

# Social-Emotional Learning for Improving Mental Health Outcomes in Lesbian, Gay, and Bisexual Individuals

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29 January 2020

## Introduction

A simple search on suicide statistics for lesbian, gay, and bisexual (LGB) youths reveals disturbing results. A recent study by the Centers for Disease Control and Prevention (CDC) (Kann et al., 2016) shows that members of the LGB community are almost three times more likely to have seriously considered suicide as children than heterosexual youth and are almost five times more likely to have attempted suicide. Suicidal ideation and attempts typically indicate an underlying problem of mental, emotional, and behavior (MEB) disorders in the people involved. In the LGB community, MEB disorder such as substance abuse, depression, anxiety, and loneliness are especially prevalent. Subsequently, members of the LGB community experience a reduction in quality of life, and too often, increased preventable deaths.

The causes of MEB disorders in LGB youth are complicated and stem from a societal matrix that oppresses those who fail to meet constructed expectations. In the context of LGB individuals, queerness is opposition of heteronormative expectations imposed by society as a whole. This opposition leads to stigmatization of actions outside of the norm. One way to conceptualize the cause of MEB disorders in children is to see oppression as a preventable factor that leads to harmful behaviors like denial of the self and subsequent inauthenticity, a tendency to externalize problems and respond poorly to internal missteps, self-stigmatization, social isolation, and self-harm.

The most insidious aspect of LGB youth oppression is that often, these individuals are unaware or unable to come to terms with their sexual orientation identity as children. This requires that

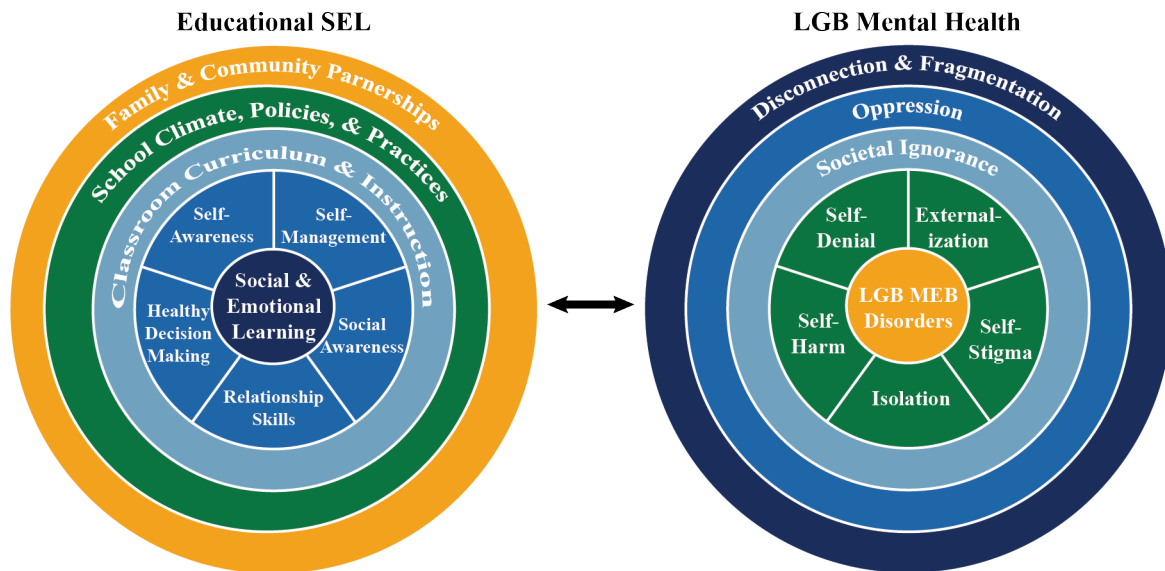


Figure 1: Visual conception of how SEL can address MEB disorders in LGB individuals. (Left) The SEL model for integration in schools, including the five main competency areas. (Right) The rings of oppression in LGB environments and the deficiencies of the five competencies which lead to LGB MEB disorders.

prevention programs allow for children to accept a wider range of sexual orientation identities as they slowly learn about their own. One MEB disorder prevention program that could allow for such generality is the social-emotional learning (SEL) program first described by Elias et al. (1997). Figure 1 shows the conceptual framework of an educational SEL. There is a mapping between this framework and a framework for LGB mental health disorders in the context of societal oppression. Through the use of SEL program in schools, systems of oppression can be disempowered in order to reduce prevalence of MEB disorders in LGB youths.

