



# Promoting Access to Care for Rural LGBTQ+ Patients

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Camille Evans LCSW  
Bari Laskow, MD

# Disclosure

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Federal funding from HRSA (grant number: 6P10RH47310-01-01) and the Gilead Foundation.

No additional disclosures.

# Workshop Description

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## Expanding Transgender Care to Rural Communities

Full Circle Health Nampa Program

- Introductions: Bari Laskow, MD

Valor Health and Cornerstone Whole Health Organization

- Introductions: Camille Evans, LCSW

Knowing Your Why

Disparities Facing LGBTQ+ Patients

Consultation Service For LGBTQ+ Care

LGBTQ+ Education Opportunities For Community Providers

The Family Acceptance Project

Summary and Questions





# Learning Objectives

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Explore diverse challenges facing LGBTQA+ patients

Challenges in a rural area

Model for partnership and upskilling staff

Resources for supporting families

# Full Circle Health

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**Full Circle Health Clinics** is a Federally Qualified Health Center aiming to provide high quality, patient-centered, and affordable health care services to satisfy the primary care needs of our community members.

**Full Circle Residency of Idaho Nampa Program** is a residency program designed to prepare residents to practice full-spectrum family medicine in any setting, but in particular rural, underserved communities.



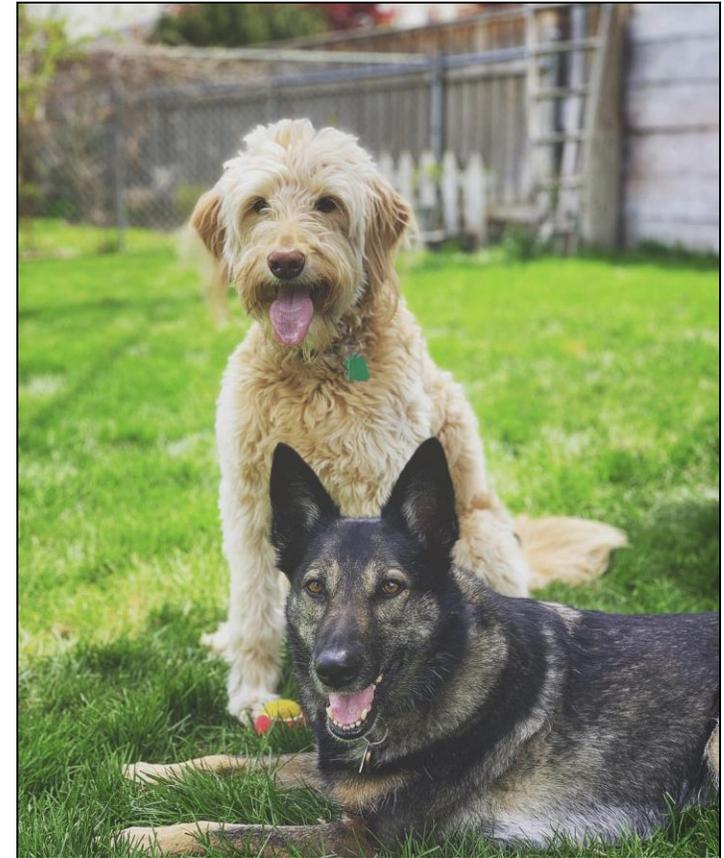
# Jeff Pennings DO

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Board certified family physician, completed medical school at Campbell University School of Osteopathic Medicine in North Carolina.

Moved to Idaho in 2017 with my now wife, Kelly Pennings, where we both completed our residency training at the Family Medicine Residency of Idaho Boise Program.

Now practicing family medicine at the Family Medicine Residency of Idaho Nampa Program.



# Cornerstone Whole Health Organization

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**Cornerstone Whole Healthcare Organization, Inc. (C-WHO) is a 501(c)(3) private non-profit, serving rural and other vulnerable populations, dedicated to improving the conditions for health among all communities. Our diverse team of thought leaders, content experts, project managers, data scientists, clinicians, and information technology specialists offer an array of services to help your organization not just survive but thrive in the ever-changing health and healthcare space.**

## **Our Mission**

**We forge partnerships in pursuit of health equity to identify and optimize opportunities that improve outcomes and create sustainable systems.**

## **Our Vision**

**To be a force that inspires and creates radically innovative solutions across the health continuum.**



# Valor Health

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Valor Health is a county-owned, rural health system that services the city of Emmett and its surrounding areas.

16-bed Critical Access Hospital, offering:

- Labor & Delivery
- Emergency Services
- Full-service Laboratory
- Surgery
- Imaging
- Infusion Services
- Transitional Care

Family Practice and Urgent Care Clinic

- Integrated Behavioral Health Services
- Chronic Care Management
- PCMH

Specialty Medicine Clinic



# Camille Evans, LCSW

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Born and raised in Idaho. Moved to Emmett in 2001 to raise 5 children. Graduated from Boise State University and Northwest Nazarene University with Masters in Social Work in 2009.

Worked for 9 years in hospice in direct care and leadership. Then 18 months for an insurance company supervising Case and Disease Management.

Started at Valor in 2017 as Social Worker and Case Manager. Started Behavioral Health program in primary care clinic 4 years ago.



# My journey with LGBTQ+ care

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Rhett Brown MD – Charlotte, NC



**We should indeed keep calm  
in the face of difference,  
and live our lives in a state  
of inclusion and wonder at  
the diversity of humanity.**



GEORGE TAKEI

**BREAK**  **TIME**

You Tube [michaeljrcomedy](https://www.youtube.com/michaeljrcomedy)

# My Why?

- Started about 10 years ago with my daughter.
- Our home became a safe place over the years as we learned more about how to support and value the individuality and courage of these young people.
- Fast forward to work at Valor and opportunity with Cambia grant.
- Drawn to their courage and strength.



# Challenges, Disparities, and Isolation

Childhood and Adult Trauma

Healthcare Disparities

Social / Community / Familial

Anti-LGBTQ Legislative Attacks

Civil Injustice



# LGBT PEOPLE IN RURAL AREAS HAVE UNIQUE EXPERIENCES AND CHALLENGES

## RURAL AMERICA IS HOME TO MANY LGBT PEOPLE

An estimated 2.9 – 3.8 million LGBT people live in rural communities across the United States. Many LGBT people choose to live in rural areas for the same reasons that non-LGBT people do, including tight-knit communities and a rural way of life.



**STRENGTHS, STRUCTURES, AND CHALLENGES:  
HOW RURAL LIFE AMPLIFIES THE IMPACT OF ACCEPTANCE AND REJECTION**



**INCREASED VISIBILITY**

Fewer people in rural communities means any difference is more noticeable.



**RIPPLE EFFECTS**

When communities are tightly interwoven, rejection and acceptance in one area of life (such as church) can ripple over into others (such as work or school).



**FEWER ALTERNATIVES**

In the face of discrimination, the already limited number of rural service providers can be limited even further.



**LESS SUPPORT STRUCTURE**

More social and geographic isolation means less ability to find supportive resources, build supportive community, and endure challenges or discrimination.

**IMPACTING MANY AREAS OF LIFE:**

-  Family, Faith, & Community
-  Education
-  Employment & Economic Security
-  Housing & Homelessness
-  Public Places & Businesses
-  Health Care
-  Legal System

**SOCIAL & POLITICAL LANDSCAPE: RURAL LGBT PEOPLE ARE MORE VULNERABLE TO DISCRIMINATION**



**LESS SUPPORTIVE PUBLIC OPINION**

Rural residents are less likely to know LGBT people and less supportive of LGBT policies. However, many rural residents—especially rural people of color, women, and younger people—support LGBT policies.



**FEWER LEGAL AND POLICY PROTECTIONS**

Rural states are less likely to have vital protections and laws for LGBT people. They are also more likely to have harmful, discriminatory laws.



