

FAITH COMMUNITIES

and the Well-Being of LGBT Youth



GROUP for the
ADVANCEMENT of
PSYCHIATRY



Faith Communities and the Well-Being of LGBT Youth

Group for the Advancement of Psychiatry: Psychiatry and Religion Committee and LGBT Committee

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Contents

Part I. Overview

- 4** a. Religion and Medicine share a common interest in the welfare of young people
- b. Lesbian, gay, bisexual, and transgender (LGBT) youth face multiple mental health challenges: suicide, depression, anxiety, substance abuse, bullying, and homelessness
- c. What we know about how to reduce these avoidable outcomes

Part II. How Faith Communities Can Help

- 11** a. Acknowledging tensions that may exist with faith doctrines
- b. Counseling families about behaviors to avoid and behaviors that help
- c. Providing opportunities for dialogue, welcome, and inclusion

Part III. Finding and Building Common Ground

- 15** a. Roles for faith and medicine
- b. Resources and examples
- c. Invitations

Part IV. Further Reading

19



Part I. Overview

Religion and Medicine share a common interest in the welfare of young people



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Medicine and religion both address the care of others across the life cycle, from pregnancy to death.

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Religion and medicine share important societal functions, many of which relate to how we care for one another. In both settings, people have found ways to cope with suffering, despair, and death, and have sought hope, meaning, and purpose. Through both religion and medicine, we seek to alleviate pain and address difficult aspects of life to enhance physical, social, emotional, and spiritual well-being¹.

Medicine and religion have each developed traditions of healing over many centuries². While we think of them separately in our modern world, the last few decades have witnessed a growing interest in the spiritual aspects of medicine and the health promoting effects of religion and spirituality. Faith communities have assumed leadership roles in fostering love of neighbor, justice, care for the earth and all creation, and the dignity of human life. Medicine

continues to investigate and address human needs in order to enhance human flourishing. Ideally, the congregation and the clinic would both be understood as places of healing.

Medicine and religion both address the care of others across the life cycle, from pregnancy to death. Our world and the future of all human activity depend on the nurturance, well-being, and healthy maturation of our young people, that they may successfully assume their needed roles in society. We turn next to challenges that significant numbers of our young people face today.

¹ Vanderpool and Levin 1990 (all sources in footnotes can be found in Part IV. Further Reading)

² Leuking 1982; Marty 1982

Lesbian, gay, bisexual, and transgender (LGBT) youth face multiple mental health challenges: suicide, depression, anxiety, substance abuse, and homelessness.

A recent national survey of high school students conducted by the Centers for Disease Control and Prevention demonstrates significantly higher risk of various negative outcomes for lesbian, gay, and bisexual students (also known as sexual minority youth or SMY) than for heterosexual students. SMY are about twice as likely to be bullied or use illicit drugs, more than twice as likely to feel persistently sad or hopeless, more than three times as likely to inject illegal drugs and consider suicide or make a suicide plan, and more than four times as likely to attempt suicide³. Among youth aged 10-19 who died by suicide from 2003-2017, the LGBT youth were five times more likely to have been bullied than their non-LGBT peers (20.7% vs. 4.4%); among LGBT youth aged 10-13 years who died by suicide, 67.7% had been bullied⁴.

The proportion of SMY among adolescents who have attempted suicide has increased in recent years to nearly 40%⁵. National homeless organizations estimate that up to 40% of homeless youth are LGBT⁶.