This paper will consider the state of mental health in LGB youths and describe a framework of oppression as a salient cause. Special attention is given to sexual orientation (e.g., homosexual, bisexual, heterosexual). Although gender identity and expression are relevant and related, consideration is minimized as a more thorough study on these aspects of identity is necessary. The recommended policies focus on elementary school children in the United States with the hopes that as individuals age, the skills they learn will progress into adolescence and adulthood. Further details on SEL interventions will be provided with a closer look at how they can be used to reduce MEB disorders in LGB individuals. Special considerations are made to ensure proper delivery of

topics that teachers may be unprepared for. Few studies exist on the how SEL programs can be targeted towards members of the LGB community; however, age-appropriate LGB-inclusive lesson plans have been developed in the past decade that related to the reduction of oppression. This paper aims to bridge the scientific gap in a manner rigorously tied to a framework of oppression.

## **The current state of LGB mental health**

Perhaps a right of passage for LGB individuals is to attend a queer pride event. A gathering of community members and allies lets people know that they are free to express themselves without judgment or fear. These events offer a glimpse into the behavior of a diverse crowd of people ranging socioeconomic status (SES), race, and ethnicity within the LGB community. A striking feature of these events is the large number of people smoking cigarettes. Despite well-designed and implemented smoking prevention and cessation programs, the prevalence of tobacco use in the community persists. This observation is just a small window into the larger prevalence of MEB disorders within the LGB community.

In fact, substance abuse behaviors, like smoking cigarettes, is just one of the many MEB disorders that disproportionately affects LGB individuals. Figure 2 shows the prevalence of a range of MEB disorders in LGB and heterosexual individuals including rare, yet dangerous, behaviors like using heroin, less overtly unhealthy, yet consequential, behaviors like not drinking water, and widespread mood disorders. Two broad studies offer insight into the extent of the problem. The first study by the CDC looked at various risky behaviors in high school aged children across the country in 2015 (Kann et al., 2016). The second study by Bostwick et al. (2010) examined the prevalence of mood disorders in adult LGB individuals in the United States. From these sources, the prevalence of MEBs in the LGB community and heterosexual individuals is quantified.

The most striking result from these studies is that suicide affects LGB individuals at a far greater rate than heterosexual people. From the CDC study, LGB individuals are over 4.5 times more likely to attempt suicide as their heterosexual counterparts. Furthermore, nearly one third of LGB indi-

viduals attempted suicide in high school. The disparity between LGB and heterosexual individuals persists for other measures including seriously considering suicide (42.8% LGB and 14.8% heterosexual) and making a plan for suicide (38.2% LGB and 11.9% heterosexual).

Mood disorders such as depression, anxiety, and panic disorder also greatly affect LGB individuals compared to heterosexual individuals. This disparity is most pronounced in men, where gay and bisexual individuals are over twice as likely to have a mood disorder than heterosexuals. For women, the disparity is less pronounced.

Substance abuse, like consumption of alcohol by minors, destructive consumption of alcohol, frequent tobacco use, and heroin use also disproportionately affects LGB individuals. For less prevalent behaviors, like heroin use and frequent tobacco use, the disparity between LGB prevalence and heterosexual prevalence is orders of magnitude (2.7 and 4.6 times more likely, respectively). Because these behaviors are well-known to be destructive with ample resources already devoted to increasing the population's knowledge about them, this disparity suggests that some external mechanism causes individuals to choose to engage in these behaviors despite the known risks. Some believe that substance abuse problems in the face of well-known risk is caused by prior mental health problems like depression and anxiety (Hari, 2015). Because LGB individuals are subjected to mood disorders and suicidal ideation more frequently than heterosexuals, substance abuse becomes amplified.

