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Moving Beyond Change Efforts:

Evidence and Action to Support and Affirm LGBTQI+ Youth

SAMHSA
Substance Abuse and Mental Health Services Administration

Acknowledgment

This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Leed Management Consulting, Inc. under contract number HHSS283201700609I/HHSS28342001T with SAMHSA, U.S. Department of Health and Human Services (HHS).

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Recommended Citation

Substance Abuse and Mental Health Services Administration (SAMHSA): *Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth.* SAMHSA Publication No. PEP22-03-12-001. Rockville, MD: Center for Substance Abuse Prevention. Substance Abuse and Mental Health Services Administration, 2023.

Originating Office

Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857, Publication No. PEP22-03-12-001. Released 2023.

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Publication No. PEP22-03-12-001

Released 2023

Navigating This Report

This report is written for multiple audiences, to include behavioral health providers, pediatric professionals and primary care providers, educators and school professionals, policymakers, and researchers. Families, parents, caregivers, and community leaders may also find it useful.

Two sections of this report are likely to be informative for all readers:

- **Executive Summary**, which synthesizes the key conclusions of the report
- **Statements of Professional Consensus on Beneficial and Harmful Practices with Youth of Diverse Sexual Orientation and Gender Identity**, which provides key scientific and treatment recommendations

Other sections of this report may be more accessible or useful to specific audiences and are noted below.

Behavioral health providers: All sections of this report are relevant to these professionals. Those primarily engaged in practice and treatment might focus on Section 2, which summarizes current research with lesbian, gay, bisexual, transgender, queer, questioning, and intersex youth and other sexual- and gender-diverse children and youth (LGBTQI+ youth). It describes evidence-based approaches to support and affirm LGBTQI+ children and youth. Section 3 includes an overview of laws that impact treatment and makes recommendations for targeted training and expanding treatment access.

Community leaders: Section 3 includes policy actions for those interested in supporting LGBTQI+ child and adolescent behavioral health. Appendix C provides selected resources for families and caregivers and those who work closely with them.

Educators and school professionals: Section 2 includes information on important school interventions this group can implement to improve the behavioral health of LGBTQI+ children and youth. Section 3 identifies vital steps that aim to improve behavioral health of LGBTQI+ children and youth.

Families and caregivers: Material in this report could help parents and caregivers understand and support a child's behavioral health. Some parents may find the information on schools and behavioral health in Section 2 useful when seeking support and treatment for their children. Appendix C provides selected resources for families, caregivers, and those who work closely with them.

Pediatric professionals and primary care providers: Providers may find Section 1 on the evidence regarding sexual orientation and gender identity (SOGI) change efforts useful, as well as the research summary and description of behavioral health treatment interventions (Section 2). Appendix C provides selected resources for families, caregivers, and those who work closely with them.

Policymakers: Section 3 targets policymakers interested in taking concrete steps to improve LGBTQI+ child and youth behavioral health. This section is relevant to federal, state, and local policymakers as well as advocates and behavioral health providers interested in public policy. Some policy professionals may find the entire report helpful as background information.

Researchers: The research summary in Section 2 and areas for future study provide an overview of recent evidence and scientific opportunities. Section 3 contains recommendations for future research initiatives.

A glossary of terms used throughout this report can be found in Appendix B.

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Executive Summary

Like all youth, lesbian, gay, bisexual, transgender, queer, questioning, and intersex youth and other sexual- and gender-diverse children and adolescents (LGBTQI+[¨] youth) deserve to grow up in supportive environments absent stigma and discrimination that allow them to thrive and achieve their human potential. When seeking behavioral health treatment (both mental health and substance use interventions), these children and adolescents, like their peers, and their families deserve the best evidence-based care from knowledgeable health providers without the risk of harm.

This report, *Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth*, provides behavioral health providers, researchers, policymakers, and other audiences with current knowledge about LGBTQI+ youth, a comprehensive research overview, and important information on behavioral health concerns within this community. More specifically, the report provides details on helpful and harmful interventions for these populations in clinical, community, family, and school settings. In particular, the report documents that attempts to change an individual's sexual orientation and gender identity (SOGI; pronounced "SO-gee" change efforts) are harmful and should not be provided. Additionally, this report discusses evidence-informed policy options that could improve the overall health and well-being of LGBTQI+ youth.

As the abbreviation LGBTQI+ suggests, this population is not homogenous. It includes individuals with many distinct sexual orientations, gender identities, gender expressions, and variations in sex characteristics. Sexual and gender minorities are also diverse with respect to other identities, including age, race, ethnicity, language, national origin, religion, spirituality, ability, and socioeconomic status.[#]

This report is focused on the experiences and needs of LGBTQI+ children and adolescents up to age 17 years (referred to collectively as "youth"). In this report, the term "child" is used to refer to youth aged 3-11 years and "adolescent" is used to refer to youth aged 12-17 years.

Critically, LGBTQI+ youth experience significant physical and behavioral health inequities. Several factors contribute to these inequities and result in minority stress, which is harmful to behavioral health, including:[1,2,3,4]

- Stigma
- Negative social attitudes
- Systemic barriers in health care for LGBTQI+ people
- Rejection and lack of support from families, caregivers, and communities
- Bullying and harassment, and lack of recognition and support in schools

Lack of appropriately trained behavioral health providers and exposure to harmful efforts that attempt to change sexual orientation and/or

[¨] Even though the evidence is more limited regarding intersex persons, they are included in the acronym LGBTQI+ except when it would be inappropriate to do so, such as within journal article citations or a formal resource name. Additionally, LGBTQI+ is used interchangeably with "sexual and/or gender minority," and persons of "diverse sexual orientation and/or gender identity," (or similar language) throughout this report.

[#] For information regarding the terms used to describe sexual orientation and gender identity, see "Sexual Orientation and Gender Identity" within Youth.gov https://youth.gov/youth-topics/lgbt.

gender identity compound these challenges. Additionally, some transgender and gender-diverse youth require behavioral health support for their experience of gender dysphoria—that is, psychological distress arising from the incongruence between one's body and gender identity.[5]

The conclusions in this report are based on research and professional consensus statements from experts in behavioral health, research, education, and policy. They strengthen and build on the conclusions of a 2015 report published by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*, the precursor to this report.[6] An overarching and guiding conclusion of this new report is that SOGI change efforts in children and adolescents are harmful and should never be provided. Although the terms "conversion therapy" and "reparative therapy" are commonly used to describe efforts to repress or change someone's sexual orientation or gender identity, these efforts are not therapeutic, and using these terms reinforce disinformation that sexual- and gender-diverse people need repair or conversion. Efforts to change or suppress a person's sexual orientation or gender identity are grounded in the belief that being LGBTQI+ is abnormal. They are dangerous, discredited, and ineffective practices. Therefore, this report utilizes the term "SOGI Change Efforts" to describe so-called "conversion therapy." Recent studies have linked SOGI change efforts to significant harms, such as increased risk of suicidality and suicide attempts, as well as other negative outcomes including severe psychological distress and depression.[7,8,9,10,11,12,13]

An overarching and guiding conclusion of this report is that SOGI change efforts in children and adolescents are harmful and should never be provided.

Further, these practices are not supported by credible evidence and have been disavowed as harmful by behavioral health experts and scientific professional associations. SOGI change efforts do not align with current scientific

understanding of gender as well as the unfounded concept that being in a sexual or gender minority group or identifying as LGBTQI+ is an abnormal aspect of human development. Most importantly, they put young people at risk of serious harm.

The U.S. Department of Health and Human Services is committed to eliminating health inequities within communities, including the LGBTQI+ population. This report reflects that commitment by moving the focus away from SOGI change efforts and toward ensuring that behavioral health care for LGBTQI+ children and adolescents is safe and reflects the most current scientific evidence. This report also provides a roadmap for action centered on evidence-based care and helpful interventions for clinicians, all providers, educators, families, caregivers, and policymakers to improve the behavioral health of LGBTQI+ youth. Further, this report reflects priorities included in President Biden's June 15, 2022, Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals,[14] and the January 20, 2021, Executive Order on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation.[15]

Key Findings

This report and its recommendations are based on scientific research distilled into consensus statements by a Subject Matter Expert Consensus Panel (the Panel; see Appendix D for members). After a thorough review of the scientific research; professional health and scientific association statements, guidelines, and reports; and state and national public policies, and in consultation with professionals across a wide range of expertise, the Panel revised and built on key statements from the 2015 report.

The term "evidence-based care" refers to care, practices, or policies that are based on current research evidence, clinical expertise, and expert consensus.

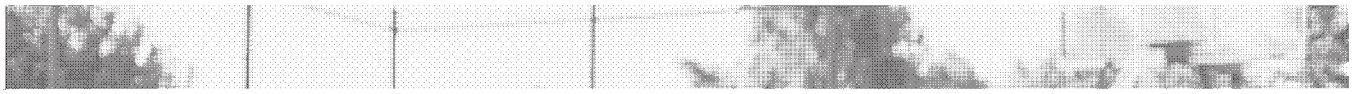
The Panel reaffirmed that:

- Variations in sexual orientation (including identity, behavior, and attraction) and variations in gender (including identity and expression) are part of the normal spectrum of human diversity and do not constitute mental disorders.

Based on recent studies on thousands of individuals who have undergone SOGI change efforts, the Panel concluded that:

- No available research supports the claim that SOGI change efforts are beneficial to children, adolescents, or families.
- Available research indicates that SOGI change efforts are not effective in altering sexual orientation. Further, no available research indicates that change efforts are effective in altering gender identity.
- Available research indicates that SOGI change efforts can cause significant harm.
- SOGI change efforts are inappropriate, ineffective, and harmful practices that should not be provided to children and adolescents.

In the past several years, the research on gender diversity, gender identity, and gender-affirming medical care for children and adolescents has expanded greatly. The Panel found that:



Understanding Sexual Orientation and Gender in Children and Adolescents

Behavioral health providers, parents, schools, policymakers, and communities can best provide support to children, adolescents, and their families and caregivers and improve their behavioral health when they have access to the most current information about sexual orientation, gender identity, and gender expression in youth. The following overview presents the most current understanding, based on scientific evidence of youth sexual orientation, gender identity, and gender expression.

Sexual orientation occurs across a continuum, and same-sex or same-gender attraction and relationships are normal and healthy variations of human sexuality.[16,17] Similarly, a gender identity that differs from assigned sex at birth, as well as a gender expression that is not aligned with usual or expected cultural norms for a particular gender, are normal and healthy variations of human gender identity.[18,19] It is a longstanding finding that being a person of diverse sexual orientation and/or gender identity, or identifying as LGBTQI+, is not pathological.[18,20,21,22,23,24,25]

While many youth have identified with having a diverse sexual orientation in the past, they have not always felt safe enough to share that diversity openly with others.[26,27,28] There is no single developmental trajectory for sexual orientation. Certainty about sexual orientation—e.g., gay/lesbian, bisexual, or straight—increases with age, suggesting "an unfolding of sexual identity during adolescence."[29] Some researchers have found that it has become more common in the 21st century compared to the 20th century for children to self-identify as having a diverse sexual orientation and/or gender identity.[30] What has changed from earlier periods is that youth appear to be publicly acknowledging their sexual orientation earlier as societal attitudes have increasingly become more accepting and open to diverse sexual orientations. Regardless of age, the increase in identifying as an individual of diverse sexual orientation may be tied to the increasing awareness and acceptance of diverse sexual orientations; the expansion of laws, policies, and practices that protect and support individuals regardless of sexual orientation; and an increased willingness and ability among people with diverse sexual orientations to self-identify.[31] Evidence suggests that acceptance of diverse sexual orientations does not make people more likely to identify with a diverse sexual orientation, but rather it increases the likelihood that people feel safer to identify this way publicly.[32,33,34]

Gender development begins in early childhood and continues throughout childhood and adolescence.[35,36] Gender diversity in youth can follow many possible paths. It may emerge as early as a child's preschool years, in late adolescence, or anytime in between.[37,38,39,40] Some gender-diverse children are actively exploring their gender, and there is variation regarding their identity development trajectories and ultimate identity outcomes.[38,39,40] Recent research has found that most gender-diverse children continue to identify as transgender or another gender identity that differs from their sex assigned at birth into adolescence and adulthood.[39,40,41] For those who exhibited diverse gender-typed behavior in childhood, but did not identify as transgender or nonbinary, the majority reported a diverse sexual orientation in adolescence.[42,43] For transgender children who have been supported in their gender identity and gender expression, the vast majority show consistency in their trans identity across time.[40,44]

Some people are born with differences in sex characteristics, such as reproductive anatomy,

- Involvement with child welfare services, often stemming from family rejection
- Involvement in juvenile justice programs[57,58,59,60,61,62,63,64,65]

Psychosocial distress is often related to, if not caused by, negative social attitudes or rejection.[66] High levels of parental and caregiver support of youths' sexual orientation and gender identity can mitigate increased risk of behavioral health concerns. For example, transgender and gender-diverse youth with affirming parents and caregivers have similar levels of mental health challenges as their cisgender peers.[67] It is essential to note that youth with diverse sexual orientation and/or gender identity are resilient, and that with sufficient support and access to resources, they can thrive.[68,69]

Some children may experience gender dysphoria, meaning feelings of distress or incongruence between one's gender identity and sex assigned at birth. This distress, rather than the youth's gender diversity, is recognized as a behavioral health concern.[5] For some, the physical changes of adolescence may worsen feelings of gender dysphoria. For others, gender dysphoria or feelings of gender incongruence may begin post-puberty without any childhood history of gender dysphoria or gender diversity.[70]

Developmentally sensitive approaches consider appropriate development of emotional and cognitive capacities, achievement of developmental milestones, and possible emerging or existing behavioral health concerns.

Beneficial Therapeutic Approaches and Interventions With LGBTQI+ Youth

Given scientific findings that SOGI change efforts are harmful and medically inappropriate, the behavioral health approaches below are recommended instead. These approaches are consistent with the Panel's consensus

statements and current research. Several professional and scientific association guidelines recommend these approaches as well.[22,23,24,25,71,72,73,74]

When providing services to children, adolescents, families, and caregivers, appropriate therapeutic approaches include:

- Providing accurate information on sexual orientation, gender identity and expression, and variations in sex characteristics
- Identifying sources of distress, including internalized stigma and minority stress, and working with children, adolescents, families, and caregivers to reduce the distress LGBTQI+ youth experience
- Supporting adaptive coping to improve psychological well-being
- Supporting youth as they learn more about their sexual orientation and gender identity, and supporting families in accessing gender-affirming care for their transgender child when indicated
- Helping children and adolescents navigate their sexual orientation, gender identity, and gender expression within the context of their cultural, religious, and other identities

Interventions should be client-centered, culturally appropriate, and developmentally sensitive. The treatment goal should be to facilitate the best possible level of psychological functioning, rather than identifying with a specific gender or sexual orientation. Appropriate treatment approaches with youth of diverse sexual orientation and/or gender identity should focus on identity development and affirming exploration that allows the child or adolescent the freedom of self-discovery within a context of acceptance and support. It is important to identify the sources of any distress experienced by LGBTQI+ youth and their families and caregivers, and work to reduce this distress.

Working with parents and caregivers is important, as their behaviors and attitudes have significant effects on the mental health and well-being of youth with diverse sexual orientation and/or gender identity. Supportive family, caregivers, community, school, child welfare, and healthcare environments have been shown to positively impact both the short- and long-term health and well-being of LGBTQI+ youth. Families, caregivers, and those working with these youth can benefit from guidance and resources to increase support for sexual- and gender-diverse groups and to reduce stigma and discrimination.

In addition to the appropriate therapeutic approaches described above, social transition is appropriate and beneficial for many transgender and gender-diverse youth.[75,76,77,78] Although professional intervention is not required for youth to take steps in social transition, providers can support families and caregivers to protect youth's safety, ensure emotional, psychological, and social well-being, and help youth and families navigate the potential complexities of exploring and taking steps in social transition.[79] Based on the individual youth's needs, some forms of gender-affirming medical care may be medically necessary. Gender-affirming medical care that is provided in consultation with licensed healthcare providers is supported by extensive research and, based on the individual adolescent's needs, may be medically necessary.[80,81] Withholding timely gender-affirming medical care when indicated, withholding support for a gender-affirming exploratory process, and/or withholding support of social transition when desired, can be harmful because these actions may exacerbate and prolong gender dysphoria.[82,83]

Licensed healthcare providers play an important role in educating adolescents and their parents and caregivers about the various options for medical gender transition. They can also support youth, families, and caregivers in understanding this information and assess their understanding so that parents/caregivers and youth can provide fully informed consent and assent for the proposed care. The support of a behavioral health provider during these processes can aid an adolescent in identifying care needs, adjusting to their changing physical characteristics, and navigating responses from people in different aspects of their life.

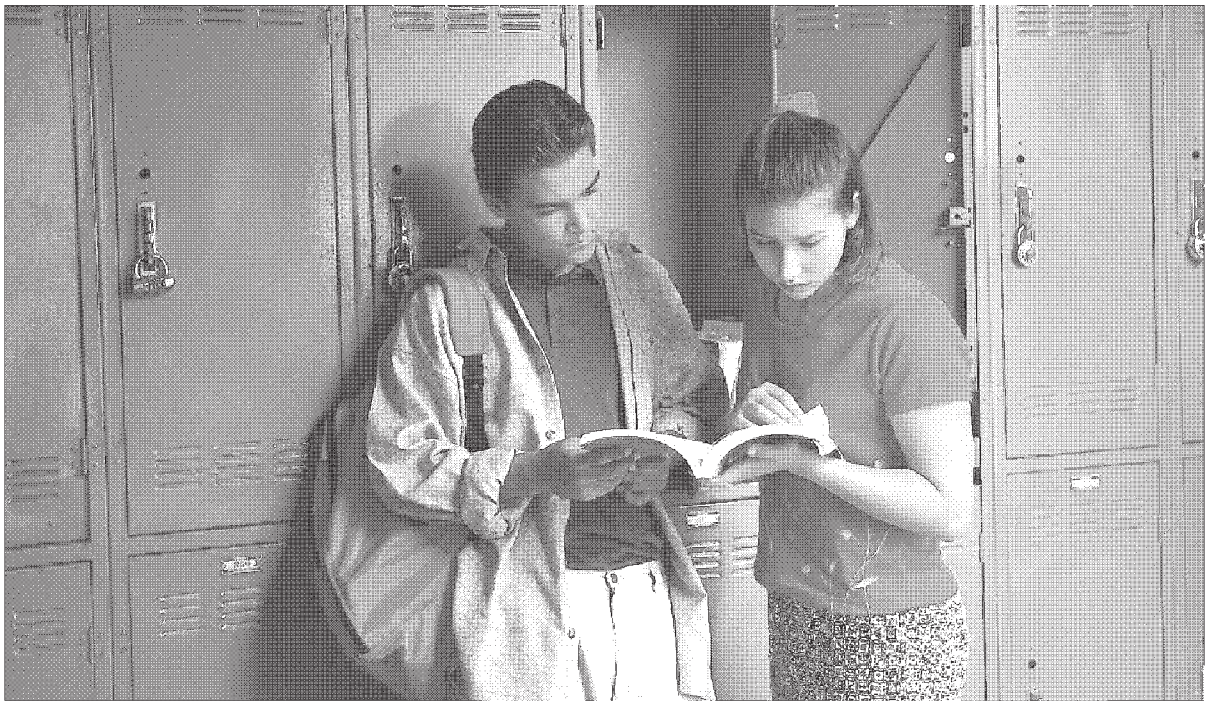
Policy Approaches to Support the Behavioral Health of LGBTQI+ Youth

LGBTQI+ youth and their families can benefit from policies that aim to:

- End harmful and ineffective efforts such as SOGI change efforts and ensure access to evidence-based care
- Promote behavioral health through protective and antidiscrimination policies
- Improve behavioral health through facilitating increased support from families, schools, and communities
- Conduct research that increases knowledge of health inequities with the goal to improve care

Given that SOGI change efforts are not appropriate therapeutic interventions, and are in fact harmful, immediate efforts are required to end their practice. Policy efforts to end SOGI change efforts have included:

- Passing state legislation to ban SOGI change efforts or provide supportive resources
- Introducing federal legislation to ban SOGI change efforts or provide supportive resources
- Banning licensed behavioral health providers from engaging in SOGI change efforts



- Restricting use of state funds and proposing the restriction of federal funds for these efforts
- Defining SOGI change efforts as consumer fraud

Efforts to improve understanding among behavioral health providers and other stakeholders of the harms of SOGI change efforts and the benefits of evidence-based care are essential. Other policy efforts can expand access to LGBTQI+ evidence-based care through reforming insurance and health services, ensuring nondiscrimination in health services programs, and increasing behavioral health and medical professional training in appropriate treatments. Bans on gender-supportive and gender-affirming care are harmful to individuals of diverse sexual orientation and/or gender identity.[84]

Policies can improve behavioral health and reduce health risks in this population by ensuring protection from discrimination, exclusion, and violence in schools and communities, and by expanding civil rights for LGBTQI+ individuals and families. Reducing stigma directed at LGBTQI+ individuals and families through affirmative public information that is respectful of families and youth from diverse religious, cultural, socioeconomic, and racial/ethnic backgrounds is important and consistent with professional ethical guidelines and standards of care. Supporting research to continue the development of evidence-based behavioral interventions for LGBTQI+ youth—especially those from diverse backgrounds—will contribute to the overall health and well-being of this community.

