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The National SOGIE Center

May 06, 2022 University of Maryland, Baltimore Season 1 Episode 4



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The National SOGIE Center
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The National SOGIE Center

May 06, 2022 Season 1 Episode 4

University of Maryland, Baltimore

Marlene Matarese, PhD, MSW, principal investigator, and **Angela Weeks, DBA, MPA**, director, both from [National SOGIE Center](#). talk about their work with the center for the LGBTQ+ youth community.

The National SOGIE Center offers resources and support primarily for providers — such as behavioral health, juvenile justice and child welfare systems — who serve youth with diverse sexual orientation and gender identity and expression (SOGIE) and their families. Matarese, Weeks and the Center are part of the University of Maryland School of Social Work's Institute for Innovation and Implementation.

Learn more at www.sogiecenter.org.

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Learn more at www.sogiecenter.org.

Jena Frick: 0:04

You're listening to the heartbeat of the University of Maryland, Baltimore, the UMB Pulse.

Charles Schelle: 0:17

Welcome to the UMB pulse. I'm Charles Schelle

Dana Rampolla: 0:19

I'm Dana rampolla.

Jena Frick: 0:21

And I'm Jena Frick.

Dana Rampolla: 0:22

So you might have been expecting a conversation with Dr. Karen Kotloff from the University of Maryland School of Medicine, but we had a scheduling snafu. So we'll have her on a later episode.

Jena Frick: 0:33

Stuff happens and she is a very busy researcher. So instead, we're here on Zoom with a couple of other guests. So this month, we're talking to some national changemakers as part of UMB's commitment to Maryland. And really beyond that.

Charles Schelle: 0:47

We know that growing up as an LGBTQ child or teen can be a challenge, and especially if they're involved in the child welfare or juvenile justice systems. A new national resource is now available to help these youth and their families as well as agency staff that interact with them. It's called the National SOGIE Center, which is housed in the Institute for Innovation and Implementation at the University of Maryland School of Social Work. It's one of the many programs that does national work across the country at the institute.

Dana Rampolla: 1:14

Here to tell us more about the center and their work is National SOGIE director Angela Weeks, and Marlene Matarese, a clinical associate professor at the School of Social Work and Deputy Director of the Institute as well as principal investigator for the National SOGIE Center. Thank you ladies for coming on the Pulse. Let's get started by talking about what the acronym SOGIE stands for in the name National SOGIE Center.

Marlene Matarese: 1:41

So the SOGIE center stands for Sexual Orientation, Gender Identity and Expression

Dana Rampolla: 1:45

Okeydoke and LGBTQ plus youth are estimated to be between three and 9.5% of youth in the US. Is that statistic still correct?

Marlene Matarese: 1:56

That statistic is still correct, I think we're always learning about what does this population look like. And are they able to be in a space to where they can come out. And so we see this range between three and 9.5%. Because it really depends on a study. And I also think about when a study was conducted, because I think young people now are in a place to where they're more willing to come out in some spaces, and where the study was conducted. Because I also think that there are still spaces in the United States where young people do not feel safe coming out. And so there's a vast range between that but it's still a smaller portion of the population.

Dana Rampolla: 2:35

And even though that number may be a little bit different, why are we focusing on such a small population of youth?