## **Oppression framework for LGB outcomes**

From the data, the discrepancy in MEB prevalence between LGB individuals and heterosexual individuals is clear and is cause for concern. Understanding the origins of this discrepancy is important in addressing and limiting the extent of damage in the context of public health and policy-making. The statistics presented in the last section give a generalized look at a rather diverse group of people with various intersecting identities such as gender, race, ethnicity, SES, and personality variations. The correlation between sexual orientation and MEB prevalence suggests that there is a mecha-

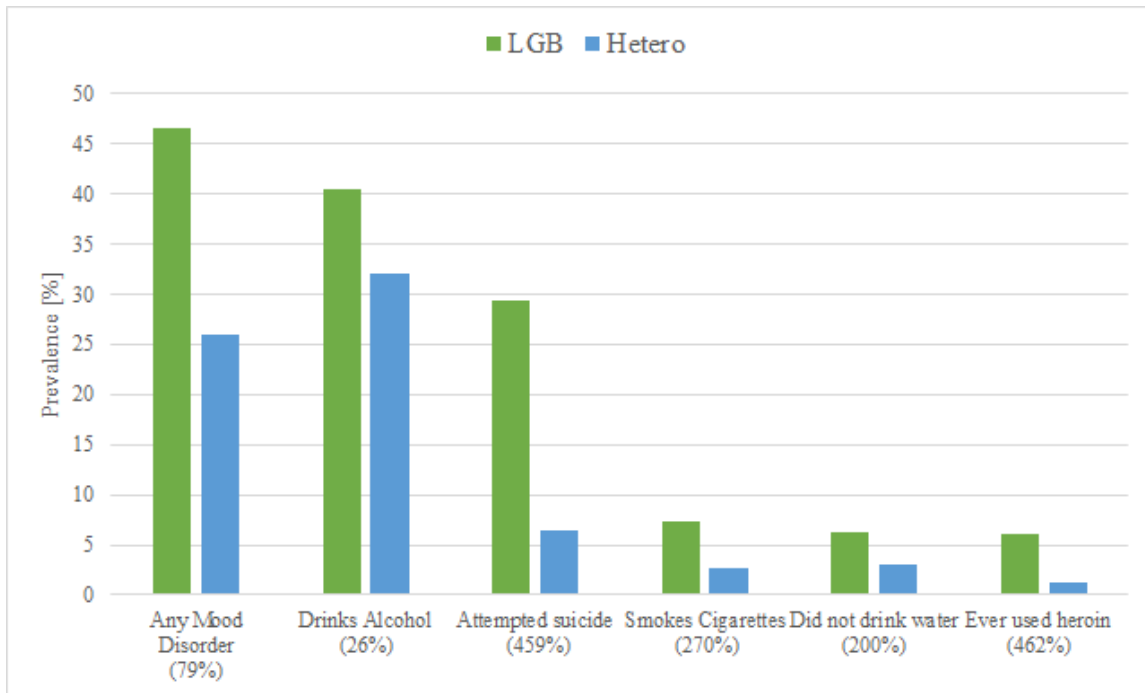


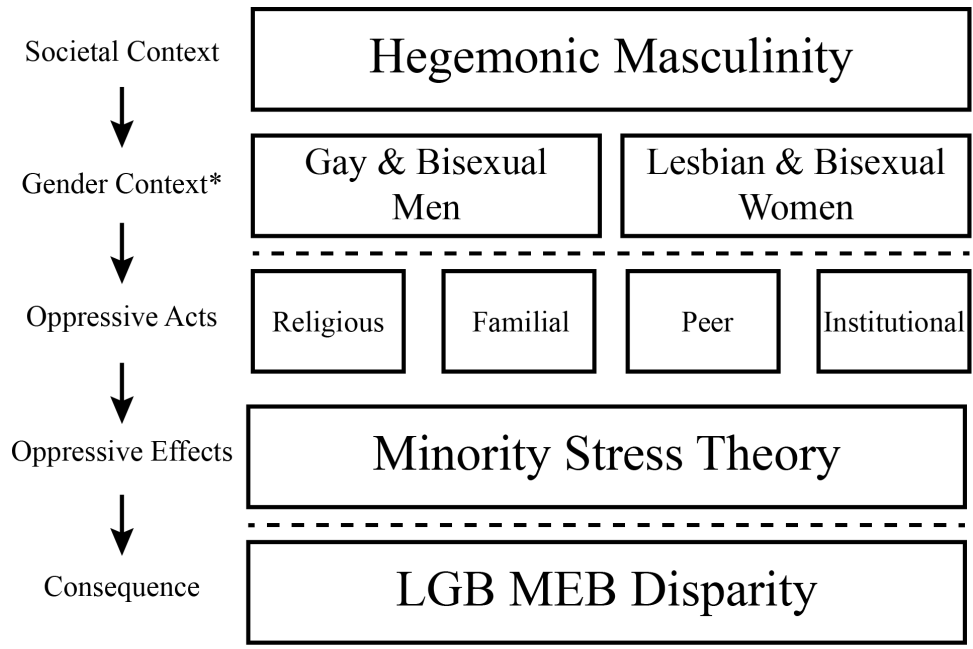
Figure 2: Prevalence of select MEB disorders in LGB and heterosexual populations. Note the discrepancy between the two populations indicating inequality of outcomes.