Introduction

This report, *Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth*, revises and builds on the seminal 2015 SAMHSA publication, *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*.[6] Based on the usefulness of the 2015 report, SAMHSA determined that a revision was warranted to reflect advances in scientific research and practice. This report provides an overview of current scientific understanding on sexual orientation and gender identity development and research on the behavioral health of youth of diverse sexual orientation and/or gender identity. The report also includes professional consensus on best practices in behavioral health with lesbian, gay, bisexual, transgender, queer, questioning, and other sexual- and gender-diverse youth (LGBTQI+ youth) and describes actions and policy options based on scientific research to improve their health and well-being.

"Section 1. State of the Evidence on SOGI Change Efforts With Youth" addresses sexual orientation and gender identity (SOGI; pronounced "SO-gee") change efforts. SOGI change efforts include practices that are not supported by credible evidence, are harmful, and have been disavowed by behavioral health experts and professional and scientific associations. "Statements of Professional Consensus on Beneficial and Harmful Practices With Youth of Diverse Sexual Orientation and/or Gender Identity" describes updated statements from experts on best practices in behavioral health for sexual and gender minority youth. "Sexual Orientation and Gender Identity Change Efforts With Youth" is an update on current research regarding SOGI change efforts in youth, and formed the basis for the best practice statements.

"Section 2. Development, Behavioral Health, and Beneficial Therapeutic Approaches With Youth of Diverse Sexual Orientation and/or Gender Identity: A Research Overview" provides an updated and expanded overview of recent research with LGBTQI+ youth beyond change efforts. This section summarizes new developments in research with youth of diverse sexual orientation and/or gender identity, including sexual orientation and gender identity development and behavioral health. It also discusses positive and negative influences on the behavioral health and well-being of LGBTQI+ youth, including factors such as family, school, community, and policy. Importantly, this section also provides information about appropriate and beneficial therapeutic approaches to support the behavioral health and well-being of youth of diverse sexual orientation and/or gender identity and their families.

"Section 3. Policy Approaches to Support and Affirm the Behavioral Health and Well-Being of LGBTQI+ Youth" provides a comprehensive

outline of scientifically supported recommendations for policies to improve the behavioral health and well-being of youth of diverse sexual orientation and/or gender identity, including improving access to comprehensive, supportive care.

SAMHSA aims to reduce the impact of substance use and mental illness on America's communities. As such, SAMHSA endeavors to improve public health and eliminate health inequities, including those affecting LGBTQI+ communities. By addressing the issues included in this report that have a significant impact on the lives and well-being of LGBTQI+ youth, SAMHSA aims to enable families, caregivers, providers, educators, and policymakers to take actions that will reduce the behavioral health risks and inequities facing this vulnerable population.

Revision Process

Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth, a 2015 SAMHSA publication, was reportedly helpful to behavioral health providers, families, school professionals, policymakers, and other audiences.[6] SAMHSA determined that the report's utility could be enhanced and updated to reflect new advances in scientific research and practice. The revision—this report—includes:

- New research on SOGI change efforts
- Latest developments and research in the field of gender identity and sexual orientation development in youth
- Updated guidance for behavioral health providers, families, caregivers, and school-based professionals
- New section on public policy considerations

The 2015 report was based on a meeting of experts led by the American Psychological Association. Building on the successful 2015 process, a revision framework was developed by the contractor that culminated in a 2-day online meeting on September 9-10, 2021. During the meeting, experts in relevant fields considered a comprehensive array of research findings, professional guidelines, the current clinical knowledge base, behavioral health concerns of youth of diverse sexual orientation and/or gender identity, and policy opportunities. During this meeting, the Subject Matter Expert Consensus Panel (the Panel) and scientific writing team, under the direction of the contractor, helped develop and formulate this report.

The experts were identified based on their knowledge of a wide array of topics, including but not limited to:

- Gender identity and sexual orientation development in youth, including nonbinary and transgender individuals
- Youth clinical issues, including those related to gender dysphoria
- Concerns of ethnically, racially, and culturally diverse communities and under-resourced and underserved populations
- Family psychology
- Community and school mental health
- Professional ethics
- Research methods
- Intersection of behavioral health and spiritual diversity
- Legal issues and public policy
- SOGI change efforts

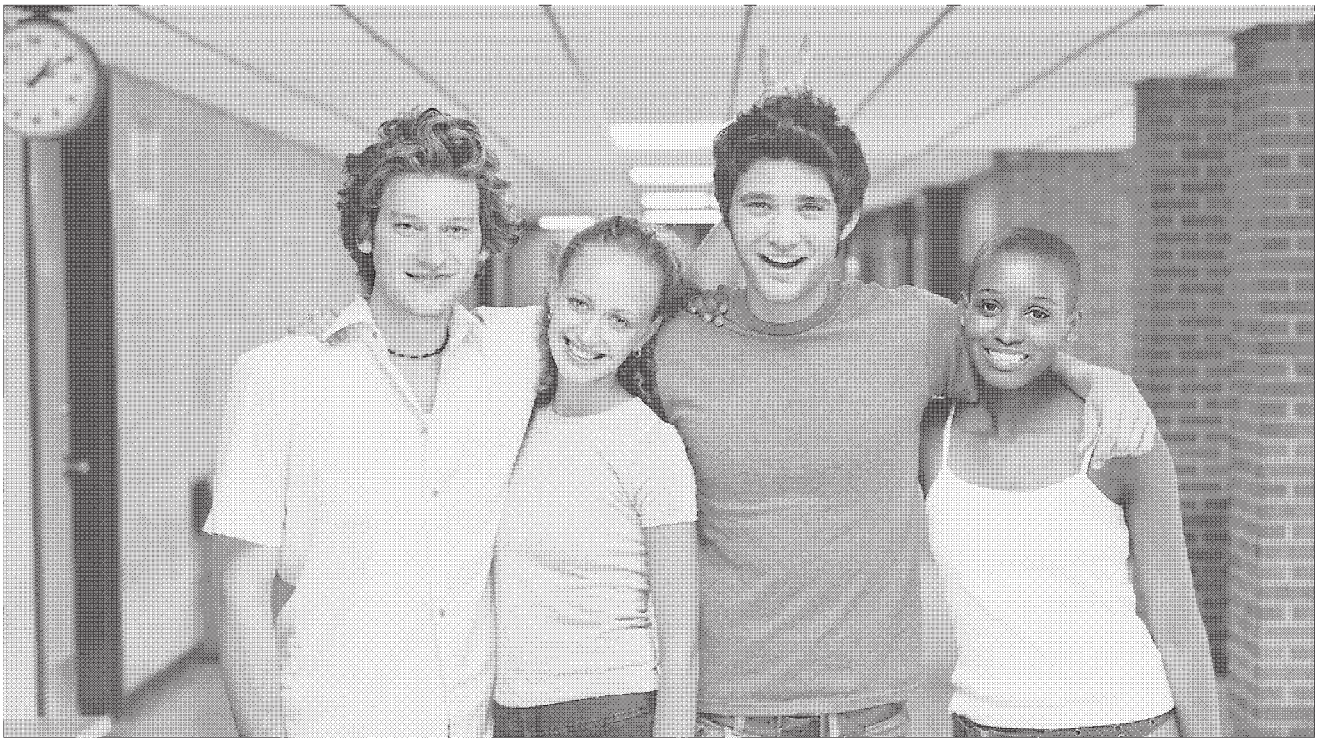
An extensive list of experts was generated from those with expertise in the above areas based on published research and innovation in the key knowledge areas; knowledge of, or participation in, the development of professional guidelines; expertise in clinical practice; referral by other

experts; and behavioral health specialty. SAMHSA also sought input from the experts who contributed to the 2015 report, including the American Psychological Association, and those who could assist in achieving the goals of this report.

Additional input was obtained from professionals in pediatrics, psychology, psychiatry, public health, social work, scientific research methodology, and legal issues and public policy. These individuals included researchers and practitioners in child and adolescent development and mental health, as well as researchers in gender development, gender identity, and sexual orientation in youth. The Panel, which helped develop and formulate this report, included experts with backgrounds in family therapy, ethnic, racial, and cultural diversity, needs of underrepresented populations, faith and psychology, and ethics. The Panel included those who practice in a variety of settings from different behavioral health specialties. (See Appendix D for members.)

As with the process developed for the 2015 consensus panel for the formulation of consensus statements, unanimous consensus was sought, but if it could not be reached, 80 percent support would constitute consensus. Versions of consensus statements were circulated after the September 2021 meeting with multiple opportunities provided for panelists to submit comments and revisions. Final versions were adopted by polling. Unanimous consensus was reached in nearly all instances. The statements of professional consensus are provided in "Section 1. State of the Evidence on SOGI Change Efforts With Youth."

Observers from SAMHSA's senior leadership team, internal experts, and cross-federal experts who had been involved in developing the 2015 report were present for the September 2021 meeting and offered the opportunity to submit written questions and input to the Panel throughout the meeting.



Section 1. State of the Evidence on SOGI Change Efforts With Youth

Statements of Professional Consensus on Beneficial and Harmful Practices With Youth of Diverse Sexual Orientation and/or Gender Identity

Guiding principles and statements of professional consensus regarding sexual orientation and gender identity and expression among youth were developed during the meeting of the Subject Matter Expert Consensus Panel (the Panel) meeting in September 2021 (see Revision Process in the previous section for a description of the Panel meeting and revision process). These statements revise and build on the professional consensus statements developed during a July 2015 American Psychological Association convening, as described in the 2015 report, *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*.[6] The 2021 convening and resulting statements reflect updates to current evidence and recommended clinical practice.

Guiding Principles for Behavioral Health Providers

The Panel updated a statement regarding the guiding human rights and scientific principles that provide a foundation for behavioral health providers working with this population. They are based on codes of professional ethics for the fields of psychology, psychiatry, counseling, social work, and pediatrics.[70,74,83,84,85,86,87]

- Behavioral health providers respect human dignity and human rights. Professional ethics necessitate that children and adolescents be supported in their right to explore and actualize their own identities.

Though the terms "conversion therapy" and "reparative therapy" are commonly used, these efforts are not therapeutic and reinforce harmful beliefs that sexual- and gender-diverse people need repair or conversion.

- All children and adolescents should have fair and equitable access to behavioral health services that will benefit their health and welfare without the risk of harm. Children and adolescents have the right to participate in decisions that affect their health care and future lives.
- Behavioral health providers assist children, adolescents, and their families in making informed healthcare decisions by providing developmentally appropriate information and assessing their decision-making capacities and family and community contexts.
- Behavioral health providers strive to provide care that is in the best interest of the child or adolescent.
- Behavioral health providers strive to incorporate cultural awareness, respect, and sensitivity into their work. They recognize that age, gender identity and expression, race, ethnicity, culture, language, national origin, religion, spirituality, sexual orientation, different abilities, and socioeconomic status are important factors to consider when working with children, adolescents, and families.

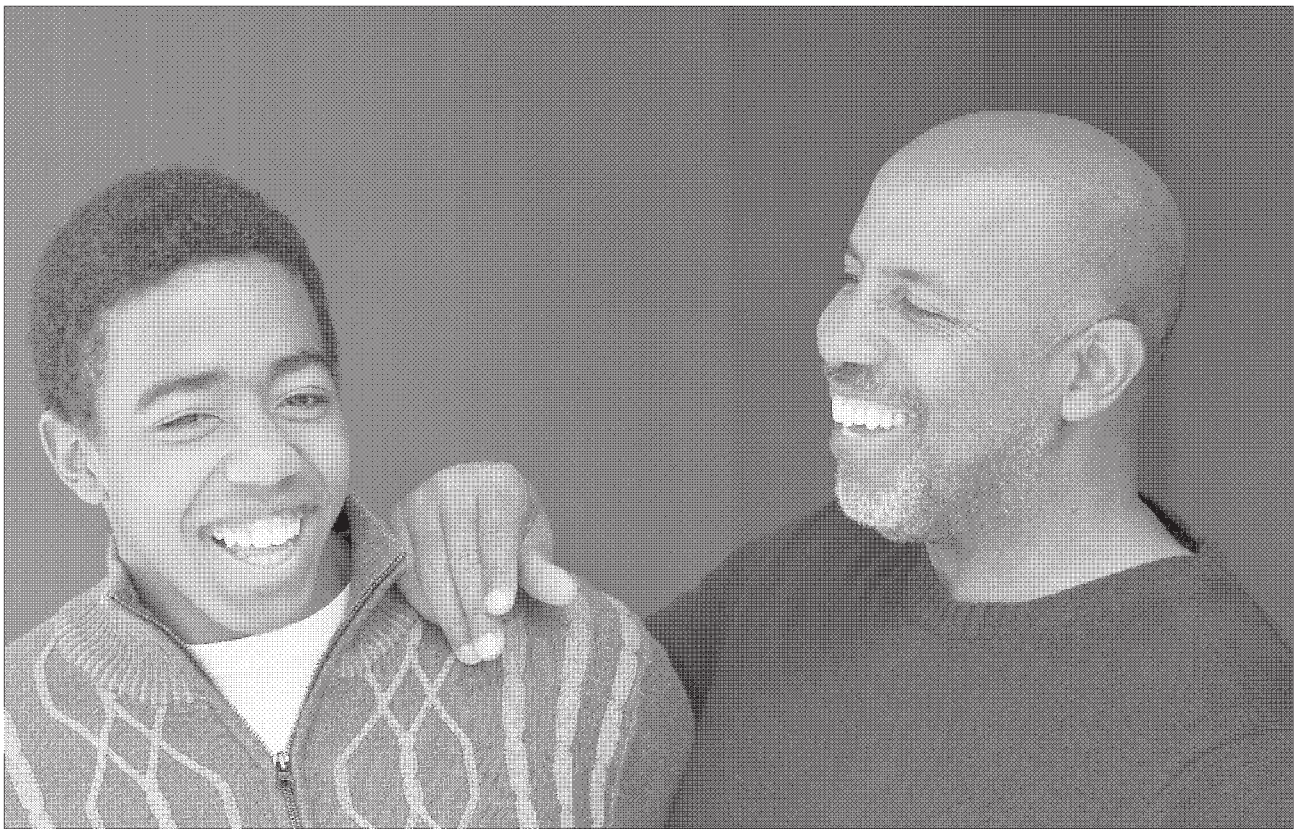
- Behavioral health providers strive to eliminate any impact of bias on their professional interactions and decisions.

Defining Sexual Orientation and Gender Identity Change Efforts

SOGI change efforts, commonly referred to as "conversion therapy" or "reparative therapy," are practices that aim to suppress or alter an individual's sexual orientation or gender to align with heterosexual orientation, cisgender identity, and/or stereotypical gender expression. SOGI change efforts are premised on or motivated by the belief that diversity in sexual orientation and/or gender identity and expression is a deficit, mental illness, or pathology.

SOGI change efforts do not include gender-affirming care. They do not include counseling that facilitates acceptance, social support, or open and affirming exploration and development of one's sexual or gender identity, including navigating sexual orientation and/or gender identity within the context of intersecting identities.

In the field of health care, the term "inappropriate" is used to designate care that is nonbeneficial, not medically indicated, and ineffective in achieving a patient's desired results. Medically inappropriate care is not needed or supported by clinical evidence and can result in negative health outcomes. The term "appropriate" is used to designate care when the expected health benefit exceeds the expected negative consequences by a sufficiently wide margin that the care is worthwhile.[88]



Professional Consensus on Sexual Orientation and Gender Identity Change Efforts With Youth

1. Variations in sexual orientation (including identity, behavior, and/or attraction) and gender (including identity and expression) are part of the normal spectrum of human development and do not constitute mental disorders.
2. Available research indicates that SOGI change efforts can cause significant harm. It also indicates that these efforts are not effective in altering sexual orientation. Further, no available research indicates that SOGI change efforts are effective in altering gender identity. No available research supports the claim that these efforts are beneficial to children, adolescents, or families.
3. SOGI change efforts are inappropriate practices that should not be provided to children and adolescents.
4. Rejection and lack of social and emotional support from families and communities negatively impact the health of sexual and gender minority youth. Such behaviors can cause harm, particularly family rejection of sexual orientation and/or gender diversity.

Professional Consensus on Appropriate Interventions With Youth of Diverse Sexual Orientation and/or Gender Identity and Their Families

1. Appropriate approaches to care for sexual and gender minority youth and their families:
    - Are evidence-based and person-centered
    - Reduce the rejection of sexual and gender minority youth
    - Increase family, school, and community support

    - Are responsive to children's, adolescents', and families' intersectional identities, including age, gender, race, ethnicity, culture, national origin, religion, spirituality, sexual orientation, different abilities, language, and socioeconomic status
2. Appropriate therapeutic approaches for sexual and gender minority youth do the following:
    - Provide accurate information on sexual orientation and gender identity and expression
    - Identify sources of distress for children, adolescents, and families and work with them to reduce it
    - Facilitate exploration and development of one's sexual and/or gender identity
    - Support adaptive coping to improve psychological well-being
    - Help youth navigate their sexual orientation, gender identity, and gender expression within the context of their cultural, religious, and other intersecting identities
3. Gender affirmation, including social transition (e.g., changing one's name, pronoun, and/or appearance), is appropriate and beneficial for gender minority children and adolescents.

Behavioral health providers may want to consult guidelines from major medical and mental health associations such as: American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American College of Physicians, American Counseling Association, American Medical Association, American Psychiatric Association, American Psychoanalytic Association, American Psychological Association, American School Counselor Association, Endocrine Society, National Association of School Psychologists, National Association of Social Workers, Pediatric Endocrine Society, Society for Adolescent Health and Medicine, World Medical Association, and World Professional Association for Transgender Health. (See Appendix C for some of these resources.)

Based on the youth's needs, gender-affirming medical care may be medically necessary. Such care is defined here as a care plan or service that is necessary to assess, maintain, or improve health and well-being and to avoid illness or reduce symptoms based on existing professional guidelines and scientific evidence. Withholding timely gender-affirming care when indicated, withholding support for a gender-affirming exploratory process, or withholding support of social transition when desired can be harmful because those actions may exacerbate and prolong gender dysphoria.

4. Legal prohibitions on gender-affirming care (including medical treatment) are harmful to children and adolescents. Further, policies that stigmatize, restrict, or exclude gender minority youth are harmful to children and adolescents.
5. When working with sexual and gender minority youth, behavioral health providers' ethical and professional responsibilities include delivering care that reflects respect, compassion, and cultural humility. It should be consistent with current professional, evidence-based, multidisciplinary resolutions and guidelines issued by leading health and scientific associations and professional ethical principles.

Person-centered, also known as client-centered, is a long-standing therapeutic approach that affirms and values all aspects of individuals.[89] It emphasizes unconditional positive regard and empathic understanding of all aspects of the person.

Professional Consensus on Education and Training

1. Like all youth, sexual and gender minority youth and their families have diverse cultural, ethnic, racial, religious, and other identities that shape their experiences, values, and behavioral health needs. These are important factors for behavioral health providers to understand and acknowledge. Providers should receive specific training in the development of diverse sexual orientations and gender identities, as well as training on culturally responsive approaches to working with sexual and gender minority youth and their families from diverse backgrounds.
2. While sexual and gender minority youth experience many of the same developmental milestones as other youth, they also encounter unique challenges and may need specific support and resources to thrive. All of those engaged in the care of youth, including parents and caregivers,

healthcare providers and staff, school and education professionals, community leaders, social service providers, legal professionals, and policymakers, can benefit from accurate, scientific, non-pathologizing information about sexual and gender diversity.

Sexual Orientation and Gender Identity Change Efforts With Youth

Over the past decade, additional high-quality research focused on documenting the practice and effects of SOGI change efforts has provided further evidence that these efforts should not be practiced with youth. This section includes a review of recent research on SOGI change efforts and information about their continued use across the United States. It also includes a detailed description of some of the methodological issues relevant to SOGI change efforts research that may be useful for researchers and policymakers. Finally, this section describes guidance from professional organizations disavowing SOGI change efforts.