Marlene Matarese: 2:44

Well, I think there's a couple of reasons. You know, one of the examples that I often use is around curb cutouts. You know, you're familiar with curb cutouts, right, and what that looks like, and you're walking down the street, and there's this little cutout where if you have a stroller or a grocery car or a suitcase, be able to push it right off the curb across the street and go up to the next curb. The curb cut out didn't always exist. And when we look at the reasons why curb cut outs happened, it was about the 1990s. And the ADA required that we needed to have curb cut outs across the United States. But yet people who need a wheelchair only represent about 1% of the population. And so why did we do that we did that to help a smaller population. But the result of that is it benefited all of us. So that's one piece of it, that when we think about changing the way we do practice and the way we serve young people, when we support this population of young people, we're going to help all young people, we're going to help young people who maybe haven't come out yet feel safe to come out, we're going to help systems and providers to better do their practice, because they know better, and so they should be doing better. So that's one piece of it. So we noticed population may seem like a small portion of the population, but they're over represented in a variety of ways. So one, we know that they're over represented within systems. And when we look at the research that comes out of the juvenile justice system and the child welfare system, we see that there's an over representation of these young people. And I think we're going to talk a little bit more about that later. We also know that this population is more at risk for some of the harmful things that we don't want to see happen to young people. And so they're at higher risk of suicide, both completions and attempts. They're at higher risk of incarceration, they're at higher risk to experience abuse as a result of coming out and their families. And then you also know that they're at higher risk if they do enter in systems and they're more likely to live in a group facilities and with a loving family. We also know that this population has shown to have higher rates of depression, anxiety, substance use disorders, all of those risk factors that we care about when we think about young people, this population has higher risk of that. And I do want to say before we move on that when we talk about that, and we talk about higher risks of mental health needs and behavioral health needs, but it's really important to remember that it's not because this population are, you know, innately predisposition to have behavioral health disorders. It's because this population is inundated on a daily basis with prolonged bias, exposure and experiences of minority stress, both from the institutions that they're in and from the individuals that they experience. And as a result of this consistent experiences with institutional bias, individual biases and minority stress, young people have higher risk of having some of these behaviors because they're experiencing that on a daily basis.

Dana Rampolla: 5:50

That's really helpful. Thank you for kicking us off by explaining that because it sets us up for the rest of the conversation.

Charles Schelle: 5:58

And Marlene, prior to the creation of the National SOGIE Center, you ran the National Quality Improvement Center that was funded by the Children's Bureau. And they focused on the needs of LGBTQ2S youth in foster care. So one, explain for the audience who may not be familiar with some of these acronyms, the 2S part of that, and then about that work with that center and have led to the SOGIE center.

Marlene Matarese: 6:23

Angela Weeks is the Project Director of that LGBTQ Quality Improvement Center. And we've worked together now for the past five years to get to a place to where we have designed evaluated, and refined interventions that were really designed to improve permanency stability and wellbeing for LGBTQ2S youth and their families and the 2S in this acronym stands for to spirit, because we wanted to make sure that we were inclusive of tribal communities, which was language that is sometimes used within some tribes. You'll hear throughout this conversation, Angela and I will vacillate between saying diverse SOGIE. So for those folks who have diverse sexual orientation, gender identity and expression, or LGBTQ plus. So that plus stands for all of the folks who may not identify with any acronym of lesbian, gay, bisexual, transgender, queer, or questioning. And there's a lot of other language that young people use to describe their sexual orientation and gender identity, we want to make sure that were inclusive of that. And so that's what the plus stands for. We received the cooperative agreement from the Children's Bureau over five years ago at this point, to really improve the experiences and overall well being that young people were experiencing when they were in foster care. And to get young people to a place where they weren't languishing in foster care, because we knew from the research and the Children's Bureau was progressive enough to know that research and to know that something needed to happen for this population to fund this National Quality Improvement Center to create services and support that didn't exist. And so when we got started in this, we one of our first task was to do a review of all of the literature of all of the practices that were out there to find out what what is currently out there that is specifically designed and tailored for LGBTQ plus youth to improve permanency stability, overall wellbeing. And what we found is that there wasn't anything. There were no evidence based or evidence for informed interventions that could be used for this population in foster care. And it was our task to work with four sites to be able to develop those interventions to evaluate that and to refine them. So at the end of five years, we have as many manualized interventions as possible that can be replicated throughout the

country. And I think Angela, who is the person who's really been leading this, for the past five years, could talk a little bit more about what those interventions look like and the work that we did with foresight.

Angela Weeks: 8:55

Yeah, thanks, Marlene. So I would just add that, you know, we had, as Marlene just said, there was no evidence based interventions for this population. And beyond that, there was nothing really written down there was nothing replicable that agencies would be able to pick up and know how to implement to serve the population well, and that includes LGBTQ youth, and also their families. And so what we were able to do on this project was to create that we worked very hard with the sites to make sure that they their work was manualized, meaning that the instructions were written down for folks, people can pick up these guides now and these manuals and be able to implement them in their agencies. And so there's several programs we were able to do that with. We have now manualized group clinical interventions for LGBTQ youth. We have group clinical interventions for caregivers families, we have a manualized family finding intervention that has been adapted for LGBTQ youth in foster care. We have individual family interventions, and many workforce initiatives that span from organizational change initiatives, collecting sexual orientation and gender identity data, and also how to train the workforce on the topics. And so there's a wide variety of programs that now exist that have written instructions. So that is really great. And as we ended that project, we had to figure out where to put all of this stuff. And a place where people would be able to find it, where we would be able to drive provider traffic, so that they could select the programs that best fit their agency and fit the needs of their population. And that is sort of what helped birth the National SOGIE Center, right, it was a long dream that the National SOGIE Center could exist as a place where resources were provided to folks in at a one stop shop location. And the website now houses all of these programs in one area, so they're easy to find.