nism between the two, despite these variations. Analyzing the driving mechanism is the focus of the following section.

One way the negative outcomes in LGB mental health can be explained is through oppression. This lens tracks the origins, events, and outcomes of LGB status in society that has historically marginalized members of this community. Oppression, as a framework, is broad enough to include the myriad of identities within the LGB community and can be theoretically tailored to the unique aspects of the population as a category.

Figure 3 shows the origin of oppression in society and the process through which oppression leads to increased MEB disorders in LGB individuals. Note that for simplicity and alignment with the scope of the paper, gender is split into “men” and “women”. However, individuals who fall between or outside of the gender binary can still be included in the framework.

The starting point of this framework is hegemonic masculinity. Hegemonic masculinity is a sociological theory first developed in the 1990s by Connell (2005) that describes how gender perception is tied to power status in society. The theory states that the more authentically masculine an



\*Gender non-binary individuals are excluded from project scope.

Figure 3: Visual representation of the framework of oppression used to describe the origin, process, and outcomes of MEB disparities in LGB individuals.

individual is perceived to be, the higher they lie on the hegemonic structure which determines how much power that individual has over others. The concepts of masculinity and femininity are socially constructed; thus, hegemonic masculinity allows for different cultures and social groups to define power based on their own arbitrary definition of masculinity. This makes hegemonic masculinity a compelling explanation for societal oppression.

One example of hegemonic masculinity in action comes from the United Kingdom where masculinity is often associated with stoicism. In this example, boys who are caught crying are seen as “weak” (Lenon, 2019). In order to combat this perceived femininity and lowered status, boys adopt “risk-taking, violence and aggression to solve problems.” This example shows how masculine behaviors are viewed as strength, despite risks, and give those who adopt masculine behaviors power over those who exhibit feminine behaviors, like crying.

In the context of LGB individuals, hegemonic masculinity plays two roles depending on the gender of the individual. For lesbian and bisexual women, femininity is either assumed from their gender expression as women, or is projected on to them by others who disregard masculine expres-

sions, like short haircuts and male clothing, as inauthentic drag (i.e., are seen as “trying too hard”). For gay and bisexual men, the process of feminization is more subtle. Homophobic slurs like “sissy” and “faggot” are meant to feminize men who have sex with men. Stereotypes about gay and bisexual men often emphasize feminine behaviors such as high-pitched voices, lisps, and interests in fashion and popular culture. Although gay and bisexual men often adopt masculine behaviors and appearances, these are usually dismissed by others as unimportant or inauthentic (Hennen, 2008). Thus, relative to heterosexual men, gay and bisexual men are seen as subordinate.

Subordination of LGB individuals results in a power imbalance that naturally leads to oppression of these individuals by more masculine members of society. This oppression is expressed in a number of societal realms. Here, four examples are given. Religion is the first realm of oppression. Here, LGB individuals are shamed and ridiculed through the dogma of certain religions, like the Catholic Church and the Church of the Latter-day Saints. This shaming leads to individuals subjecting themselves, or families subjecting their children, to torture where LGB individuals are “made straight” through pseudo-therapy and other abusive actions. The disastrous effects of conversion therapy are well-cited, and are known to increase suicidal behavior and other mental health disorders in LGB individuals subjected to such abuse (Streed et al., 2019).