**LESS POLITICAL POWER**

In rural areas, there are fewer LGBT elected officials, fewer LGBT-supportive resources that can help make political change, and political organizing is more difficult due to geographic isolation and other factors.

# LGBTQA+ Community in Oregon

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## Quick Facts About Oregon

Percent of Adults (18+)  
Who are LGBTQ

**5.6%**

*Gallup/Williams 2019*

Total LGBTQ  
Population (13+)

**207,000**

*Williams 2020*

Percent of Workforce  
That is LGBTQ

**6%**

*Census 2018; Williams 2020*

Total LGBTQ  
Workers

**129,000**

*Williams 2020*

Percent of LGBTQ  
Adults (25+) Raising Children

**23%**

*Gallup/Williams 2019*

[https://www.lgbtmap.org/equality\\_maps/profile\\_state/OR](https://www.lgbtmap.org/equality_maps/profile_state/OR)

# Rural Communities

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- Most rural communities present unique challenges for LGBTQIA+ people
- LGBTQIA+ individuals are drawn to rural communities for similar reasons as others
- Lack safe places and representation
- Staff have less likelihood of direct exposure to diversity
- Forms and medical records are less likely to have SOGI options
- Lack of representation in waiting rooms, marketing, web site and printed materials
- Fear of backlash from community
- Lack of Inclusion of LGBTQIA+ people on boards and in leadership
- Concerns over lack of privacy

# Voices from the community

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“Please describe your experience (including comfort and perceived safety) in being “out”.”

Not many people know about my sexuality, so I feel like I don't have anything to be uncomfortable about. If a lot of people knew I would feel pretty uncomfortable.

**No one has said anything to my face, but I've heard whispers around town of how I'm a bad churchgoer and probably faking it for attention. I've lost friends because of my sexuality. People have said it's disgusting, even though I've never dated anyone of the same sex. Attraction alone makes me an outcast to those who know.**

Idk, I have a very religious family and upbringing and I have been shamed by members of my church and I don't want to deal with it.

What clinical services are offered/accepted specific to your sexual orientation and/or gender identity?

*I don't know of any*

none

**I haven't looked for any.**

**None**

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I've never looked for people in [area], but I'm part of some Discord chats online that support this community. The chats were introduced to me by a friend from Boise. I've never really thought of [county] as particularly "safe". Too many rednecks lol

# Survey with staff

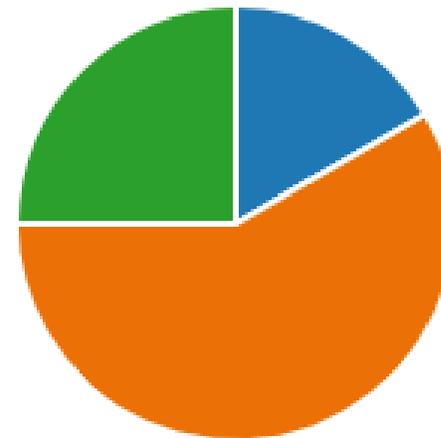
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4. Do you feel like you know where to send patients with specific treatment needs related to transgender care?

[More Details](#)

 Insights

 Yes	4
 No	14
 Maybe	6



# Survey with staff

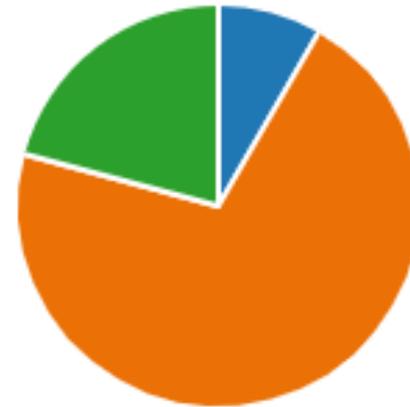
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6. Do you feel like you know where to send patients with specific treatment needs related to HIV care?

[More Details](#)

 Insights

 Yes	2
 No	17
 Maybe	5



# Legislative Attacks

## 2023 Anti-LGBTQ+ State Legislative Activity

Over 520 anti-LGBTQ+ bills have been introduced in state legislatures, a record;

Over 220 bills specifically target transgender and non-binary people, also a record; and

A record 70 anti-LGBTQ laws have been enacted so far this year, including:

