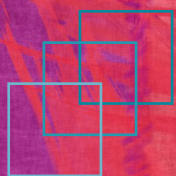


FAITH COMMUNITIES

and the Well-Being of LGBTQ Youth

Second Edition



GROUP for the
ADVANCEMENT of
PSYCHIATRY



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Faith Communities and the Well-Being of LGBTQ Youth, Second Edition

Group for the Advancement of Psychiatry: Psychiatry and Religion Committee and LGBTQ+ Committee

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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.

”

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, transgender, and queer (LGBTQ) 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 LGBTQ youth were five times more likely to have been bullied than their non-LGBTQ peers (20.7% vs. 4.4%); among LGBTQ 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 35.6%⁵. SMY are nearly four times more likely to attempt suicide than their peers⁶.

National homeless organizations estimate that up to 40% of homeless youth are LGBTQ. The two most common reasons for becoming homeless cited by LGBTQ youth are: rejection by family because of their orientation or identity; and being forced out by their family after coming out - despite preferring to stay at home⁷.

Data on transgender youth show rates of suicidal thoughts two to four times higher than their non-transgender peers who are not transgender and rates of suicide attempts

three to six times higher. Transgender youth experience two to six times the risk of physical and sexual assault compared to their non-transgender peers.⁸

Surveys by the Trevor Project in 2021⁹ and 2022¹⁰ add to these concerns. The 2022 survey of nearly 34,000 LGBTQ youth from ages 13-24 across the United States demonstrated that: 45% of LGBTQ youth seriously considered suicide in the past year (up from the previous year, and including more than half of transgender and nonbinary youth); and 14% of LGBTQ youth attempted suicide in the past year. In 2021, more than 80% stated that COVID-19 made their living situation more stressful (with only 1 in 3 saying their home was LGBTQ-affirming); 70% stated their mental health was poor most of the time or always during the pandemic (this dropped to 56% in 2022); and 94% reported that recent politics negatively affected their mental health (up from 86% in the 2020 survey).

Why are LGBTQ youth and adults at higher risk for mental health problems? Being LGBTQ 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 1973.¹¹

The likely reason LGBTQ youth and adults are at a higher risk is "minority stress", the exposure to stigma and discrimination that LGBTQ people face daily¹². Minority stress can result from being a victim of physical violence

3 CDC 2018

4 Clark et al. 2020

5 Raifman et al. 2020

6 SAMHSA 2020

7 Keuroghlian et al. 2014

8 Johns et al. 2019

9 Trevor Project 2021

10 Trevor Project 2022

11 Drescher 2015

12 Testa et al. 2017

Part I. Overview

or discrimination but can also arise in the context of bias and discrimination in the surrounding culture, even if the person does not seem to be directly hurt by it.

In the 2022 Trevor Project survey, 36% of LGBTQ youth reported that they have been physically threatened or harmed because of their sexual orientation or gender identity. Among gay male youth, that number was 40%. Among transgender male youth it was 55%, and 47% for transgender female youth. In that same survey, 73% of LGBTQ youth reported that they had experienced discrimination based on their sexual orientation or gender identity at least once in their lifetime.

LGBTQ youth face multiple modes of discrimination that take a toll on their health when they grow up in a community where their identities are routinely ridiculed and demeaned, 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 LGBTQ people around the world keep their orientations hidden¹³.

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 LGBTQ youth. For example, a large survey of youth in the United States (the Youth Risk Behavior School Survey) found that LGBTQ 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.¹⁴

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 can be traumatic for LGBTQ youth¹⁵ and leads to negative health outcomes. Research from The Family Acceptance Project (FAP) has shown that young people who face family rejection based on their LGBTQ identity are at high risk for depression, suicidal thoughts and behavior, illegal drug use, and risky sexual behavior. From extensive interviews with LGBTQ youth and their families, FAP identified more than 100 behaviors that parents and caregivers use to react to their LGBTQ children.¹⁶ 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 LGBTQ 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.¹⁷

This risk from family rejection is substantial. LGBTQ 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. LGBTQ youth who experience family rejection are also more likely to lose their faith and leave their faith tradition.¹⁸