Another realm of oppression lies within family structures. Here, LGB individuals are subjected to judgment and shaming from the people they know and trust the most. Too often, when LGB individuals disclose their identities to the people they rely on to protect them, they are shunned or abandoned. Less extreme, LGB individuals are often asked to not discuss their identity and to effectively pretend that they are not homosexual or bisexual (Meyer, 2015). Similar to the familial realm, peers often shun or shame members of the LGB community which leads to social isolation and bullying of these subordinated individuals.

Most relevant to this paper is the realm of institutions. Here, institutions like schools and workplaces often encourage silence on the subject of sexual identity and punish genuine expression. A study in Canada showed that despite human right’s laws, teachers were afraid of teaching about LGBTQ topics because they believed the topic was inappropriate for young children and because

they believed that parents and administrators would retaliate (Meyer et al., 2019). Thus, curricula including LGBTQ topics were usually avoided by heterosexual and white teachers. These “institutions of silence” foster the attitude that LGB topics must not be talked about, and thus, must be taboo.

These four realms of oppressive actions lead to stress in LGB individuals. Homelessness, low self-esteem, and general anxiety about their position in society tie into the Minority Stress Theory which states that member of minority groups, like LGB individuals, are more likely to experience psychological disorders due to stress stemming from their oppression (Alessi, 2014). The consequences of minority stress is that members of the LGB community are more likely to develop MEB disorders compared to heterosexual individuals. Addressing oppression is a means of limiting the process of minority stress. This starts by dismantling the notion of hegemonic masculinity and understanding the fragile state of socially constructed masculinity. By teaching children the power of stereotype and dispelling ignorance about LGB individuals, the oppressive actions in these four realms should decrease; especially as generations exposed to this knowledge grow up.

## **Social-emotional learning to limit LGB oppression**

Social-emotional learning (SEL) is a curriculum-integrated approach to improve the social and emotional skills of children in hopes of improving later outcomes of success such as interpersonal skills, academic achievement, and personal growth. The idea was rigorously defined first by the Fetzer Institute in Kalamazoo, Michigan in 1994 (Durlak et al., 2015). To date, over 200 studies of over 270,000 students have been conducted to verify the efficacy of this intervention program, showing statistically significant increases (Collaborative for Academic, Social, and Emotional Learning (CASEL), 2019). These studies have often included general population studies and some studies specific to racial minority groups. These studies have concluded that SEL appears to work well for all racial groups.

However, there have been no studies looking at the effect of SEL on LGB students or how



programs could be better tailored to this group. In a leap of faith, SEL could be used to improve personal and interpersonal outcomes in LGB students. Moreover, SEL programs could be adjusted, without significant additions, to address the framework of oppression explained in the last section. By addressing oppression, the path to LGB MEB disorders explained in the framework could be limited. An additional challenge to including LGB individuals in an elementary school setting is that most children, at that age, are not aware of their sexual orientation. Teaching sensitive topics such as sexual intercourse is usually avoided. However, topics such as diversity, alternative family structures (e.g., having two fathers, two mothers, or parents who realize their LGB identity after having children in a heterosexual family structure), and social justice are accessible and age-appropriate to elementary school children. By fostering understanding of LGB issues and existence in younger children, the lessons of acceptance and understanding would benefit both the children who grow up to be members of the LGB community and the children who must live alongside them.

SEL is centered around five competency domains (see Figure 1). These domains are general areas of social and emotional skill outcomes that SEL aims to improve in all children. The first domain is *self-awareness*. This domain includes skills like knowing one's strengths and weaknesses to foster confidence and a growth mindset in individuals. Due to the stress of oppression on LGB individuals, these children might feel as though they are fundamentally flawed (Ryan and Rees, 2012). This deep sense of failure reduces confidence and the child's ability to see their own strengths.

The second domain is *self-awareness*. This domain includes skills like managing stress, controlling impulses, and goal-setting. Again, stress on LGB individuals is greater than for their heterosexual counterparts. Without explicit and targeted training for stress-management, LGB individuals are more likely to deal with their stress poorly. Family and peer abandonment only further fray the support systems required to develop self-management skills.