Laws banning gender affirming care for transgender youth: 15

Laws requiring or allowing misgendering of transgender students: 7

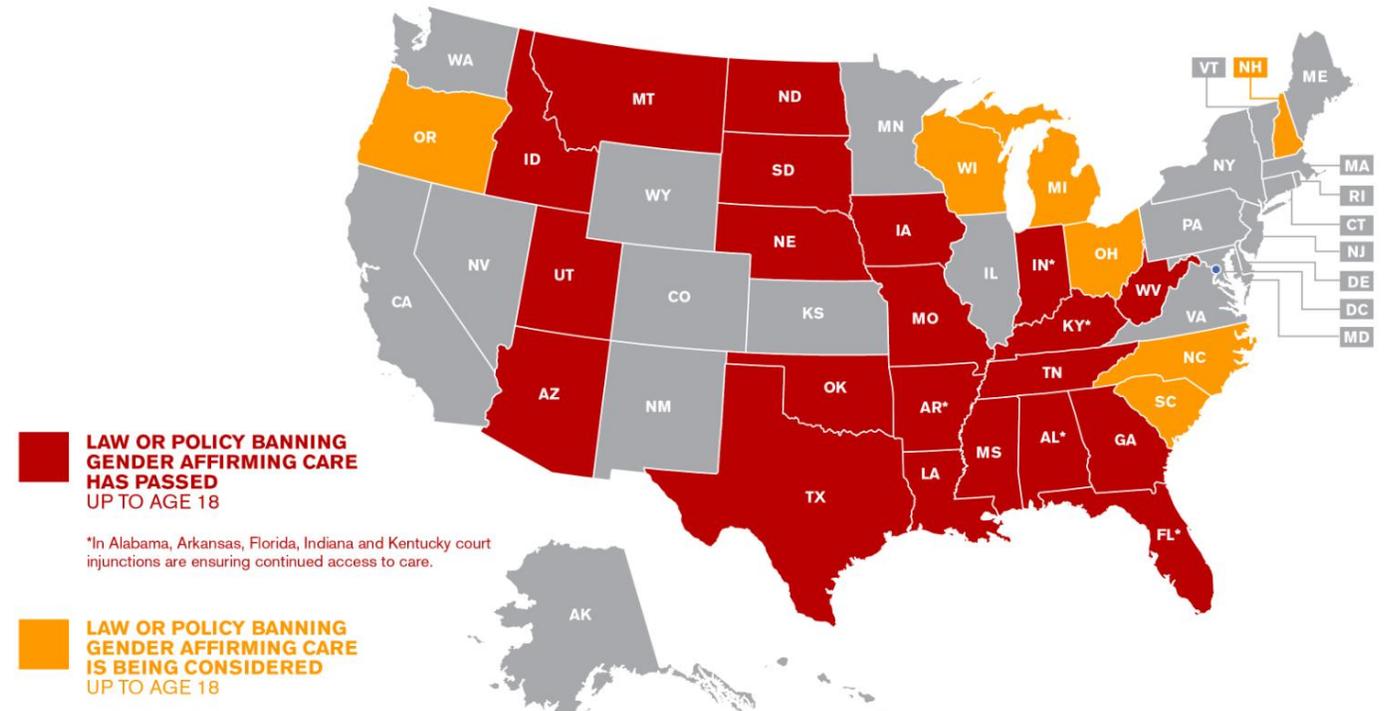
Laws targeting drag performances: 2

Laws creating a license to discriminate: 3

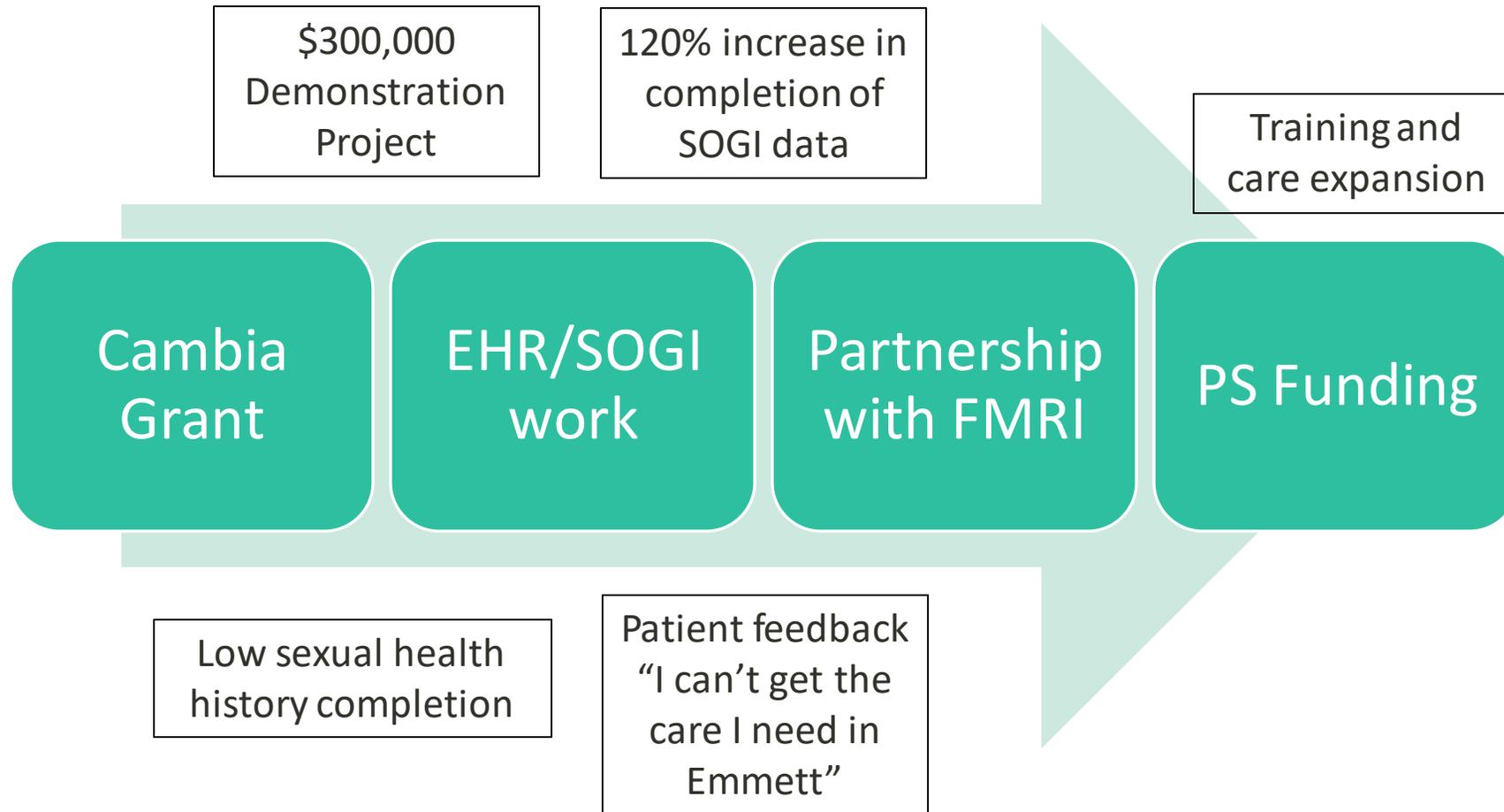
Laws censoring school curriculum, including books: 4



## Gender-Affirming Care Bans Impacting Youth



# Where we started...



# Hormone Replacement Therapy

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Suppression or blocking of endogenous hormone production

Use of exogenous agents to induce feminization or masculinization

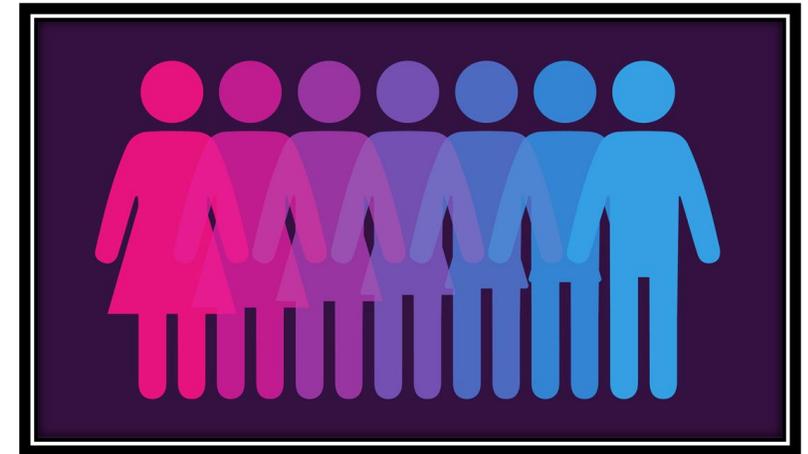
Variation in desirability of use

- Some may prefer maximum expression
- Some may prefer more androgynous expression

Initiation and maintenance

Follow up monitoring of effects and side effects

Utilization of Endocrine Treatment of Transsexual Persons Practice Guidelines



# Masculinizing HRT - Testosterone

Testosterone Prescription: IM/SC Injection, Topical Cream/Gel, Topical Patch

MOA: Direct stimulation of receptors with anti-gonadotropic effects in high doses

Effects:

- Sexual Drive: Increased Libido
- Androgenic effects: Voice deepening, hair changes, muscle growth, clitoromegaly
- Reproductive effects: Menstrual cessation (do not assume full contraceptive effect)
  - \*\*\*Patients must be counseled on family planning and potential for irreversible infertility\*\*\*

Table 1. Hormone preparations and dosing (Grading: T O M)

Androgen	Initial - low dose <sup>b</sup>	Initial - typical	Maximum - typical <sup>c</sup>	Comment
Testosterone Cypionate <sup>a</sup>	20 mg/week IM/SQ	50mg/week IM/SQ	100mg/week IM/SQ	For q 2 wk dosing, double each dose
Testosterone Enanthate <sup>a</sup>	20mg/week IM/SQ	50mg/week IM/SQ	100mg/week IM/SQ	*
Testosterone topical gel 1%	12.5-25 mg Q AM	50mg Q AM	100mg Q AM	May come in pump or packet form
Testosterone topical gel 1.62% <sup>d</sup>	20.25mg Q AM	40.5 - 60.75mg Q AM	103.25mg Q AM	*

# Feminizing HRT – Estrogen / Anti-androgens

Estradiol: PO, sublingual, transdermal, IM

Anti-androgens:

- Spironolactone
- 5-a reductase inhibitor: Finasteride, Dutasteride

Effects:

- Side Effects: headaches, mood swings, weight gain, hot flashes
- Anti-androgenic effects: Decreased facial and body hair, stabilization or reversal of androgenic alopecia.
- Reproductive effects: Decreased testicular size, reduction or complete cessation of spermatogenesis.
  - \*\*\*Patients must be counseled on family planning and potential for irreversible infertility\*\*\*

Table 1. Estrogen preparations and dosing (Grading: T O M)

Hormone	Initial-low <sup>b</sup>	Initial	Maximum <sup>c</sup>	Comments
Estradiol oral/sublingual	1mg/day	2-4mg/day	8mg/day	if >2mg recommend divided bid dosing
Estradiol transdermal	50mcg	100mcg	100-400 mcg	Max single patch dose available is 100mcg. Frequency of change is brand/product dependent. More than 2 patches at a time may be cumbersome for patients
Estradiol valerate IM <sup>a</sup>	<20mg IM q 2 wk	20mg IM q 2 wk	40mg IM q 2wk	May divide dose into weekly injections for cyclical symptoms
Estradiol cypionate IM	<2mg q 2wk	2mg IM q 2 wk	5mg IM q 2 wk	May divide dose into weekly injections for cyclical symptoms