Charles Schelle: 10:59

And what's the address of the website?

Angela Weeks: 11:02

The address of the website is www.sogiecenter.org.

Jena Frick: 11:09

That's great, Angela, it sounds like like the SOGIE Center is very holistic in providing, you know, resources and support for everyone who could be affected, not just for LGBTQ plus youth in their families, but also for professionals who are helping these populations. In talking about youth and families, are there issues that are the same or different when it involves use that are either in child welfare or juvenile justice systems,

Marlene Matarese: 11:39

There are differences. And I think it's really important to be clear about the purpose of the SOGIE Center, when we were conceptualizing this, there are a ton of resources out there for LGBTQ plus youth and their families who are a part of a general population, who might need some resources or some additional information or access to some supports that are available to them. What wasn't there is resources and supports for LGBTQ plus youth and their families who are involved in public systems. And when I say that, I mean juvenile justice, child welfare, behavioral health systems, those young people who are often like you just asked this question about child welfare, and juvenile justice, when young people enter into those systems, it becomes the responsibility of the system to provide protection and support to those young people. So this is a population is already vulnerable, because of their strategy status, who becomes more vulnerable, and they don't have protectors that are part of their family or community, their protectors and supporters need to come from systems. And so when we were conceptualizing this idea of a SOGIE center, it became really important to make sure we were focusing on this population of youth, because it was addressing this gap and assistance and services that were available, that just didn't exist. And so there are resources out there. Again, for the general population, this big center is really for young people and their families who are in these systems, and specifically, the systems and the providers that are there to support them. And so, you know, we'll talk a little bit about a website that's part of the SOGIE center that's specific for families to go to and find resources. But the rest of the SOGIE center is really there to support those who are providing supports and resources to LGBTQ young people in their family. When we see the experiences that young people have in child welfare, I mentioned before that they're more likely to languish in care, they're more likely they're over represented in care. And so there's multiple studies that have been out that talk about this over representation. And it started in 2014, with a project that was also funded by the Children's Bureau that Angela was involved with, called RISE where there was a survey in Los Angeles, and they found that 19% of youth in the foster care system identified as LGBTQ. Then there was another study that happened in 2021. That was in New York City, that also found similar over representation of LGBTQ plus youth in the foster care system, finding 34.1% of all youth identifying as having diversity. And so that's a huge over representation. We just talked in the beginning about there being between three and 9.5% of youth in the country who identify as having diversity, but yet we're seeing numbers of extreme over representation in the child welfare system, we see the same thing in the juvenile justice system. When these studies came out, there was a lot of pushback saying, well, these are in big coastal cities, so they're not really representative of you know, what's happening across America, of course, we're going to see a higher representation in LA and New York, because there's more population of young people with diversity. It's a safer space to come out. You know, like that's why we're seeing this. So we conducted another study in Cuyahoga County in the Midwest in Ohio, and we replicated the Los Angeles study pretty closely and we found it There were 32% of youth in Cuyahoga County, who identified as having diversity in the foster care system. And so we see this over representation. And we have some speculation as to why we see this over representation. There's still work that needs to be done. I don't think we have those answers, we speculate, it's because we see this pattern of young people who either don't feel safe in their family homes, once they come out of their speculations about them having diverse energy, and they run away. And when they run away, they end up on the streets. And when they're on the streets, they have certain survival skills that lend them to getting arrested, which leads them to the juvenile justice system. We also see young people experiencing abuse or neglect, and they wind up in the child welfare system. And it's directly related to their strategy and not having a support from their family systems. We don't know if that's the whole story if there's a bigger story,

because we also know that these population of youth and all of these studies, were also predominantly Black and Brown areas. And we also know that that population is over represented in the juvenile justice system in the child welfare system. But once they're in those systems, it really depends where they are, you know that there are certainly places across this country where LGBTQ plus youth are not protected within these systems when there was no, they don't have rights, they end up in foster care homes that are not designed to support their needs, for example, they might land themselves in a home that's religiously based and that caregiver feels like that young person needs to go to church with them and needs to change and our won't support that they're the way they want to dress won't use the pronouns that they've asked to be used won't use the name they've asked to use. And so there's all these things that happen in systems for these young people where there aren't this sort of external sources of protection and resources.

