceived social support in the high school environment. *The High School Journal*, Apr/May, 52-63.

⁴Diaz, E. M. & Kosciw, J. G. [Shared Differences: The Experiences of Lesbian, Gay, Bisexual, and Transgender Students of Color in Our Nation's Schools \(Rep.\)](#). (2009). New York, NY: GLSEN.

⁵[When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV \(Rep.\)](#) (2010). New York, NY: Lambda Legal.

⁶[National Alliance on Mental Illness: LGBTQ](#). (n.d.). Retrieved July 24, 2017.

experienced by too many LGBTQ+ and gender non-conforming youth in these and other settings result in poor health outcomes,^{7,8} often with serious and even catastrophic consequences.

For example, LGBTQ+ youth consistently report elevated rates of emotional distress, symptoms related to mood and anxiety disorders, self-harm, suicidal ideation, and suicidal behavior.^{9,10} Facing even more hostile school climates,¹¹ trans youth are particularly vulnerable to negative mental health outcomes, and, as a result, are nine times more likely to attempt suicide than their cisgender peers.¹² With few youth attending sex education classes where same-sex relationships are even covered,¹³ and a nationwide lack of culturally competent health care, it should come as no surprise, sadly, that lesbian, gay and bisexual youth are more likely to be involved in a pregnancy than their straight counterparts;¹⁴ and that transwomen and young men who have sex with men – and in particular young and black transwomen and young black men who have sex with men – are disproportionately affected by HIV.^{15,16}

But when young people are affirmed in their sexual orientation and gender identities, the outcomes are overwhelmingly positive. Supportive school and family settings result in lesbian, gay, and bisexual students experiencing lower rates of depression, suicidal ideation, and drug use.¹⁷ Affirming health care environments reduce systemic healthcare discrimination experienced by LGBTQ+ people.^{18, 19} And transgender children with parents who support their social transition experience the same self-worth and depression rates as their cisgender peers.²⁰

** LGBTQ+ is an umbrella term that also includes intersex, pansexual, two-spirit, and asexual persons, among others. These terms are explained in the Healthy Teen Network [Tip Sheet on Gender, Sexuality, and Inclusive Education](#).*

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⁷ The 2015 National School Climate Survey, GLSEN.

⁸ When Health Care Isn't Caring, Lambda Legal.

⁹ Russell, S. T., & Fish, J. N. (2016). [Mental Health in Lesbian, Gay, Bisexual, and Transgender \(LGBT\) Youth](#). Annual Review of Clinical Psychology, 12, 465–487.

¹⁰ The 2015 National School Climate Survey, GLSEN.

¹¹ The 2015 National School Climate Survey, GLSEN.

¹² [Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites, 2015](#) (9th ed., Vol. 65, Morbidity and Mortality Weekly Report [MMWR] Surveillance Summaries, Rep.). (2016). Atlanta, GA: Centers for Disease Control and Prevention.

¹³ Jones, R. P., Cox, D. [How Race and Religion Shape Millennial Attitudes on Sexuality and Reproductive Health \(Rep.\)](#). (2015). Washington, DC: Public Religion Research Institute.

¹⁴ Lindley, L. L., Walsemann, K. M. (2015). [Sexual Orientation and Risk of Pregnancy Among New York City High-School Students](#) American Journal of Public Health, 105(7), 1379-1386.

¹⁵ [The Nation's Approach to HIV Prevention for Gay and Bisexual Men \(Fact Sheet\)](#). (2016). Atlanta, GA: The Centers for Disease Control and Prevention.

¹⁶ Kobrak, P. [Transgender Women and HIV Prevention in New York City: A Needs Assessment \(Executive Summary\)](#). (2010). New York, NY: New York City Department of Health and Mental Hygiene.

¹⁷ Espelage, D. L., Aragon S. R., Birkett M. (2008) Homophobic teasing, psychological outcomes, and sexual orientation among high school students: What influence do parents and schools have? School Psychology Review, 37, 202–216.

¹⁸ When Health Care Isn't Caring, Lambda Legal.

¹⁹ Removing the barriers to accessing care for lesbians (Fact Sheet). (2000) Washington, DC: The Mautner Project for Lesbians with Cancer.

²⁰ Durwood, L., et al. Mental Health and Self-Worth in Socially Transitioned Transgender Youth. Journal of the American Academy of Child & Adolescent Psychiatry, 56(2), 116-123.