Data on transgender youth show rates of suicidal thoughts two to four times higher than their peers who are not transgender and rates of suicide attempts three to six times higher. Transgender youth experience two to three times the risk of physical and sexual assault compared to their peers.⁷

Why are LGBT youth and adults at higher risk for mental health problems? Being LGBT is not a psychological disorder, and we have known this scientifically for half a century. For this reason, the American Psychiatric Association removed homosexuality as a mental disorder in 1973.⁸

The likely reason LGBT youth and adults are at a higher risk is “minority stress”, the exposure to stigma and discrimination that LGBT people face daily.⁹ Minority stress can result from being a victim of physical violence or discrimination but can also arise in the context of bias and discrimination

3 CDC 2018

4 Clark et al. 2020

5 Raifman et al. 2020

6 SAMHSA 2020

7 Johns et al. 2019

8 Drescher 2015

9 Testa et al. 2017

in the surrounding culture, even if the person does not seem to be directly hurt by it. LGBT youth face multiple modes of discrimination that take a toll on their health when they grow up in a community where it is acceptable to make anti-gay statements, where it is not safe to live openly as a transitioning person or as a same-sex couple, or where laws discriminate against them. Because of such stigma, it has been estimated that 83% of LGBT people around the world keep their orientations hidden.¹⁰

Other causes of minority stress can include being denied rights and privileges. For example:

Not being allowed to marry within one's faith

Not being able to be open in one's faith community

Family not recognizing or welcoming a young adult's same-sex partner

Research supports the role of minority stress in harming the health of LGBT youth. For example, a large survey of youth in the United States (the Youth Risk Behavior School Survey) found that LGBT youth in states without marriage equality (before same-sex couples in all states were granted marriage rights) had higher rates of suicide attempts than those in states with marriage equality.¹¹ Most of the youth surveyed were too young to be married or to be seeking marriage at the time they were surveyed, but just knowing that it was not a possibility for them was shown to have a negative impact on their mental health.

Rejection by one's own family also leads to negative health outcomes. Data from The Family Acceptance Project (FAP) have shown that young people who face family rejection

based on their LGBT identity are at high risk for depression, suicidal thoughts and behavior, substance use, and risky sexual behavior. From extensive interviews with LGBT youth and their families, FAP identified more than 100 behaviors that parents and caregivers use to react to their LGBT children.¹² About half of these behaviors are rejecting and the other half are accepting. FAP studied how these behaviors relate to risk and well-being in young adulthood. Like the Adverse Childhood Experiences (ACEs) study, FAP found that the more family rejecting behaviors that LGBT youth experienced, the higher their risk for serious health concerns in young adulthood. And, the more accepting behaviors they experienced, the greater their well-being, including higher levels of self-esteem and overall health and much lower levels of suicidal behavior, substance use, and depression.¹³

This risk from family rejection is substantial. LGBT youth who face high levels of rejection in their families are more than eight times more likely to attempt suicide (see Figure 1), six times as likely to report high levels of depression (see Figure 2), more than three times more likely to use illegal drugs, and three times more likely to be at high risk for HIV and sexually transmitted diseases than young people in families where they experience little or no rejection. LGBT youth who experience family rejection are also more likely to lose their faith and leave their faith tradition.¹⁴

Critically, there are also very serious risks to the well-being of LGBT youth when parents, therapists, and ministers attempt to change the young person's sexual orientation. Such attempts are associated with depression, suicidal thoughts and attempts, lower levels of education achieved, and



10 Pachankis and Bränström 2019

11 Raifman et al. 2017

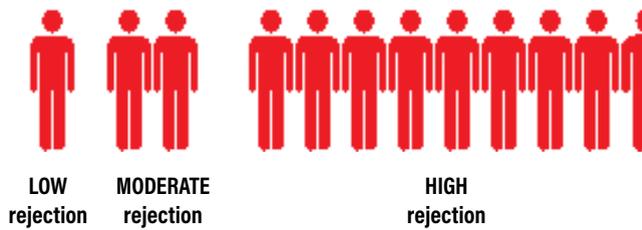
12 Ryan 2014

13 Ryan 2009

14 Ryan and Rees 2012

Figure 1

Lifetime Suicide Attempts for Highly Rejected LGBT Young People
(One or more times)



Ryan Family Acceptance Project, 2009

Level of Family Rejection

(from Ryan 2009; reprinted with permission)