Jena Frick: 16:49

So can you give us some examples of some of the youth youth focus resources that you do offer these children and, and teens through the SOGIE center?

Marlene Matarese: 16:57

The resources that we have on the National SOGIE Center website, is a collection of resources from across the country. Many of the partners that we have partnered with to create the National SOGIE Center have been doing this work for decades, or they were the folks doing the work with us for the Quality Improvement Center. And so what's really cool about this collaboration and the National SOGIE Center is that we're bringing all of this expertise together and all of these experiences to help providers implement these programs, not just a one time training for staff, but actually implement organizational change efforts, which we know are often required to make substantial change. And so this includes policy, revisions or policy creation. It includes workforce initiatives like training and coaching and supervising issues around LGBTQ young people and families. It includes SOGIE data collection, and it includes these programs that have been developed, right. So we have programs for young people, programs for families. And so the way that the National SOGIE center would work is that if a provider agencies state county, any of those entities came to the National SOGIE Center and said, Hey, we want to implement a program for LGBTQ youth, or their families or both, we would work with them to select a particular program, whatever best meets their needs, best meets the populations needs, we would then work with them on examining their organization to see what other places need to be revised, what else needs to be implemented. And this is really important, because this has not been done very strategically. In in the past, I think it was sort of as people needed it, we, you know, folks would put together some resources and try to put together a plan for organizations, but to have this national effort of folks with all this experience come together and say, Okay, we are going to work together to help agencies do this well, to actually change the way that they're functioning to meet the needs of the population better to meet the needs of their families better, I think is really significant.

Charles Schelle: 19:04

And really to build on that I mean, some of the resources you have on there, you link to like the Family Acceptance Project, and then the Youth Acceptance Project. And while this is mainly agency focus, there's still some resources on there if you're, you know, a member of a family, or an LGBTQ plus teen, that there's some like really helpful resources on there, or identity acceptance and other issues as well.

Marlene Matarese: 19:31

There are resources that we have there that that providers could give to families and young people. The National SOGIE Center is meant to be a one-stop shop for resources. So the things that are good that are useful, are on the website. We also partnered with the Family Acceptance Project to create a website specifically for youth and families. And the Family Acceptance Project is a project that Dr. Caitlin Ryan has been running and she's dedicated 40 years of her career to the benefit of LGBTQ youth and families and has a wealth of experience, and a lot of resources that she has created for families to help learn to support their LGBTQ young people. So we partnered with her to create a website where young people and families could get access to a lot of different resources. What is really cool about this website is that it has a curated list of culturally based resources, which is really great for folks who may be in other communities where culture is really a big part of their lives. But they also want to know how to balance their culture, their traditions, with LGBTQ identities. There's a whole curated list about cultural resources, as well as faith based resources that folks can get from that website. We also created a searchable map. So young people and families can go to this map on the website, put in their zip code and see what resources pop up around them that provide LGBTQ support. And so our goal for the launch of this map was to have at least one resource in each state. And we were able to do that our hope for the future is that the number of resources across the country that you see on that map will grow. So we're going to continue to add to it. But it is really, I think the only map of its kind where young people and families can do that sort of zip code search,

Charles Schelle: 21:23

What kind of like resources are there for, for both, maybe the professionals or the families on the websites for basically learning how to see the right things and helping to encourage the children to be who they are?

