

Supporting LGBTQ2S Youth Who Are Black, Indigenous, and People of Color (BIPOC)

Mikiko Thelwell, MD Candidate, Carly Chiwiwi, MD Candidate, Lane Kantor, MD Candidate

We are in the midst of a movement led by BIPOC* young people that seeks to address the deeply ingrained racism that has always existed in our society. In times like this, we are reminded of Marsha P. Johnson and Jewelle Gomez, who stood on the front lines for queer liberation while surviving at the intersection of racism, homophobia, and transphobia. Today LGBTQ2S* BIPOC youth are leading movements for substantive change, while navigating multiple marginalized identities within prevailing systems of oppression. The resulting mental health consequences for youth within this community have been thoroughly evidenced.¹⁻³ Yet mental health disparities continue to persist and are exacerbated by deficit-based approaches to treatment for youth within this community, rather than strength-based approaches. Ultimately, these prevailing mental health disparities highlight the need for an updated examination of the literature on caring and advocating for LGBTQ2S BIPOC youth, whose experiences are broad-ranging and dynamic.

Current literature on caring and advocating for LGBTQ2S BIPOC youth outlines the importance of using an intersectional framework to understand how different identities can be a source of both compounding oppression and resilience for youth. This approach can empower them to explore their identities, rather than viewing them as independent deviation from the norm.¹⁻⁴ American Indian, and Alaska Native youth (referred to, henceforth, as Native and Indigenous youth in this report.) This article provides a baseline review of how to support the mental and behavioral health of youth in this community. While several acronyms exist in the literature, we use the term LGBTQ2S* BIPOC youth when synthesizing recommendations and also include identifiers specific to individual studies. We outline 4 steps to support youth in this community: 1) listen, support

exploration, and commit to self-education; 2) encourage access to social support; 3) help them find diverse representation and providers; and 4) seek accurate, decolonized histories and narratives.

Listen, Support Exploration, and Commit to Self-Education: It has been well-demonstrated that few youths will entirely change their minds about identifying as LGBT and that these identities are not “a phase.”⁵ That said, it remains important to support exploration of gender and sexuality, including the ways racial/ethnic identity can influence these experiences. For example, the term stud is used to describe a Black masculine lesbian experience and the term Two-Spirit is used by some Indigenous people to describe a spiritual balance of both feminine and masculine energies that exist outside of a colonial context.^{3,6} Many LGBTQ2S people will shift identity descriptors over time, depending on what feels most affirming. For example, switching from identifying as gay to queer or from transgender to genderqueer. Though it may be confusing at first, it is important to listen to individuals in a non-judgmental manner and support them while they explore different identities, pronouns, gender expressions, or, in some cases, new names. Some of the terminology youth use to describe themselves may be new to you (eg, pansexual, genderqueer), and if so, it can be helpful to do some research before re-engaging in a conversation. Taking proactive steps to understand youths’ pronouns and identities while expressing openness to learning will reaffirm your willingness to support youth who are navigating their developing identities and beliefs.

Encourage Access to Social Support: BIPOC LGBTQ2S youth benefit from robust communities of support that create space for the unique experience of being both LGBTQ2S and BIPOC. For example, studies show that sexual and gender minority youth of color

involved in diverse Gay Straight Alliances (GSAs) were more likely to feel a greater sense of belonging in their school community and less likely to miss school due to safety concerns or feel isolated because of their sexual orientation, compared to students in predominantly White GSAs.^{1,2} Additionally, LGBTQ2S BIPOC youth may develop a greater sense of self-efficacy and agency when given the opportunity to create support networks outside of predominantly White spaces. A study of 162 LGBTQ+ youth of color described the positive influence of “chosen families” on promoting agency and social stability.⁷ Other studies of transgender youth of color, 2SLGBTQIA*, and Gender Non-Conforming Indigenous youth echoed these findings, illustrating the merit of self-determined healing spaces in promoting greater resiliency.^{3,6} Find and promote intersectional social opportunities, such as Ithaca’s Quinfolk, a mental health festival for LGBTQIA+ people of color, and normalize the creation of non-familial kinships as essential forms of social support.⁸ In the midst of COVID-19, the harmful impact of isolation on mental health is magnified, making it imperative to promote resiliency strategies that are uniquely informed by youths’ intersectional experiences.³⁻⁵ Clinicians should connect with local community organizations to identify peer-led support networks for LGBTQ2S BIPOC youth. If none are available, consider establishing similar support groups within your practice or community.

