

CENTER of EXCELLENCE **LGBTQ+ BEHAVIORAL HEALTH EQUITY**



Southeast (HHS Region 4)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Creating Safety Plans with LGBTQ+ Youth


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CREATING SAFETY PLANS WITH LGBTQ+ YOUTH

Learning Objectives:

1. Provide question to assess a young person's support system.
2. Build understanding of the challenges LGBTQ+ youth might face in distressing situations.
3. Hear strategies that help LGBTQ+ youth cope through difficult and stressful times.

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Activity Planners: Marlene Matarese, MSW, PhD; Angela Weeks, DBA; Christopher Bellonci, MD, FAACAP; Shelley Craig, PhD, RSW, LCSW; Ashley Austin, PhD, LCSW

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CREATING SAFETY PLANS WITH LGBTQ+ YOUTH

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The **Southeast MHTTC** is located at the Rollins School of Public Health, Emory University.

Serve states in HHS Region IV: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.



Our Mission: To promote the implementation and sustainability of evidence-based mental health services in the Southeastern United States.

Our Vision: Widespread access to evidence-based mental health services for those in need.



Southeast Mental Health Technology Transfer Center

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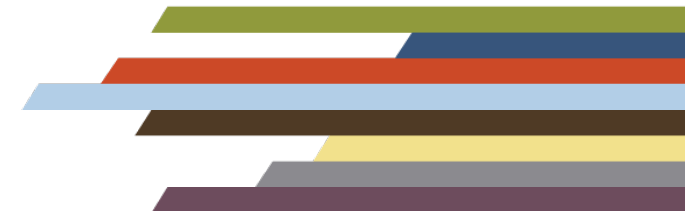
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We appreciate your feedback!

Angela Weeks, DBA

Angela is the Director of the Center of Excellence on LGBTQ+ Behavioral Health Equity and brings extensive national experience creating, implementing, and evaluating programs and initiatives that improve the lives of LGBTQ+ people and communities.



Ian Siljestrom

Ian Siljestrom is the Safe Schools Deputy Director for Equality Florida. He works directly with 67 school districts across Florida to assist in the implementation of professional development and comprehensive best practices to ensure the empowerment of all students' identities.



Learning Objectives

1

Provide question to assess a young person's support system.

2

Build understanding of the challenges LGBTQ+ youth might face in distressing situations.

3

Hear strategies that help LGBTQ+ youth cope through difficult and stressful times.



CHALLENGES & RISK FACTORS

- Lack of family acceptance/support
- Bullying, harassment, violence
- Lack of visible possibility models
- Lack of social programs
- Limited access to affirming care
- Stigma associated with LGBTQ+ identities
- Internalized biases

Leads to high rates of isolation, depression, anxiety, minority stress, and other mental health outcomes



Benefits and Protective Factors

- Improved self-esteem
- Ability to be authentic
- Reduce the stress of hiding
- Able to connect to community and supports
- Build stronger relationships



Circumstances for when a Child or Youth Might Need a Safety Plan

Changing Gender Expression

- Hair style
- Clothing
- Names
- Makeup/jewelry
- Mannerisms
- Sports/activities



Going into gender segregated areas/activities

- Bathrooms
- Locker Rooms
- Sports
- School Groups/Clubs





Transgender Youth Navigating Disclosure While Dating

Statistics documenting transgender people's experience of sexual violence indicate shockingly high levels of sexual abuse and assault. One in two transgender individuals are sexually abused or assaulted at some point in their lives.¹

Some reports estimate that transgender survivors may experience rates of sexual assault up to 66 percent, often coupled with physical assaults or abuse.²