Research on SOGI Change Efforts

There is now a significant body of research on SOGI change efforts. Overall, it has focused on sexual orientation change efforts more than gender identity change efforts. Although some study populations included both sexual and gender minorities, they often examined SOGI change efforts in ways that obscure whether transgender participants experienced change efforts related to their sexual orientation, gender identity, or both. This is both a methodological shortcoming of some SOGI change efforts research and a reflection of the realities of its practice, where it is not always possible to distinguish between sexual orientation and gender identity change efforts. For example, SOGI change efforts often include attempts to change children's and adolescents' gender expression to be more consistent with the stereotypical norms expected for their assigned sex at birth, with a goal to prevent both a transgender identity and a future diverse sexual orientation.[24,50,90]

In 2009, the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation Change Efforts conducted an authoritative review of peer-reviewed literature published on sexual orientation change efforts.[24] Since its publication, a systematic review of research on sexual orientation change efforts has been published,[7] as well as quantitative and qualitative empirical studies examining sexual orientation change efforts among populations residing in the United States or Canada.[8,9,10,11,91,92,93,94,95,96,97,98,99,100,101,102,103,104]

A 2018 systematic review of research on gender identity change efforts published between 1990 and 2017 identified four studies reporting on its use, which consisted of three case reports and one case series.[105] Since then, three studies investigated gender identity change efforts among populations residing in the United States or Canada.[9,106,107,108] One study examined their use in New Zealand,[109] and several studies examined sexual orientation change efforts with transgender and gender-diverse populations in the United States and Canada.[10,11,103]

Lesbian, gay, bisexual, and other sexual orientations are normal variations of human sexuality and are not mental disorders. Transgender, nonbinary, and other gender identities are normal variations of human gender and are not mental disorders. Therefore, practices seeking to change an individual's sexual orientation, gender identity, and/or gender expression are not indicated and are inappropriate.

Several recent studies of SOGI change efforts reflect major methodological improvements over past work, such as larger sample sizes (e.g., 1,518[8]; 27,715[107]; 25,791[9]), a probability sample,[8] and controlling for other factors that may also cause harm (e.g., other adverse childhood experiences [ACEs]).[8] The majority of these studies were conducted with adults. One study included adolescents and young adults (ages 13-24),[9] and one study was limited to emerging adults ages 21-25 and asked about experiences of SOGI change efforts during adolescence.[10]

Research indicates that sexual orientation change efforts are not effective in altering sexual orientation. Research indicates that these efforts can cause significant harm, including suicide attempts and other negative behavioral health outcomes. No available research supports the claim that sexual orientation change efforts are beneficial to children, adolescents, or families.

Syntheses of research on sexual orientation change efforts have concluded that there is no evidence to support their effectiveness in altering sexual orientation or sexual attractions. A systematic review of peer-reviewed research on sexual orientation change efforts published from 1960 to 2007 concluded that they were not effective and may cause harm.[24]

Recent studies of sexual orientation change efforts corroborate those findings and provide stronger evidence of certain harms. Recent large, methodologically rigorous studies consistently find that exposure to sexual orientation change efforts places individuals at increased risk of suicidality and suicide attempts, as well as other negative outcomes including depression.[8,9,10,11] No studies have found evidence of any benefit of sexual

No research indicates that gender identity change efforts are effective in altering gender identity. Research indicates that these efforts can cause significant harm, including suicide attempts and other negative behavioral health outcomes. No available research supports the claim that gender identity change efforts are beneficial to children, adolescents, or families.

orientation change efforts to children, adolescents, or their families. Other scholars and international organizations have independently conducted reviews of the sexual orientation change efforts literature, reaching the same conclusions.[7,12,13] It is now scientific consensus that sexual orientation change efforts are not effective and can cause significant harm.

SOGI change efforts have been used in an attempt to force children's behaviors, dress, and mannerisms to become more consistent with those stereotypically expected of their assigned sex at birth—that is, more stereotypically masculine expression for those assigned male at birth and more stereotypically feminine expression for those assigned female at birth. Historically, SOGI change efforts were the primary clinical approaches used with gender-diverse children, including those experiencing gender dysphoria.[39,50,90]

No research has demonstrated that gender identity change efforts are effective in altering

Despite evidence of harm, diverse populations across the United States, including children and adolescents, continue to be exposed to SOGI change efforts from a variety of licensed and unlicensed practitioners.

gender identity; there is also no evidence of any benefits of such practices to children, adolescents, or their families. Recent large, methodologically sound studies have investigated harms associated with gender identity change efforts.[9,107,108] These studies indicate that exposure to gender identity change efforts—in childhood, adolescence, and/or adulthood—is associated with harm, including suicidality, suicide attempt, and other negative mental health outcomes such as severe psychological distress.

Research that asked transgender participants about prior exposure to sexual orientation change efforts also reported that these efforts were associated with negative mental health outcomes including suicidal ideation and attempts.[10,11] Although this report focuses primarily on studies in the United States, a recent study in New Zealand corroborates findings of lasting harm associated with gender identity change efforts.[109] The findings of harm associated with SOGI change efforts—practices that exemplify anti-LGBTQI+ stigma and rejection—are bolstered by the extensive literature connecting minority stress, family/community rejection, and a lack of acceptance to negative health outcomes among youth of diverse sexual orientation and/or gender identity.[102,110,111]

Despite scientific consensus regarding the harms of SOGI change efforts and no evidence to support claims of its effectiveness or benefits, these efforts continue to be practiced across the United States by diverse health professionals and unlicensed community members.[8,9,106] It is estimated that anywhere from 3.5 to 18 percent of adults of diverse sexual orientation and/or gender identity have been exposed to SOGI change efforts; the single national probability sample reported a prevalence of 7 percent.[8] Its frequency of use among transgender and nonbinary populations is higher than that observed in cisgender LGB populations,[96,103,106,107] including in studies with adolescents and young adults.[9,10]

Though earlier reviews reported that most of the individuals who experienced sexual orientation change efforts were white men of higher socioeconomic status,[24] recent studies that rely on large national samples suggest greater diversity, indicating that women, people of color, and people from lower income levels are also affected by SOGI change efforts in the United States.[8,9,96,107]

Studies with individuals from religious traditions in which sexual orientation diversity and gender diversity are seen as contrary to faith teachings have often reported a greater prevalence of SOGI change efforts than studies that include individuals regardless of religious affiliation.[24,92,100,112] Based on these findings, it is likely that exposure to SOGI change efforts is greater among individuals from some religious backgrounds than those from more secular backgrounds.[24,91,100,112] However, current

Relative to young people who had not experienced SOGI change efforts, those who reported undergoing these efforts were more than twice as likely to report having attempted suicide and having multiple suicide attempts.[9]

research does not provide for estimates of prevalence.[91]

Of note, research indicates that younger generations may be at similar risk of exposure to SOGI change efforts as generations of youth before them.[8,103] As of 2018, adolescents and young adults from all regions of the United States reported exposure to these efforts.[9] A study of young adults of diverse sexual orientation and/or gender identity from community settings in the San Francisco area found that more than half had experienced SOGI change efforts from parents and caregivers, while just more than one-fifth had also experienced these efforts from an external source such as a religious leader or a behavioral health provider.[10]

Younger generations continue to be exposed to SOGI change efforts. Studies published recently show that adolescents and young adults across all regions of the United States continue to be exposed.[8,9,105]

Additionally, current research finds that SOGI change efforts result in negative consequences regardless of who attempts to effectuate the change. These change efforts are harmful whether undertaken by parents and caregivers, behavioral health providers, or other community members.[10,107] These findings indicate that efforts to reduce the harm caused by these practices would be most effective with a broad focus to include all forms of SOGI change efforts, as well as to reduce the stigma against LGBTQI+ people that drives their continued practice.

Methodological Considerations When Studying SOGI Change Efforts

Prospective, experimental research studies such as randomized controlled trials (RCTs) are considered a rigorous methodology for evaluating efficacy because these methods minimize selection bias and permit accurate estimates of causal effects. However, RCTs are not always an appropriate or ethical research design.[113] This is particularly true when multiple research studies indicate that a treatment or intervention is known to carry the risk to cause harm.[114]

To date, there have been no experimental research studies of SOGI change efforts with children or adolescents, nor would they be ethical to conduct. This is because there is sufficient evidence of harm associated with SOGI change efforts to conclude that they should not be provided to children and adolescents, and because previous studies have found no benefits. Coupled with the fact that professional consensus has established that diversity in sexual orientation and gender identity are normal variations for which treatment is unwarranted, an RCT is even more inappropriate to conduct. These ethical concerns are amplified in research with youth. Government regulations concerning research with children set strict limits and conditions on studies that could inappropriate to conduct. These ethical concerns are amplified in research with youth. Government regulations concerning research with children set strict limits and

conditions on studies that could pose harm to children and adolescents.[115]

There are valid ways to assess harm from SOGI change efforts without conducting an RCT or other rigorous quasi-experimental design (e.g., a nonrandomized design). Harm associated with an event or treatment can be evaluated through retrospective ("looking back") studies that examine the impact of those events and treatments by comparing outcomes for those who experienced them against people like them who did not. Mechanisms such as case studies, patient registries, and self-report surveys are also valid means to detect and report harms of a treatment.[114]

Most of the research using high-quality methodologies published since 2014 on sexual orientation or gender identity change efforts has been retrospective and employed cross-sectional designs, with adults asked to report their past experiences with change efforts at one point in time. This study design is appropriate for gathering evidence of harm. However, there are limitations to these study designs. Although they can identify harms, they cannot determine with certainty whether those harms are solely attributable to the SOGI change efforts. For example, research that relies on retrospective self-reports must address limits or differences in the accuracy of recollection of past events or experiences.

Sampling design—that is, how a research study recruits participants—can also limit the generalizability of the findings (i.e., the degree to which the results of a study can be applied to a broader group of people or situations). Much, though not all, of the research on SOGI change efforts uses what is called a "convenience sampling design," meaning it is unknown how representative the research participants are of all who have undergone these efforts. There is also natural bias in such samples because these

Current research on SOGI change efforts uses methodologies appropriate for the study of harm. Consistent findings across studies provide solid evidence that SOGI change efforts are harmful to the health of sexual and gender minority people, including children and adolescents.

are naturally occurring groups that share a common or similar social environment.

Nonetheless, the public can have increased confidence in the research findings when many studies using a variety of research designs, conducted by independent research teams, consistently conclude that a "treatment" is associated with harm. This is the case with research on SOGI change efforts. Indeed, a strength of the existing research on these change efforts is the consistent finding that SOGI change efforts are associated with harms. This has been found across studies conducted by independent research teams using different methods and sampling strategies.

Despite methodological concerns that exist within specific studies, when taken together, the evidence is strong that SOGI change efforts are harmful to the health of people of diverse sexual orientation and/or gender identity, including children and adolescents. In recent decades, scholars and ethicists have proposed criteria for identifying potentially harmful behavioral health treatments when limited data exist. Potentially harmful treatments are defined as those that:

- Cause psychological or physical harm to the client or others
- Result in harmful effects that are long-lasting
- Have had independent research teams find and replicate the harmful effects[116]

This is the case with SOGI change efforts. Ineffective treatments—those that may not directly cause further harm but do not improve the health or well-being of the individual receiving treatment—may also be considered harmful in so far that they deprive an individual of needed care.[117,118]

Three sets of criteria have been proposed to identify potentially harmful treatments for children:

1. Criteria drawn from ACEs, revised to include experiences with therapists
2. Criteria drawn from studies of maltreatment and neglect
3. Criteria based on the plausibility of an intervention and its (in)congruence with what is known about child development.[119]

SOGI change efforts with children and adolescents meet all three criteria for identifying potentially harmful treatments for children.

Given the lack of evidence of efficacy and the potential risk of serious harm, every major medical, psychiatric, psychological, and professional mental health organization has taken measures to end sexual orientation change efforts and gender identity change efforts.

Consensus of Professional Organizations

Associations that have taken measures to end sexual orientation change efforts and/or gender identity change efforts include, among others:

- **Medical associations,** such as the American Academy of Child and Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Medical Association, American Psychiatric Association, and the Society for Adolescent Health and Medicine
- **Psychological associations,** such as the American Psychoanalytic Association, American Psychological Association, and National Association of School Psychologists
- **Counselor associations,** such as the American School Counselor Association and American Counseling Association
- **Social worker associations,** such as the National Association of Social Workers
- **International health organizations,** such as the Pan American Health Organization (of the World Health Organization), World Professional Association for Transgender Health, and World Psychiatric Association

Conclusion

There is sufficient evidence to conclude that SOGI change efforts are inappropriate, harmful practices based on the knowledge that:

- These efforts are founded on a view of sexual and gender diversity that runs counter to scientific consensus.
- Research demonstrates that sexual orientation change efforts are ineffective, and no research demonstrates the effectiveness of gender identity change efforts.
- There is a growing body of evidence that exposure to SOGI change efforts can cause significant, lasting harm.

Other supportive behavioral health approaches are recommended for individual or family distress associated with sexual orientation and gender identity, as discussed in “Beneficial Therapeutic Approaches and Interventions in LGBTQI+ Youth and Their Families” in Section 2.

Section 2. Development, Behavioral Health, and Beneficial Therapeutic Approaches With Youth of Diverse Sexual Orientation and/or Gender Identity: A Research Overview

Sexual Orientation

Sexual orientation consists of sexual identity, sexual and romantic attraction, and sexual behavior. Great shifts in the understanding of sexual orientation have occurred over the past century.[120] Though a diverse sexual orientation was once considered abnormal or a medical problem, scientists now understand that sexuality occurs on a continuum and that variations in sexual orientation are part of the normal and healthy range of human sexuality.[16,17,23,24,121]

Although some people experience changes in sexual awareness, attractions, behaviors, and identities over time, this does not mean that sexual orientation can be willfully changed through their own or others' efforts, such as through sexual orientation and gender identity (SOGI; pronounced "SO-gee") change efforts.[23]

Today, many terms are used to describe sexual orientation. In addition to terms such as lesbian, gay, bisexual, and straight, many young people use a wider range of descriptive identity labels for their sexual orientation such as pansexual, asexual, queer, and questioning, among others.[122,123,124] Research with large, national samples of adolescents has found that approximately one-quarter of adolescents of diverse sexual orientation and/or gender identity use newer descriptive labels for their sexual orientation and/or gender identity.[124,125] Use of a wider range of descriptive sexual orientation labels appears to be more common among gender-diverse adolescents than among cisgender adolescents.[123]

The number of people in the United States who feel safe or comfortable to self-identify as a sexual minority is increasing, and most of this increase is occurring among women, people of color, and younger generations.[31] Nearly 5 percent of adults in the United States identify as lesbian, gay, or bisexual; this represents an increase of nearly 60 percent of individuals who were comfortable self-identifying as LGB than on surveys conducted 8 years earlier. Among U.S. high school students, nearly 15 percent identify as lesbian, gay, or bisexual or are unsure of their sexual orientation; this is nearly double the number of students who were comfortable self-identifying as non-heterosexual in surveys

Sexual orientation and gender are distinct yet related.

Everyone has a sexual orientation, including identity, attraction, and behavior, and a gender, including identity and expression. Individuals can belong to both a sexual minority population (i.e., lesbian, bisexual, gay, and other non-heterosexual orientations) and a gender minority population (i.e., transgender, nonbinary, and other diverse genders). Importantly, gender does not determine a person's sexual orientation. Gender-diverse populations include individuals with many different sexual orientations, including those who identify as straight/heterosexual and those who identify with a sexual minority identity.

Though they are distinct, gender and sexual orientation are related. Many adolescents and young adults who are gender diverse also identify with a sexual minority identity.

conducted 8 years prior.[59] The true size of sexual minority populations is likely higher than reported in these surveys. Stigmatizing societal attitudes and concerns about confidentiality may limit accurate reporting of sexual orientation identity and behavior.[126] Additionally, many surveys ask about only a limited number of sexual orientation options (e.g., lesbian, gay, bisexual, or heterosexual), which may miss individuals who use other terms (e.g., pansexual, asexual, or queer).[122,124] The increase in openly identifying as a sexual minority does not suggest that people are more likely to have the innate characteristics of being a sexual minority, but rather that individuals are increasingly able to publicly identify as LGBTQI+ because of increasing awareness and acceptance of diverse sexual orientations; the expansion of laws, policies, and practices that protect and support individuals regardless of sexual orientation; and an increased willingness and ability among LGBTQI+ people to self-identify due to decreased stigmatization and greater access to civil rights.[31]

How many people in the United States are sexual and gender minorities?

An estimated 11.4 to 12.2 million adults identify as LGBTQ+ in the United States, a number roughly equivalent to the population of Ohio.

An estimated 1.99 million adolescents ages 13 to 17 identify as LGBT in the United States, which is roughly equivalent to the combined populations of Dallas, Texas, and Detroit, Michigan.[31,127,128]

Sexual Orientation Development in Youth

Sexual orientation is usually conceptualized to begin at or near adolescence with the development of sexual feelings.[24] The average age at which sexual minority individuals reach important sexual orientation identity development milestones, such as becoming aware of same-sex attractions and coming out to others, commonly occurs during adolescence.[129,130] Various factors affect the trajectory of development related to sexual orientation, and there is no single or simple trajectory experienced by all individuals.[131,132,133,134,135] Recent generations of sexual minority individuals tend to reach milestones related to sexual orientation identity development and coming out (e.g., first becoming aware of their attractions, disclosing or sharing one's sexual orientation- or gender-diverse identity, first sexual minority relationship) at similar ages in adolescence.[129] In addition, it is becoming increasingly common for children to identify as lesbian, gay, or bisexual in childhood.[18] Youth's earlier public self-identification as having a minority sexual orientation is likely due to reduced stigma related to sexual orientation diversity. As more youth self-identify as sexual minorities, scholars have called for supporting the emotional and mental health needs that children express related to their sexual orientation.[136]

Sexual identity development is influenced by cultural factors that may differ across racial and ethnic groups. However, most research on sexual orientation identity development has included primarily white youth without examining differences related to race and ethnicity or cultural background.[124] As such, our cultural and scientific understandings of common experiences and developmental trajectories of sexual minority populations may better reflect the experiences of white sexual minority groups and be less relevant to the experiences of sexual minority people of color.[137] Limited research has examined the dual or multiple identity development processes among sexual minority youth of color.[138] Development related to racial/ethnic identity and sexual identity may occur concurrently among adolescents, though

involve different processes.[139,140,141] A variety of studies have identified cultural constructs and culturally specific expectations that have been identified as influencing sexual identity development among youth of color include familism (i.e., family needs take precedence over individual needs) and specific cultural understandings and expectations of masculinity among Black and Latino adolescent boys in particular.[138,142,143,144]

Significant physical, cognitive, and social development occurs during adolescence. Sexual minority adolescents face the same developmental tasks that accompany adolescence for all youth, including sexual identity development. However, sexual minority adolescents must also navigate an environment lacking awareness and acceptance of socially marginalized sexual identities, potentially without family, community, or societal support.[145,146]

Sexual identity development includes processes of identity formation (i.e., becoming aware of sexual attractions, exploring sexual feelings) and identity integration (i.e., integrating sexual identity within the larger view of self).[145] For sexual minority adolescents, difficulty with the identity development process, such as difficulty accepting one's sexual orientation and dissonance between one's self-image and cultural, religious, and societal beliefs about sexual minorities, can increase negative views of one's own and others' sexual minority identities and lead to adopting negative societal attitudes and beliefs about being a sexual minority.[147]

Sexual orientation conflict has been linked to negative psychosocial outcomes in adolescents and young adults.[146] Furthermore, a negative self-image as a sexual minority youth contributes to the relationship between sexuality-specific stressors (e.g., family

When discussing the concept of gender, scientists distinguish among a person's sex assigned at birth, gender identity, and gender expression.[24,25,125]

- **Sex assigned at birth is typically based on the appearance of external genital anatomy; male, female, or intersex are possible ways to identify sex.**
- **Gender identity refers to a person's deep internal sense of being female, male, a combination of both, somewhere in between, or neither.**
- **Gender expression refers to the external way a person communicates their gender, such as with clothing, hair, mannerisms, activities, or social roles. A person's gender expression may or may not be consistent with culturally prescribed gender roles or their sex assigned at birth and may or may not reflect their gender identity.**

rejection, victimization) and poorer mental health outcomes.[146,147]

Positive identity development, however, is associated with better mental health among sexual minority adolescents.[145,148] For example, one study found that for sexual minority college students, those who reported strong religious beliefs also reported lower psychological distress, but only among those students who had high levels of self-acceptance of their sexual orientation.[149] Strong religious beliefs on their own were not protective in terms of psychological distress for students who reported lower levels of self-acceptance of their sexual orientation.