Marlene Matarese: 21:36

There are certainly those resources throughout the website, and through all of the trainings that are provided through all of the interventions that we talked about, that's embedded within it, I think it's really important to also remember, for anyone who's doing this work that the fact that you want to say the right thing is sometimes enough, it doesn't mean that you actually always say it, you know, I know for all of us who are in the community every day, we hear people who fumble through language or maybe say the wrong pronouns, but if they kept themselves or they just asked, you know, like, tell me what pronouns you'd like me to use? Is this the name you'd like me to use? How do you identify, you know, what would you say your sexual orientation is? And if they say something that you don't know, that's okay, like, what does that mean to you? And so a lot of times, we found when we were implementing these larger scale, so do data collection initiatives, that the

workforce wasn't asking the question, we were asking them to ask all us because all of us have soldiers, every single one of us does. So when you're doing intake for where young people are entering in the system, we'd like for you to ask for their sexual orientation. And gender identity is just like you asked race, just like you asked incredibly personal detailed questions about abuse and private experiences that you're perfectly comfortable doing, so you ask about SOGIE, and they weren't, you know, and they really struggled with it. And for us, our bias was, well, that's because you have biases against this population, you're not willing to ask because you don't think you should be. What we learned is that that's not always the case. In fact, for many of these workers, it was this fear of saying the wrong thing, like you just mentioned that they didn't feel comfortable with the language, they didn't feel grounded enough in it to ask these questions so that they didn't know if they'd be able to follow up with the right response. And that was a huge lesson learned for us that, like you're talking about these fears of messing up and making these mistakes, are actually holding people back from doing good things. And so we want them to take that off, take that burden off, you're gonna make mistakes, we all do. I do it every day. And this is what I do every day, you know that we learn from it. And we do better each time we practice. And so that's the bigger lesson learned. But yes, those resources are embedded in everything that we do. That's part of the SOGIE center.

Dana Rampolla: 23:48

Angela, and Marlene, you both have mentioned, bias in faith based communities. And I think there's the assumption that because of the beliefs of some people in different faiths, that LGBTQ plus teens are not allowed or they're not invited to participate in faith services or an activities in those communities. But when we look at your resource cache, there's many religions and denominations who apparently do have communities that are welcoming, welcoming. Can you talk a little bit about what types of resources you offer to help youth and families navigate the topic of religion and inclusion?

Angela Weeks: 24:23

There is this myth that religious communities are all anti LGBTQ, and that there's rampant bias throughout them. And I think that is really something that comes from a history of folks using religion to justify biases against LGBTQ people. But as Marlene just said, there are affirming faith communities across many religions, I would guess all religions have some faith communities that are affirming and advertise their affirmation. Now thankfully, through the internet, we can find them fairly easily. So we do have a list of affirming faith communities that families in access, but what's also really important is that because of this history and the stereotype, a lot of times folks don't want to talk about religion and faith with LGBTQ people, or that's not part of the work. It's not part of the program. And when we know that, for a lot of LGBTQ people, their faith is very important to them. So it's important to bring that aspect of their identity and as well as make sure not to exclude that. So I think that's important. And though it's not sort of our expertise, we would definitely encourage providers to look at those faith based resources and make sure that they're considering them when they're working with young people and families.

Jena Frick: 25:34

So getting getting back to the welfare system and the juvenile justice systems. For professionals who are working in those specific agencies, what are some barriers that they may face in helping LGBTQ plus youth? And how does the SOGIE Center help that?

Marlene Matarese: 25:52

One of the things that we heard and again, this was the reason for conceptualizing this National SOGIE Center is that people didn't know where to go for resources. And I get that because if you were to look up LGBTQ plus youth, even if you throw in a system, you're gonna see a billion different websites. And you don't know whether those resources are the right resources, are they the newest resources is this the language I should be using? Is this the product I should be reviewing. And I received a lot of questions from the folks who are working within the juvenile justice and child welfare system, as well as the behavioral health system for all the providers that are working directly with young people in their family. And so we wanted to create this, like Angela mentioned, one stop shop, to where all of our partners are part of this. And we're very lucky that these national organizations who've been doing this work for a long time, agreed to work with us, and to create this collaborative so that the work that they're doing can be highlighted on this website as well as their own. And it can really function is that one place. And so we work with all of these national organizations to ask them on a monthly basis, what are the new resources that are coming out that you would like highlighted, we review them and make sure they make sense for the city center. And then we put them up. And so we're constantly going through a process of curating the most relevant resources across all of our partners. So that when you look at these young people who are in the juvenile justice system, many of them have behavioral health needs. And so they have folks that are working with them. And they're coming from the juvenile justice system, but they're also looking for mental health resources or substance use resources that are really tailored towards LGBTQ plus youth. But they can't find them. Because they're siloed, they're in two different places. But now they're in one place. And so that's what we've been working to do when it comes to the clearing house component of it. The second piece of it, as Angela described is really implementation support. So often for providers and for others that are working with this population. It's great to have a piece of paper, but they may not know what to do with it, and how to actually implement these practices. And so we provide coaching, because we know also that training is not enough. So we have online training resources we have in person training that's available to folks. But you also need coaching and support as well. And so we provide all of those kinds of supports. And then for organizations who are really looking towards implementing something new, really shifting practice, we work with them to sometimes implement one of the interventions that Angela mentioned, that was developed as part of the Quality Improvement Center, or to implement changes in their policies. So they might want to revamp all of their policies and want us to review them so that they can implement that because the next thing they want to do is implement training across their agency. So we work with them on those two levels. Here's a one stop shop for this clearing house pace to improve your practice. If you need more an additional person level support then we provide that as well. And sometimes it's not just us at the Institute at the University of Maryland Baltimore, but it's our partners so we serve as the point persons when we get a question or we get a request in from our website, we then decide who's the best person to meet this need? And it's not always sometimes if it's a legal issue or questions and we're going to wait for them to land a legal because they would have better expertise in