Help Them Find Diverse Representation and Providers: It is incredibly empowering for youth to see genuine and positive representations of people like them; however, there is a dearth of LGBTQ2S BIPOC representation in mainstream media.⁹ Studies of racism and heteronormativity have found that a lack of role models of color in media can negatively impact the psychological development and coming out process for LGBTQ2S youth of color.¹⁰ As such, we encourage providers to become aware of and help connect youth with media that genuinely represents the lives and experiences of LGBTQ2S BIPOC individuals. Some helpful examples include Laverne Cox’s documentary *The T Word*, Nia King’s podcast *We Want the Airways*, and initiatives like MyStoryOutLoud, a digital storytelling

campaign. Seeing representations of thriving LGBTQ2S BIPOC people helps youth envision a future for themselves in which they too can flourish and build meaningful community. It can also be valuable to connect youth with providers that share some of their identities. For example, organizations like the National Queer and Trans Therapists of Color Network aim to provide intersectional mental health services that resist colonial and pathologizing models of medicine while honoring the traditions, creativity, and cultural practices that LGBTQ2S BIPOC people have used to build resilience and survive. Whenever possible, advocate for youth to have access to providers who share some of their identities and for your local health systems to hire more LGBTQ2S BIPOC providers.

Seek Accurate, Decolonized Histories and Narratives: It has been demonstrated that Black, Latinx, AAPI, and Native and Indigenous LGBTQ students who had some positive LGBTQ2S representation in their curricula were less likely to feel unsafe in their sexual orientation and gender expression.¹ For example, California’s adoption of the Fair, Accurate, Inclusive, and Respectful (FAIR) Education Act sought to integrate LGBTQ-focused curricula. However, a recent cross sectional study indicates intersectional material that adequately represents diverse student bodies remains insufficient.¹¹ The general lack of accurate and positive inclusion of Indigenous people in curricula at schools further compounds the above issue. Thus, increasing access to this important knowledge is a practical means of helping youth feel more comfortable at school and understanding that people similar to them have existed, fought, and thrived for generations.¹ It is also important for clinicians and educators to seek out diverse and decolonized histories of LGBTQ2S people that center BIPOC people. For instance, learning about the unique and powerful roles Two-Spirit people hold within their tribal communities can empower Indigenous youth. Encourage your local schools to upgrade their lessons to include this important history and information. Providers can similarly advocate for medical schools and residencies to build comprehensive curricula that addresses best practices to care for LGBTQ2S BIPOC patients.

Conclusion

Providers and advocates are crucial to supporting LGBTQ2S BIPOC youth who face the combined forces of racism, homophobia, and transphobia. Straightforward actions such as listening, believing, and encouraging identity exploration in conjunction with access to social support is essential for improving mental health outcomes among LGBTQ2S BIPOC youth. Yet, support services rarely center intersectional lived-experiences and identities when creating programming. Additionally, helping youth find diverse representation through media, healthcare providers, and school curricula can further promote an environment for youth to flourish. This year, as LGBTQ2S BIPOC youth continue to fight for social change and COVID-19 disproportionately impacts BIPOC communities, especially tribal nations, it is more important than ever for providers and advocates to re-evaluate how they show up and provide support for LGBTQ2S BIPOC youth.

Glossary

2SLGBTQQA: Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, and Allies. Acronym coined in Hardy, 2020³ with the intentional placement of Two-Spirit at the front “as an act of decolonization, to reclaim and prioritize Indigenous identity in an otherwise White-washed movement that takes place on stolen Indigenous land.”

BIPOC: The term BIPOC is used to highlight the unique relationship to Whiteness that Black and Indigenous people have, which shapes the experiences of and relationship to White supremacy for all people of color within a US context.

LGBTQ2S: Lesbian, gay, bisexual, transgender, queer, Two-Spirit. Only Indigenous people can be Two-Spirit; however, being Indigenous and queer does not automatically make that person Two-Spirit.

Gender Identity: A person’s individual perception of their gender, which may or may not correspond to their sex assigned at birth (eg, cisgender, transgender, non-binary, agender).

Heteronormativity: The societal and interpersonal belief that heterosexuality is the default, preferred, or normal sexual orientation, which also reinforces the false notion of a gender binary by assuming that sexual relations are more normal or appropriate between people of the “opposite sex.”

Intersectionality: The theory of intersectionality recognizes how systems of oppression (eg, racism, homophobia, transphobia, capitalism, and ableism) are not isolated and distinct, but rather compound to advantage and disadvantage different groups.

Sexual Orientation: A person’s romantic, physical, and/or emotional attractions (eg, heterosexual, bisexual, queer, pansexual).

Take Home Summary

Today more than ever LGBTQ2S BIPOC youth are leading movements for change while navigating multiple marginalized identities. This article provides a baseline review of how to support the mental and behavioral health of youth within this community.

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About the Authors

Mikiko Thelwell (she/her), MD Candidate, is a fourth-year medical student at Charles R. Drew University of Medicine and Science and the David Geffen School of Medicine at UCLA, California. She hopes to adopt critical praxis within psychiatry, promoting health equity within communities of color.

Carly Chiwiwi (she/her), MD Candidate, is a member of the Pueblo of Laguna and is a fourth-year medical student in PRIME-LA at David Geffen School of Medicine at UCLA, California. She is passionate about reproductive justice and health equity in Indigenous communities.

Lane Kantor (they/them), MD Candidate, is a fourth-year medical student at the David Geffen School of Medicine at UCLA, California. They are passionate about improving care and addressing health disparities for transgender and non-binary people.

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Correspondence to Mikiko Thelwell, MD Candidate; e-mail: MThelwell@mednet.ucla.edu

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