Table 3. Androgen blocker preparations and dosing (Grading: T O M)

Hormone	Initial-low <sup>b</sup>	Initial	Maximum <sup>c</sup>
Spironolactone	25mg qd	50mg bid	200mg bid
Finasteride	1mg qd		5mg qd
Dutasteride			0.5mg qd

# Expanding Transgender Care to Rural Communities

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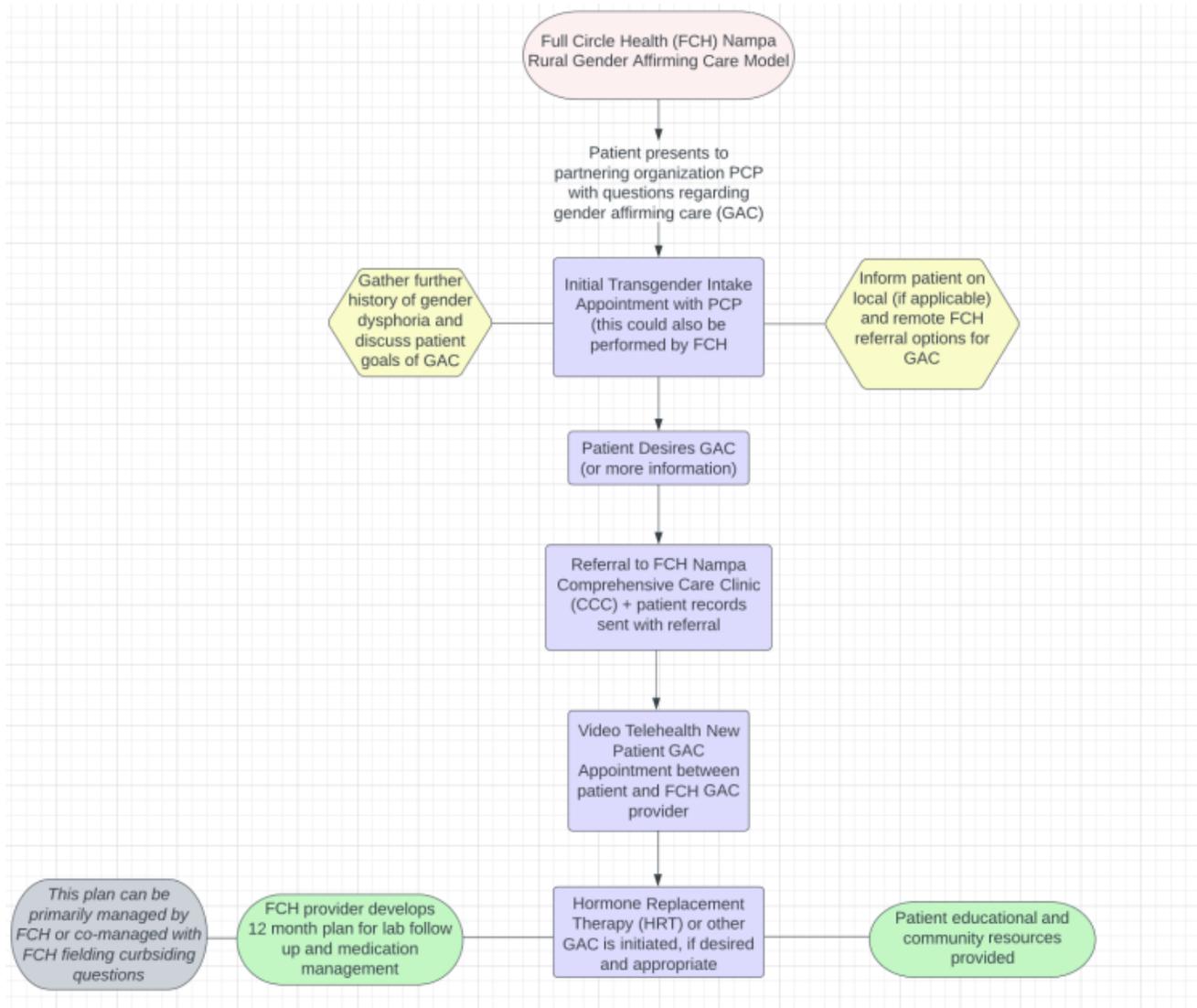
**Mission:** Develop a consultation service through FMRI that can be utilized by rural physicians of Idaho to increase patient access to transgender care.

**Benefits:**

- Providing access to healthcare for an extremely underserved population.
- Increasing rural provider confidence in diagnosing gender dysphoria and managing hormone replacement therapy and prescribing PrEP.
- Promoting additional learning opportunities for resident physicians that will soon go out and provide this care independently.



## Model Outline



# Welcoming and Inclusive Clinic Environment

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Lobby and clinic display of inclusive signs and health-related materials

Inclusive medical intake forms

Single occupancy or gender neutral bathroom

Staff training

Asking for and using patients preferred name/pronouns

Ensure safety in lobby & parking areas

Know your LGBT affirming resources

Post non-discrimination policy - Include 'gender identity and expression'

# Creating a Welcoming and Inclusive Clinic Environment

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# Inclusive Medical Intake Forms

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What is your gender identity? (select all that apply)

- Transgender
- Cisgender
- Demigender
- Agender
- nonbinary
- genderqueer
- man
- woman
- two-spirit
- Another gender identity not listed

Please share your pronouns. \*

Select the pronouns you use, even if the same as above. \*

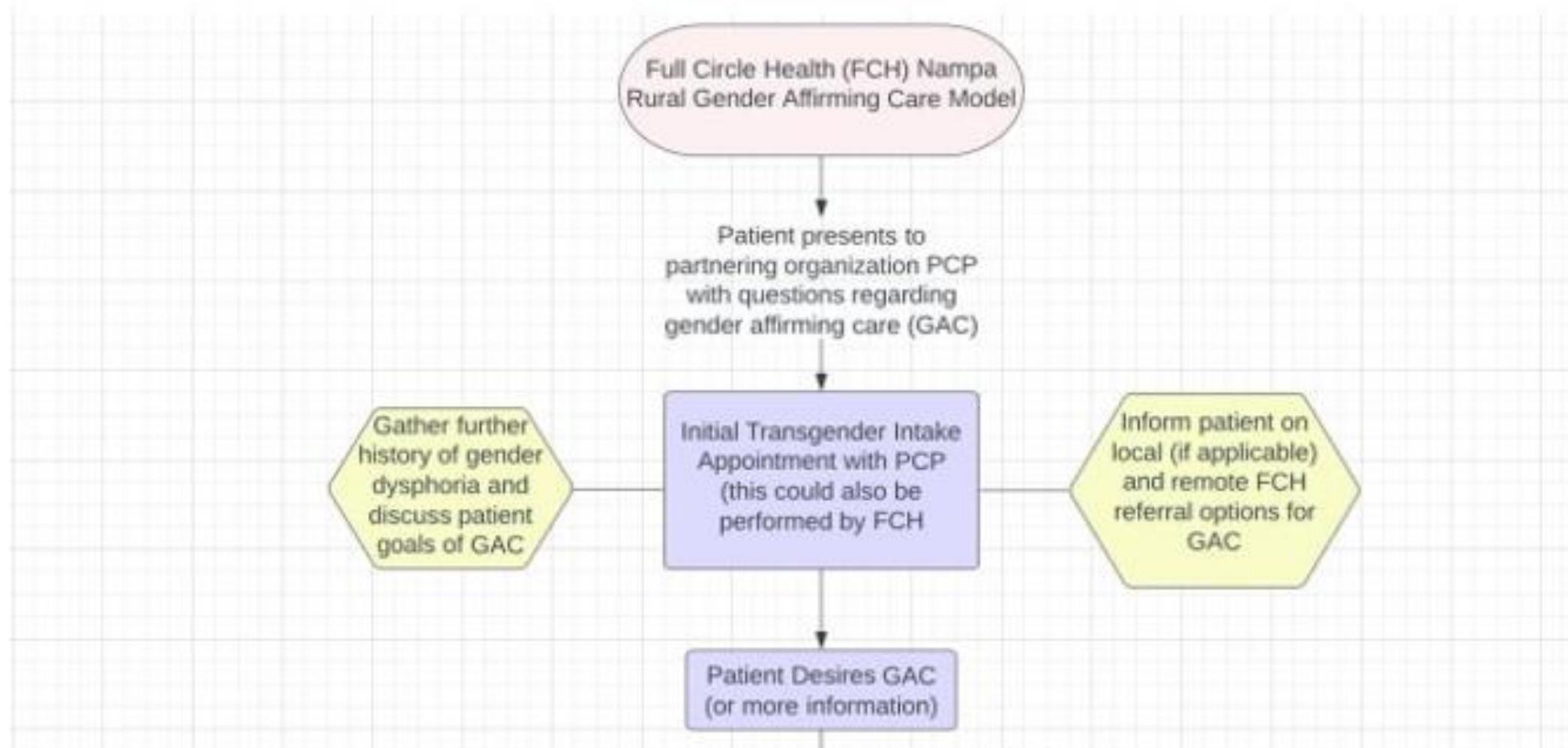
- She/Her/Hers
- He/Him/His
- Ze/Hir/Hirs
- They/Them/Theirs
- No Pronoun
- No Preference
- Not Listed