The third SEL competency domain is *social awareness*. This domain focuses on developing empathy in children with the ability to understand and recognize the diversity of viewpoints and backgrounds of the people around them. As members of a minority group, LGB individuals are forced to understand norms outside of their own (e.g., masculine behaviors for boys, feminine be-

haviors for girls, or expectation of marriage to the opposite sex). To reduce the MEB disorder prevalence in LGB individuals, the social awareness of all children, especially those in the majority group, must increase.

Similar to social awareness, the next competency domain is called *relationship skills*. This domain fosters skills such as effective communication, cooperation, conflict management, seeking help, and resisting peer pressure. Due to fear of punishment or feeling invisible, LGB students are less likely to engage in social environments where they are misunderstood. This isolation leads to antisocial behaviors and withdrawal.

The final competency domain is *healthy decision-making*. This area aims to develop skills like making decisions that align with personal goals, ethical decision-making, and safety. The prevalence of substance abuse disorders shows the deficiency of healthy decision-making in LGB individuals. Because these children exist outside of the social norm, they lack role models and attentive mentors who administer advice and guidance that leads to healthy decision-making.

In order to improve the deficiencies of the five competency domains in both LGB individuals and otherwise, small additions and modifications can be made to the existing curriculum. This change is true to the SEL quality of integrated social-emotional learning. Lesson plans have been developed in recent years that aim to improve visibility of and equity for LGB individuals – although, in a less scientifically structured manner (Human Rights Campaign, 2019). By combining these existing lesson plans and activities in a way that fosters growth in the five competency domains, modifications to the curriculum can improve mental health outcomes in LGB students.

The most impactful and robust type of lesson lies in reading and writing. Stories have the advantage of giving students the ability to recognize and understand the narrative lives of a diverse cast of characters. Books such as *Adopting Our Two Dads* by Luca Panzini or *Tango Makes Three* by Justin Richardson show children stories of families with same-sex parents and are tailored for early elementary school children (Family Equity Council, 2019). Additionally, books involving gender neutral characters (e.g., two parent animals) can be modified by the teacher to make the genders inclusive of same-sex couplings. Other books like *Antonio's Card* by Rigoberto Gonzalez

offer intimate accounts of children who are seen as different from other children (in this case, the protagonist of the book is an effeminate boy). After reading these books to the students, teachers could ask the children to write about their own identities or families. Then, the children can discuss their reflections with the other students and discuss about how their families and identities are different and similar. This process of exposure to different people, dissecting their own lives, and sharing with their peers allows for development of self-awareness and social awareness. Additionally, the process of discussion and dialogue foster relationship skills in the context of the other two competencies.

Another realm of integrating LGB topics into elementary school curricula is social studies. This area is more appropriate for older elementary school children. Explicit lessons about LGBTQ history, such as the election of the first openly gay politician, Harvey Milk, and aspects of the Gay Liberation movement teach children about the struggles and values of other groups of people. “Ally or bystander” lessons teach children about the importance of taking effective action in the midst of injustice. In this lesson, children are given options for engagement in a conflict (e.g., ignore the situation, intervene, talk to the victim privately after, or seek help from an adult). Lessons like these foster social awareness by exposing children to the problems facing certain marginalized groups. Additionally, healthy decision-making and self-management skills are fostered in ally or bystander lessons for both LGB individuals and otherwise.

A simpler example of limiting core competency deficiencies is making math problems more inclusive. Simply changing a problem statement to include a diverse group of people expose students to topics that normally are not discussed (e.g., a math problem could start with, “Jacob and his two moms went to the store to buy apples...”). By talking about LGB individuals in a conversational setting, teachers tell children that LGB people exist and are acceptable. Silence about LGB individuals implies taboo about their existence. This visibility fosters social awareness.

Physical education plays an important role in limiting derogatory statements like, “throws like a girl,” “sissy,” and “girl push-ups.” Not only do these statements degrade women and girls, they also degrade gay and bisexual men and boys. Reminding children that they have a choice in how

they do a push-up raises healthy decision-making without misogyny. Additionally, awareness that those statements are hurtful raises social awareness in all students.