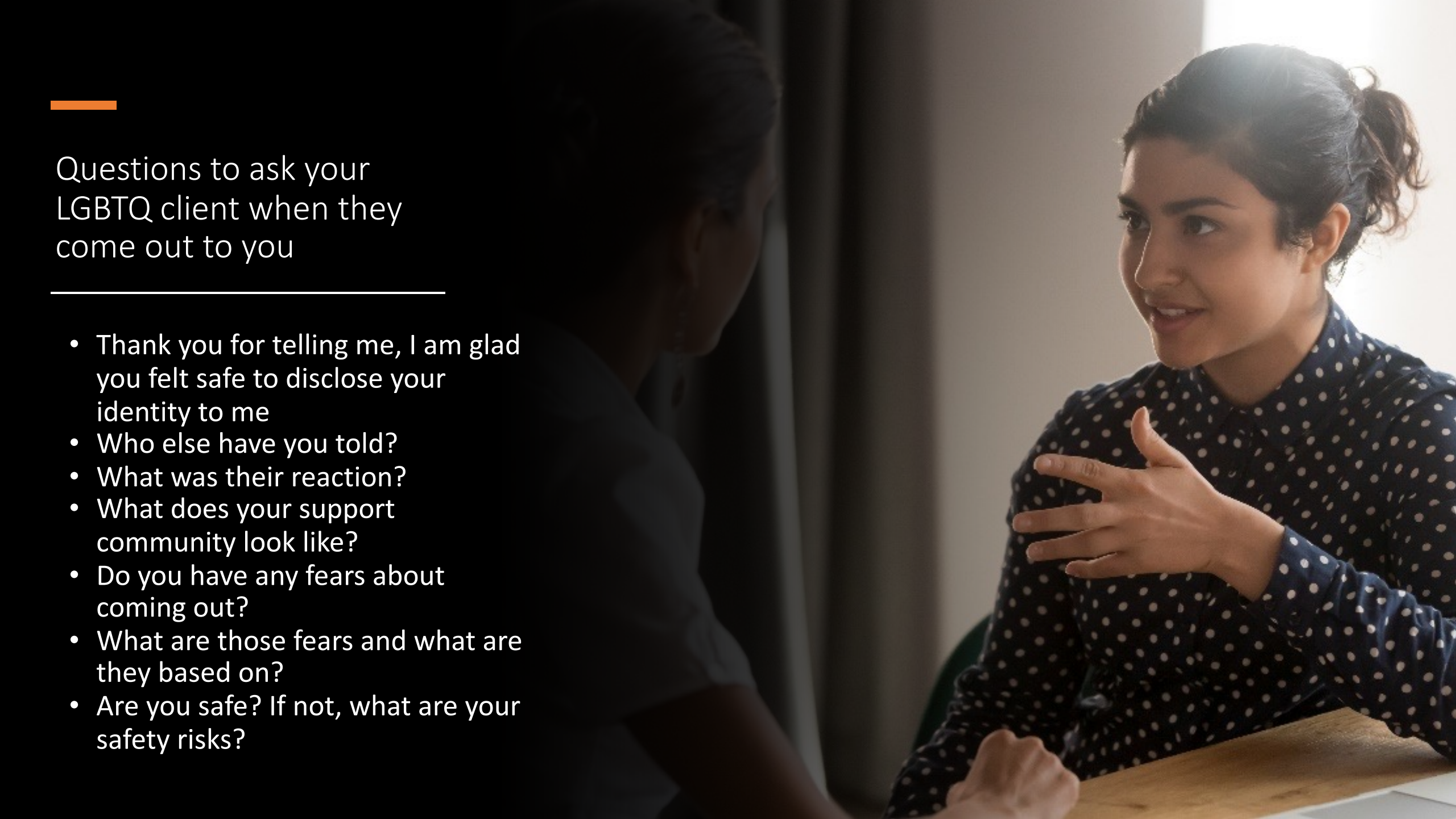
Hate Crimes Against Trans People

In 2020, the Human Rights Campaign tracked 44 murders of Transgender people, the majority of them women of color.

In 2021, 57 transgender people were murdered.

HRC tracks the reported* murders and publishes profiles in memories of those lost.

<https://www.hrc.org/resources/fatal-violence-against-the-transgender-and-gender-non-conforming-community-in-2021>

A woman with dark hair tied back, wearing a dark blue polka-dot shirt, is seated at a wooden table and looking towards a man whose profile is visible on the left. The man is wearing a dark shirt. The background is a simple, brightly lit room.

Questions to ask your LGBTQ client when they come out to you

- Thank you for telling me, I am glad you felt safe to disclose your identity to me
- Who else have you told?
- What was their reaction?
- What does your support community look like?
- Do you have any fears about coming out?
- What are those fears and what are they based on?
- Are you safe? If not, what are your safety risks?

A person with short dark hair, wearing a grey and black striped sweater, is seen from behind, looking at a wall covered in various documents and diagrams. The wall is filled with papers, some of which contain flowcharts, diagrams, and text. The person is standing in front of a wall that is densely packed with safety-related documents, including flowcharts, diagrams, and text. The overall scene suggests a collaborative or individual effort in creating a safety plan.

Creating a Safety Plan

Assess the persons concerns for various situations

- If things go bad, what's the plan?
- If things go well, what's the plan?
- What is the ideal situation?
- Is there a middle ground that should be considered in the event that the ideal is not reachable?



Explore the young person's network of support

- Who will they reach out to, good or bad?
- Have they made a plan with this person?
- What if something unplanned happens? Can you still reach out to them?
- Are there back-up supports they can turn to?



Practice skills that are comfortable to the young person

- Coping skills
- Relaxation techniques
- Role play difficult conversations or scenarios



Important Disclosure Tips for Transgender Youth who are Dating

- Disclose in a public, well lit, place and have a safe exit plan or safe way to get home
- Disclose over a video call so that you can see the person's body language when you tell them
- If on dating apps, consider disclosing in your profile to weed out dangerous people
- If going to someone's house, let that person know you gave their information to a parent or friend for safety reasons



Important Reminder

Remind young people, that no one deserves to be mistreated or hurt as a result of who they are. If they are victims of harm, they have every right to report the incident.

