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# Preventing adverse childhood experiences among sexual and gender minority youth: A call to action

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Adverse childhood experiences (ACEs; e.g., child abuse) represent a pernicious public health issue that disproportionately affect sexual and gender minority youth (SGMY; Craig et al., 2020; Schneeberger et al., 2014). For example, research suggests that over half of SGMY report familial emotional neglect and nearly one in four SGMY report physical abuse by a caregiver (Craig et al., 2020). Some forms of ACEs are specific to SGMY, such as family rejection of youth's sexual orientation and/or gender identity, as well as caregiver-initiated sexual orientation change efforts (Blosnich et al., 2020; Pariseau et al., 2019; Ryan et al., 2020). Further, ACEs lead to numerous short- and long-term deleterious psychosocial, behavioral, physical health, and economic outcomes (Hughes et al., 2017; Centers for Disease Control and Prevention (CDC), 2019). For example, clear links have been illustrated between family rejection behaviors and depression, anxiety, substance use, and sexual health risks for SGMY (Pariseau et al., 2019; Richter et al., 2017). Although our understanding of rates and outcomes of ACEs among SGMY have increased in recent years, we know little about how to effectively prevent ACEs in SGMY specifically.

The CDC (2019) suggest that programs seeking to enhance family strengths (e.g., bonding) and parenting skills (e.g., parental monitoring, communication skills) may effectively reduce ACEs. A recent meta-analysis found that parent skills training programs successfully reduced both objective and self-reported child maltreatment, although none of the identified studies were specific to SGMY (Chen & Chan, 2016). Whereas evidence-based parenting skills training programs (e.g., Strengthening Families, Smart Parents—Safe and Healthy Kids) would likely help to reduce SGMY's ACEs, programs that increase caregiver(s) acceptance and support of their SGMYs' sexual orientation and gender identity are needed to prevent SGMY-specific ACEs most effectively. While several programs (e.g., PFLAG, Family Acceptance Project), have been developed to address family-based stigma and

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discrimination among SGMY; Parker et al., 2018), none of these programs have been rigorously evaluated. Nevertheless, one highly promising program is the Family Acceptance Project, a research, education, intervention, and policy initiative that was designed to help families and caregivers learn to support their SGMY to reduce health risks and promote wellbeing (San Fransisco State University, n.d.). In all, programs using strengths-based, resiliency-building approaches that aim to enhance family bonding, caregivers' parenting skills, and acceptance and support specific to their SGMY, may be critical in reducing family-based ACEs.

Although all SGMY and their caregiver(s) could potentially benefit from evidence-based programming to prevent ACEs, there are sub-populations of SGMY that are likely most in need of comprehensive prevention efforts. For example, SGMY of color as well as youth living in rural areas of the United States (U.S.) experience ACEs at rates higher than White SGMY and SGMY living in urban areas of the U.S., respectively (Craig et al., 2020; Richter et al., 2017). One potential strategy for reaching these populations, especially SGMY and their caregiver(s) in rural regions of the U.S., is via telehealth programming. For example, Sequeira et al. (2020) found that transgender youth with lower perceived parental support were more likely to report interest in receiving gender-affirming care via telemedicine. Also, 96% of rural youth have cellphones, and 95% of youth have internet connectivity at home (Rural Services, 2017). Further, 81% of U.S. adults own a smartphone, and nearly 75% own a desktop or laptop computer, and rural disparities in access to broadband internet and device ownership are decreasing (Pew Institute, 2019). Also, although not specific to ACEs prevention, family and family-based telehealth programs for a variety of issues have been shown to be rated as highly acceptable by caregivers and to be able to be delivered with fidelity and efficacy (Owen, 2020; Tsami et al., 2019). Indeed, telehealth interventions may be the most efficient way to broadly disseminate evidence-based programs.

It is important to note that caregiver(s) of SGMY who are highly abusive and/or unaccepting of SGMY may be unlikely to participate in programs that seek to build family strengths and reduce SGMY minority stress. Solutions to this may include providing caregivers with psychoeducation about SGM-specific risk factors and conveying a nonjudgmental attitude toward caregivers' current levels of acceptance of and support for their SGMY. Also, recruitment efforts (e.g., use of social media algorithms to create targeted ads for caregivers searching online for conversion therapy) may help reach caregiver(s) most at risk for perpetrating ACEs against SGMY.

There is an urgent need to develop evidence-based programs to prevent family-based ACEs in SGMY. We assert that family-based programming, delivered via telehealth, that focuses on building family strengths, enhancing parenting skills, and reducing minority stress in SGMY may be especially effective in reducing ACEs in SMGY, especially those living in rural areas of the U.S. where rates of ACEs among SGMY are especially high (Craig et al., 2020). Using rigorous models of program development, components of existing evidence-based programs (e.g., Strengthening Families, Family Acceptance Project) could be adapted to create a comprehensive ACEs prevention program for SGMY. It is also critical that ACEs prevention programs consider the perspectives of youth with multiple marginalized identities to ensure that the programs are culturally inclusive, in addition to considering how programs

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may need to be adapted to the developmental needs of younger SGMY versus older SGMY. Further, rigorous evaluation methods are critical to ensure that prevention programs for SGMY and their caregiver(s) are working to reduce ACEs and to identify factors that may mediate and moderate treatment outcomes. We hope this commentary increases dialogue about the prevention of SGMY's ACEs and simultaneously serves as a reminder that efforts must also exist at the outer levels of the social ecology to reduce structural stigma affecting SGMY.

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