Integrating LGB issues and existence into elementary school curricula requires few additions and small adjustments. By diversifying the narratives children are exposed to and encouraging discussion about them, a dialogue is started that can help diminish bigotry.

## **Special considerations for SEL implementation**

Although diversifying books and modifying hurtful language are simple tasks for teachers, there is a major obstacle that prevents instructors from implementing LGB-inclusive activities in their lessons. A recent study from Canada quantifies this obstacle (Meyer et al., 2019). In this paper, researchers asked teachers why they do not teach LGB-inclusive topics to their students (only 22% reported teaching these topics). The main reason cited was that elementary school children are “too young.” This implies that teachers believe sexual identity is necessarily tied to age-inappropriate concepts like sexual intercourse. Many teachers lack a robust understanding of how sexual identity affects the lives of individuals, both heterosexual and otherwise.

The second most cited reason for not teaching LGB issues was fear of parent retaliation followed by fear of legal retribution (note that Section 15 of the Canadian Charter of Rights protects LGBTQ individuals under civil protections). The article goes on to show that only one in five schools offering LGB lessons received complaints from parents and that the majority of complaints were resolved after explaining the specific contents of the curriculum to the parents. Thus, teachers’ fear of retribution is unfounded and depends on the knowledge of the parents about curriculum specifics.

Teachers and parents who do not understand the importance and details of an LGB-inclusive curricula act as the greatest obstacle preventing implementation of LGB-inclusive SEL programs. Because teachers are the gatekeepers that administer the lessons, their willingness to teach the lessons described in the last section must be increased. Support from administrators has been shown to greatly increase a teacher’s willingness to engage in LGB-supportive lessons. Often, teachers

do not know what the administration's stance on these topics is; thus, teachers will tend to avoid controversial topics to improve their chances of receiving a promotion or holding onto their jobs. When administrations explicitly endorse LGB-inclusive lessons to parents and teachers, this fear is diminished.

Another study in the United States found that a key aspect in increasing lessons about LGB individuals was in building teachers' self-efficacy and informing teachers about the disproportionate bullying that affects LGB students (Greytak and Kosciw, 2014). Simply reminding teachers of the queer friends in their lives or exposing them to queer role models as class speakers was also shown to increase a teachers' chance of engaging in LGB-supportive actions.

The main goals of implementing SEL for LGB inclusivity is to establish a dialogue between the LGB community and everyone else. Education about LGB issues and discussions between members of different groups fosters the social awareness teachers must pass onto their students. SEL has been shown to improve the outcomes of a student's education. Fidelity to the SEL model with additional education and reminders to include a more diverse lesson plan may only further bolsters those outcomes.

## **Concluding remarks**

In this paper, the need for improving the mental, emotional, and behavioral outcomes of lesbian, gay, and bisexual individuals is addressed. Nation-wide studies show that LGB individuals are far more likely to experience MEB disorders than their heterosexual counterparts. A framework describing oppression of LGB individuals starting from hegemonic masculinity leading to minority stress explains how this MEB discrepancy came to be in the first place. Social-emotional learning plays an important role in reducing oppression of LGB individuals and increasing visibility and relatability of LGB community members to all individuals. Small modifications and additions to existing elementary school curricula allow for lessons about LGB issues and existence to bolster five domains of competence. The addition of LGB-inclusive SEL to a program already using SEL

is inexpensive and simple to implement. Careful consideration must be made to ensure teachers, administrators, and parents are aware of the need and extent of LGB issues. Ensuring proper education of all gatekeepers allows for well-informed knowledge to pass to children.

Because of the dearth of research surrounding LGB MEB outcomes after SEL intervention, the argument for how a modified SEL program could be used to limit LGB MEB disorders relies entirely on the framework of oppression. Unfortunately, longitudinal studies on MEB interventions in general are rare. Because the sexual identity of elementary school children is often unknown until adolescence, longitudinal studies are necessary to see the direct effect of SEL programs on the population's MEB outcomes. Future studies may look at the MEB outcomes of LGB students who participated in and live in a population that participated in a general SEL program to see if increases in the five competency areas leads to improvements in mental health. Although LGB individuals represent a small group in the United States (approximately 5%), programs such as the one described in this paper would improve the lives of millions of Americans and expand the knowledge and extent of social justice afforded to all individuals.