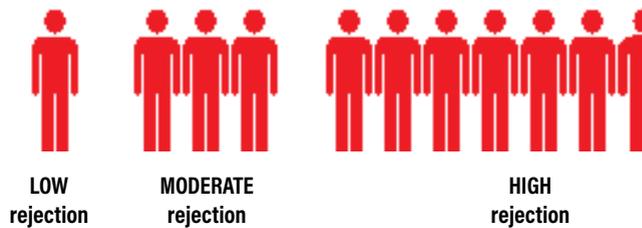
lower income. These effects are strongest when clergy and therapists, in addition to parents, are involved in the efforts to change sexual orientation.¹⁵ For these reasons, “conversion therapy” has been rejected by healthcare professionals in official policy statements by the American Academy of Pediatrics (since 1993),¹⁶ the American Medical Association (since 1996),¹⁷ the American Psychiatric Association (since 1994),¹⁸ the American Psychological Association (since 1998),¹⁹ and the National Association of Social Workers

(since 1992).²⁰ An extensive list of professional healthcare organizations’ position statements on conversion therapy is published by the Human Rights Campaign.²¹

The good news is that when LGBT youth experience acceptance and support by family and faith communities, they are more likely to have positive health outcomes and be protected from risks such as suicide, depression, and substance abuse. Acceptance improves self-esteem in LGBT youth and allows them to believe they can live happy adult lives

Figure 2

Depression Among Highly Rejected LGBT Young People



Ryan Family Acceptance Project, 2009

Level of Family Rejection

(from Ryan 2009; reprinted with permission)

15 Ryan et al. 2020

16 Beach et al. 1993

17 AMA 2019

18 APA 2018

19 Anton 2010

20 NASW 2015

21 See Resources section for the website

What we know about how to reduce these avoidable outcomes



(see Figure 3). Parents may feel the desire to pressure their child to change their sexual orientation or identity out of care and concern for them. Parents need to know that they

can improve that young person's mental health outcomes by engaging in behaviors that show they love their child, even if their faith does not allow them to embrace the child's

Figure 3



identity. In other words, parents may feel uncomfortable and still be able to help their LGBT children. A small change in the way they respond to their LGBT child can improve the child's health and well-being. Families may feel conflicted between their faith and their child's sexual orientation, but they do not have to choose between them to instill hope in their child and help them toward a better future.²² And faith communities can help, as is discussed in Part II.



²² Ryan 2015

Part II. How Faith Communities Can Help Acknowledging tensions that may exist with faith doctrines



Part II. How Faith Communities Can Help

Different faith traditions vary in their teaching about sexual orientation and same-sex marriage. In recent years, some faiths have modified their doctrines, although not without controversy and conflict. But no faith tradition wishes to intentionally harm its young members or to discourage youth from remaining within the tradition in which they were raised. In fact, the opposite is true. There will inevitably be tension, then, when deeply held principles collide. However, faith traditions do not need to abandon their doctrines in order to contribute to more positive health and mental health outcomes for their LGBT youth. Faith communities can assist

their parents, family members, friends, and congregants to respond to LGBT youth in more helpful and compassionate ways and help keep them connected with their faith at the same time. This is discussed in the next section. Faith communities should make this information available to their members and actively support these helpful behaviors. These efforts can go a long way toward decreasing the misinformation and misunderstandings that are commonly held and shared in society and help to reduce risk and improve well-being among LGBT youth, especially those who lack family and community support.

Counseling families about behaviors that help and behaviors to avoid



Research has demonstrated that certain behaviors can help LGBT youth, while other behaviors can hurt them.²³ Fortunately, the helpful behaviors do not require rejection of one's faith. Nor are they "all or nothing" actions – every increased degree of support and every decreased degree of rejection leads to improvement in mental health outcomes for LGBT youth.²⁴ So, parents and faith communities should be strongly motivated to try to be helpful in whatever ways they feel able. As in most challenging areas of life, over time such efforts will become easier and it will be possible to engage in more helpful behaviors (like those listed to the right). With increased family support, LGBT youth are more likely to stay connected to their faith and their faith community.