# Non-discrimination policy

"We serve our community by focusing on providing comprehensive health care to individuals and families. Human beings are the population we serve. Gender identity, race, ethnicity, nationality, religion or sexual orientation do not interfere, in any way, with the care we aim to provide. We support diversity, compassion, and our mission is to serve all. We constantly strive to make healthcare accessible and equitable to the underserved and vulnerable populations in our community."



## Model Outline



# New Patient Gender Affirming Care Appointment

## Subjective:

@PREFNAME@ is a @AGE@ transgender male patient presenting to establish care for gender affirming hormone therapy to treat gender dysphoria.

Preferred name: \*\*\*

Preferred pronouns: \*\*\*

At what age did you first feel your gender identity does not match your physical body? \*\*\*

Have you ever felt depressed or suicidal because your gender identity does not match your body? \*\*\*

Are you out with close friends and family? \*\*\*

Are you out at work/school? \*\*\*

Have you ever seen a health care provider about being transgender? \*\*\*

What are your worries about taking hormone treatment? \*\*\*

Currently in counseling: \*\*\*

Support system includes: \*\*\*

Medical history includes: \*\*\*

Psych history includes: \*\*\*

Surgical history includes: \*\*\*

Interested in egg storage: \*\*\*

## ROS

No Headache, no fevers, no chills, no blurry vision

No sore throat,

No chest pain, no shortness of breath

No abdominal pain, no diarrhea, no constipation

No urinary frequency, urgency

No leg swelling

No depression, no anxiety

No suicidal/homicidal ideation

## Family History:

Hx of breast cancer

Hx of clotting disorder

Hx of CVD

Hx of diabetes

Hx of hypertension

Hx of mental illness

Hx of prostate cancer

## Social history:

- Smoking/Drugs: \*\*\*

- Sexually history: \*\*\*

- Living Situation: \*\*\*

Binding History: \*\*\*

@CMEDLIST@

## Objective:

@VITALSM@

Gen: awaker alert, comfortable, not in acute distress

HEENT: NCAT, EOMI, TM intact bilaterally, no nasal discharge

Neck: No palpable cervical lymphadenopathy

CV: S1 S2 heard, no murmurs, rate ok, No lower extremity edema

Pulm: CTA good airflow, no wheeze, no crackles

Abdomen: (+) BS, soft NT ND, no hepatosplenomegaly

Skin: no visible rashes

Psych: appropriate affect, cooperative in visit, well groomed

Neuro: CN II -XII grossly intact, Normal strength, normal gait

## Assessment and Plan:

@PREFNAME@ is a @AGE@ FTM transgender patient presenting to establish care for hormone replacement therapy to treat gender dysphoria.

No history of chromosomal disorder; there was no question of sex at birth or intersex disorder  
Patient denies suicidal and homicidal ideation

Patient meets criteria for gender dysphoria with a significant difference between one's experienced/expressed gender and assigned gender, and significant distress or problems functioning. This problem has lasted over 6 months and is demonstrated by the following (at least 2):

A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics.

A strong desire to be rid of one's primary and/or secondary sex characteristics.

A strong desire for the primary and/or secondary sex characteristics of the other gender.

A strong desire to be of the other gender.

A strong desire to be treated as the other gender.

A strong conviction that one has the typical feelings and reactions of the other gender

Patient would like to pursue hormone therapy and appears to be a good candidate

The following medical conditions need to be addressed prior to hormone treatment: \*\*\*

The following mental health conditions need to be addressed prior to starting treatment: \*\*\*

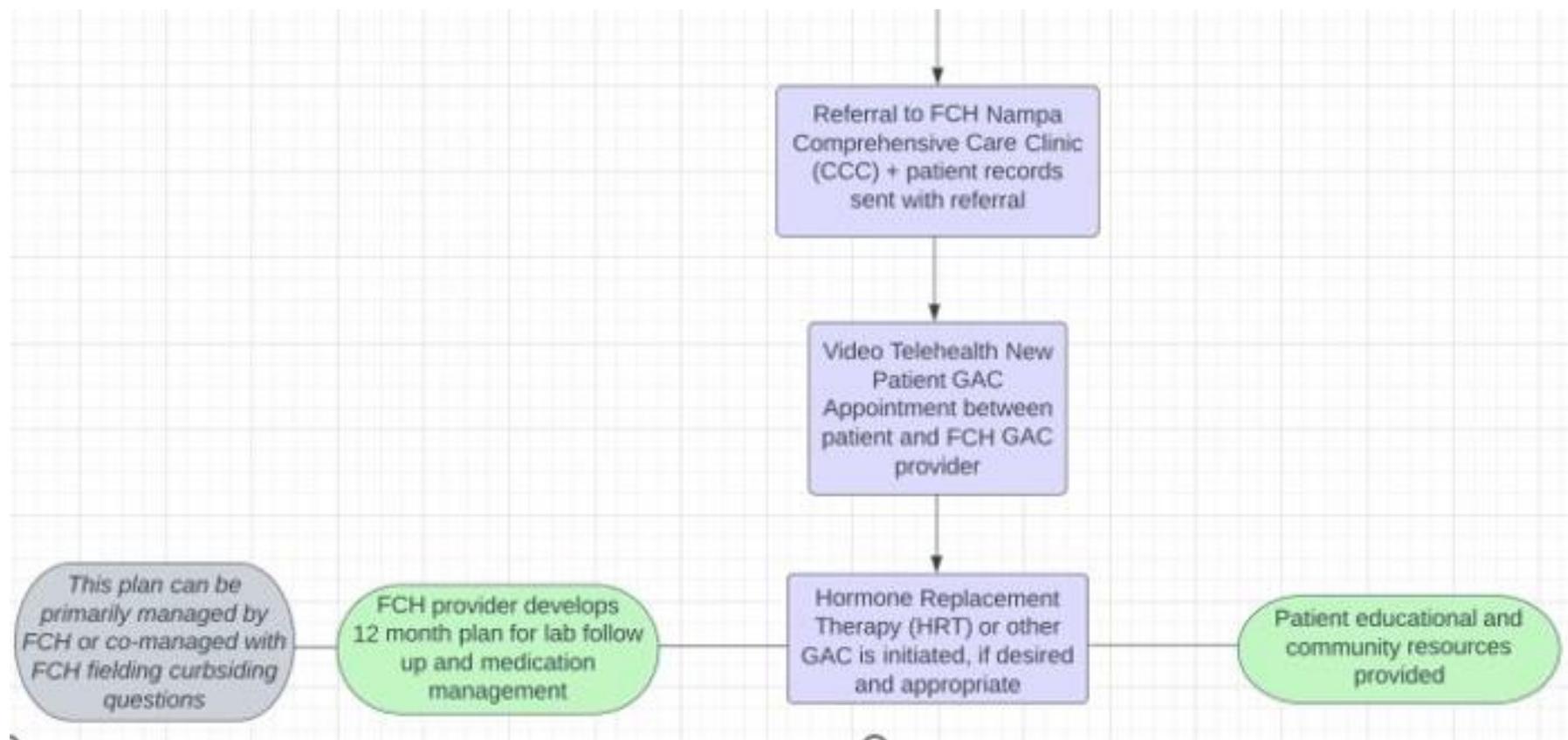
Risks of treatment preliminarily discussed including elevated risk of heart disease, unknown/undefined increase in cancer risk, polycythemia, and risk of irreversible infertility.