Important areas of focus for behavioral health providers who work with adolescents include helping them address negative views about aspects of their identity and supporting positive identity development. For behavioral health providers who work with sexual minority adolescents, this includes reducing the client's negative views of their own sexual orientation identity and supporting positive identity development. This encompasses the integration of sexual orientation identity into the adolescent's larger sense of self, alongside intersecting identities (e.g., cultural, racial/ethnic, and other identities).

Gender

Transgender is a term that refers to individuals whose gender identities are incongruent with their sex assigned at birth.[75] The term gender diverse is a broader term that includes transgender individuals, as well as others whose gender behaviors, appearances, or identities are incongruent with those culturally expected based on sex assigned at birth.[75]

Significant advances have occurred over time in the scientific understanding of gender. It is now understood that gender diversity—identifying with a gender that does not align with sex assigned at birth, and/or having a gender expression that varies from that which is culturally expected for one's gender or sex assigned at birth—is part of the normal and healthy spectrum of human diversity, is not pathological, and does not require clinical attention on its own.[19,22,25,150]

Gender diversity was depathologized with changes made to the 5th revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the 11th revision of the International Classification of Diseases (ICD-11).[151,152] These changes make it clear that gender diversity is not a disorder. Instead,

current guidelines focus on treating and supporting individuals who may experience feelings of distress (i.e., gender dysphoria) or incongruence between their gender identity and body or sex assigned at birth, as well as any distress associated with stigma and discrimination.[25] Note that throughout this report, "gender dysphoria" (not capitalized) refers to the general concept of distress associated with incongruence between one's gender identity and body or sex assigned at birth, while "Gender Dysphoria" (capitalized) refers to the DSM diagnosis.

Access to gender affirmation can alleviate or improve distress due to feelings of gender incongruence. Gender affirmation refers to processes by which an individual is recognized and affirmed in the gender with which they identify.

Gender affirmation can include psychological, social, medical, and legal aspects. Access to gender affirmation can reduce gender dysphoria and improve mental and physical health outcomes among transgender and gender-diverse people and is protective against the negative effects of gender-related stigma and discrimination.[153,154] There is substantial evidence of the behavioral health benefits of access to gender affirmation for transgender and gender-diverse children, adolescents, and adults.[51,52,53,80,81,155,156]

The belief that people can only belong to one gender category—male or female—has been prevalent in many contemporary Western societies. However, over the past several decades there has been a growing scientific understanding that sex and gender are more complex. Some people are born with sex characteristics that fall outside of male and female categories, and gender identity occurs on a spectrum.[157,158,159,160,161]

Scientists now recognize that many gender identities and gender expressions exist, and have always existed in a wide range of cultures across history.[157,162,163,164]

Terms such as nonbinary, gender queer, gender fluid, agender, bi-gender, and others are used by many individuals to express their gender identity.[162,164]

Identifying with more than one identity is also common.[165] There are also many culturally specific terms that have long been used for third gender or nonbinary identities and gender roles, including two-spirit among some Indigenous North American cultures, fa'afafine in Samoan culture, and māhū in Native Hawaiian culture.[165,166,167,168]

What about intersex youth?

Intersex is an umbrella term used to describe people born with differences in sex characteristics, such as reproductive anatomy, chromosomes, or hormones that do not fit typical definitions of male and female. Intersex people can have many different gender identities.

Individuals with intersex traits may identify as male, female, nonbinary, or a different gender. Intersex individuals may consider themselves transgender if they do not identify with their sex assigned at birth.

Like other LGBTQI+ youth, intersex youth experience pervasive stigma and discrimination. The Federal Government has taken steps to reduce disparities facing people who are intersex, such as issuing a Request for Information on Promising Practices for Advancing Health Equity for Intersex Individuals in February 2023.[46]

Identifying as nonbinary appears to be more common among younger generations.[165] This may be related to greater visibility and social acceptance of gender diversity.[122] One study with a large national sample found that nearly one-quarter of adolescents of diverse sexual orientation and/or gender identity self-identified as nonbinary.[124] Of note, some people who describe themselves as nonbinary or another gender consider themselves transgender, while others do not.[158]

In this report, "transgender and gender diverse" is used as a broad term that refers to people whose gender identity and/or gender expression are incongruent with their sex assigned at birth, including binary transgender people, nonbinary people, and cisgender people with a diverse gender expression.

Estimates of the size of the transgender and gender-diverse population in the United States vary. It is only in recent years that some national, population-based surveys have started to include questions to assess gender identity, and the practice remains far from widespread. It is estimated that between 0.1 and 2.0 percent of adults in the United States identify as transgender.[124,169] These figures likely underestimate the size of the transgender and gender-diverse populations, because much of this research has not used current best practices for asking separately about current gender identity and sex assigned at birth and did not consistently include gender-diverse individuals who do not identify with the term transgender.[170,171] Recent population-based research with adults of diverse sexual orientation and/or gender identity has found that 1.2 million adults in the United States identify as nonbinary, including people who both do and do not consider themselves transgender.[158]

Research with high school students has found that between 1.1 and 9.2 percent identify as transgender, nonbinary, or another gender identity that differed from their sex assigned at birth.[122,171,172,173] Studies that specifically asked about identifying as nonbinary and other gender identities in addition to identifying as transgender reported larger proportions of transgender and gender-diverse youth, emphasizing the importance of asking about nonbinary and other diverse gender identities.[169,171,174]

Gender Development in Youth

Gender-related development begins in early childhood and progresses through adolescence.[21] Processes of gender-related identity development among transgender and other gender-diverse populations are varied, non-linear, and not necessarily anchored to specific ages or developmental periods.[37,38] For some individuals, gender identity appears stable across development, while others experience changes in their gender identity over time.

Youth who start to think of themselves as transgender or gender diverse may share this identity with others, and take steps in social transition across a wide range of ages.[29,30,177,178] There is no single developmental trajectory for transgender and gender-diverse youth—that is, there is healthy and normal variation in the age that youth recognize themselves as gender diverse.[25]

Individuals who exhibit gender diversity in childhood include those who:

- Consistently identify with a gender that differs from their sex assigned at birth
- Identify with the gender that aligns with their sex assigned at birth and have a diverse gender expression
- Are exploring their gender identity and/or gender expression[179,180]

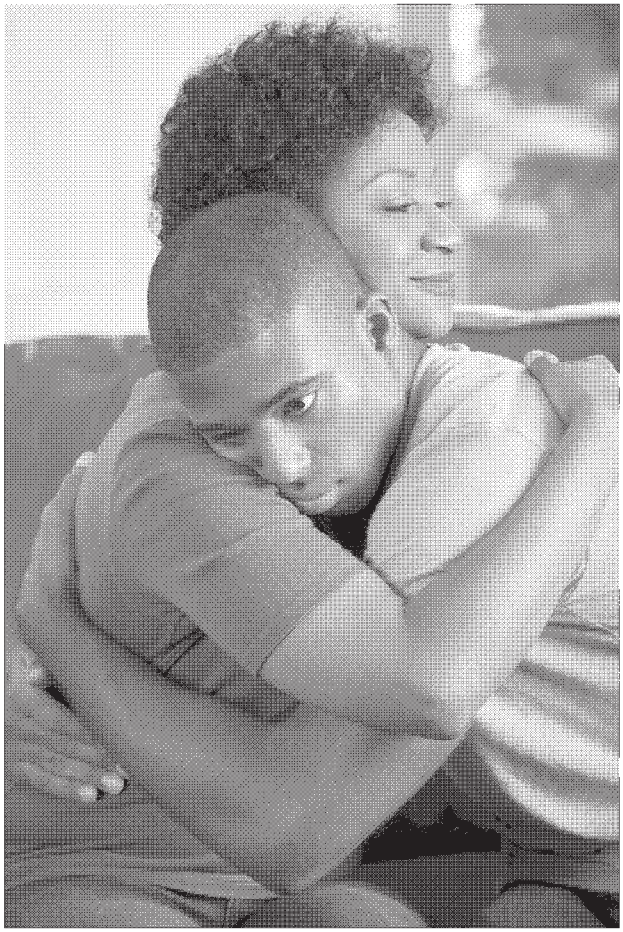
While earlier research from clinics specializing in childhood gender identity suggested that many individuals who exhibited gender diversity in childhood did not later identify as transgender in adolescence, significant methodological weaknesses preclude use of these findings to identify trajectories of gender identity development and their associated frequencies.[180] However, more recent research and clinical expertise suggests that children who consistently identify with a gender different from their sex assigned at birth typically express a similar clarity in adolescence.[50,77,150,179,181,182] Research also indicates that children whose gender expression differs from social norms, but who do not identify as transgender or nonbinary, are more likely to have a diverse sexual orientation in adulthood.[24,183,184]

A significant body of research demonstrates that affirming a child's current gender identity and gender expression, as well as supporting their process of understanding more about their identity, is beneficial for all children. The benefits of providing affirming mental health care include reducing the risk of suicide in transgender and gender-diverse youth. Given the significant mental health risks that gender minority youth face when affirming mental health care is not available, affirming mental health care is appropriate and necessary even for youth who may later identify differently in adulthood.[78,179,185,186,187]

Younger generations understand, experience, and communicate their gender-related experiences in different ways than previous generations. These understandings of gender include an increased recognition of the complexity of gender, sexuality, and identity and fewer stereotypes or expectations of what it means to be a certain gender.[157,175,176]

Children who identify as transgender early in their development are increasingly supported and affirmed in their identities by many families at young ages. Research with transgender youth who have socially transitioned—that is, who present as their gender identity in everyday life—provides evidence that early in childhood, gender-related development is similar among transgender and cisgender children with the same gender identity, regardless of sex assigned at birth.[188,189,190] These similar areas of gender-related development between transgender and cisgender children include consistency and strength of identification with their gender and expression of gender preferences, stereotypes, behaviors, and beliefs.[40]

Other youth identify as transgender or gender diverse for the first time in adolescence.[35,177,191,192,193] Puberty can be a pivotal time when youth become more aware of their gender and experience physical changes that can trigger or exacerbate dysphoria.[194] Some individuals who initially identify as transgender or gender diverse in adolescence do not have a history of gender diversity or gender "non-conforming" behaviors or preferences in childhood.[178] This can make disclosure of a gender identity that differs from sex assigned at birth in adolescence surprising to parents, guardians, and others.



Some adolescents who identify as transgender or gender diverse report that they felt different at a young age but expressed or engaged in behaviors that were stereotypical for their sex assigned at birth earlier in life, while others do not feel differently about their gender until adolescence.[35,177] Given the advances in scientific understanding of the normal and healthy diversity of gender identities, understanding the current experiences of youth whose gender incongruence presents in adolescence is an important area of study. No singular narrative can describe the totality of transgender and gender-diverse youth experiences.

Identity development is among the key tasks of adolescence for all adolescents, including those who are transgender and gender diverse. Self-acceptance of one's gender identity, identity pride, and valuing self are factors that promote resilience among transgender and gender-diverse adolescents.[146,195,196,197] However, transgender and gender-diverse adolescents may experience identity conflict when reconciling a gender identity that may diverge from the expectations of their family, peers, and community. This can be particularly pertinent for transgender and gender-diverse adolescents of color, who often experience multiple forms of discrimination (e.g., racial discrimination when seeking out supportive services, or anti-transgender stigma in one's racial/ethnic or cultural community) and may perceive incompatibility between their gender identity and racial/ethnic identities.[141,199]

Conversely, racial/ethnic identity development processes may beneficially impact how youth navigate gender identity development, such as experience coping with adversity and developing a sense of pride in one's identity.[196] While self-acceptance and identity pride are associated with well-being, adopting negative societal attitudes and beliefs about being transgender or gender diverse and having a negative gender-related self-concept have been connected to mental health challenges and greater substance use among transgender and gender-diverse adolescents.[200,201]

Minority stressors experienced due to anti-LGBTQ+ stigma include major life events, such as assault because of one's sexual orientation, gender identity, or gender expression, as well as everyday forms of discrimination and non-affirmation, such as receiving poor services, being assumed to be straight, or being misgendered. Minority stress is also caused by policies that limit the opportunities, resources, and well-being of LGBTQI+ populations.[111,198]

Important areas of focus for behavioral health providers who work with adolescents includes helping them address negative views about aspects of their identity and supporting positive identity development. Therefore, important areas of focus for behavioral health providers who work with transgender and gender-diverse adolescents are reducing negative views of their own gender identity and supporting positive identity development.[199,200,201] As with adolescents of diverse sexual orientations, this includes integration of gender identity and gender self-concept into their larger sense of self, alongside cultural, racial/ethnic, and other identities.

Research on how gender identity development varies by gender, race and ethnicity, and other cultural, social, and environmental factors remains in its early stages. Some studies have identified potential differences in developmental trajectory by gender.[35] Many studies have disproportionately low representation of transgender girls and other gender-diverse youth assigned male at birth, suggesting that transgender girls and women are coming out at later ages.[202,203,204]

One study investigating age upon accessing gender-affirming medical care found that it was influenced by contextual factors, such as family religion, having a helpful caregiver, as well as developmental milestones reached upon recognition of gender incongruence and age at coming out or disclosing gender identity.[205] Another study of young transgender women found differences by racial/ethnic group, suggesting that youth of color may achieve some social milestones (e.g., disclosure of gender identity) at younger ages than white youth.[206]

Most research with transgender and gender-diverse youth has been conducted with mostly white, higher income families living in urban areas who have access to specialized pediatric gender clinics. In recent years, more research has been conducted with nonclinical populations of children.[36] Given the tremendous variation in attitudes and expectations related to gender by cultural group and family background, more research is needed with racially and ethnically diverse children and families, lower income families, and families from different cultural and religious backgrounds to better understand the experiences and needs of diverse gender minority children and adolescents and to ensure access to evidence-based care.

Health and Well-Being of LGBTQI+ Youth

In the United States and worldwide, sexual- and gender-diverse populations experience inequities in many behavioral health outcomes.[207,208] This report uses the phrase “health inequities” as opposed to “health disparities” to refer to unnecessary and avoidable health differences.[209] These health inequities are not caused by one’s sexual orientation, gender identity, or gender expression, but rather by anti-LGBTQI+ stigma that is embedded in proposed and enacted laws, policies, and societal attitudes.

The Minority Stress Model provides an empirically validated conceptual model for understanding how stress due to anti-LGBTQI+ stigma, coupled with general life stressors, puts individuals of diverse sexual orientation and/or gender identity at increased risk for negative behavioral health outcomes.[111,210,211] These external experiences of minority stress cause cognitive, affective, and behavioral reactions, such as internalized stigma, identity concealment, and social isolation, all of which are associated with poorer mental health.[154,210,212,213,214]

Despite the impact of anti-LGBTQI+ stigma, which individuals can experience in tandem with other forms of discrimination, many youth and adults of diverse sexual orientation and/or gender identity can adapt, thrive, and demonstrate resilience despite risk exposure, high levels of stress, and other forms of adversity.[215] Resilience refers to a dynamic process of adapting positively within the context of significant adversity.[216] Resilience among sexual- and gender-diverse populations is promoted through:

- Self-acceptance of sexual orientation and gender identity, self-esteem, and identity pride
- Social support and sexuality- and gender-specific support from family, peers, schools, and community organizations
- School and community connectedness
- Inclusive and supportive federal and state policies[60,66,148,217]

It is important to recognize that sexual and gender minorities are not a single, homogeneous population. In addition to including individuals with many distinct sexual orientations, gender identities, and gender expressions, LGBTQI+ populations are also diverse with respect to other identities, including age, race, ethnicity, immigration status, language, national origin, religion, spirituality, ability, and socioeconomic status. Individuals with multiple minority identities experience unique stigma and stressors, as well as unique opportunities for resilience.[197,218,219,220]

To support individual LGBTQI+ youth in achieving their optimal health and well-being, and to take action to address health inequities among LGBTQI+ populations, behavioral and other healthcare providers, families, school administrators, boards, and educators, community leaders, and policymakers must understand the health concerns that may affect LGBTQI+ youth and be knowledgeable about the factors that lead to risk and resilience among LGBTQI+ youth. The following sections provide an overview of behavioral health concerns among LGBTQI+ youth, as well as what is known about the influence of families, school, religion and spirituality, community climate and policies, and gender affirmation on the behavioral health of LGBTQI+ youth.

Behavioral Health Concerns Among LGBTQI+ Youth

Variations in sexual orientation (identity, behavior, and/or attraction) and gender (identity and expression) are part of the normal spectrum of human development and do not constitute mental disorders. However, youth of diverse sexual orientation and/or gender identity are at elevated risk for mental illness and substance use due to experiences of discrimination related to sexual orientation, gender identity, rejection, trauma, violence, and a lack of support from families, school systems, and communities.[111] Transgender and gender-diverse children and adolescents may also experience psychological distress related to gender dysphoria.[25] It is important to emphasize that youth of diverse sexual orientation and/or gender identity are

resilient, and that with sufficient support and access to resources, they can thrive.[68,69] Behavioral health concerns that behavioral health providers can be aware of and attend to among sexual- and gender-diverse youth are summarized below.

Behavioral Health Concerns Among LGBTQI+ Children

Recent research has begun to investigate behavioral health among sexual- and gender-diverse children and has found that inequities in behavioral health may begin in childhood. While some sexual- and gender-diverse children are distressed, others are not. Among those who are distressed, the source of distress varies.

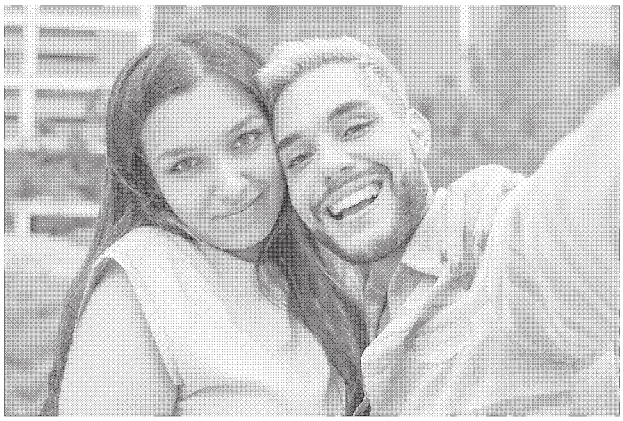
Several studies found that more children who self-identify as gay, bisexual, or questioning reported distress, including mood disorders, non-suicidal self-injury, suicide ideation, and suicide attempts than did children who do not identify as gay, bisexual, or questioning.[30,54] Additionally, two longitudinal studies found that children who later identified as a sexual minority began experiencing mental health challenges as early as age 11.[55,56] Other studies indicate that mental health concerns among sexual minority children may be linked to experiences of victimization, such as bullying behaviors perpetrated by peers.[221,222]

Gender-diverse children appear to have elevated rates of mental health concerns, including symptoms of anxiety and depression, history of self-harm, and suicidality, compared to cisgender children.[223,224,225] When gender-diverse children have behavioral health concerns, these may be related to invalidation or rejection of their gender diversity, or distress related to current anatomical dysphoria and/or anticipation of future pubertal development incongruent with their current gender. Alternatively, their mental health concerns may be entirely unrelated to their gender.[25,50]

At the same time, research also suggests that gender-diverse children who receive meaningful gender identity support do not necessarily experience elevated rates of depression and anxiety.[51,226] Research with a national sample of socially transitioned prepubescent transgender children found this group to have developmentally normative levels of depression, only minimal elevations in anxiety, and comparable levels of self-worth, suggesting that behavioral health concerns are not inevitable among this group.[51,226]

Behavioral Health Concerns Among LGBTQI+ Adolescents

As LGBTQI+ adolescents navigate the challenges of adolescence, some experience a variety of behavioral health concerns and psychosocial challenges. Compared to their heterosexual and cisgender counterparts, some adolescents of diverse sexual orientation and/or gender identity are at disproportionate risk of behavioral health symptoms, driven by increased exposure to stigma, rejection, and victimization.[48,227,228,229,230] It is also important to note that behavioral health concerns may be unrelated to sexual and gender diversity. Exposure to SOGI change efforts is a key risk factor that has been shown to increase risk of



suicide attempt among adolescents and young adults of diverse sexual orientation and/or gender identity.[9,10,49,229]

Compared to heterosexual and cisgender peers, adolescents of diverse sexual orientation and/or gender identity are more likely to experience psychological distress, symptoms of depression, and symptoms of anxiety.[57,65] Studies indicate large differences in rates of suicidal ideation and attempts among adolescents in the United States by sexual orientation and gender identity. The Youth Risk Behavior Surveillance System (YRBSS) documented increased odds of suicide risk among both sexual minority and gender minority high school students compared to heterosexual and cisgender students, including suicide attempt requiring medical treatment.[227,228,230,231]A recent public health study with data from six states found that while suicide rates are dropping, sexual minority adolescents in this study were three times as likely to attempt suicide relative to heterosexual adolescents.[58] Research with gender minority adolescents has documented that between 25 percent and 51 percent of transgender and gender-diverse adolescents have attempted suicide, with the highest rates among transgender boys and nonbinary youth.[192,232,233,234]

Research using YRBSS data indicates that some adolescents of diverse sexual orientation and/or gender identity are more likely than heterosexual and cisgender adolescents to engage in substance use.[228,229,231,235,236] Research found that adolescents of diverse sexual orientation and/or gender identity also experience greater incidence of eating disorders and disordered eating behaviors than their heterosexual and cisgender counterparts.[237]

Adverse mental health outcomes tend to be more prevalent among gender minority youth compared to sexual minority youth due to specific stigma and discrimination against transgender individuals.[61] The higher rates of substance use and suicidality are partly explained by experiences of discrimination, victimization, and higher rates of depressive symptoms reported by transgender and gender-diverse adolescents as compared to cisgender adolescents.[60,233,238,239,240]

Among transgender and gender-diverse adolescents, some research suggests that mental health outcomes may be worse among nonbinary adolescents and transgender boys.[61,232,241,242] Gender dysphoria, which can initiate or intensify in adolescence, can cause psychological distress among transgender and gender-diverse adolescents.[25] Increased experiences of victimization, rejection, and exposure to discriminatory policies may also drive the higher rates of adverse mental health seen among transgender and gender-diverse adolescents compared to sexual minority adolescents.[228,242,243]

Trauma is also a common behavioral health concern among adolescents of diverse sexual orientation and/or gender identity, who have an increased likelihood of experiencing child maltreatment, school-based victimization, violence, and homelessness, and who are overrepresented in both the child welfare system and the juvenile correctional system.[63,64,227,228,231,243,244,245,246,247]

A number of studies suggest that some neurodiverse youth are gender diverse.[224,248,249,250,251] The most recent clinical guidelines suggest that such youth benefit from an individualized approach to treatment.