that but what it does is it makes the person is requesting it not have to search through a billion different places to figure out that they need to go to Lambda Legal and then to figure out how to get to someone at Lambda Legal. We do that work for them.

Charles Schelle: 29:24

And we'll say that name again. Is it Land of Legal?

Marlene Matarese: 29:30

Lambda. L-a-m-b-d-a

Charles Schelle: 29:33

Okay, Lambda Legal okay. I was thinking Land of Legal like it was this like theme park of legal expertise?

Marlene Matarese: 29:41

Kinda

Charles Schelle: 29:45

Well, you know, speaking legal advice and some, you know, interesting issues. One of the emerging topics impacting providers and LGBTQ plus teens and their families are these so called Don't Say Gay bills and these bills banned classroom instruction about sexual orientation and gender identity. One has it become law in Florida. There's another one in the table in Ohio. What are the potential impact of these bills on providers especially? And what can the SOGIE Center do to kind of support both families and these professional staff that are trying to help these youth kind of stuck in these situations?

Angela Weeks: 30:24

Yeah, so that's really important to highlight. So there's been, you know, there's always been some form of anti LGBTQ laws and bills being proposed, but this year has been the highest. And there's been around 250 measures proposed across the country. So we hear a lot about Florida. And some of the other states have been highlighted in the media, but there's actually many across the country. And they sort of span from, well, anti LGBTQ, but many of them are focused on anti trans initiatives, banning trans people from access to restrooms, banning trans young people from playing in sports at school, banning even access to affirming and appropriate medical care, punishing families for affirming their child's gender identity or gender expression. There are also, as you said, some bans on curriculum. And this includes talking about LGBTQ people talking about LGBTQ figures talking about LGBTQ history, in school curriculum. There's also been some measures that protect people's rights to discriminate based on religious freedom. And so we see a lot of different measures happening in different ways. What we know from young people who've been surveyed is that these debates around anti trans legislation and trans people's right to exist is having a negative impact on their mental health. And so the Trevor Project, which is a project who focuses on LGBTQ youth suicide prevention and crisis intervention, conducts annual surveys, and in the last year survey, they found that 42% of young people who answered the survey identified that they had thought about suicide at some point. And another survey specifically around LGBTQ anti LGBTQ bills, the majority of of survey respondents said that they had, that the bill's anti trans legislation was negatively impacting their mental health. And so we know that this is impacting them. We also know that this is impacting families, right, as families are trying to navigate these sorts of hostile environments with with limited support, they're also having to explain to their children why their right to be who they are, is being debated. I also want to highlight that there are parallel conversations happening parallel debates right now around critical race theory and schools. And so for LGBTQ people who are also Black, there are two debates about their their valid nests and their right to be seen and their right to acknowledge history. And that, of course, having both of those identities being debated on a national platform is detrimental to their mental health as well. And so for providers, I think working in these states, as bills start to pop up, they're really conflicted about how to help young people and families because they know that the research says that access to affirming care, access to affirming medical care for trans people access to the appropriate facilities, is all what is recommended by major medical associations. They know the evidence says that this is the way that we're supposed to be going that it's a protective factor against suicide, depression, anxiety. And at the same time, they're in states where politicians and lobbyists are calling for these harmful practices. And so they're stuck in some states, they've politicians and lobbyists have gone directly after their professional credentials, saying that if they do not follow these measures that they could potentially lose their licensing. They could be they could even be charged with breaking the law. And so we get to questions from providers asking how to navigate this, right? They want to follow what the evidence says they want to follow what the major medical association say to do, which is affirm young people. And then they're also stuck sort of navigating this hostile legal landscape. And so we provide as much T A as we can from the national perspective, but one of our roles that's most helpful is connecting them to local advocacy organizations. So the folks that are doing advocacy on the ground in these communities are the ones that are most equipped to answer questions about the very specific legal aspects of some of these measures. And so we can help connect them to those legal advocates that are local to them. And so when folks reach out, that's one thing we can do. The other thing we did is we created a central page on our website. When folks go to the National SOGIE Center website, right there on the front page, they'll see an urgent button, they can click the urgent button and it leads them to a page where we have collected the evidence that shows that gender affirming care and affirmation is the most appropriate thing for transgender youth, and transgender people individually, generally. So folks can get a full list of the relevant research, they can also get a list of statements from our federal governing bodies, like the Administration, for Children and Families, which supports gender affirming care, they can get the statements that are released by the Medical Associations like the associations for over psychiatry, pediatrics, the National Association for Social Workers also put out positive messaging, supporting gender affirming care, all of that is there on that webpage. I will add that, you know, a bit of hope here, too, is that even though this year, we have seen more anti LGBTQ measures than ever before, we also are at a point in our country where we have the most LGBTQ support that we've ever had. And so national surveys have been conducted. And between 70 to 80% of Americans surveyed say that they support protections for LGBTQ people protections from discrimination in the workplace