Patient [does/does not] desire to store egg cells for future fertility use

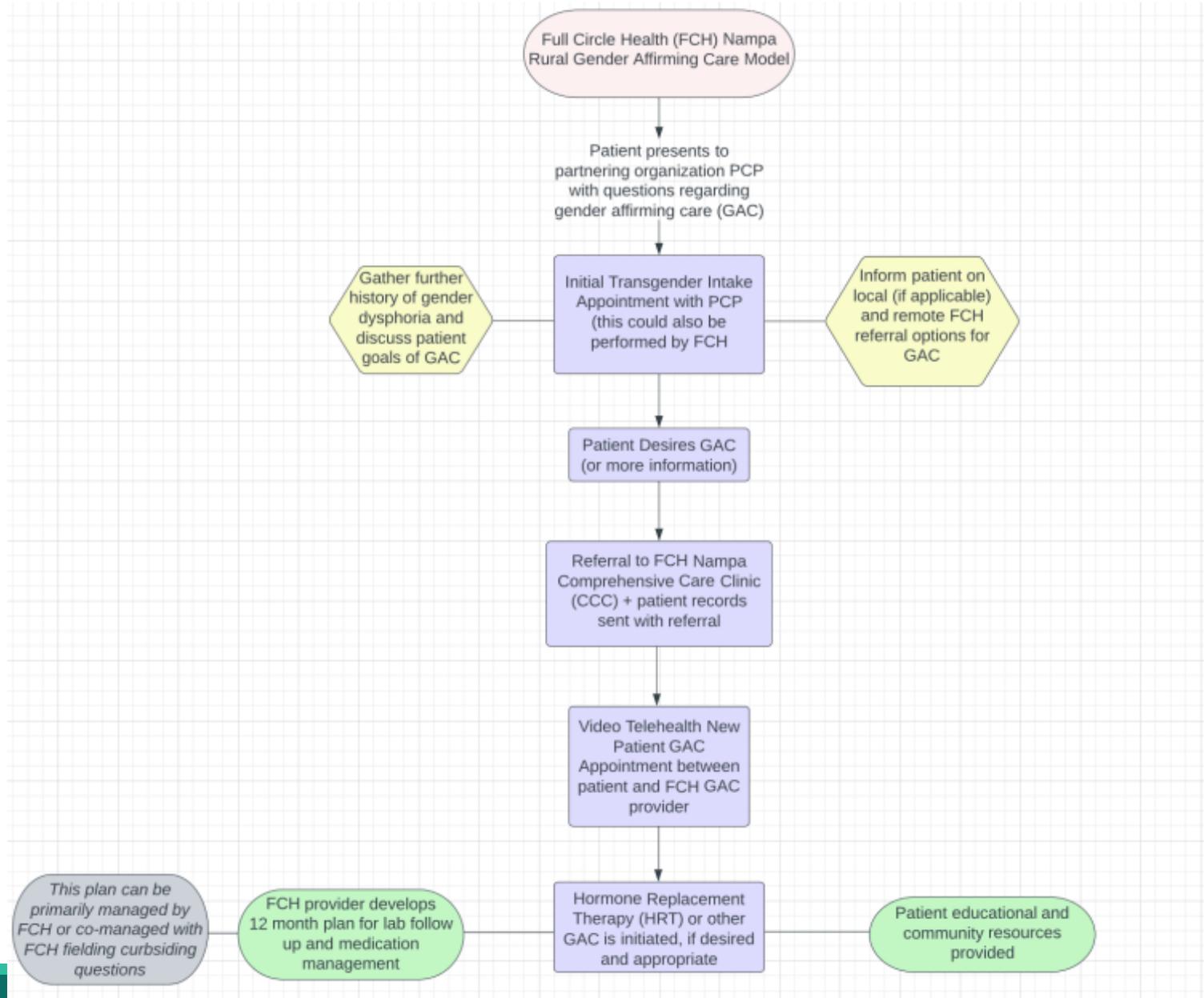
Obtain ROI from mental health provider and current PCP

Baseline labs needed today: CBC

Referral to FMRI Comprehensive Care Clinic Sent to coordinate HRT plan



## Model Outline



# Transgender Male Follow Up Plan:

## Visit 1 (Day 0) “Pre-consultation appt.” with PCP

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- New patient intake forms, gender dysphoria history, consent form, determine goals of treatment
- Obtain release of information from counselor (if applicable)
- Baseline labs: Hb/Hct

## Visit 2 (Day 7-10) “Virtual Consultation appt.” with FMRI

- Review dysphoria history, discuss labs, answer questions from Consent form
- Initiate HRT if eligible: Testosterone Cypionate 50 mg weekly

## Visit 3 (1 Month)

- Follow up requested records from counselors
- Discuss medication side effects, titrate if needed
- Labs for Next Visit: total testosterone, SHBG, CMP, Hb/Hct (drawn 24-48 hours post injection)

## Visit 4 (3 Months)

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- Come 1 week before office visit for blood draw
- Discuss medication side effects, titrate if needed
- Discuss lab results: Hb goal (13.5-18). Testosterone goal 450-750
- Labs for Next Visit: total testosterone, SHBG, CMP, Hb/Hct (should be drawn 24-48 hours post injection)