The fact that research consistently demonstrates large inequities in behavioral health among LGBTQI+ adolescents indicates that this is a vulnerable population that needs psychosocial support, equitable social conditions, and access to affirming mental health care. At the same

time, it is important to emphasize that many LGBTQI+ adolescents are resilient and although experiencing discrimination and behavioral health challenges can thrive.[68,69,252,253]

Influences on Health and Well-Being

The increased risks of behavioral health distress that LGBTQI+ youth face are not a function of their identities. Rather, these risks stem from the stresses of stigma, discrimination, rejection, and violence.[240] The presence of sexual orientation- and gender-related stressors—and opportunities for emotional support and connection—encompasses multiple social systems, including, for instance, family, culture, values, school, and community networks.[254,255,256] Therefore, when LGBTQI+ youth are evaluated by a behavioral health provider, assessment should routinely include family, school, and community systems in which they live to identify both sources of distress and sources of support and connection as protective factors.[256] By increasing LGBTQI+ youth's access to support and resilience-promoting resources across their daily environments, and decreasing exposure to stigma and discrimination in communities and healthcare systems, more LGBTQI+ youth can achieve optimal health and well-being.

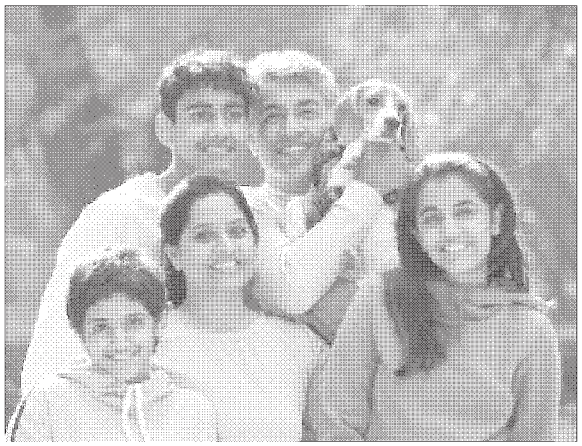
Family

Family response to youth's sexual orientation, gender identity, or gender expression has a significant impact on the youth's well-being, with effects that appear to extend into young adulthood.

Parents, caregivers, and families can serve as both a source of stress and a source of support for youth of diverse sexual orientation and/or gender identity.[40,53,257] Negative parental responses to sexual orientation, gender identity, and/or gender expression are associated with mental health concerns including psychological distress, depression, suicidality, and substance use.[10,253] Alternatively, parent-child relationships characterized by closeness and support are an important correlate of mental well-being.

Strong parental support for a child's gender identity may offset the mental health challenges commonly documented among gender-diverse children.[51,226] The use of a transgender or gender-diverse adolescent's chosen—rather than given—name has been linked to decreased depressive symptoms, suicidal ideation, and suicidal behavior.[49,52] Among adolescents of diverse sexual orientation and/or gender identity, high levels of sexual orientation and gender identity acceptance from parents and other relatives has been associated with reduced suicidality.[49,258,259] Further, the behavioral health benefits from high levels of family acceptance of youth's diverse sexual orientation and/or gender identity appear to last through young adulthood.[103] The limited research that has focused on family members outside of parents and primary caregivers suggests that siblings and extended family members can be key sources of support for youth of diverse sexual orientation and/or gender identity.[260,261]

Studies have found that some adolescents of diverse sexual orientation and/or gender identity report strikingly high rates of adverse childhood experiences (ACEs). High ACE scores and parental rejection have been associated with



suicidality in youth of diverse sexual orientation and/or gender identity[262] and may put these adolescents at greater risk for being victimized in other settings.[263] Notably, though some scholars and practitioners consider SOGI change efforts from family members potentially traumatic events, ACE measures do not capture youth's experiences of SOGI change efforts.[120]

It is important to note that some LGBTQI+ youth who lack family and/or parental support find resilient ways to access needed support and guidance. Many people of diverse sexual orientation and/or gender identity, including those with and without supportive families of origin, form "chosen families" with sexual- and gender-diverse friends who provide social support and resources.[266] In urban areas across the United States, LGBTQI+ adolescents and young adults of color—particularly Black and Latino youth—may join informal communities and LGBTQI+ family structures.

Religion & Spirituality

When considering family and community influences, a child's or adolescent's religious background is an important factor. Religious beliefs and background are far-reaching influences that encompass multiple arenas of one's life, including personal and family religious identity, beliefs, and coping; family attitudes, beliefs, and relationships; and community character and support. Religious views of sexual and gender diversity in the United States vary widely[269,270] and can have a large influence on sexual- and gender-diverse adolescents' mental health and well-being.[147,269,270] When working with youth of diverse sexual orientation and/or gender identity, it is important to consider the intersection of religion with youth's racial and ethnic identity and cultural background.[271,272]

Religion and spirituality are complex, nuanced aspects of human diversity. Parents from all backgrounds have a full range of reactions to their child's sexual orientation and gender identity and expression regardless of religious or spiritual traditions (e.g., confusion, desire for information, questions about social implications, love and loyalty, coming to terms with differences, growth and expansion of spiritual understanding, and for some a sense of loss).[273,274] Rather than focus on faith beliefs, where they might lack expertise, behavioral health providers can focus on encouraging key measurable behaviors among families and caregivers that have been found to be supportive and protective for children, as well as informing families how some of their behaviors and interactions might lead to negative behavioral health outcomes.[102,258,273]

Youth of diverse sexual orientation and gender—and particularly those youth of color—are overrepresented among youth experiencing homelessness, as well as across multiple state-based systems[214,264,265]

- **Up to 40% of all youth experiencing homelessness and housing instability are youth of diverse sexual orientation and gender.**
- **Up to one-third of youth in foster care systems are youth of diverse sexual orientation and gender.**
- **Up to one-fifth of youth in the juvenile justice system are youth of diverse sexual orientation and gender.**

Parent or caregiver rejection due to sexual orientation and gender diversity is just one of many reasons for these inequities; other factors such as parental mental health and substance use, poverty, and racism are common drivers of housing instability and system involvement among youth of diverse sexual orientation and gender.

School

LGBTQI+ adolescents may experience a myriad of sexual orientation- and gender-related stressors in the school environment, where they spend a large portion of their time. Despite increasing cultural visibility and acceptance of people of diverse sexual orientation and/or gender identity, the climates of U.S. secondary schools remain generally unsupportive and unsafe for many sexual- and gender-diverse youth, who experience high levels of verbal and physical harassment and assault, sexual harassment, social exclusion and isolation, and other interpersonal problems with peers.[48]

School bullying and victimization is often linked to nonconformity to gender norms.[275] Across racial/ethnic groups, approximately half of all sexual- and gender-diverse students of color were bullied or harassed based on their racial/ethnic identity.[48] Further, sexual- and gender-diverse students of color were at greater risk of experiencing multiple forms of victimization and were more likely to feel unsafe at school than their white sexual- and gender-diverse peers.[48]

This mistreatment has a significant effect on sexual- and gender-diverse adolescents' mental health and well-being. Victimization due to sexual orientation or gender expression is associated with depressive symptoms, low self-esteem, and suicidality,[111,275,276] as is not having access to appropriate bathrooms and feeling unsafe in bathrooms and other school facilities.[277,278,279]

Experiences of victimization and discrimination are also linked to negative academic outcomes among sexual- and gender-diverse youth.[184] Victimization from peers and school staff, combined with discriminatory policies, likely contributes to the over-representation of sexual and gender minorities in the juvenile justice system.[48,279] Sexual- and gender-diverse youth of color, particularly girls, are extremely overrepresented among incarcerated youth.[214,279, 280] Research shows that youth of diverse sexual orientation and/or gender identity are not only more likely to experience exclusionary discipline at school, but also appear to be sanctioned more harshly than heterosexual, cisgender teens for the same behavior and are at an increased risk for juvenile justice involvement.[248,281]

School and peer networks can also be a place where youth of diverse sexual orientation and/or gender identity find support. High levels of support from friends, classmates, and school professionals is associated with better mental health and lower suicidality among youth of

School resources that support the health and well-being of youth of diverse sexual orientation and/or gender identity include:

- **The presence of Gender and Sexuality Alliances (GSAs) or other similar supportive peer networks**
- **Antidiscrimination and antibullying policies that explicitly include sexual orientation, gender identity, and gender expression**
- **Policies that allow youth to use their chosen name, pronouns, and facilities that align with their gender identity**
- **Educators who are trained and accept and support students of diverse sexual orientation and/or gender identity**
- **Inclusive curricula resources, such as including the history of people and families with diverse sexual orientation and/or gender identity, and age-appropriate health curricula that discuss sexual orientation and gender identity.[39,43]**

diverse sexual orientation and/or gender identity.[49] Additionally, when youth have access to high levels of peer or school support, this may reduce the negative impact that experiencing victimization has on their mental health.[276] Friends of diverse sexual orientation and/or gender identity may be of particular importance, because they are more likely to provide support for sexuality- and gender-related stress.[282,283] Many youth of diverse sexual orientation and/or gender identity connect with peers and access social support online that may be unavailable to them in person.[284,285] Online sources of support have become increasingly important for youth of diverse sexual orientation and/or gender identity during the COVID-19 pandemic.[286]

School policies and resources that create an inclusive, safe environment positively influence student behavioral health and well-being.[287,288] Specifically, these school policies reduce substance use and planned suicide and suicide attempts.[287] GSA is a student-led, school-based club that aims to provide a safe space for LGBTQI+ students. "GSA" originally referred to "Gay-Straight Alliance," but many GSAs now use the acronym to refer to "Gender and Sexuality Alliance" to acknowledge the full spectrum of sexual orientation and gender diversity.[289]

Both the presence of and participation in a GSA has beneficial outcomes for sexual- and gender-diverse students and others, including increased feelings of safety, lower truancy, and decreased threats of violence in school.[48,287] School policies associated with improved health and well-being of students of diverse sexual orientation and/or gender identity include:

- Antidiscrimination and antibullying policies that enumerate sexual orientation, gender identity, and gender expression
- Policies that allow youth to use facilities that align with their gender identity and/or that provide gender-neutral facilities
- Policies that allow students to use their chosen name and pronouns[278,279]

Training school staff and educators about how to support youth of diverse sexual orientation and/or gender identity is related to lower suicide attempts among these students when provided.[287] Finally, curricula that are inclusive of students and families of diverse sexual orientation and/or gender identity are associated with beneficial outcomes such as fewer

In the most recent National School Climate Survey of LGBTQ+ youth, the Gay, Lesbian & Straight Education Network (GLSEN) found that:

- **60% felt unsafe**
- **69% were verbally harassed**
- **58% were sexually harassed**
- **26% were physically harassed**
- **11% were physically assaulted**
- **45% were cyberbullied**

60% of students of diverse sexual orientation and gender surveyed experienced policies that are discriminatory based on sexual orientation, gender identity, or gender expression at school. Transgender and gender-diverse students were most likely to report incidences with discriminatory policies and practices, including being prevented from using their chosen name and pronouns, and bathrooms and locker rooms aligned with their gender identity.[48]

instances of biased language against students of diverse sexual orientation and/or gender identity, students feeling safer, fewer reported instances of victimization, increased peer acceptance, and lower levels of depression; these benefits may be related to the curricula helping to reduce negative stereotypes against LGBTQI+ students.[48] These policies and practices not only are associated with benefits for students of diverse sexual orientation and/or gender identity but also have school-wide beneficial effects across behavioral health and psychosocial outcomes among heterosexual youth.[287]

Community Climate & Policies

Community climate and policies also have an impact on the health and well-being of youth of diverse sexual orientation and/or gender identity. Community climate—defined by the presence or absence of supportive policies, places of worship that are open and inclusive, other LGBTQI+ people, and anti-LGBTQI+ rhetoric—is associated with behavioral health outcomes among LGBTQI+ adolescents. Studies have found that adolescents of diverse sexual orientation and/or gender identity living in areas with a more supportive community climate have better mental health and are less likely to use substances.[290,291]

State and federal laws and policies also affect the health and well-being of sexual- and gender-diverse populations, including youth.[292] More research has been conducted with adults, where supportive and protective policies—such as protection from discrimination in schools and ability to change name and gender on identity documents—have consistently been linked with

better mental health, reduced substance use, and increased access to health care.[205,293,294] Meanwhile, policies that permit discrimination against people of diverse sexual orientation and/or gender identity are linked with poorer behavioral health outcomes.[85] It appears that state and federal laws and policies have a similar effect on youth of diverse sexual orientation and/or gender identity, with the presence of supportive laws and policies associated with reduced suicidality among high school students.[295,296]

Gender Affirmation

In addition to benefiting from gender-affirming support from families, communities, peers, and school professionals as described above, taking desired steps in social transition and access to medical gender transition for those for whom it is medically necessary is associated with better mental health among transgender and gender-diverse youth.[51,67,80,81,155,226,297,298,299,300,301,302,303]

Social transition and medical gender transition are discussed in greater detail in the next section. Improving access to gender affirmation for gender-diverse youth across the various domains of their lives may reduce the mental health inequities seen in this population.

Beneficial Therapeutic Approaches and Interventions in LGBTQI+ Youth and Their Families

Behavioral health professionals provide youth and their families with developmentally sensitive, culturally appropriate, and client-centered interventions that emphasize acceptance, support, and understanding and that match the child and adolescent's cognitive and emotional development.

Appropriate therapeutic approaches with LGBTQI+ youth do the following:

- Provide accurate information on sexual orientation and gender identity and expression.
- Identify sources of distress, including internalized stigma and minority stress, and work with children, adolescents and families to reduce distress experienced by children and adolescents.
- Support adaptive coping to improve psychological well-being.
- Support youth as they learn more about their sexual orientation and gender identity, and supporting families in accessing gender-affirming care for their transgender child when indicated.
- Help children and adolescents navigate their sexual orientation, gender identity, and gender expression within the context of their intersecting identities.

Client-Centered Individual Approaches

Behavioral health providers offer developmentally sensitive, affirmative interventions to youth. Developmentally sensitive approaches account for appropriate developmental emotional and cognitive

capacities, developmental milestones, and emerging or existing behavioral health concerns.

Affirmative approaches recognize and communicate that being of diverse sexual orientation and/or gender identity does not constitute a mental disorder, and that variations in sexual orientation, gender identity, gender expression, and sex characteristics are normal aspects of human diversity, including nonbinary gender identities.[75,304,305,306] Affirmative approaches recognize that when behavioral health issues exist, they often stem from stigma and negative experiences rather than being intrinsic to the child or adolescent.[76] When working with children and adolescents, providers examine not only risk factors but also sources of resilience across the multiple environments that influence the health and well-being of young people.[306]

Effective approaches support youth in identity exploration and development without seeking predetermined outcomes related to sexual orientation, gender identity, or gender expression.[189,305] Key aims are to dispel negative stereotypes and provide accurate information in developmentally appropriate terms for children and adolescents.

Scientists and researchers are constantly discovering more about sexual orientation, gender identity, and expression. For some youth, a focus on identity development and

exploration that allows them the freedom of self-discovery within a context of acceptance and support is vital to improving behavioral health and well-being.[307] It is important to note, however, that identity exploration is not relevant or needed by all youth or a required focus of therapy for youth of diverse sexual orientation and/or gender identity. Additionally, it is important for behavioral health providers to respect what the identity exploration process looks like to each individual. Taking steps in social transition is one way for gender-diverse youth to explore their gender (see "Social Transition" section below).

Practices that attempt to change or prevent youth from identifying as sexual- and gender-diverse or from expressing their sexual orientation and gender identity are harmful and are never appropriate.[10,307] This includes approaches that discourage youth from identifying as transgender or gender-diverse and/or from expressing their gender identity. Sometimes these are misleadingly referred to as "exploratory therapy." Additionally, providers support youth in age-appropriate tasks, such as integrating sexual orientation and gender identities with other identities, safely navigating coming out or sharing their identities with others, and fostering positive relationships with caregivers, families, and peers.[79,307]

Exposure to laws and policies that do not support youth of diverse sexual orientation and/or gender identity, and other negative experiences, including bullying and family rejection, drive risk for certain behavioral health concerns among these youth.[55,308,309] Behavioral health providers should assess for ACEs, other family rejecting behaviors, additional experiences of victimization, trauma-related disorders, and suicidality, and be prepared to address these concerns with LGBTQI+ youth in treatment. Appropriate interventions may aim to reduce or remove stressors a child or adolescent is experiencing that are associated with poor behavioral health. Alternatively, interventions may aim to change the cognitive, affective, and behavioral ways that youth of diverse sexual orientation and/or gender identity react to these stressors.[214]

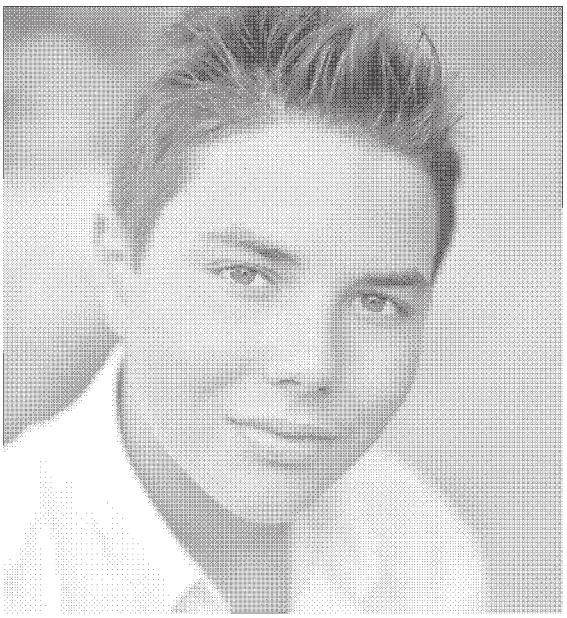
Several cognitive behavioral therapy (CBT) interventions for youth of diverse sexual orientation and/or gender identity have been developed, including EQuIP,[310] AFFIRM,[311] and Rainbow SPARX.[312] LGBTQ-affirmative CBT appears to be particularly efficacious for Black, Latino, and Asian American and Pacific Islander young people of diverse sexual orientation and/or gender identity, potentially because the focus on stressors may also help young people of color navigate stressors related to being a racial/ethnic minority.[214,313] There is also evidence supporting the use of mindfulness-based coping for sexual orientation-related school-based victimization.[314] Evidence-based trauma-focused interventions designed for youth of diverse sexual orientation and/or gender identity and their families can reduce symptoms of past trauma and enhance coping and well-being.[315]

Behavioral health providers should be aware of and share crisis services specific to LGBTQI+ youth, local resources for LGBTQI+ youth, and online platforms where LGBTQI+ youth can find affirming social connections and support. Given the increased rates of suicidality seen among youth of diverse sexual orientation and/or gender identity, LGBTQI+ crisis services, such as those provided by The Trevor Project are vital. The Trevor Project offers direct suicide and crisis intervention services for LGBTQI+ youth by phone, text, or online chat.[214,316]

Behavioral health providers should be aware of available community resources that support LGBTQI+ youth and their families, such as local

LGBTQI+ community centers, GSAs in schools, and support groups for youth and/or their caregivers, as well as online platforms. In addition to crisis services, The Trevor Project provides a safe social-networking community for LGBTQI+ youth and their friends and allies. This online platform became even more critical during the pandemic because it allowed youth to find affirming connections even when physically isolated. PFLAG, which is the largest organization in the United States focused on providing support, education, and advocacy for LGBTQI+ people and their loved ones and has more than 325,000 members with hundreds of local chapters. PFLAG can serve as another resource of support for LGBTQI+ youth and their families.[317]

Behavioral health providers should describe their treatment plan and interventions to children, adolescents, and their parents and families to ensure they understand the goals, potential benefits, and any risks of treatment. Behavioral health providers should obtain informed consent with all parties—including minors—for treatment, and should always involve parents and caregivers in decisions about a minor's care if the minor is not old enough to legally give consent.[318] When obtaining informed consent/assent, it is important to be aware of and attend to power dynamics between parents/caregivers and youth, as well as between the provider and youth. Interventions that attempt to change sexual orientation, gender identity, or gender expression, or any other form of SOGI change efforts are inappropriate and can cause significant harm. Informed consent/assent for clinical care would include ensuring understanding of various components, including associated risks, expected benefits, and alternative treatment options; therefore, by definition, informed consent/assent cannot be provided for an intervention known to cause



significant harm and does not have any known benefit to the client.[319]

Family Approaches

Wherever it is safe to do so for the child, parental and caregiver involvement is an important part of supporting LGBTQI+ youth. Parental and caregiver attitudes and behaviors play a significant role in the adjustment of children and adolescents. Parent and caregiver distress may be the cause of a referral for treatment.[24,102,258] Reducing family rejection, hostility, and violence (verbal or physical), and increasing family acceptance and support, contributes to the mental health and safety of the child and adolescent.[53,102,258,320]

Interventions that increase family and community support and understanding while decreasing rejection directed at LGBTQI+ youth are recommended for families. Behavioral health providers supply family members with accurate, developmentally appropriate information regarding diversity in sexual orientation and gender, and strive to dispel myths regarding the lives, health, and psychological well-being of individuals of diverse sexual orientation and/or

gender identity.[304,307] Family therapy that provides anticipatory guidance to parents and caregivers about the significant mental health risks caused by rejection of their child's sexual orientation and gender identity is vital.[102,258] Understanding and addressing parent and caregiver concerns regarding current or future sexual orientation and gender identity is important. Further, behavioral health providers can attempt to help families and caregivers modify rejecting behaviors by explaining the link between family rejection and negative health problems, identifying rejecting and accepting behaviors, and providing recommendations for increasing supportive behaviors on the part of the family.