A helpful message for parents:

Types of behaviors that are helpful to your LGBT child

- Talking with your child about their LGBT identity
- Expressing affection when you learn of your child's LGBT identity
- Supporting your child's LGBT identity even if you feel uncomfortable
- Requiring that other family members respect your LGBT child
- Working to make your congregation supportive of LGBT members
- Believing your child can have a happy future as an LGBT adult

For more family behaviors that help reduce health risks and increase well-being, please download the FAP posters in

²³ Ryan 2009

²⁴ Ryan 2009; Ryan 2014

Part II. How Faith Communities Can Help

English and Spanish at: <http://familyproject.sfsu.edu/poster>

It may be very difficult for your child to talk to you about their identity or orientation. Your child may worry about your reaction and even fear losing your love. If you are having a hard time managing your reaction to learning about your child's sexual orientation or gender identity, you may need someone to talk to about it. Be honest with yourself about your emotions and your own needs and do not blame yourself. Make sure your child is assured of your love, in words and actions. Don't stop doing things together that you enjoy and that have defined you as a family, including attending religious services. Be open to listening when your child wants to talk; you don't need to have all the answers, you just have to be there for them (just like all the other challenges of parenting). Offer your support and respect for your child as a model for friends, family, neighbors, and members of your faith community. Use this booklet in your congregation as a starting point for dialogue and inquiry. Take advantage of what it means to live in community.

It is also very important to avoid rejecting behaviors, as they serve to alienate your child and may have far-reaching and long-lasting consequences that you will regret (see examples below).

Types of behaviors that are harmful to your LGBT child

- Hitting, physically hurting, or verbally harassing your child because of their LGBT identity
- Excluding LGBT youth from family events and activities
- Blaming your child when they are mistreated or discriminated against because of their LGBT identity
- Telling your child that God will punish them because they are gay or transgender
- Telling your child that you are ashamed of them
- Making your child keep their LGBT identity a secret

For more family behaviors that increase your child's health risks, please download the FAP posters in English and Spanish at: <http://familyproject.sfsu.edu/poster>



Providing opportunities for dialogue, welcome, and inclusion



It is not necessary to be an expert on LGBT youth to be effective parents or helpful faith community members. Very few parents (or caregivers) are experts in child development, education, or psychology, but such expertise is not essential to raising healthy children. Good parenting always involves sacrifice, as does living well in community with others. Faith traditions understand this.

Equipped with basic knowledge about what is important to the healthy development of LGBT youth, faith communities can be places for dialogue, welcome, and inclusion, capable of supporting families and individuals and maintaining their connections to their faith. At the same time, families and members of faith communities are encouraged to be honest about their feelings and concerns. Internal conflicts should

not be conversation enders, they should be conversation starters – but, importantly, conflicts should be expressed along with the clear message that the adults of the community love and respect the young LGBT person.

The process may be uncomfortable and/or challenging, but faith traditions generally understand that love of neighbor may involve discomfort or sacrifice. Finding ways to love and support our children and help them achieve lives of hopefulness and helpfulness is an important part of living in community.



Part III. Finding and Building Common Ground Roles for faith and medicine

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The Family Acceptance Project has been conducting research on LGBT youth and publishing its findings and guidance for 18 years.

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Medicine and faith, each in its own way, aim to enhance human flourishing. In their diverse methods, practices, and accomplishments, the opportunity exists for faith traditions and medical practices to complement one another and thus, through dialogue and collaboration, lead to the enhancement of their shared aspirations. Indeed, such collaborations have been productive in the recent past. One example is *Mental Health: A Guide for Faith Leaders*²⁵ prepared by the Mental Health and Faith Community Partnership Steering Committee of the American Psychiatric Association Foundation in 2018. It is our sense that such partnerships will grow in number and outcomes. The ability to support LGBT youth in our homes, faith communities, schools,²⁶ and healthcare settings will be further enhanced with continued collaborations between medicine and faith.

