

Supporting LGBT Children and Their Families



Introduction

Since the early 1990s, young people have increasingly been coming out or identifying as lesbian, gay, and bisexual, and more recently as transgender, during adolescence. This coincides with greater awareness and visibility of lesbian, gay, bisexual, and transgender (LGBT) people in society, the media, schools, congregations, and communities. More widespread access to information about sexual orientation, gender identity, and LGBT resources through the internet has contributed to significant changes in how children and adolescents learn about LGBT people and their lives. And increasingly, this has helped young people come out at much earlier ages than prior generations of LGBT adults. (For information about sexual orientation and gender identity, see “Definitions” on the following page.)

Coming out at earlier ages has important implications for how practitioners work with children, youth, and families, how they educate parents, families, and caregivers about sexual orientation and gender identity, and how services are provided to LGBT children and adolescents. Historically, services for LGB youth and later for transgender youth were developed to protect them from harm, including from parents and families that were perceived as rejecting or incapable of supporting their sexual minority children. As a result, services evolved over several decades to serve LGBT adolescents either individually – like adults – or through peer support, and not in the context of their families (Ryan, 2004; Ryan & Chen-Hayes, 2013).

Even though families, in general, play a critical role in child and adolescent development and well-being, and connections to family are protective against major health risks (Resnick et al., 1997), until recently little was known about how parents reacted to their LGBT children from the perspective of parents and caregivers (Bouris et al., 2010; Diamond et al., 2012; Ryan, 2010) or how they adapted and adjusted to their LGBT children over time. As a result, many practitioners assumed that little could be done to help parents and families who were perceived as rejecting to support

their LGBT children. So few practitioners tried to engage or work with these families (Ryan & Chen-Hayes, 2013). Nevertheless, earlier ages of coming out coupled with emerging research which indicates that families of LGBT adolescents contribute significantly to their children’s health and well-being call for a paradigm shift in how services and care are provided for LGBT children and adolescents (Ryan, 2010).

Research findings that show the critical role of family acceptance and rejection – and earlier ages of coming out – call for a paradigm shift to serve LGBT children and adolescents in the context of their families.

This new family-oriented approach to services and care requires practitioners to proactively engage and work with families with LGBT children and adolescents. This includes providing accurate information on sexual orientation and gender identity for parents and caregivers early in their child’s development; engaging, educating, counseling, and making appropriate referrals for families with LGBT children; and in particular, helping parents and caregivers who react to their LGBT children with ambivalence and rejection understand how their reactions contribute to health risks for their LGBT children (Ryan & Chen-Hayes, 2013).

The overall objective in helping families learn to support their LGBT children is not to change their values or deeply-held beliefs. Instead, practitioners should aim to meet parents, families, and caregivers “where they are,” to build an alliance to support their LGBT children, and to help them understand that family reactions that are experienced as rejection by their LGBT child contribute to serious health concerns and inhibit their child’s development and well-being (Ryan & Diaz, 2011; Ryan & Chen-Hayes, 2013).

Aims of Resource Guide

This resource guide was developed and is being disseminated throughout health and social service systems to help practitioners who work in a wide range of settings to understand the critical role of family acceptance and rejection in contributing to the health and well-being of adolescents who identify as lesbian, gay, bisexual, and transgender. This includes practitioners who work in primary care, behavioral health, school-based services, family service agencies, homeless and run-away programs, and foster care and juvenile justice settings. Its intent is to help practitioners implement best practices in engaging and helping families and caregivers to support their LGBT children. The family intervention approach discussed in this guide is based on research findings and more than a decade of interactions and intervention work by the Family Acceptance Project (FAP) at San Francisco State University with very diverse families and their LGBT children.

Earlier Ages of Awareness & Coming Out

A seminal study of LGB identity and adolescent development found that young people report having their first “crush” or attraction for another person, on average, at around age 10 (Herdt & Boxer, 1993). Subsequent studies on LGB youth have reported comparable ages of first awareness of sexual attraction (e.g., D’Augelli, 2006; Rosario, Schrimshaw, & Hunter, 2009), and coming out at much younger ages than prior generations of LGB adults. Among contemporary youth, researchers from the Family Acceptance Project found that adolescents self-identified as LGB, on average, at age 13.4. And increasingly, parents and families report children identifying as gay at earlier ages – between ages 7 and 12.