G E N D E R

I S

A

S P E C T R U M

Develop and Go Over the Plan

1

Describe the
difficult situation

2

Decide on the plan
and coping skill to
use

3


Imagine the
scenario in various
ways

4

Rehearse the script
or practice using
the skill

5

Practice the
relaxation and self-
care technique
after the rehearsal



Provide Programs for
LGBTQ+ Youth

Supporting LGBTQ+ People Through Family Gatherings

Things to Consider When Your LGBTQ+ Clients Plan to Attend Family Gatherings

Holidays, weddings, funerals and other family gatherings can be challenging times for **Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ+)** clients. It is a time when your clients may traditionally get together and engage in family and religious rituals. For LGBTQ+ people whose families are not affirming, it may mean making a choice between being with their family of origin, being with a family of choice (friends and loved ones), or being alone. Here are some tips to help you to prepare your LGBTQ+ clients navigate family gatherings:

Sadly, for many LGBTQ+ individuals who come from families that are rejecting there are very real behavioral health consequences. From the ground-breaking work of the Family Acceptance Project we know that youth that come from highly rejecting families are at:

- 6 x increased risk of depression
- 5.5 x increased risk for suicidal ideation
- 8 x increased risk for suicide attempts
- 3 x increased use of illegal drugs
- 3 x increased risk of HIV/STD

There is every reason to believe that family rejection is harmful to LGBTQ+ people of all ages. For example, older LGBTQ+ individuals are at risk for increased social isolation due to discrimination and rejection. Additionally, LGBTQ+ elders may also be navigating the loss of their support group as their friends age, become less mobile, or pass away. This group of LGBTQ+ people is less likely to have children who can care for them as they age. These circumstances may result in the connections they have to their biological family becoming even more pronounced. All these stressors can become especially challenging during holidays and family gatherings.

Rejecting behaviors are actions that reject the person's identity. Here are some examples:

- 1 Refusing to acknowledge the person your client is dating.
- 2 Refusing to use the correct name and pronoun.
- 3 Trying to change the person's sexual orientation or gender identity through prayer, counseling, or by getting them to date someone of the opposite gender.
- 4 Asking your client to hide their identity or dress in a way that is uncomfortable to them.
- 5 Not including your client in family events or traditions.

How to help

- Before they go to family events, ask your LGBTQ+ client if their family is a source of support and affirmation. If not, support them considering their options and making a "family gathering self-care plan."
- In supporting your LGBTQ+ client's plans for attending a family gathering, ask them:

- What they hope to occur
- What are they anticipating will occur
- What they are willing to ignore
- What they will not stand for

This may be the first time someone has suggested they can make expectations of acceptance and affirmation from their families.

- If their family intends to participate in traditions, religious ceremonies, or visits with non-affirming

Sources

¹ FORGE, 2005, Sexual Violence in the Transgender Community Survey, unpublished data; G. Kenagy, 2005, "The Health and Social Service Needs of Transgender People in Philadelphia," *International Journal of Transgenderism* 8(2/3):49–56; G. Kenagy and W. Bostwick, 2005, "Health and Social Service Needs of Transgendered People in Chicago," *International Journal of Transgenderism* 8(2/3):57–66.

² J. Xavier, J.A. Honnold, and J. Bradford, 2007, [*The Health, Health-Related Needs, and Lifecourse Experiences of Transgender Virginians*](#), Richmond, VA: Community Health Research Initiative, Center for Public Policy, Virginia Commonwealth University, accessed Sept. 7, 2010; C. Reback, P. Simon, C. Bemis, and B. Gatson, 2001, *The Los Angeles Transgender Health Study: Community Report*, Los Angeles, CA: University of California at Los Angeles; J. Xavier, M. Bobbin, B. Singer, and E. Budd, 2005, "A Needs Assessment of Transgendered People of Color Living in Washington, DC," *International Journal of Transgenderism* 8(2/3):31–47; C.K. McGowan, 1999, *Transgender Needs Assessment*, New York, NY: New York City Department of Health, HIV Prevention Planning Unit; E. Lombardi, R. Wilchins, D. Priesing, and D. Malouf, 2001, "Gender Violence: Transgender Experiences With Violence and Discrimination," *Journal of Homosexuality* 42(1):89–101; K. Clements, M. Katz, and R. Marx, 1999, *The Transgender Community Health Project: Descriptive Results*, San Francisco, CA: San Francisco Department of Public Health.

QUESTIONS AND DISCUSSION

CONTACT INFORMATION

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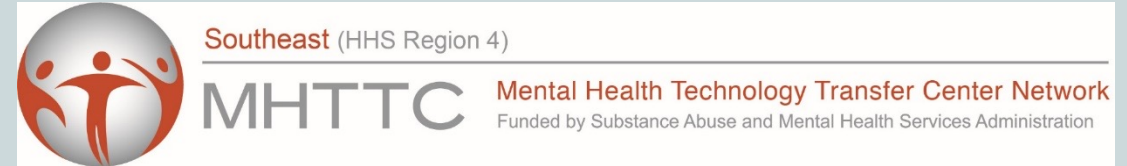
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