Some affirming approaches to family therapy that include youth of diverse sexual orientation and/or gender identity aim to demonstrate how family members' identities—such as their race and ethnicity, immigration, socioeconomic status, and more—affect their ability to understand and support their youth.[321,322] Attachment-based approaches to family therapy have been used with suicidal sexual minority adolescents.[323] Trauma-focused CBT is an evidence-based treatment for trauma-impacted youth aged 3 to 17 and their parents or primary caregivers. This intervention has been adapted for use specifically with youth of diverse sexual orientation and/or gender identity by integrating the treatment framework with the Family Acceptance Project.[315]

Family therapists and researchers often focus on reframing family concerns—even their disapproval and rejection of sexual orientation and gender diversity—as a manifestation of care and love and focus on teaching non-rejecting ways to communicate those positive emotions. For example, providers can help the family create an atmosphere of mutual respect as a natural extension of seeing each person as having intrinsic worth.[324] This can help ensure the safety of each person from being hurt or bullied in the home. This communicates an important message to a young person that their safety is important to the provider and to the family. Eventually, this mutual respect and

support can be extended to other settings, such as neighborhoods, community institutions, and schools. Safety in this context is not only physical safety, but also emotional safety.[324]

Behavioral health providers may wish to increase their own competence in working with communities with diverse values and beliefs, and focus on viewing these values and beliefs with humility and mutual respect.[325] This includes understanding how to translate between psychology and deeply held values rather than judging those beliefs. Certain language, such as acceptance and/or affirmation, might not resonate with some communities, whereas the concept of unconditional love might.[324]

Many parents and caregivers must also navigate their own process of "coming out" and resolve fears of discrimination or negative social reactions if they disclose their child's sexual- and gender-diverse identity within their communities, at work, and to other family members.[326] Parents and caregivers often have fears for their child's emotional and physical safety, among other worries for their future.[37,327] Behavioral health providers can help parents plan in an affirmative way for the unique life challenges that they may face as parents of an LGBTQI+ child.

Further, behavioral health providers can address other stresses, such as managing life celebrations and transitions and coping with feelings of loss, and aid parents in advocating for their children in school situations—for example, when they face bullying or harassment. Groups for multiple families led by behavioral health providers, as well as online groups or forums for parents and caregivers of LGBTQI+ children and adolescents, may be helpful to build connections and share resources.[328]

Additional Approaches With Gender-Diverse Youth

Social Transition

Social gender transition refers to living daily life in line with one's gender identity, and the processes by which a child or adolescent is acknowledged by others as this gender.[39,40] Social transition can include a range of gender-related changes that individuals may make, and often includes adopting a name, pronouns, and clothing consistent with one's gender identity.[35,39,40] There is no one way or right way to socially transition. Transgender and gender-diverse youth may seek out social transition at different ages and stages of development.[34] Social gender transition does not require assessment or intervention from health professionals. However, providers can help families protect children's safety, ensure emotional, psychological, and social well-being, and help children and families navigate possible complexities of exploring and taking steps in social transition.[80]

Taking steps in social transition allows youth the ability to explore and make meaning of how they experience their gender, which is an important

Gender affirmation, including social transition (e.g., changing one's name, pronoun, and/or appearance) and gender-affirming medical care, is appropriate and beneficial for many gender minority children and adolescents. Based on the individual child's or adolescent's needs, gender-affirming medical care may be medically necessary. Withholding timely gender-affirming care when indicated, withholding support for a gender-affirming exploratory process, and/or withholding support of social transition when desired, can be harmful. These actions may exacerbate and prolong gender dysphoria.

part of developing a positive identity and sense of self. For some youth, desires for their name, pronouns, and appearance continue to change and evolve over time; for others, these remain stable over time.[35,39,40] For gender-diverse children who want to socially transition, social transition appears to serve a protective function and contribute to positive mental health and well-being.[51,67,78,229]

Given this, experts increasingly agree that children should not be denied the opportunity to explore and/or express their gender through social transition steps when desired by the child.[75,185,186,329] The possibility that a children's gender identity can be dynamic and may change over time should not be used as a justification to restrict a child from taking social transition steps. Children should be affirmed in how they currently identify and express their gender and be supported throughout their development and exploratory process, including the potential for future changes in how they identify and express their gender.[180,185,186] Behavioral health specialists in pediatric gender care can offer psychosocial support, insights, and guidance regarding the appropriateness of gender-related needs of gender-diverse children at different developmental stages.[25]

Withholding support for a gender-affirming exploratory process and/or for social transition when desired, can be harmful because those actions may exacerbate and prolong gender dysphoria.[78,299,329] At the same time, parents and caregivers may have valid concerns about reactions from others, including bullying and safety. When weighing factors related to social gender transition, concerns related to social transition should be weighed against the risks of not affirming a child's experienced gender, including increased distress or feelings of dysphoria, social isolation, depression, or suicide due to lack of social support.[29] Whether or not a child socially transitions or desires to, behavioral health providers can help explain to parents and caregivers how gender development is dynamic for some but not all children and highlight the importance of being open to and accepting of the possibility that their youth may remain stable in their feelings or may desire to make changes again in the future.[305]

Medical Gender Transition

Gender-affirming medical care is often medically necessary for individuals with a diagnosis of gender dysphoria, and can refer to a range of evidence-based interventions provided in consultation with licensed medical providers. Such care is defined here as a care plan or service that is necessary to assess, maintain, or improve health and well-being and to avoid illness or reduce symptoms based on existing professional guidelines and scientific evidence. The appropriateness of medical interventions varies by the individual's age, developmental stage, and experience of dysphoria, and decisions about providing gender-affirming care are reached with the involvement of an adolescent's parent or legal guardian.[332] No medical interventions are currently undertaken

Gender-Affirming Care: A specialized model of care used in the treatment of gender dysphoria that uses evidence-informed treatment options to promote patient health and prevent the risk of poor mental and physical health outcomes.[330,331] Not all youth need to undergo medical intervention; indeed, this is often not the case. Gender-affirming care is highly individualized and focuses on the needs of each individual by including psychoeducation about gender and sexuality (appropriate to the age and developmental level).

or recommended for gender-diverse children before the initial onset of puberty.[74,75] Gender-affirming medical care, including both pubertal suppression and hormone therapy, has proven effective in improving the well-being of young transgender and gender-diverse adolescents both during and well after initiation of treatment.[81,82,156,296,297,298,299,300,302,303,333]

Recent research indicates that gender-affirming care has a positive impact on mental health. Current professional guidelines provide information on the appropriate application of gender-affirming care interventions.[25] It is widely held that withholding gender-affirming care for an adolescent who needs this care is detrimental to their mental health.[77,186] Withholding timely gender-affirming care when indicated may cause harm by exacerbating and prolonging gender dysphoria.[83,84]

Behavioral health providers play an important role in educating adolescents and their parents, caregivers, and supporting families on this information as well as in assessing their understanding so that they can give full informed consent and assent.[187,334] This education includes information on:

- Various options for medical gender transition
- Up-to-date information about the effects of treatment
- Benefits on well-being
- Potential side effects

The support of a behavioral health provider during these processes can aid adolescents in identifying care needs, adjusting to their changing physical characteristics, and navigating responses from people in different aspects of their lives. Continued mental health care should be offered when an adolescent's gender care needs require continued affirming exploration and/or when other psychological, psychiatric or family problems exist. Given that pubertal suppression or administration of hormone therapy occurs over many years during important developmental periods, the need for behavioral health care, and type of behavioral health intervention needed, may change with time as new questions arise.[335] Transgender and gender-diverse youth, like all youth, should have the option to access psychological treatment if they choose. However, if there are no concerns, this may not be necessary.

For additional information and guidance related to youth and medical gender transition, see "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents" from the American Academy of Pediatrics[76] and the most recent guidelines from the World Professional Association on Transgender Health (WPATH; www.wpath.org).[25]

Future Directions for Research

As recommended by the U.S. Surgeon General in the 2021 report *Protecting Youth Mental Health*, future research must prioritize data and research with youth populations who are at-risk for adverse mental health outcomes.[336] This includes LGBTQI+ youth broadly, as well as LGBTQI+ youth who are also racial/ethnic minorities, have experienced poverty during childhood, have disabilities/different abilities, and are involved in child welfare or juvenile justice systems. Areas of opportunity for future research, as well as the validity and quality of existing research, are discussed in several sections of this report. Methodologically rigorous peer-reviewed research is vital to improving our understanding of the complexities of sexual orientation and gender among children and adolescents. Several potential areas for future research are identified below.

Documenting Sexual Orientation and Gender Diversity in Youth

To better understand the experiences and needs of LGBTQI+ youth, research focused on youth in the general population should regularly assess sexual orientation, gender identity, and gender expression as demographic indicators. Given the expansive range of descriptive identity terms that people today use to describe their sexual orientation and gender (e.g., pansexual, asexual, nonbinary, gender queer), asking about sexual orientation and gender in ways that include these identities and provide an option for open-ended responses will ensure that LGBTQI+ youth are appropriately included and represented in research.

Development of Sexual Orientation and Gender Identity

There remains much to learn about the development of sexual orientation and gender identity in youth. Basic research on the developmental pathways of these identities is necessary. How these identities are embedded in cognitive and emotional development and other developmental processes would aid in the understanding of human development as well as developing and refining appropriate interventions to support behavioral health. Such research must be inclusive of nonbinary identities. To better understand the various developmental trajectories of gender-diverse youth, prospective, longitudinal studies that follow gender-related development of youth over time are needed.

Culturally Specific Mitigation of Distress Relating to Sexual Orientation, Gender Identity, and Gender Expression

SOGI change efforts are harmful practices that are never appropriate with LGBTQI+ youth, and efforts are needed to end these practices. Families experiencing conflict related to their youth's sexual orientation, gender identity, and gender expression need access to alternative interventions to mitigate this distress that are appropriate and beneficial for youth and families. More targeted research that acknowledges the intersections of identity, including race, ethnicity, culture, faith, and socioeconomic status could shed light on positive, appropriate, whole-family therapeutic approaches to addressing these issues.

Researchers should evaluate these practices and integrate them into behavioral health care. Researchers should also work collaboratively with young people and families from faith communities to better understand the interplay between values and traditions and the safety and well-being of LGBTQI+ youth. The work of the Family Acceptance Project, cited in this report, speaks to the necessity of an increased focus on approaches specific to various communities, including those that are culturally and religiously diverse. These include conversations about sexual orientation, gender identity, and gender expression and how to support LGBTQI+ youth in culturally congruent ways.

Addressing Health Inequities Within LGBTQI+ Youth Populations

LGBTQI+ youth experiencing homelessness, in juvenile justice facilities, or otherwise in out-of-home care may lack permanent and stable family connections in part because of family distress or rejection relating to their LGBTQI+ identity. These vulnerable populations, as well as low-income and racial and ethnic minority LGBTQI+ youth, are often neglected in research studies that most often recruit youth who are already connected to clinics or providers. Future researchers interested in research with sexual- and gender-diverse youth should address this need for more representative sampling and better recruitment efforts.

Building Resilience and Promoting Health and Well-Being

Beyond ending harmful practices with LGBTQI+ youth and addressing health inequities, more research is needed that focuses on the ways LGBTQI+ youth are thriving. Greater understanding is needed of the factors that contribute to resilience and positive behavioral and physical health outcomes among LGBTQI+ youth, as is an increased focus on the development, evaluation, and dissemination of health-promoting interventions. Research using participatory methodologies to collaborate with LGBTQI+ youth to identify their needs, priorities, and ideas for intervention strategies is vital to increase the relevance, quality, and impact of research and interventions with this population.

Long-Term Outcomes

More research would be beneficial to further explore the developmental trajectories of sexual orientation, gender identity, and gender expression. Additionally, future research could focus on better understanding the long-term medical and behavioral health outcomes associated with early experiences of family and community distress due to sexual orientation and gender identity and expression. Other recommended areas of opportunity for longitudinal research include:

- Long-term outcomes from early social transition and pubertal suppression
- Rigorous evaluation of current practices and protocols, including affirmative models, structural interventions, and culturally specific models
- Harms associated with laws and policies that bar youth from participating at school or in extracurricular activities in a way that is consistent with their gender identity
- Prospective research focusing on younger children, in partnership with pediatric clinics, schools, and other community-based institutions
- Methods of supporting positive behavioral health for LGBTQI+ youth, including building resiliency against suicidality, self-harm, risky behaviors, depression, anxiety, substance use, and other behavioral health issues

Integration, Collaboration, and Dissemination

Researchers and clinicians should examine and evaluate the best methods for integrating and disseminating best and promising practices for addressing sexual orientation and gender identity and expression among youth, and how to successfully collaborate with parents, guardians, caregivers, providers, and community leaders. This could include conducting research with these populations focused on knowledge, attitudes, and beliefs relating to efforts to change sexual orientation, gender identity, or gender expression.

Finally, the behavioral health community can work to support community-based organizations to develop common ground and consensus on these topics to promote health and well-being within youth populations. This might include:

- Support for LGBTQI+ youth programming and services across the country
- Outreach to parents, caregivers, and families with accurate information about supporting LGBTQI+ youth's behavioral health
- Inclusion of LGBTQI+-specific questions in national behavioral and mental health surveys

Section 3: Policy Approaches to Support the Behavioral Health and Well-Being of LGBTQI+ Youth

Introduction and Foundational Principles[1]

Moving from evidence to action necessitates scientifically grounded public policies. This section focuses on selected policy levers that aim to improve the behavioral health of LGBTQI+ youth.

U.S. Department of Health and Human Services (HHS) policy priorities for improving the mental health of and reducing substance use by LGBTQI+ youth are based on efforts to ensure LGBTQI+ civil rights and to increase access to, affordability of, and equity in health care. Such policies include implementation of the June 15, 2022, Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals,[14] the January 20, 2021, Executive Order on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation,[15] and the January 20, 2021, Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.[337]

HHS policies include protection against discrimination based on sexual orientation and gender identity as found in the Affordable Care Act (ACA).[338] HHS also has other policies and programs specific to nondiscrimination on the basis of sexual orientation and gender identity.[339,340] For example, HHS issued a Notice of Proposed Rulemaking related to Section 1557 of the ACA, to further prevent discrimination on the basis of sexual orientation and gender identity.[341]

To further strengthen protections for LGBTQI+ youth, their parents, and caregivers, on March 2, 2022, HHS Secretary Xavier Becerra issued a statement reaffirming HHS efforts to support and protect LGBTQI+ youth and assist their parents, caretakers, and families in accessing gender affirming care.[342]

SOGI change efforts are inappropriate practices that should not be provided to children or adolescents.

A Memorandum issued by the Children's Bureau at the Administration for Children and Families for child welfare professionals and healthcare providers aims to protect LGBTQI+ youth.[343] HHS has also issued guidance stating that denying health care based on gender identity or restricting doctors and healthcare providers from providing care because of a patient's gender identity may constitute prohibited discrimination.[344]

The following key policy areas have been identified by the federal government, researchers, and advocates:

- End harmful and ineffective efforts such as sexual orientation and gender identity (SOGI) change efforts.
- Ensure access to evidence-based care.
- Promote behavioral health by strengthening nondiscrimination policies.

[1] All statements in text boxes are Consensus Statements provided in Section 1 of this document.

- Improve behavioral health through support from families, schools, and communities.
- Advance research that improves care.

Ending Sexual Orientation and Gender Identity Change Efforts

SOGI change efforts are ineffective and harmful to children and adolescents (see Sections 1 and 2). The continued practice of these efforts puts LGBTQI+ youth at risk of significant harm and prevents them and their families from receiving appropriate evidenced-based behavioral health care that is consistent with existing professional guidelines.

Based on scientific evidence and broad professional and scientific consensus, many federal, state, and local governments have taken steps to regulate and eliminate the practice of SOGI change efforts directed at children and adolescents. These efforts include legislative bans, executive orders, and pathways to civil court claims alleging consumer fraud, among others.

Several bills and resolutions have been introduced in Congress in the past decade to discourage SOGI change efforts or to require nondiscrimination in the provision of behavioral health services to sexual- and gender-diverse youth. This legislation would ban federal funding, encourage state bans, or define SOGI change efforts as consumer fraud.

On June 15, 2022, the Biden Administration issued the Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals.[14] It includes a charge to HHS to take steps to end SOGI change efforts in the United States, by exploring guidance for federally funded programs, supporting provider training and technical assistance, and providing public information about harms and alternatives.

At the state level, as of January 2023, 20 states and the District of Columbia have passed laws to protect minors from the practice of SOGI change efforts. An additional six states and one territory have partial bans.[345] These laws bar behavioral health providers from practicing SOGI change efforts with minors. Some states provide protections for vulnerable adults, impose restrictions on the use of state and federal funds, and offer consumer protection provisions. At the local level, about 90 municipal and county governments prohibit SOGI change efforts.[346]

Advocates have suggested federal, state, and local policy efforts to end SOGI change efforts that include the following:

- Legislative restrictions on the use of federal or state funding for SOGI change efforts by state health programs (including Medicaid funds), by recipients

of such funding, or through health insurance reimbursements (see for example, H.R. 2328, "Prohibition of Medicaid Funding for Conversion Therapy Act" from the 117th Congress).[347]

- Policies that prohibit SOGI change efforts with minors receiving care in programs that receive federal funds to serve youth, such as community mental health centers, and juvenile justice, child welfare, and foster care programs.
- Clarification that existing nondiscrimination policies prohibit the practice of SOGI change efforts with minors. These legal claims of discrimination have been based on the theory that providing this ineffective and harmful therapy is due solely to an individual's sexual orientation or gender identity.