¹³ Pachankis and Bränström 2019

¹⁴ Raifman et al. 2017

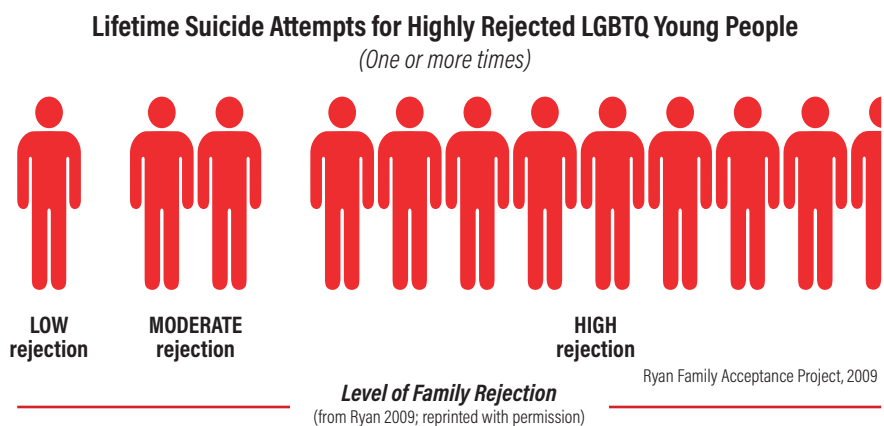
¹⁵ Glassgold and Ryan 2022; Ryan, Barba, Cohen 2023

¹⁶ Ryan 2014

¹⁷ Ryan 2009; Ryan et al. 2010

¹⁸ Ryan and Rees 2012

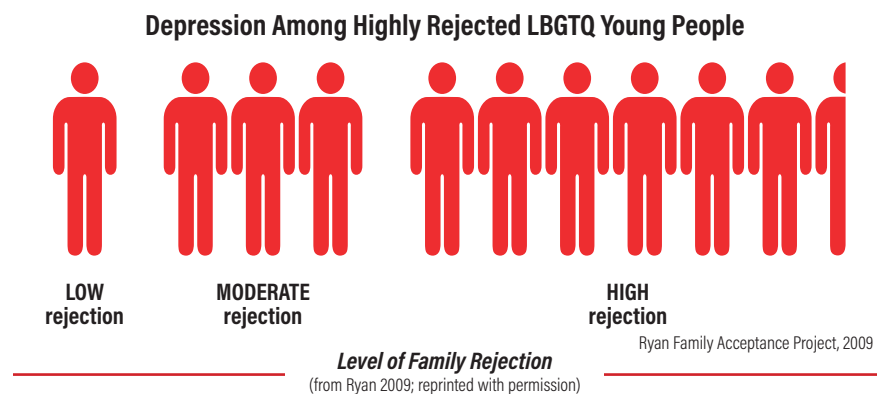
Figure 1



Crucially, there are also very serious risks to the well-being of LGBTQ 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 lower income. These effects are strongest when clergy and therapists, in addition to parents, are involved in the efforts to change sexual orientation.¹⁹ For these reasons, “conversion therapy” has been rejected

by healthcare professionals in official policy statements by the American Academy of Pediatrics (since 1993),²⁰ the American Medical Association (since 1996),²¹ the American Psychiatric Association (since 1994),²² the American Psychological Association (since 1998),²³ and the National Association of Social Workers (since 1992).²⁴ An extensive list of professional healthcare organizations’ position statements on conversion therapy is published by the Human Rights Campaign.²⁵

Figure 2



19 Ryan et al. 2020
 20 Beach et al. 1993
 21 AMA 2019
 22 APA 2018
 23 Anton 2010
 24 NASW 2015
 25 The Human Rights Campaign: Policy and Position Statements on Conversion Therapy