Resources and examples

Members of your faith community may be interested in forming a support group or reading group to learn and teach others about ways to be helpful to the LGBT youth in your community. The examples below are good places to start. Ideally, such groups would include parents, family and friends of LGBT youth, ministers/clergy, teachers, and healthcare professionals, as well as any other interested individuals.

The Family Acceptance Project has been conducting research on LGBT youth and publishing its findings and guidance for 18 years. This includes implementing an evidence-informed family support model in mental health, pastoral care, and other care systems to help families to support their LGBT children. They make available a wealth of publications, including booklets, posters, videos, and articles from professional journals. The posters can be found at: <https://familyproject.sfsu.edu/poster>. They also maintain an extensive list of resources from other organizations. Their website is <https://familyproject.sfsu.edu/>. One of their powerful videos, “Families Are Forever,” is available for purchase at <https://www.familyacceptanceproject.org/>.

The Family Acceptance Project has been developing specific resources for families with LGBT children from religious denominations, starting with a family education booklet for members of the Church of Jesus Christ of Latter-day Saints. Together with other family education materials, this booklet is a “Best Practice” resource for suicide prevention included in the Best Practices Registry for Suicide Prevention. These booklets are available at: <https://familyproject.sfsu.edu/publications>.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has published a useful resource: A Practitioner’s Resource Guide: Helping Families to Support

²⁵ Available at <https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/faith-mentalhealth-guide.pdf>

²⁶ For evidence of the positive health effects for students in LGBT-affirming school environments, see Toomey et al. 2011, Poteat et al. 2012, and Coulter et al. 2016

Part III: Finding and Building Common Ground

Their LGBT Children, written by Dr. Caitlin Ryan of the San Francisco State University, Director of the Family Acceptance Project. [HHS Publication No. PEP14-LGBTKIDS. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.] This is available for free download from SAMHSA at: <https://store.samhsa.gov/product/A-Practitioner-s-Resource-Guide-Helping-Families-to-Support-Their-LGBT-Children/PEP14-LGBTKIDS>; or from the Family Acceptance Project publication site: <https://familyproject.sfsu.edu/publications>.

PFLAG (Parents, Families, and Allies with People who are Lesbian, Gay, Bisexual, Transgender, and Queer) has valuable resources on its website (<https://pflag.org>) to promote education, support, and advocacy for LGBTQ people and issues, including a network of local chapters where families can find assistance and encouragement from other families.

The Human Rights Campaign (www.hrc.org) is the “largest national lesbian, gay, bisexual, transgender and queer civil rights organization”. They work to increase understanding and encourage the adoption of LGBTQ-inclusive policies and practices. There are many resources on their website, including an extensive list of “Policy and Position Statements on Conversion Therapy” from professional healthcare organizations; this is available at: <https://www.hrc.org/resources/policy-and-position-statements-on-conversion-therapy>.

Keshet (www.keshetonline.org) “works for the full equality of all LGBTQ Jews and our families in Jewish life.” They have resources to “build LGBTQ-affirming communities, create spaces in which all queer Jewish youth feel seen and valued, and advance LGBTQ rights nationwide.”





Invitations

We encourage faith communities to communicate with mental health and health providers in their local communities and to engage them in dialogues about ways to improve the health and well-being of LGBT youth. We also invite them to communicate with us about this document, especially if they have suggestions for improvements, further discussions, or examples of helpful programs and activities they have created or encountered. We look forward to an open and expanding conversation and a future in which all our young people are nurtured in loving and caring families and supportive communities of faith. Correspondence may be addressed to: LGBTyouth@ourgap.org



Part IV: Further Reading

Part IV: Further Reading

Some members of your faith community and/or your local health care providers may be interested in reading further about the research about health risks and protective factors for LGBT youth and the intersection of faith and LGBT concerns. The following publications would be useful for that purpose.

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