LGB-inclusive SEL programs are a low-cost and low-effort investment in mental health. Furthermore, limiting oppression for LGB individuals could also be translated into limiting oppression in other underrepresented groups in the United States and by extension, limiting the discrepancy between minority mental health and that of the majority. The social climate of the country has finally grown warmer for members of the LGBTQ community. However, this momentum must be maintained through progressive and proactive programs such as SEL and others (a recent report shows a drop in LGBTQ acceptance in Americans aged 18-24, the first ever measured reduction (Gay and Lesbian Alliance Against Defamation, 2019)). Perhaps one day, the United States will see a drop in LGB suicide and substance abuse through the efforts of devoted educators and policy-makers.

## References

- Alessi, E. J. (2014). A Framework for Incorporating Minority Stress Theory into Treatment with Sexual Minority Clients. *Journal of Gay & Lesbian Mental Health*, 18(1):47–66.
- Bostwick, W. B., Boyd, C. J., Hughes, T. L., and McCabe, S. E. (2010). Dimensions of Sexual

- Orientation and the Prevalence of Mood and Anxiety Disorders in the United States. *American Journal of Public Health*, 100(3):468–475.
- Collaborative for Academic, Social, and Emotional Learning (CASEL) (2019). CASEL. <https://casel.org>.
- Connell, R. W. (2005). *Masculinities*. University of California Press, 2 edition.
- Durlak, J. A., Domitrovich, C. E., Weissberg, R. P., Gullotta, T. P., Comer, J., Darling-Hammond, L., Goleman, D., Shriver, T. P., and Buffett, J. (2015). *Handbook of Social and Emotional Learning: Research and Practice*. Guilford Publications, New York, UNITED STATES.
- Elias, M. J., Zins, J. E., Weissberg, R. P., Frey, K. S., Greenberg, M. T., and Haynes, N. M. (1997). *Promoting Social and Emotional Learning: Guidelines for Educators*. Association for Supervision & Curriculum Development.
- Family Equity Council (2019). Early elementary LGBTQ family-friendly books. <https://www.familyequality.org>.
- Gay and Lesbian Alliance Against Defamation (2019). Accelerating Acceptance 2019. Technical report.
- Greytak, E. A. and Kosciw, J. G. (2014). Predictors of US teachers' intervention in anti-lesbian, gay, bisexual, and transgender bullying and harassment. *Teaching Education*, 25(4):410–426.
- Hari, J. (2015). *Chasing the Scream*. Bloomsbury.
- Hennen, P. (2008). *Faeries, Bears, and Leathermen: Men in Community Queering the Masculine*. University of Chicago Press, Chicago.
- Human Rights Campaign (2019). Diverse Lesson Plans For Your School. <http://www.welcomingschools.org>.
- Kann, L., Olsen, E. O., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Queen, B., Lowry, R., Chyen, D., Whittle, L., Thornton, J., Lim, C., Yamakawa, Y., Brener, N., and Zaza, S. (2016). Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites, 2015. *MMWR Surveillance Summaries*, 65(9):1–202.
- Lenon, B. (2019). Why the war on masculinity is a crying shame: Psychologists say our sons should be encouraged to blub more. Nonsense, says a former head of Harrow - what they really need is manly role models [Scot Region]. *Daily Mail; London (UK)*, page 47.
- Meyer, D. (2015). *Violence against Queer People*. Rutgers University Press, New Brunswick, NJ.
- Meyer, E. J., Quantz, M., Taylor, C., and Peter, T. (2019). Elementary Teachers' Experiences with LGBTQ-inclusive Education: Addressing Fears with Knowledge to Improve Confidence and Practices. *Theory Into Practice*, 58(1):6–17.

Ryan, C. and Rees, R. A. (2012). Supportive families, healthy children: helping Latter-day Saint families with lesbian, gay, bisexual & transgender children. Technical report, Family Acceptance Project.

Streed, C. G., Seth, A. J., Babits, C., and Ferguson, M. A. (2019). Changing Medical Practice, Not Patients — Putting an End to Conversion Therapy. *The New England Journal of Medicine; Boston*, 381(6):500–502.