What we know about how to reduce these avoidable outcomes



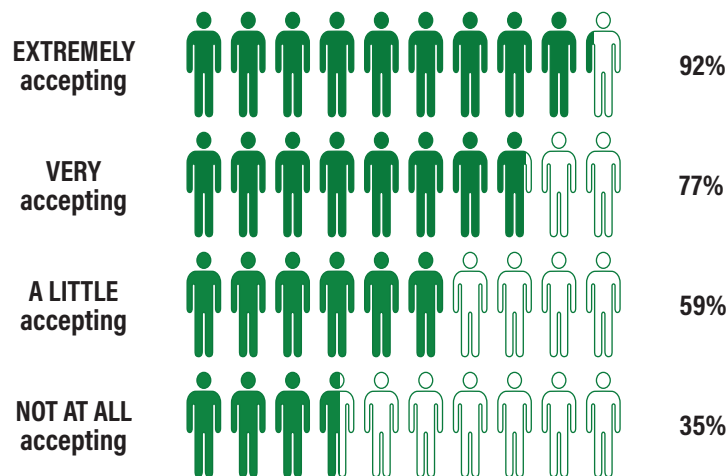
The good news is that when LGBTQ youth experience acceptance and support by family and faith communities, they are more likely to have positive health outcomes and be protected from risks such as suicide, depression, and substance abuse. Acceptance improves self-esteem in LGBTQ youth and allows them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

Figure 3

Youth Believe They Can Be A Happy LGBTQ Adult

Level of Family Acceptance



(from Ryan 2009; reprinted with permission)

Ryan Family Acceptance Project, 2009



In other words, parents may feel uncomfortable and still be able to help their LGBTQ children. A small change in the way they respond to their LGBTQ child can improve the child's health and well-being. Families may feel conflicted between their faith and their child's sexual orientation or gender identity, but they do not have to choose between them to instill hope in their child and help them toward a better future.²⁶ And faith communities can help, as is discussed in Part II.

26 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. The lived experiences of LGBTQ persons who are members of faith communities demonstrate the importance of both spiritual identity and sexual identity to individuals, sometimes generating a complicated mix of conflict and comfort²⁷.

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 LGBTQ youth. Faith communities can assist their parents, family members, friends, and congregants to respond to LGBTQ 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 LGBTQ youth, especially those who lack family and community support.

²⁷ Ghazzawi et al. 2021

Part II. How Faith Communities Can Help

Counseling families about behaviors that help and behaviors to avoid



Research has demonstrated that certain behaviors can help LGBTQ youth, while other behaviors can hurt them.²⁸ 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 LGBTQ youth.²⁹ 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, LGBTQ youth are more likely to stay connected to their faith and their faith community.

Types of behaviors that are helpful to your LGBTQ child

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

For more family behaviors that help reduce health risks and increase well-being, please download the FAP posters (available in 11 languages) at: <http://familyproject.sfsu.edu/poster>

²⁸ Ryan 2009; Ryan et al. 2010

²⁹ Ryan 2009; Ryan 2014

Part II. How Faith Communities Can Help

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 LGBTQ child

- » Hitting, physically hurting, ridiculing, name calling, or using hurtful words to refer to your child because of their LGBTQ identity or gender expression
- » Excluding LGBTQ youth from family events and activities
- » Blaming your child when they are mistreated or discriminated against because of their LGBTQ 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 LGBTQ identity a secret

For more family behaviors that increase your child's health risks, please download the FAP posters (available in 11 languages) at: <http://familyproject.sfsu.edu/poster>



Part II. How Faith Communities Can Help

Providing opportunities for dialogue, welcome, and inclusion



It is not necessary to be an expert on LGBTQ 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 LGBTQ 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 LGBTQ 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 LGBTQ youth and publishing its findings and guidance for more than 20 years.

”

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*³⁰ 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 LGBTQ youth in our homes, faith communities, schools,³¹ and healthcare settings will be further enhanced with continued collaborations between medicine and faith.

30 American Psychiatric Association Foundation 2018

31 For evidence of the positive health effects for students in LGBTQ-affirming school environments, see Toomey et al. 2011, Poteat et al. 2013, Coulter et al. 2016, and Kaczkkowski et al. 2022

Part III: Finding and Building Common Ground

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 LGBTQ youth in your community. The examples below are good places to start. Ideally, such groups would include parents, family and friends of LGBTQ youth, ministers/clergy, teachers, and healthcare professionals, as well as any other interested individuals.