Practitioners who work with transgender and gender non-conforming children and youth note that gender identity is expressed at early ages (Brill & Pepper, 2008), most often by age 3 (Leibowitz & Spack, 2011). As with LGB adolescents, the internet and media have significantly increased awareness of gender diversity and of the needs and experiences of transgender and gender non-conforming children, adolescents and adults. Because children can express a clear sense of gender identity at very early ages, many are able to communicate their experiences to parents and caregivers, so there is greater awareness among some families that a child or adolescent

DEFINITIONS

Sexual Orientation – a person’s emotional, sexual, and/or relational attraction to others. Sexual orientation is usually classified as heterosexual, bisexual, or homosexual (lesbian and gay), and includes components of attraction, behavior, and identity (Laumann et al., 1994). Sexual orientation is expressed in relationship to others to meet basic human needs for love, attachment, and intimacy (Institute of Medicine, 2011). Thus, young people can be aware of their sexual orientation as feelings of attachment and connection to others before they become sexually active.

Gender Identity – a person’s internal sense of being male, female, or something else. Gender identity is internal, so it is not necessarily visible to others. Gender identity is also very personal, so some people may not identify as male or female while others may identify as both male and female.

Gender Expression – the way a person expresses their sense of gender identity (e.g., through dress, clothing, body movement, etc.). Young children express their sense of gender through choices for personal items such as toys and clothes, as well as hairstyle, colors, etc.

Gender Non-conforming or Gender Variant – a person whose gender expression differs from how their family, culture, or society expects them to behave, dress, and act.

Transgender – a person who feels that their gender identity does not match their physical body and differs from the gender that others observed and gave them at birth (assigned or birth gender).

Source: Institute of Medicine, 2011; SAMHSA, 2012

might be transgender. As a result, more parents are seeking accurate information about gender development and local sources of support.

Still, many families have strict cultural expectations about gender role behavior for males and females and have great difficulty tolerating gender non-conforming behavior in their children and adolescents (e.g., Malpas, 2011). This includes children and youth who are lesbian, gay, and bisexual, as well as heterosexual. A significant number of families have never heard of the word *transgender* and have little understanding of the distress

that children who are gender non-conforming may experience on a daily basis. This may include parents and families who have less access to accurate information, based on socio-cultural and linguistic backgrounds and/or geographic location.

These early ages of self-awareness and coming out as LGBT during childhood and adolescence call for practitioners to ex-

pand their approach to care from serving LGBT young people either alone as individuals or through peer support to providing services and support in the context of their families and caregivers (Ryan & Chen-Hayes, 2013). This need is heightened by the lack of available services and trained practitioners to provide family-oriented services and support for LGBT children and adolescents across practice disciplines and care settings.

Critical Role of Families in Reducing Risk & Promoting Well-Being

Before research was conducted that included LGBT adolescents, parents, foster parents, and other key family members, perceptions of how parents and families would react to their LGBT children were predominantly negative (Ryan, 2010). However, an in-depth study of LGBT adolescents and families found that family reactions to their LGBT children were much more varied and hopeful than had been previously assumed (Ryan, 2004; Ryan & Chen-Hayes, 2013). This study found that:

- Family reactions to their LGBT adolescents range from highly rejecting to highly accepting. Thus, a proportion of families respond with acceptance, and more with ambivalence, to learning about their child's LGBT identity – and not with uniform rejection as had been previously assumed.

- Rejecting families become less rejecting over time, and access to accurate information is a critical factor in helping parents, families, and caregivers learn to support their LGBT children.

"My son is a gift. My role as a parent has been to give him space to unfold – just as he is – into a happy, caring young gay man. I've learned so much from **him. He's helped me grow as a parent and as a person.**"

Hugo, father of 14-year old gay youth

- Parents and families want to help their LGBT children and to keep their families together, but many do not know how.
- Parents and caregivers who are perceived as rejecting their LGBT children and who engage in rejecting behaviors (e.g., trying to change their child’s sexual orientation and gender expression) are motivated by care and concern for their LGBT children – and by trying to help their LGBT child “fit in,” have a “good life,” and be accepted by others.

