



## Recommendations for implementing an Evidence-Based Program with LGBTQ Youth\*

- While some young LGBTQ youth may not prioritize HIV prevention as an immediate need, it can be the conduit to connecting youth to other survival basic-need services such as counseling, dinner, showers and housing referrals.
- A conversation about stigma, homophobia, transphobia, racism and shame should be incorporated into the intervention. Perhaps a fact sheet can be included to give young people a few “lines” or youth-friendly sentences or HIV Facts/Myths to help with difficult conversations and concepts (including definitions of stigma, homophobia, transphobia, racism, etc.). A provider could use this sheet as a starting point for conversation with LGBTQ Youth. For instance:

MYTH: You can look at someone and tell they have HIV.

FACT: HIV doesn't discriminate. While Black men have the highest overall rates of HIV than other populations, factors like racism, homophobia, transphobia is thought to contribute to risky sex behaviors (Jones, Wilton, Millet, & Johnson, 2008).

- Images used during lessons must include LGBTQ youth or LGBT adults. Be sure to include images of LGBTQ people of color, women and gender non-conforming people as well.
- Images and discussion of anatomy must be referred to in a non-gender specific manner in order to include youth who do not identify with their assigned sex. Conversations about anatomy

should be prefaced with a discussion about the difference between assignment of sex and gender identity. Avoid sentences like “Now onto the ‘girl’s body part,’ ‘A man’s penis,’ ‘When a man gets an erection, etc.” Use language such as: “When a person who has a penis becomes aroused...” (With this example be sure not to use gendered pronoun as you continue the sentence).

- Avoid confusing behavior and identity. A youth may identify one way but may engage in behavior that is not aligned with the identity, i.e. a youth may identify as straight but still is engaging in sexual behaviors with someone of the same sex. Similarly, a youth may identify as a lesbian, but still could be engaging in sexual behaviors with a male-bodied person. Some youth may choose not to identify at all. Be sure to always include pregnancy prevention information in all conversations about sexual risk behavior.
- EBP’s are developed to target specific risk behaviors associated with the population. It is important to remember that young people within the LGBTQ community may engage in different risk behaviors. Young transwomen may be at risk if they are engaging in needle sharing for the purpose of administering hormones and it would not be advantageous to assume that their risk factors are similar or the same as young men who have sex with men.
- EBP’s should be delivered within the context of a holistic youth development approach with LGBTQ youth. The drivers (external factors that facilitate infection – addiction, poverty, homophobia, racism, etc.) within this community are larger than the increase of *knowledge and the shifting of behaviors* so addressing risk should include services building youth assets in other areas such as identifying supportive adults or providing support around housing.
- Language/images/activities developed specifically to address the LGBTQ youth community should be piloted with LGBTQ youth. Utilizing social networking websites can help outreach young people if you do not have them already in your programming or organization. Searching “LGBTQ” into Facebook + Twitter can help find organizations that do work with LGBTQ youth

and they can pass on your info.

- Space where interventions are delivered should clearly indicate the administration's commitment to creating a safe space for LGBTQ youth. This should include careful thought on images throughout the space, acceptable language (in person and online), clothing, access to restrooms, trained staff, and a client grievance policy and suggestion box for youth to express their concerns and needs.
- Ask questions! LGBTQ youth often will open up to adults that LISTEN in a non-judgmental way. If you ask questions respectfully, some LGBTQ youth will school you! That being said, there is not *one* narrative for all LGBTQ youth. LGBTQ are as diverse as any other population and consider each LGBTQ youth as an individual with unique backgrounds and opinions.
- Consider the use of new media and social networking in your intervention. Most LGBTQ youth utilize social media networks for friends, information sharing and creating their own media. Giving youth the opportunity to create their own media (PSAs, videos, blogs, websites), respond to online articles, and watching other youth's videos can be a powerful tool of empowerment and self-esteem.

\*Glossary of Terms

NYCLU - <http://www.nyclu.org/node/1559>

Lambda Legal - [http://data.lambdalegal.org/publications/downloads/osr-admin\\_glossary.pdf](http://data.lambdalegal.org/publications/downloads/osr-admin_glossary.pdf)

Additional Web Resources:

GLSEN - <http://www.glsen.org/cgi-bin/iowa/all/home/index.html>

Lambda Legal - <http://www.lambdalegal.org>