In addition to federal and state legislative and regulatory action, consumer protection laws have been suggested as a mechanism for ending the use of SOGI change efforts. This strategy extends beyond prohibiting change efforts by behavioral health professionals to affect any commercial act (for a fee), including those by unlicensed practitioners and groups.

These efforts derive from a civil action in which a New Jersey court ruled in 2015 that an organization's sexual orientation change efforts program violated the state's consumer fraud law through multiple misrepresentations.[348] The Court ruled as a matter of law that scientific evidence demonstrated that being gay, lesbian, or bisexual was not a mental disease or disorder and could not be changed. Thus, the Court found that a fraudulent misrepresentation was made every time an individual accepts payment for sexual orientation change efforts because being gay, lesbian, or bisexual is not a disease and cannot be "cured." The Court awarded the plaintiffs financial compensation and prohibited the organization from providing sexual orientation change efforts.[348]

Available research indicates SOGI change efforts can cause significant harm. Available research indicates that these efforts are not effective in altering sexual orientation; no available research indicates that they are effective in altering gender identity. No available research supports the claim that SOGI change efforts are beneficial to children, adolescents, or families.

Efforts to protect consumers through consumer protection laws have been taken at the federal and state levels. At the federal level, the Biden Administration is encouraging the Federal Trade Commission (FTC) to consider whether SOGI change efforts are an unfair and deceptive practice and whether to issue consumer warnings or notices. Additionally, in the 117th Congress, bills were introduced that define SOGI change efforts as unfair or deceptive acts or practices under the jurisdiction of the FTC Act (Therapeutic Fraud Prevention Act of 2021; HR.4146 and S.2242). Some advocates believe that the FTC can act even without new legislation. In 2016, a complaint was filed with the FTC alleging fraudulent misrepresentation by a group that advertises change efforts.[349,350]

At the state level, Illinois passed a ban on SOGI change efforts with minors (Illinois Public Act 099-0411).[351] The law specifies that advertisements for sexual orientation change efforts that represent being gay, lesbian, or bisexual as a disease or disorder for minors and adults is a violation of the state's consumer fraud and deceptive business act. As of January 1,

2023, jurisdictions banning SOGI change efforts with minors included California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Maine, Maryland, Massachusetts, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Rhode Island, Utah, Vermont, Virginia, and Washington. Additionally, jurisdictions with partial bans on SOGI change efforts included Michigan, Minnesota, North Carolina, North Dakota, Pennsylvania, Puerto Rico, and Wisconsin.[345]

Ensuring Access to Evidence-based Care

Beyond ending harmful practices such as SOGI change efforts, it is vital that LGBTQI+ youth have access to evidence-based care. Removing limits to appropriate care is multifaceted and may vary based on multiple factors, including other health inequities such as those based on income and race/ethnicity, among others. Policy levers to improve access include:

- Preventing bans on gender-affirming care
- Improving access to gender-affirming care in health plan benefits across all payors
- Ensuring LGBTQI+ youth can access appropriate care and support in child welfare programs
- Increasing professional training and education to improve access to and quality of behavioral health care especially for gender-diverse and transgender youth

Preventing Bans on Gender-Affirming Care

Gender-affirming care is supported by extensive research, and based on the individual child's or adolescent's needs, may be medically necessary. Evidence has demonstrated mental health benefits associated with receipt of gender-affirming care, such as reduced depression and decreased risk for suicide. Withholding timely gender-affirming care when indicated, withholding support for a gender-affirming exploratory process, and/or withholding support for social transition when desired can be harmful.[25,352,353,354] However, some states have introduced or passed laws that ban access to this medically necessary care.[107,355]

Policies that seek to categorically ban gender-affirming medical care or penalize providers, parents, and caregivers who provide or seek gender-affirming medical care pose serious risks.[353,354] Prohibitions on or penalties for providing or seeking out medically necessary and therapeutically indicated best practices place behavioral health and medical providers and parents and caregivers in situations that conflict with evidence-based professional guidelines, ethics, and standards.[354] Lack of access to such care poses serious behavioral health risks to youth of diverse sexual

Groups that have stated opposition to policies that limit access to or ban appropriate gender-affirming care include American Academy of Child and Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Osteopathic Association, American Psychiatric Association, American Psychological Association, Endocrine Society and Pediatric Endocrine Society, U.S. Professional Association for Transgender Health, and World Professional Association for Transgender Health.[106,356,361]

orientation and/or gender identity and their families, parents, and caregivers, such as an increased risk of suicidal ideation, depression, and trauma.[107,343,353,354,356]

As noted above, the Biden Administration has taken multiple steps to improve behavioral health care by ensuring access to medically necessary and evidence-based care for LGBTQI+ youth. This includes policies to address state restrictions in such care. For example, the June 15, 2022, Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals includes a charge to HHS to ensure that LGBTQI+ youth and their families have access to medically necessary care including mental health care, consistent with applicable law.[14]

HHS has taken steps to maintain access to evidence-based care, especially for transgender youth. HHS has provided child welfare professionals, healthcare providers, and states and localities with information on the federal protections that exist to ensure that civil rights are protected and LGBTQI+ youth receive medically necessary and evidence-based care.[343,344]

As an example of efforts to maintain access to evidence-based care, the U.S. Department of Justice (DOJ) intervened in a federal lawsuit challenging a recently enacted Alabama law, Senate Bill (S.B.) 184, that makes it a felony to cause or provide gender-affirming care to transgender youth under the age of 19.[357,358] In May 2022, the court issued a preliminary injunction preventing the law from being enforced Additionally, the DOJ filed a statement of interest and amicus brief in a case challenging an Arkansas law banning gender-affirming care.[357,359]

State bans on gender-affirming care are unlike laws banning SOGI change efforts. Legal bans on SOGI change efforts are consistent with existing professional guidelines and resolutions and prohibit potentially harmful efforts while permitting behavioral health providers to deliver evidence-based care to LGBTQI+ youth. Numerous professional associations and experts have spoken out against laws or other government actions that limit access to, penalize, or ban appropriate gender-affirming care (see text box).

Improving Access to Behavioral Health and Gender-Affirming Care

LGBTQI+ youth and adults face serious barriers to accessing behavioral health care as well as gender-affirming care. Access to care is especially limited for gender-diverse youth and their families who seek gender-affirming care.[360] The Federal Government and many states have taken steps to reduce barriers to gender-affirming care, improve behavioral health equity, and reduce healthcare discrimination. Several federal and state laws have been interpreted to or expressly prohibit insurance discrimination based on SOGI.

The Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals makes family counseling and support of LGBTQI+ youth a public health priority.[14] This Executive Order charges HHS to seek ways to increase the availability of such family counseling and support programs in federally funded, human services, and child welfare programs among other actions.

Aligned with the Executive Order on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation,[15] HHS issued a Notice of Proposed Rulemaking in July 2022 related to Section 1557 of the ACA, which prohibits discrimination on the basis of race, color, national origin, sex, disability, or age in

certain health programs and activities. The Proposed Rulemaking would codify protections against discrimination on the basis of sex as including discrimination on the basis of sexual orientation and gender identity, which is consistent with the Supreme Court's decision in *Bostock*.[341] This type of federal policy addressing sex, sexual orientation, and gender identity nondiscrimination can help mitigate gaps in state protections.

Almost half of all states prohibit the exclusion of gender-affirming care by private health insurance plans subject to state oversight.[362] Other state laws include protections against discrimination in private health insurance by expressly prohibiting discrimination based on sexual orientation and gender identity.[362,363,364] Experts have also suggested that states and localities provide such benefits to their own employees and dependents and, while almost half have such protections, many do not.[365]

Research on health coverage in private insurance and federal and state health financed programs indicates that youth and adults might not have access to comprehensive gender-affirming care or in-network providers with LGBTQI+ expertise.[247,360,362,363,364,366,367,368,369,370] Consequently, experts have suggested that legislative and regulatory steps be taken to ensure that all such plans reimburse medically necessary treatment for LGBTQI+ individuals of all ages, including gender-affirming care.[365,370]

One way to improve treatment options is through state initiatives, such as explicitly including gender-affirming care as a covered service in the state's benchmark plan in individual and small group market plans. In 2021, the Centers for Medicare & Medicaid Services (CMS) approved Colorado's expansion of the Essential Health Benefit (EHB) benchmark plan that aims to improve access for client-centered gender-affirming care.[368] This change to the EHB benchmark plan aims to expand access to a wider range of services for transgender individuals in addition to benefits already covered. The state is also expanding covered services in the state benchmark plan to include mental wellness exams, which will help all individuals not only those who are LGBTQI+.[369]

Training and Education to Improve Care

A key priority is to expand the number of behavioral health providers who have the expertise to work with LGBTQI+ children, youth, and their families. Research indicates that only a small percentage of gender-diverse youth seeking transition medical services receive them as minors.[366] One aspect of this problem is the lack of behavioral health providers with training and expertise in this area.

Federal Government initiatives have expanded education and training opportunities and the June 15, 2022, Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals charges HHS with providing training and technical assistance in promising evidenced-based care, including mental health care.[14] The SAMHSA Center of Excellence on LGBTQ+ Behavioral Health Equity provides training and consultation for a variety of behavioral health providers.[371] Scientific associations have developed resources and practice guidelines on treatment of LGBTQI+ children, adolescents, and adults that are useful for professional education and practice (see Appendix C).

Several training programs offer education to a wide variety of providers working with LGBTQI+ youth and their families.[371] These trainings can continue to be expanded to improve professional competence in providing services to this population. For example, APA Division 17 (Counseling Psychology) Special Task Group Making Room at the Table: Trans/Nonbinary Pipeline to Counseling Psychology developed "*A Resource for Incorporating Trans and Gender-Diverse Issues in Counseling Psychology Curricula.*"[372]

National and state professional associations, including HHS grantees, also maintain webpages with training information on LGBTQI+ issues, including postgraduate and peer education resources.[372,373] Such programs could also expand specialty workforce training opportunities in pediatric and LGBTQI+ concerns across the professional lifecycle from graduate student to seasoned practitioner.

Given the diversity within children, adolescents, and their families, trainings that recognize differences in culture, ethnicity, geography, race, and other factors are critical for effective behavioral health treatment. Increasing cultural responsiveness is especially important to address unique stressors and behavioral health inequities within the sexual- and gender-diverse community, especially in communities of color.[199,374]

Behavioral health providers with competence in the related aspects of religion, spirituality, and sexual- and gender-diverse issues could assist families and individuals in reducing identity and family conflicts that can arise.[374,375,376,377,378,379,380,381] Linkages among community institutions, professional and scientific groups, behavioral health providers, and LGBTQI+ groups that are respectful and open can improve therapeutic services for LGBTQI+ youth and families. One possibility includes collaborations among behavioral health and community leaders and professionals in gender-affirming care to increase understanding about clients from a variety of cultural traditions.[382] Providing education in universities and educational facilities attuned to diverse communities may be a start to initiating dialogue and improving care. Some success has been achieved with dialogues seeking common ground between scientists and such groups rooted in common goals such as child health and optimal child development.[382,383]

Improving Behavioral Health through Antidiscrimination Policies

Youth of diverse sexual orientation and/or gender identity are negatively affected by policies that sanction or sustain discrimination based on sexual orientation and gender identity,[2] even increasing the risk of suicide,[59,292] Although stigma and discrimination can lead to behavioral health concerns, poor behavioral health is not inherent to sexual and gender minorities. Additionally, exposure to school-based bullying and exclusion based on sexual- and gender-diverse prejudice has an adverse impact on the behavioral health of school-aged

Policies that stigmatize, restrict, or exclude gender minority youth are harmful to children and adolescents.

youth.[48,384,385] Transgender and gender-diverse youth face additional discrimination and disadvantage due to the longstanding stigma toward gender-diverse individuals.[356] However, appropriate protections from discrimination allow individuals of diverse sexual orientation and/or gender identity of all ages to thrive.[194,213,355]

Important scientific research indicates that policies that reduce discrimination and advance equal rights have positive effects on behavioral health. Research studies indicate that enacting protective policies that safeguard individuals from discrimination and violence lead to improved physical and mental health for sexual- and gender-diverse youth and adults.[211,386,387,388] Federal and state laws that equalize civil rights and the status of LGBTQI+ individuals are linked to the improved behavioral health noted above. Some states require health insurance plans to cover gender-affirming care and include protections against discrimination in private health insurance by expressly prohibiting discrimination based on sexual orientation and gender identity.[362]

Steps have been taken at the federal, state, and local levels to expand equalizing policies. At the federal level, the Biden Administration has issued important Executive Orders, memoranda, and public statements to reduce discrimination toward individuals with diverse sexual orientations and/or gender identities and support LGBTQI+ civil rights.[14,338,342,343,389,390,391] In the 117th Congress, The Equality Act (H.R. 5) was introduced and would have explicitly prohibited discrimination toward LGBTQI+ individuals.[392] Some states have adopted antidiscrimination and antibullying policies and expanded benefits for LGBTQI+ state employees.[393] State efforts have also included:

- Bans on discrimination by state-licensed healthcare providers
- Bans on SOGI change efforts
- Nondiscrimination laws based on sexual orientation and gender identity
- Supports for same-sex families
- Antibullying laws
- Inclusive curriculum in schools

Local governments have also taken steps to reduce bias and discrimination based on sexual orientation and gender identity and expand protective policies at the local level.[365]

Improving Behavioral Health Through Support for Families, Caregivers, Schools, and Communities

Research summarized earlier in this report indicates that families, schools, and communities contribute to the behavioral health of LGBTQI+ youth. Efforts can facilitate positive behavioral health by providing a climate of support and acceptance. Families, schools, and communities can undermine behavioral health through rejection or discrimination, which have adverse health effects. Policies that increase the dissemination of resources to families, communities, and schools to encourage support and acceptance of LGBTQI+ youth is a high priority. For example, the June 15, 2022, Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals includes initiatives that aim to increase such family counseling and information.[14]

Interventions to Support Children and Families

Families play an important protective role in child development and benefit from information

about how to appropriately help their children. The Family Acceptance Project provides such resources through publications for diverse families, which are available in multiple languages.[394] Other resources include Lead with Love, PATHS and AFFIRM Caregiver (see Appendix C), and information offered by SAMHSA[395] and the Centers for Disease Control and Prevention.[396] The American Psychological Association provides a guide for parents in choosing an appropriate therapist with gender expertise.[397]

Education for families, caregivers, child welfare professionals, and individuals can be tailored to the specific needs of diverse communities.[397,398,399] One option is a public health campaign to educate parents and caregivers on appropriate treatment options that are safe and effective for youth. Such a program can alert families, caregivers, child welfare professionals, schools, and communities on the risks of family rejection and SOGI change efforts and the benefits of recognizing sexual orientation and gender development and access to affirming care.

Healthcare providers can offer age-specific guidance to parents and guardians to help them understand growth- and development-related expectations associated with healthy behaviors and disease prevention; this is known as anticipatory guidance.[400] Pediatricians and behavioral health providers have urged for more anticipatory guidance[401] that pediatricians and early childhood and educational providers can provide to inform parents about sexual orientation and gender identity, as well as their LGBTQI+ child's needs. This would aim to enhance family support and reduce rejection.[402]

The American Academy of Pediatrics urges pediatricians to assess risk factors related to child maltreatment in their general assessments of children and adolescents.[403]Seeking gender-affirming assessment, consultation, and care is not maltreatment.[352,353] The Information Memorandum issued March 2, 2022, by HHS makes clear that state child welfare systems should support LGBTQI+ youth and ensure their safety.[354]

Interventions to Support Youth in Schools

Education and behavioral health associations, professionals, and researchers across the country have urged proactive steps to support and protect LGBTQI+ youth and other students through the inclusion of policies, resources, and training that provide information, safety, and support.[356,361,404,405] These policies have been evaluated over the past decade in nationwide samples and are found to reduce victimization and behavioral health problems and improve mental health.[198,287,288,406,407]

The Society for Research in Child Development,[356] the American Psychological Association,[361] the American Counseling Association,[406] the National Association of School Psychologists, and medical professionals recommend crucial educational policies to create a positive and healthy environment for all youth, especially those who are LGBTQI+ or have emerging sexual orientation or gender identities. These include the following:

1. Establish and implement supportive policies that provide guidelines for respectful interactions (in-person and online), promote acceptance of all sexual orientations and gender identities and expressions, promote the use of identified pronouns, and respect confidentiality and privacy.
2. Enable full participation and access to school activities including athletics and resources for all students and school personnel consistent with their gender identity, including use of school facilities (e.g., bathrooms, locker rooms) that align with their gender identity.
3. Establish protective policies, such as antibullying and antidiscrimination policies, that explicitly include protections for sexual orientation, gender identity, and gender expression.
4. Provide high-quality, evidence-informed LGBTQI+ professional development for school staff.
5. Develop school resources for LGBTQI+ youth and connect to supportive resources and information, such as GSAs, school clubs that are inclusive of LGBTQI+ people, and age-appropriate curriculum that is inclusive of LGBTQI+ people.

   Title IX prohibits sex-based discrimination in any school or any other education program that receives funding from the Federal Government. HHS and the Department of Education have clarified legal requirements with their interpretation of Title IX prohibiting discrimination on the basis of sexual orientation and gender identity. Strong antidiscrimination policies can protect LGBTQI+ youth and their families from discrimination in federal programs.

The Federal government has created a website with information on bullying prevention, including information on bullying of LGBTQI+ youth, ways to create safe school environments, and applicable federal civil rights laws: stopbullying.gov. Such nondiscrimination efforts to ensure the safety and well-being of LGBTQI+ youth and their families in schools and other federal programs are consistent with existing

behavioral health research and professional association recommendations.[355,356,407]

Some states and localities have established such education policies, but they are far from universal. More states have added protective policies over the past 7 years, but a majority of states do not have policies to protect LGBTQI+ students from bullying or discrimination. Inclusive policies are still rare at the state level. Some states are considering and enacting laws and policies that are inconsistent with the above empirically based recommendations, such as those that prevent discussion of LGBTQI+ issues or exclude LGBTQI+ youth from activities or athletics. Given the strength of the evidence of the benefits of the protective policies, policies that stigmatize youth of diverse sexual orientation and/or gender identity pose risks to their health.[354,355,356]

Future Directions: Research to Improve Care

Scientific research can advance our understanding of LGBTQI+ youth and improve their behavioral health through prevention and new interventions.

Increasing Research Insights Through Inclusive Demographic Questions

Health policy experts have called for data collection and priorities that are inclusive of LGBTQI+ people to ensure research accuracy and health equity.[408,409,410,411] Inclusive data collection and research policies support consistent collection of demographic information, including information about respondent sexual orientation and gender identity, regardless of whether the survey is focused on LGBTQI+ populations. Having accurate data and information about sexual orientation and gender identity improves public policies by identifying specific behavioral health needs, preventing adverse health conditions, and addressing health inequities. This is especially true when addressing the diversity within children, adolescents, and their families based on cultural background, ethnicity, race, geography, and other aspects of identity.

Progress has been made in federal, state, and municipal data collection and research as demographic information on sexual orientation and gender identity has been added to some research tools and health records.[412] In 2023, the Federal Government released the first-ever Federal Evidence Agenda for LGBTQI+ Equity, a roadmap that federal agencies will use to ensure they are collecting the data and evidence they need to improve the lives of LGBTQI+ Americans.[413] Other existing efforts include the Centers for Disease Control and Prevention's Youth Risk Behavior Survey (YRBS), which includes national, state, and local surveys, assesses key behavioral and other health risks in youth and includes questions on sexual orientation and sex of sex partners in the national survey.[414] However, although the state and local surveys are currently conducted in 47 states and 28 large urban school districts, not all states and local jurisdictions include sexual orientation and sex of sex partner questions. Questions on gender identity and self-identification as transgender are available for states and local jurisdictions to include in their YRBS surveys, consistent with the Protection of Pupil Rights Amendment, and utilization of those questions has been increasing during each administration of the survey.

There are resources for addressing this gap in data collection on sexual orientation and gender identity. The National Academies report, *Measuring Sex, Gender Identity, and Sexual Orientation,* commissioned by the National Institutes of Health (NIH), provides recommendations on how to formulate appropriate questions regarding sexual

orientation and gender identity to address the complexity of diversity within these communities.[31] For example, an important recommendation is ensuring that approaches to SOGI measurement and data collection are tested and validated in youth populations. Given the diversity of the LGBTQI+ population, it is important to use an intersectional approach that considers multiple aspects of diversity and demography (e.g., cultural background, values, ethnicity, geography, and race).