housing, and other areas. 70% of Americans surveyed support, same gender marriage, marriage equality. And so we see these measures increase, and they obviously no matters sort of the the story about the positivity, they still have a really negative mental health impact for young people and families that see these debates unfolding. And it does cause local crisis where these where these families and young people are. And at the same time, we know that these measures are increasing at the rate that they are because there is so much support growing across the country for LGBTQ people. So just want to offer that, you know, that ray of hope.

Jena Frick: 37:16

And in keeping with kind of the Ray of Hope conversation that we were just having, do you have a specific example or anecdote and working with these use as partners that you think would be a really great story to share about the success of the SOGIE Center.

Marlene Matarese: 37:34

I would have 1000 examples. I'm sure Angela does too. So I'll get one and see if Angela has one as well. But the young person that I just mentioned, Nakiya who was part of Prince George's, they were just exceptional. And I remember sitting in the room, and we asked all the sites to do these presentations, and they allowed Nakiya to be part of the presentation, I think it was the first time that they were part of it, and Nakiya got up there. And I like and I do this every day started to well up with tears, because they talked about how important this program was to them being in it and this was use a firm that they were part of having a voice looking around the room and seeing that there were other young people in the same situation as being a Black young person and non binary person and someone who had diverse sexual orientation in foster care in a room with other young people experiencing the same thing. And having leaders who are facilitating the group who also had diverse SOGIE, who also were People of Color to see that, you know, they talked about just that alone, you know, take the intervention piece out of it just being in a room with people to where you're like, I'm not alone, I'm not in this alone or other people like me, and seeing adults who are facilitating it to be like, I have hope that I can have a future that there is something better for me than what I'm experiencing right now. And that that alone, that piece of the intervention made a fundamental difference in our experiences, and to see where that young person has gone. They're an ambassador for HRC, the Human Rights Campaign. They're doing presentations across the country now and just to see that growth from being a young person who's part of the intervention, to really a young person who's a national leader now is was just an exceptional highlight to think of the QIC.

Jena Frick: 39:22

That's incredible.

Angela Weeks: 39:24

Yeah, and I would just say, loads of stories, just like Marlene, not only from young people, but from families too. And I think we often would get the information secondhand from our providers. But we would hear stories pretty consistently about families who had never been engaged around LGBTQ identities who had never been asked whether they had LGBTQ young people in their home, and they would come back from participating in our programs. And they would say that the programs had changed their lives and they would ask us to go out in their community and give the program to everyone.