The **Family Acceptance Project** has been conducting research on LGBTQ youth and publishing its findings and guidance for more than 20 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 LGBTQ children. They make available a wealth of publications, including booklets, posters, videos, and articles from professional journals. Their multilingual Healthy Futures posters can be found at: <https://familyproject.sfsu.edu/posters>. They have also developed a national online resource for LGBTQ youth and families to help decrease mental health risks and increase support. This includes: crisis and support lines; a national searchable map of supportive services for LGBTQ youth and families; a list of affirming faith-based resources for diverse denominations; culture-based and evidence-based resources; and family guidance resources available at: <https://LGBTQfamilyacceptance.org>. One of their powerful videos, "Families Are Forever," is available for purchase at: <https://familyproject.sfsu.edu/family-videos>.

The Family Acceptance Project has been developing specific resources for families with LGBTQ 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 two useful resources. The first is: **A Practitioner's Resource Guide: Helping Families to Support Their LGBTQ Children**, written by Dr. Caitlin Ryan of the San Francisco State University, Director of the Family Acceptance Project. [HHS Publication No. PEP14-LGBTQKIDS, 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-LGBTQ-Children/PEP14-LGBTQKIDS>. The second is: **Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth**. [HHS Publication No. PEP22-03-12-001, 2023]. This is available at: <https://store.samhsa.gov/sites/default/files/pep22-03-12-001.pdf>.

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. Specific faith-related resources include: *Faith in our Families* (<https://pflag.org/resource/faith-in-our-families>); and Faith Resources for Muslims (<https://pflag.org/resource/faith-resources-for-muslims>).

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 a section on Religion & Faith at: <https://www.hrc.org/resources/religion-faith>; and an

Part III: Finding and Building Common Ground

extensive list of "Organizational Positions on Reparative Therapy" at: <https://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy>.

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

Links to other faith groups supportive of LGBTQ well-being can be found at <https://www.glaad.org/programs/faith>. The Pacific School of Religion's Center for LGBTQ & Gender Studies in Religion has produced a resource for welcoming LGBTQ youth in faith communities: *Transitioning to Inclusion: Embracing Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Faith Communities* (<https://www.clgs.org/multimedia-archive/transitioning-to-inclusion-embracing-lesbian-gay-bisexual-transgender-and-questioning-youth-in-faith-communities>).

The Naming Project (<https://www.thenamingproject.org>) is "a Christian ministry ... in which youth can comfortably discuss faith and who they understand themselves to be and how they relate to God and the rest of the world. Youth from around the country attend our summer camp, and we communicate with youth, parents, pastors, youth workers, and others who care for LGBTQ youth."

Made, Known, Loved: *Developing LGBTQ-Inclusive Youth Ministry* (<https://www.madeknownloved.org>) "builds on experience and wisdom cultivated through The Naming Project. [It] shows congregations how to create a program that affirms LGBTQ youth in their faith and their identity, accepts and welcomes diverse sexual orientations and gender identities, and equips future leaders for the church and the LGBTQ community."

Beloved Arise (<https://www.belovedarise.org>) is the "first national organization dedicated primarily to empowering youth to proudly embrace both their faith and queer identity. Beloved Arise currently focuses on resources for teens across all Christian denominations."

Affirming Youth Ministries (<https://affirmingyouthministries.org>) offers "community and support to Christian youth and young adults through weekly gatherings, virtual community, and resources. We also offer resources to adults seeking to educate themselves in order to support young queer people in their lives. Through our work, we aim to center mental health, anti-racist practices, and intersectionality so that we may see the fullness of everyone's humanity and God's grace and love."



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 LGBTQ 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: LGBTQyouth@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 LGBTQ youth and the intersection of faith and LGBTQ concerns. The following publications would be useful for that purpose.

Affirming Youth Ministries: offers community and support to Christian youth and young adults, aiming to center mental health, anti-racist practices, and intersectionality to see the fullness of everyone's humanity and God's grace and love. <https://affirmingyouthministries.org>

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Beloved Arise: An organization that currently focuses on resources for teens across all Christian denominations, with a long-term vision to partner with other faith-based organizations to extend our reach to queer youth from all faith traditions. <https://www.belovedarise.org>

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Faith Communities and the Well-Being of LGBTQ Youth, Second Edition

Group for the Advancement of Psychiatry: Psychiatry and Religion Committee and LGBTQ+ Committee

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