Selected LGBTQI+ Research Topics

Studies of LGBTQI+ youth have begun to examine important developmental and clinical needs in these populations. Focused research can expand our understanding of these youth and guide clinical interventions. For example, studies of development of transgender children provide new windows into our understanding of gender development and well-being in childhood.[189] Research to elucidate how intersecting sociocultural factors and experiences (e.g., race, ethnicity, socioeconomic status, cultural background and values) influence sexual orientation and gender development is in its early stages. To better understand the needs of sexual and gender minority children and adolescents, new lines of research can include sexual- and gender-diverse children and adolescents from diverse family backgrounds, especially from general populations rather than those limited to samples of people receiving clinical care.

Intersex individuals face known health disparities although research that specifically focuses on intersex individuals is limited and needs to be expanded both broadly and across time within longitudinal studies.[45,415] The Administration's Federal Evidence Agenda on LGBTQI+ Equity identified a lack of national surveys that collect data about "variations in sex characteristics or intersex people" and underscored the need to collect those data.[413]

Limited research has considered economic impact of SOGI change efforts, which could be expanded. A recent study found negative economic consequences for those adolescents and young adults who experience SOGI change efforts when compared to those with no intervention or affirming interventions. These negative economic impacts include the costs associated with adverse events as well as the expense of the efforts.[416] Further, despite its lack of efficacy and its serious harms to clients, SOGI change efforts appear to be lucrative, which may serve as an inducement to some providers.[416]

Evaluations of clinical approaches and development of best practices can be fostered by funding research collaborations; this type of research can lead to improved care.[214,417] Key research areas should also include suicide prevention, evidence-based trauma-focused interventions, and approaches to counter minority stress. Studies of community-based populations provide an emerging understanding of the key developmental concerns. A resource for those conducting LGBTQI+ research is the NIH Sexual and Gender Minority Research Office. NIH has also developed tools to study social determinants of health.[418] A National Academies report includes recommendations on key areas of LGBTQI+ research.[31]

Summary and Conclusions

SAMHSA is committed to eliminating health inequities experienced by marginalized communities, including LGBTQI+ youth. To build a healthy and supportive environment for all youth, families, caregivers, providers, and educators need resources and accurate information to inform healthy decision making. Two key strategies that can help prevent adverse outcomes and support healthy development for LGBTQI+ youth are:

1. Strong and positive family, school, and community engagement
2. Appropriate and supportive therapeutic interventions by physical and behavioral health providers

Policies at the local, state, and federal levels are needed to foster supportive, affirming environments and ensure access to appropriate care.

These strategies must and can be grounded in research. Being a sexual or gender minority, or identifying as LGBTQI+, is not a mental disorder. Variations in sexual orientation, gender identity, and gender expression are normal and healthy. Sexual- and gender-diverse youth have unique health and behavioral health needs and may experience distress due to discrimination and barriers to support that remain widespread for LGBTQI+ youth. In addition, transgender and gender-diverse youth may experience distress caused by the incongruence between their gender identity and physical body.

Current research, evolving clinical expertise, and expert consensus underscore that efforts to attempt to change a youth's sexual orientation, gender identity, or gender expression are never appropriate. No evidence supports the efficacy of such interventions, and evidence shows that they can cause severe harm. Appropriate therapeutic approaches to working with LGBTQI+ youth include:

- Providing accurate information on sexual orientation and gender identity and expression
- Identifying sources of and working to reduce distress
- Supporting adaptive coping
- Supporting youth as they learn more about their sexual orientation and gender identity, and supporting families in accessing gender-affirming care for their transgender child when indicated
- Helping youth navigate sexual orientation, gender identity and expression within the context of other intersecting identities

Additionally, providers can help increase family and school support, and reduce family, community, and social rejection of LGBTQI+ youth. Social transition and medical interventions, including pubertal suppression and hormone therapy, are additional therapeutic approaches that may be medically necessary, appropriate, and beneficial for gender minority youth based on the individual youth's needs. Withholding timely gender-affirming medical care when indicated, withholding support for a gender-affirming exploratory process, and/or withholding support of social transition when desired, can be harmful. These actions may exacerbate gender dysphoria.

Beyond ending harmful change efforts, it is important to build greater social acceptance of LGBTQI+ youth across all environments where they live, learn, and play; adopt appropriate and

supportive interventions; and provide targeted resources and accurate developmentally informed information for children, adolescents, their families, and providers. Building better supportive environments and working to eliminate negative social attitudes will reduce health inequities and improve the health and well-being of LGBTQI+ youth.

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Appendix B: Glossary of Terms

Agender: Describes individuals who do not identify as any gender.

Asexual: Describes individuals who do not experience sexual attraction. An individual can also be aromantic, meaning that they do not experience romantic attraction.

Behavioral health: A broad term that includes mental health, resilience, and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

Behavioral health provider: A broad term used here to describe individuals across settings and disciplines who are engaged in the provision of care and/or support related to behavioral health. Behavioral health providers include both licensed and non-licensed professionals, including mental health counselors, marriage and family therapists, pastoral counselors, psychiatrists, psychologists, psychiatric nurses, school counselors and health providers, peer support professionals, social workers, substance use counselors, addiction medicine specialists, and all staff of mental health and substance use treatment facilities.

Bisexual: Describes an individual who has the capacity to form enduring physical, romantic, and/or emotional attractions to those of the same gender or to those of another gender.

Cisgender: Describes individuals whose gender identity is congruent with their sex assigned at birth.

Developmentally sensitive approaches: Clinical and educational approaches that account for the appropriate developing emotional and cognitive capacities, developmental milestones, and emerging or existing behavioral health concerns.

Diverse sexual orientation and/or gender identity: A term to describe persons who are lesbian, gay, bisexual, transgender, queer, intersex, those who are questioning their sexual orientation or gender identity, and others who are not cisgender or straight/heterosexual. Diverse sexual orientation and/or gender identity is used interchangeably with "LGBTQI+" and "sexual and/or gender minority" (or similar language) throughout this report.

Fa'afafine: Describes individuals assigned male sex at birth who identify themselves as having a third gender or nonbinary in Samoan culture.

Gay: Describes individuals whose enduring physical, romantic, and/or emotional attractions are to people of the same gender.

Gender-affirming care: A specialized model of care used in the treatment of gender dysphoria that uses evidence-informed treatment options to promote patient health and prevent the risk of poor mental and physical health outcomes. Not all youth need to undergo medical intervention; indeed, this is often not the case. Gender-affirming care is highly individualized and focuses on the needs of each individual. Gender-affirming care may include psychoeducation about gender and sexuality (appropriate to the age and developmental level), parental and family support, social interventions, and gender-affirming medical interventions.

Gender diverse: A broad term that includes individuals whose gender identities and/or gender expressions are incongruent with those culturally expected based on sex assigned at birth. This includes those who are exploring their gender and is used interchangeably with "gender minority."

Gender expression: The external ways a person communicates their gender, such as clothing, hair, mannerisms, activities, or social roles.

Gender fluid: A term used to describe individuals whose gender changes over time.

Gender identity: A person's deep internal sense of being female, male, or another identity.

Genderqueer: Describes individuals who experience their gender identity and/or gender expression as falling outside the categories of man and woman.

Intersex: An umbrella term used to describe people with variations in sex characteristics, including chromosomes or hormones that do not fit typical definitions of male and female.

Lesbian: A woman who has romantic and/or sexual orientation toward women.

LGBTQI+: Lesbian, gay, bisexual, transgender, queer, intersex, those who are questioning their sexual orientation or gender identity, and others who are not cisgender or straight/heterosexual. LGBTQI+ is used interchangeably with "sexual and/or gender minority" and persons of "diverse sexual orientation and/or gender identity" (or similar language) throughout this report.

Māhū: Describes individuals who identify as a third gender or nonbinary in Native Hawaiian culture.

Nonbinary: Describes individuals whose gender identity is not exclusively male or female. Individuals may identify as nonbinary or other identities, including, but not limited to, genderqueer, two-spirit, agender, bigender, and genderfluid.

Pansexual: Describes individuals who experience sexual, romantic, physical, and/or spiritual attraction for members of all gender identities/expressions.

Queer: Historically, this has been a pejorative term used to describe LGBTQI+ people, but is now used by some people, particularly younger people, whose sexual orientation is not exclusively straight/heterosexual. Some people may use queer, or more commonly genderqueer, to describe their gender identity and/or gender expression.

Questioning: A term used to describe individuals who are unsure about their sexual orientation and/or gender identity.

Sex assigned at birth: The assignment of male, female, or intersex when an individual is born, typically made based on the appearance of external genital anatomy.

Sexual and/or gender minority: Sexual and gender minority populations include, but are not limited to, individuals who identify as lesbian, gay, bisexual, asexual, transgender, Two-Spirit, queer, and/or intersex. Individuals with same-sex or -gender attractions or behaviors and those with a difference in sex development are also included. Sexual and gender minority is used interchangeably with "LGBTQI+" and persons of "diverse sexual orientation and/or gender identity" (or similar) throughout this report.

Sexual orientation and gender identity change efforts (SOGI change efforts): Practices that aim to suppress or alter an individual's sexual orientation or gender to align with heterosexual orientation, cisgender identity, and/or stereotypical gender expression. Though not therapeutic, these practices are often referred to as "conversion therapy" or "reparative therapy."

Sexual orientation: A person's emotional, sexual, and/or relational attraction to others.

Transgender: Describes individuals whose gender identity is incongruent with their sex assigned at birth.

Two-Spirit: Two Spirit refers to someone who is Native and expresses their gender identity or spiritual identity in indigenous, non-Western ways. This term can only be applied to a person who is Native. A Two Spirit person has specific traditional roles and responsibilities within their tribe. Not all Native LGBTQ people identify as Two Spirit.

Victimization: The act or process of singling someone out for cruel or unfair treatment, typically through physical or emotional abuse.

This glossary is not an exhaustive list of terminology relevant for LGBTQI+ youth. Additional key terms and concepts are defined at Youth.gov.

Sources:

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Appendix C: Selected Resources

This appendix highlights selected materials that are accessible to a variety of providers, community professionals, parents, caregivers, and youth. It also includes resources that, after reviewing, professionals may share with families, youth, and community-based collaborators. The appendix does not cover every important aspect of all issues addressed in this report, and the list of resources is illustrative, not exhaustive.

The Department of Health and Human Services maintains information online at: https://www.hhs.gov/programs/topic-sites/lgbtq/index.html

Resources for Behavioral Health and Medical Providers

Resources for Understanding Sexual Orientation and Gender Identity

These resources include information on sexual orientation and gender identity and development for behavioral health providers and other professionals.

Online Resources for Providers

- American Counseling Association. (n.d.). https://www.counseling.org/knowledge-center/mental-health-resources/lgbtq
- American Psychological Association. (n.d.). https://www.apa.org/topics/lgbtq
- National LGBTQIA+ Health Education Center. (n.d.). https://www.lgbtqiahealtheducation.org/resources/in/transgender-health/
- National Association of School Psychologists. (n.d.). https://www.nasponline.org/lgbtqi2-s
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- National Child Traumatic Stress Network. (2022). Gender-Affirming Care Is Trauma-Informed Care. https://www.nctsn.org/sites/default/files/resources/fact-sheet/gender-affirming-care-is-trauma-informed-care.pdf

If you or someone you know is in crisis or emotional distress, or experiencing suicidal thoughts, please contact:

988 Suicide and Crisis Lifeline

If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, the Lifeline network is available 24/7.

- **Dial: 988**
- **Text: 988**
- **Chat: https://988Lifeline.org/chat**

The Trevor Project

***Connect to a crisis counselor*: 866-488-7386 | www.thetrevorproject.org/get-help**

LGBT National Help Center

Peer support*:* www.lgbthotline.org

Books for Providers

- Irwin Krieger. (2018). *Counseling Transgender and Non-Binary Youth: The Essential Guide*. London: Jessica Kingsley Publishers, Ltd.
- Colt Keo-Meier and Diane Ehrensaft. (2018). *The Gender Affirmative Model: An Interdisciplinary Approach to Supporting Transgender and Gender Expansive Children*. Washington, DC: American Psychological Association.

Resources for Pediatric and Primary Care Providers

In addition to the resources above, these selected resources assist pediatric and primary care health professionals who may be the first point of contact for families and youth.

- Rafferty J; Committee on Psychosocial Aspects of Child and Family Health; Committee on Adolescence; Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness. Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*. 2018;142(4):e20182162. doi:10.1542/peds.2018-2162. https://pubmed.ncbi.nlm.nih.gov/30224363/
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- National LGBT Health Education Center. (n.d.). https://www.lgbtqiahealtheducation.org/resources/in/transgender-health/

Resources for Providers to Discuss with Families, Caregivers, and Others

These resources are designed for professionals to discuss with families, caregivers, and others.

- HHS. (n.d.). LGBTQI+ Health & Well-being. https://www.hhs.gov/programs/topic-sites/lgbtqi/index.html
- The Family Acceptance Project http://familyproject.sfsu.edu/ works with parents and caregivers to help them support their LGBTQI+ youth to reduce health risks and promote well-being. This information is offered within the context of diverse cultures and faith communities by identifying and understanding the impacts of rejecting and supportive behaviors. Films, posters and trainings are available for behavioral health providers and others and information is provided for families in many languages. http://familyproject.sfsu.edu/
- OASH. Office of Population Affairs. (2022). *Gender-Affirming Care and Young People*. https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf
- AFFIRM Caregiver is a seven-session intervention that helps caregivers clarify what supportive behaviors are and how to move away from rejecting behaviors. https://www.affirmativeresearch.org/affirm-care.html

Resources for Providers on Cultural Responsiveness

These resources highlight the scientific consensus for assisting professionals who work with diverse families and youth.

- Asian American Psychological Association. (n.d.). https://aapaonline.org/resources/lgbtq-aapi-resources/
- 2019 Black and African American LGBTQ Youth Report. (2019). https://www.hrc.org/resources/black-and-african-american-lgbtq-youth-report
- The Trevor Project. (July 14, 2021). Black & LGBTQ: Approaching Intersectional Conversations. https://www.thetrevorproject.org/resources/guide/black-lgbtq-approaching-intersectional-conversations/
- The Trevor Project. (June 1, 2020). Supporting Black LGBTQ Mental Health. https://www.thetrevorproject.org/resources/guide/supporting-black-lgbtq-youth-mental-health/
- 2018 LGBTQ Latinx Youth Report. (2018). https://www.hrc.org/resources/latinx-lgbtq-youth-report
- National Queer Asian Pacific Islander Alliance (NQAPIA). (n.d.). http://www.nqapia.org

Resources for Educators and School and Community Leaders

Resources for School Professionals

These resources highlight approaches that build educator support and student resilience.

- Advocates for Youth. (2020). *Creating Safer Spaces for LGBTQ Youth: A Toolkit for Education, Healthcare and Community-Based Organizations*. http://www.advocatesforyouth.org/wp-content/uploads/2020/11/Creating-Safer-Spaces-Toolkit-Nov-13.pdf
- American Psychological Association. (2014). Safe & Supportive Schools Project. http://www.apa.org/pi/lgbt/programs/safe-supportive/default.aspx
- GLSEN Research Institute. (2021). *LGBTQ Students and School Sports Participation: Research Brief*. https://www.glsen.org/sites/default/files/2022-02/LGBTQ-Students-and-School-Sports-Participation-Research-Brief.pdf
- Additional GLSEN Resources. (n.d.). https://www.glsen.org/
- CDC DASH Supporting LGBTQ Youth. (n.d.). https://www.cdc.gov/healthyyouth/safe-supportive-environments/lgbtq_youth.htm
- Human Rights Campaign, Welcoming Schools Initiative. (n.d.). Creating Safe and Welcoming Schools. www.welcomingschools.org
- National Center for Lesbian Rights, Youth Project. (n.d.). www.nclrights.org/our-work/youth
- National Association of School Psychologists, Committee on LGBTQI2-S Issues: Safe & Supportive Schools. (n.d.). https://www.nasponline.org/lgbtqi2-s

Resources for Families and Caregivers

Parent/Caregiver Support-Focused Resources

These resources highlight ways for parents and caregivers to connect with other parents and caregivers of LGBTQI+ youth, and to learn more about their responses to LGBTQI+ youth.

- PFLAG. (n.d.) Families connecting with other families. www.pflag.org

- National Queer Asian Pacific Islander Alliance (NQAPIA). (n.d.). Videos and resources for parents. https://www.youtube.com/user/nqapia/videos
- Lead with Love (n.d.). Film-based intervention to improve parental responses to their sexual minority children. www.leadwithlovefilm.com

Resources for Families and Caregivers of Transgender and Gender-Diverse Youth

These resources highlight specific considerations for parents and caregivers of gender minority youth.

Online Resources for Families and Caregivers

- American Psychological Association. (December 2020). *A Consumer's Guide for Parents and Guardians of Gender Diverse Children and Adolescents: 10 Considerations for Finding a Gender Competent Therapist for Your Child*. https://www.apa.org/pi/lgbt/resources/gender-diverse-children.pdf
- PFLAG Transgender Network. (n.d.). https://pflag.org/transgender
- Gender Spectrum offers resources for multiple audiences. (n.d.). www.genderspectrum.org

Books for Families and Caregivers

- Janna Barkin. (2017). *He's Always Been My Son: A Mother's Story About Raising her Transgender Son*. London: Jessica Kingsley Publishers, Ltd.
- Stephanie Brill and Lisa Kenney. (2016). *The Transgender Teen: A Handbook for Parents and Professionals Supporting Transgender and Non-Binary Teens*. Jersey City, NJ: Cleis Press.
- Diane Ehrensaft. (2011). *Gender Born, Gender Made: Raising Healthy Gender-Nonconforming Children* (1st ed.). New York: The Experiment.
- Irwin Krieger. (2019). *Helping Your Transgender Teen* (2nd ed.). New Haven, CT: Genderwise Press.
- Jodie Patterson. (2019). *The Bold World: A Memoir of Family and Transformation*. New York: Penguin Random House.
- Rachel Pepper. (2012). *Transitions of the Heart: Stories of Love, Struggle and Acceptance by Mothers of Transgender and Gender Variant Children*. Jersey City, NJ: Cleis Press.

Resources for Youth

Online Resources for Youth

These resources are places where LGBTQI+ youth can access information and online support.

- It Gets Better Project. (n.d.). www.itgetsbetter.org
- The Trevor Project. (n.d.). www.thetrevorproject.org
- Gender Spectrum. www.genderspectrum.org

Appendix D: Contributions

This report was prepared for SAMHSA by Leed Management Consulting, Inc. (LMCi) under contract number HHSS283201700609I/HHSS28342001T with SAMHSA, U.S. Department of Health and Human Services (HHS). Arlin Hatch, CAPT, USPHS, PhD, served as the Task Lead, Aida Balsano, PhD, served as the Deputy Task Lead, and Brian Altman, JD, served as Senior Advisor. David Lamont Wilson, BFA, served as the Contracting Officer Representative, and Marion Pierce, BA, served as the Alternate Contracting Officer Representative.

Laura Jadwin-Cakmak, MPH, was the lead scientific writer for this report, with substantial contributions from Judith Glassgold, PsyD; assistance from the subject matter expert panelists; technical, bibliographic, and editorial assistance from Kathi E. Hanna, PhD; and support from Karen Braxton, MA, as task lead from LMCi.

The Subject Matter Expert Consensus Panel was convened by Judith Glassgold, PsyD, the lead subject matter expert, remotely from September 9 to 10, 2021, with technical support from LMCi. The Panel included researchers and practitioners in child and adolescent development and mental health, as well as researchers in gender development, gender identity, and sexual orientation in children and adolescents. The Panel also included experts with a background in family therapy, ethnic and racial diversity, the needs of underrepresented populations, the intersection of behavioral health and spiritual diversity, and ethics. Panel members were Renata Arrington-Sanders, MD, MPH, ScM; Laura Edwards-Leeper, PhD; Gary Harper, PhD, MPH; Laura Kuper, PhD; Scott Leibowitz, MD; Christy Mallory, JD; Robin Lin Miller, PhD; Kristina Olson, PhD; Thomas Plante, PhD; Clifford Rosky, JD; Caitlin Ryan, PhD, ACSW; Russell Toomey, PhD; and Mark Yarhouse, PsyD.

SAMHSA subject matter experts provided input on the report: Brian Altman, JD; Amy Andre, MA, MBA; Mitchell Berger, MPH; Victoria Chau, PhD, MPH; Jeff Coady, CAPT, USPHS, PsyD, ABPP; Ed Craft, DrPh, Med, LCPC; Trina Dutta, MPP, MPH; and Michelle Kim Leff, CAPT, USPHS, MD, MBA. Elliot Kennedy, JD, from the Administration for Community Living, provided consultation and served as the SAMHSA Task Lead for the 2015 report, *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*, on which this revision is based.

SAMHSA
Substance Abuse and Mental Health Services Administration

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Publication No. No. PEP22-03-12-001
Released 2023