## Visit 5 (6 Months)

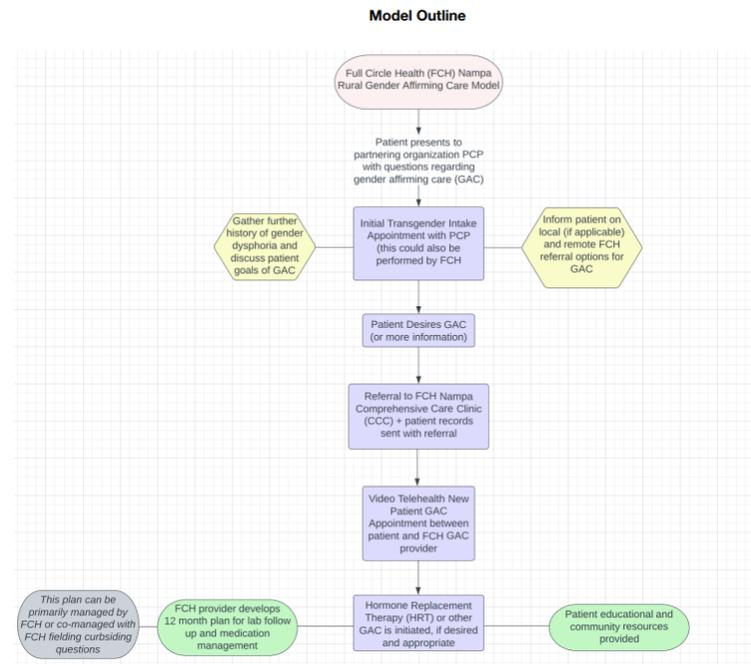
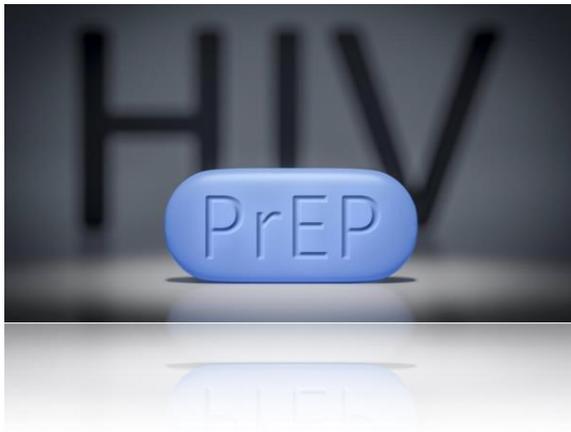
- Come 1 week before office visit for blood draw
- Discuss medication side effects, titrate if needed
- Discuss lab results: Hb goal (13.5-18). Testosterone goal 450-750
- Labs for Next Visit: total testosterone, SHBG, CMP, Hb/Hct (should be drawn 24-48 hours post injection)

## Visit 6 (1 Year)

- Come 1 week before office visit for blood draw
- Discuss medication side effects, titrate if needed
- Discuss lab results: Hb goal (13.5-18). Testosterone goal 450-750
- Labs for Next Visit: total testosterone, SHBG, CMP, Hb/Hct (should be drawn 24-48 hours post injection)



# A Model for Prescribing PrEP Therapy?



# Our First Patient Consultation!

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Summer of 2021, the FMRI and Valor Health coordinated our first patient consultation using the above model.

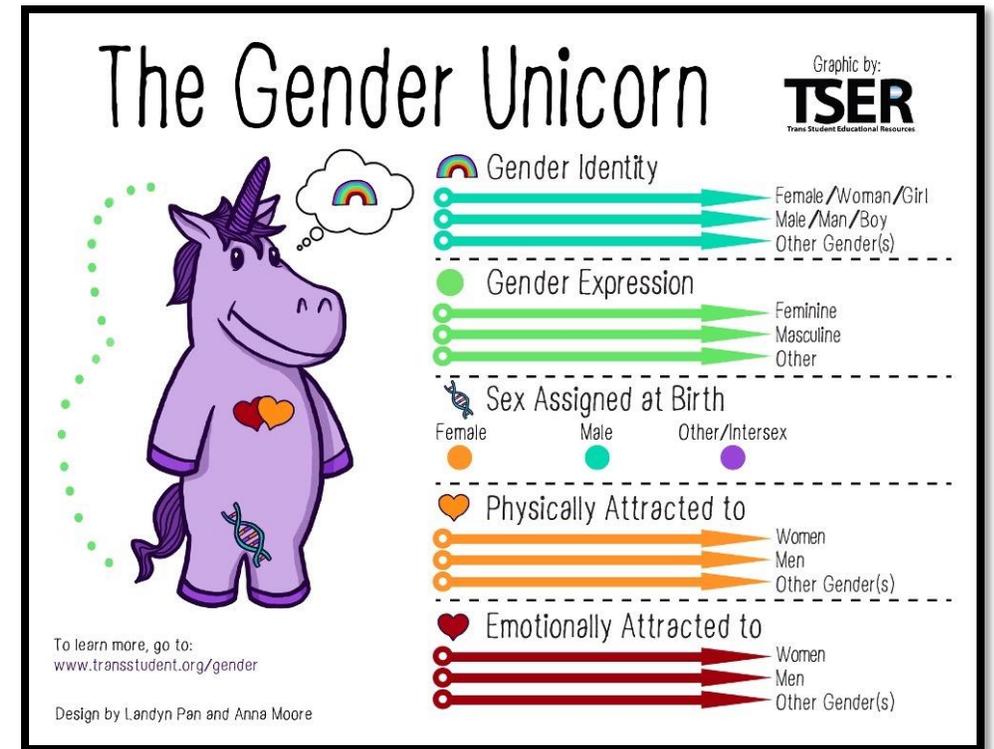
## Overview:

- Telehealth visit with the patient, patients Valor Health PCP, Valor Health LMSW, and FMRI provider.
- Prior to the visit, FMRI provider was given a brief overview of the case and the patients records had been faxed to FMRI for review.
- The visit was essentially a supportive, adjunctive consultation to confirm gender dysphoria diagnosis and to help coordinate a management plan.



# Challenges Encountered / Future Goals

- Coordinating collaborative visits between two healthcare organizations.
- Schedule Availability
- Telehealth Modality (External Zoom Meeting vs MyChart)
- Navigating billing between two health organizations
- Providing gender affirming care for pediatric patients
- Opportunity to partner with St. Lukes Essence clinic for more challenging case – Pediatric Endocrinology, Behavioral Health
- For adult patients, general surgery/plastic surgery consultations



# Full Circle LGBTQ+ Didactic Curriculum

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**Health Disparities and Practicing in a LGBTQ+ Welcoming Environment**

**Transgender Care: An Overview and the New Patient Appointment**

**Prescribing and Monitoring Hormone Replacement Therapy**

**Transgender Care: Community Resources**

**Transgender Care: Navigating Cost and Resources for Gender Affirming Surgery  
(Sex Reassignment Surgery “SRS”)**

**Transgender Care: Preventative Medicine**

**Prescribing and Monitoring PrEP**

**Discussing Sexuality and Sexually Transmitted Infection Screening**

**LGBTQ+ Youth and Becoming an Advocate**



# Roadmap



- How to support other service sites
- Ideas for how to implement in your care community



# Other assessment tools

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## **National Center for Lesbian Rights, [www.NCLRights.org](http://www.NCLRights.org) & California Rural Legal Assistance**

file:///wkmhbdc/wkshare/EMC/Behavioral%20Health%20Program/Cambia%20Project/Resources/NCLR%20LGBT%20Assessment%20Tool.pdf

## **LGBTQ agency readiness for Area Agencies on Aging**

file:///wkmhbdc/wkshare/EMC/Behavioral%20Health%20Program/Cambia%20Project/Resources/NRC%20LGBT%20Aging%20Assessment%20Tool.pdf

## **Healthcare Equality Index 2020**

<https://www.hrc.org/resources/healthcare-equality-index>

“We found that family rejecting behaviors are actually motivated by care and concern. The reactions of families who respond negatively or say hurtful things to their child are often mediated by fear and anxiety and exacerbated by misinformation: “What’s going to happen to my child in the world? How do I deal with this in my own family? How do I reconcile conflicting beliefs?” We saw in our work that families want, in essence, the best for their child, but they did not know what to do. We need to think of them as potential allies rather than as adversaries in engaging and involving them, and change the way we interact with them across systems of care.”

Ryan, C. (2014). Generating a revolution in prevention, wellness & care for LGBT children & youth, *Temple Political & Civil Rights Law Review*, 23(2):331-344.