Jena Frick: 39:58

That's great. Just being here. Well, to open that dialogue and provide a sense of belonging and community is amazing. And and looking towards the future of the National SOGIE Center, what what kinds of things do you have coming up this year? Are there any special projects or new initiatives that you hope to be working on?

Angela Weeks: 40:18

We have a couple of priority areas, there is a need for practitioners to get information to get support around collecting sexual orientation and gender identity data, it's one of the first things that many agencies need to do in order to be able to identify how many young people are LGBTQ plus that they're serving. And so there's a lot of barriers to that some people don't have the data infrastructure to collect that information. Some organizations do not have the policies to collect that information safely. And many agencies will have a workforce that are uncomfortable having a conversation about sexual orientation and gender identity. So that is a high priority of the National SOGIE Center to help organizations get to a place where they can collect this information safely. Another priority area is to highlight the importance of family programming. So there are a lot of initiatives across the country that focus on youth programming. And in a variety of areas, we can look at schools as being really a great example of that there are GSAs, there are anti bullying weeks that focus on LGBTQ identities. There's a lot of effort to support young people, in contrast to the amount of programming and initiatives that target families. And we know that families are a protective factor for youth against depression, anxiety, conditions against suicidal ideation. And yet we see that there are there's a big gap in the number of agencies that provide programming specifically to families around LGBTQ identities. And so we would also like to, to highlight that as an issue to help providers understand the importance of those family programs and what's needed to bring them in and implement those programs. Those are those are two priority areas that, that we've been talking a lot about. Rolling, I'm wondering if

Marlene Matarese: 42:09

Yeah, I fully agree with what you just said, you have others? Angela. And I think so we didn't talk about this. But as part of the SOGIE Center, we have another contract with SAMSA for a center of excellence on behavioral health equity for LGBTQ plus people. So as part of the Center of Excellence on LGBTQ behavioral health, we are funded to provide webinars, online training and consultation and support for people who are working with LGBTQ plus people across the lifespan. So younger folks all the way through older adults. And on a regular basis, we have at least two webinars that are coming out, we have six online training modules that are available. And that's something that

we'll continue to do over these years. And those are resources that are specific for behavioral health. So I want us to continue to promote that to have more folks who are joining our listserv to have access to these resources that are being created regularly. And I think like Angela say, having opportunities to support states and agencies to expand their implementation efforts around this population. We have gotten a considerable amount of calls, we have upcoming meetings across the country, with leaders in behavioral health within states who want to support work and their states face that are unexpected that we're going to be meeting with soon. And we're going to have to figure out these loopholes of if you're in a state where there is Don't Say Gay legislation that's been passed, or we work in Texas and in child welfare. In Texas, we know that there's a lot of legislation that has come out really preventing workers from doing their job. And instead, they're out there on, you know, like a, quote, witch hunt to find families who are supporting a trans youth and take away their parental rights. These are the states we're working in, that I'm most excited about. Because I think we have an opportunity to do real change, you know, to really even a section just small, there's kids and families who are living in the states who are struggling, who are invisible, who are afraid, and that we have these opportunities that are coming up. And I'm most excited about that to really see if we can have an impact.

Jena Frick: 44:15

Well, we should definitely check back in with you guys about more of all this stuff that you're doing. It's great and and for now though, before we sign off, let's remind our audience how they can access all of the resources that the SOGIE center makes available to them. You can learn more about it at the National SOGIE Center website at www.sogiecenter.org. Thank you so much Angela and Marlene for coming on the Pulse today.

Marlene Matarese: 44:40

Thanks for having us.

Charles Schelle: 44:43

For our June episode, a statewide resource celebrating its 50th anniversary will be joining the Pulse. The Maryland Coison Center director Bruce Anderson and assistant director Angel Bivens will join us to share some history of the center and how they help Marylanders when they have an emergency. The Maryland Poison center is actually housed on campus here at the University of Maryland School of Pharmacy. Until then, stay safe and thanks for listening to the UMB Pulse.

Jena Frick: 45:11

The UMB Pulse with Charles Schelle, Dana Rampolla and Jena Frick is a UMB Office of Communications and Public Affairs production. Edited by Charles Schelle, sound engineering by Jenna Frick marketing by Dana Rampolla Music by No Vibe. Recorded in the University of Maryland Baltimore Community Engagement Center.

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