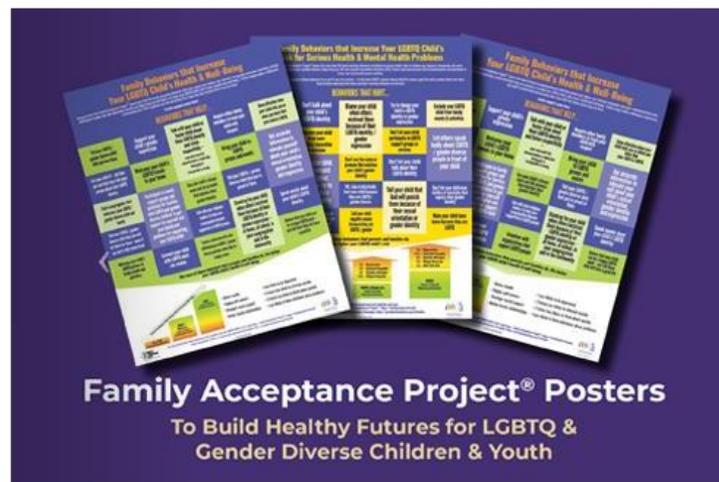
## Family Acceptance Project®



19 years of  
saving &  
changing lives

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## Welcome to the Family Acceptance Project



1 2 3 4 5 6 7 8

### Download FAP's Education & Intervention Posters to Build Healthy Futures for LGBTQ & Gender Diverse Children & Youth – 8 New Asian Languages Available Now!

The Family Acceptance Project® is a research, intervention, education and policy initiative to prevent health and mental health risks for lesbian, gay, bisexual, transgender and queer-identified (LGBTQ) children and youth, including suicide, homelessness, drug use and HIV – in the context of their families, cultures and faith communities. We use a research-based, culturally grounded approach to help ethnically, racially and religiously diverse families learn to support their LGBTQ children.

Our team has put research into practice by developing an evidence-based family model of wellness, prevention and care to strengthen families and promote positive development and healthy futures for LGBTQ children and youth. We provide training and consultation on our family-based prevention and intervention approach across the United States and in other countries.

# Family Behaviors that Increase Your LGBTQ Child's Health & Well-Being

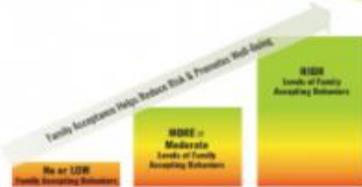
Research from the Family Acceptance Project<sup>®</sup> found more than 50 family accepting behaviors that help protect your lesbian, gay, bisexual, transgender and queer-identified (LGBTQ) child against health risks like depression, suicide and illegal drug use and help to increase your LGBTQ child's self-esteem, health and well-being. A little change makes a difference in decreasing your child's isolation and risk and giving them hope that their family will be there for them.

Family support saves lives!

## BEHAVIORS THAT HELP...

Tell your LGBTQ / gender diverse child that you love them	Support your child's gender expression	Talk with your child or foster child about their LGBTQ identity and listen respectfully – even when you feel uncomfortable or think that being gay or transgender is wrong	Require other family members to treat your child with respect	Show affection when your child tells you or when you learn that your child is LGBTQ
Ask your child if – and how – you can help them tell other people about their LGBTQ identity	Welcome your child's LGBTQ friends to your home	Bring your child to LGBTQ groups and events	Get accurate information to educate yourself about your child's sexual orientation, gender identity and expression	
Find a congregation that welcomes your LGBTQ / gender diverse child and family	Participate in family support groups and activities for families with LGBTQ and gender diverse children to get support for yourself and your family and guidance for supporting your LGBTQ child	Use your child's chosen name and the pronoun that matches their gender identity	Tell your LGBTQ / gender diverse child that you're proud of them	Speak openly about your child's LGBTQ identity
Tell your LGBTQ / gender diverse child that you will be there for them – even if you don't fully understand	Connect your child with LGBTQ adult role models	Express enthusiasm for your child having an LGBTQ / gender diverse partner when they're ready to date	Stand up for your child when others mistreat them because of their LGBTQ identity or gender expression – at home, at school, in your congregation and in the community	Believe that your child can be a happy LGBTQ adult – and tell them they will have a good life

The more of these behaviors that parents and families do, the better your LGBTQ child's health & well-being



- Better health
- Higher self-esteem
- Stronger social support
- Better family relationships
- Less likely to be depressed
- 3 times less likely to attempt suicide
- 3 times less likely to think about suicide
- Less likely to have substance abuse problems

# Family Behaviors that Increase Your LGBTQ Child's Risk for Serious Health & Mental Health Problems

Research from the Family Acceptance Project<sup>®</sup> shows that more than 50 family rejecting behaviors contribute to serious health risks for lesbian, gay, bisexual, transgender and queer (LGBTQ) youth. These include depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities.

Most parents and families that engage in these behaviors do so out of care and concern – to help their LGBTQ / gender diverse child fit in, have a good life and to protect them from harm. Help families understand that these and other rejecting behaviors are harmful!

## BEHAVIORS THAT HURT...

Prevent your child from having an LGBTQ friend	Don't talk about your child's LGBTQ identity	Blame your child when others mistreat them because of their LGBTQ identity / gender expression	Try to change your child's LGBTQ identity or gender expression	Exclude your LGBTQ child from family events & activities
Tell your LGBTQ child that you're ashamed of them	Pressure your child to be more (or less) masculine or feminine	Take your child to a therapist or religious leader to try to change their LGBTQ identity	Don't let your child participate in LGBTQ support groups or services	Let others speak badly about LGBTQ / gender diverse people in front of your child
Tell your child that being LGBTQ is "just a phase"	Use religion to reject your child's sexual orientation, gender identity and expression	Hit, slap or physically hurt your child because they are LGBTQ / gender diverse	Don't let your child talk about their LGBTQ identity	Don't let your child wear clothes or hairstyles that express their gender identity
Tell your child to "tone down" how they look, dress or behave	Make your child pray or attend religious services to change or prevent their LGBTQ identity	Call your child negative names because they are LGBTQ / gender	Tell your child that God will punish them because of their sexual orientation or gender identity	Make your child leave home because they are LGBTQ

The more of these behaviors that parents and families do, the higher your LGBTQ child's risk



No or LOW Family Rejecting Behaviors

MORE or Moderate Levels of Family Rejecting Behaviors

HIGH Levels of Family Rejecting Behaviors

3 x Depression  
2 x Suicidal thoughts  
2 x Suicide attempts  
1.5 x Illegal drug use

6 x Depression  
5.5 x Suicidal thoughts  
8 x Suicide attempts  
3 x Illegal drug use  
3 x HIV/STO risk



For more information about acceptance and rejection and your LGBTQ child's risk & well-being - Family Acceptance Project<sup>®</sup>: <https://familyproject.sfsu.edu>  
Biden Foundation's Family and Community Acceptance Campaign: <https://go.bidenfoundation.org/AsYouAre>



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# Resources Materials

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Family Education Information

Faith-based Family Education information

Trauma Focused Cognitive Behavioral Therapy

Generating a Revolution in Prevention, Wellness & Care for LGBT Children and Youth

School Victimization and Bullying

Practitioner's Resource Guide

Injustice at Every Turn: A Report of the National Transgender Discrimination Survey (2011)

# Clinical Guidelines

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American Psychological Association. (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. Retrieved from <http://www.apa.org/practice/guidelines/transgender.pdf>

**Center of Excellence for Transgender Health, UCSF. Primary Care Protocol for Transgender Patient Care:**  
<http://transhealth.ucsf.edu/trans?page=protocol-00-00>

Clinical Protocol Guidelines for Transgender Care. Vancouver Coastal Health:  
<http://transhealth.vch.ca/resources/careguidelines.html>

Endocrine Society's Clinical Guidelines: Treatment of Transsexual Persons:  
<http://www.endo-society.org/guidelines/final/upload/endocrine-treatment-of-transsexual-persons.pdf>

World Professional Association for Transgender Health. Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th version:  
[http://www.wpath.org/publications\\_standards.cfm](http://www.wpath.org/publications_standards.cfm)

# Q & A

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A pink square graphic containing the text "TREAT PEOPLE WITH KINDNESS" in a rainbow-colored, sans-serif font. The text is centered within the square.

TREAT  
PEOPLE  
WITH  
KINDNESS