“When my daughter was little I spent so much time fussing over how she looked. I should have been concerned about how she felt. We didn’t know about transgender – but I know how sad and depressed she got right before middle school. The school helped us find a counselor and that’s when we found out how hopeless she felt. I wanted to make sure she wasn’t rejected by others, but instead, I was the one who was rejecting her. I’m so grateful I could change things before it was too late.”

Brianna, mother of 12-year old transgender youth

- Negative outcomes for many LGBT youth, including suicide, homelessness, and placement in foster care or juvenile justice facilities, can be prevented or reduced if parents, families, and caregivers can turn to a knowledgeable source for guidance, accurate information, and support.
- Many parents and families whose children end up out of home (e.g., homeless or in custodial care) want to reconnect and to have an ongoing relationship with their LGBT children despite assumptions by others that they do not want to have any involvement with their LGBT children’s lives.

Relationship to Risk & Well-Being

Research has also found that parents and caregivers play a critical role in their LGBT children’s health and well-being (e.g., Ryan et al., 2009; Ryan et al., 2010). In particular, families help protect against suicidal behaviors (Eisenberg & Resnick, 2006; Mustanski & Liu, 2013; Ryan et al., 2010). Research with LGBT youth and families, foster families, and caregivers has identified more than 100 specific ways that parents and caregivers express acceptance and rejection of their LGBT children (Ryan, 2009; Ryan, 2010). This includes behaviors such as preventing LGBT youth from learning about their LGBT identity versus connecting them with a positive role model to show them options for the future (see Ryan, 2009). These family reactions were

FAMILY REJECTION & HEALTH RISKS (Ryan et al., 2009)

LGBT young adults who reported high levels of family rejection during adolescence were:

- 8.4 times more likely to report having attempted suicide
- 5.9 times more likely to report high levels of depression
- 3.4 times more likely to use illegal drugs, and
- 3.4 times more likely to report having engaged in unprotected sexual intercourse –

compared with peers from families that reported no or low levels of family rejection

FAMILY ACCEPTANCE & WELL-BEING (Ryan et al., 2010)

Family acceptance helps:

- protect against depression, suicidal behavior, and substance abuse
- promote self-esteem, social support, and overall health

then measured in a follow up study of LGBT young adults to assess the relationship of family acceptance and rejection during adolescence to health and mental health in young adulthood.

This research found what many providers have known intuitively for years: that LGBT young people whose parents and caregivers reject them report high levels of negative health problems (Ryan et al., 2009), and those whose parents support them show greater well-being, better general health, and significantly decreased risk for suicide, depression, and substance abuse (Ryan et al., 2010). Additional research from this project provides key information on school-based and faith-based experiences, including the relationship between condemnation, victimization, and support of LGBT adolescents and their health and well-being in young adulthood.

Increasing Family Support

Working closely with many racially and ethnically diverse families, LGBT youth, and young adults in applying this research showed that families – even those who were very rejecting – could learn to modify rejecting behavior and

increase support for their LGBT children. This requires practitioners to provide education, guidance, and support in ways that resonate for them (Ryan, 2010). Several years of intervention and resource development work has led to the generation of a series of multicultural family education materials; research-based family intervention videos; assessment tools; and intervention strategies to help diverse families support their LGBT children (see Resources, p. 12).

Grounded in a strengths-based perspective, this family intervention framework (Ryan & Chen-Hayes, 2013; Ryan & Diaz, 2011) views families and caregivers as potential allies in reducing risk, promoting well-being, and creating a healthy future for their LGBT children. This approach views the family's cultural values – including deeply-held beliefs – as strengths. Research findings are aligned with underlying values to help families understand that it is specific behaviors and communication patterns that contribute to both their LGBT child's risk and their well-being. In expanding their frame to proactively engage and work with families, practitioners may find the assumptions in Figure 1 useful to build an alliance and to help parents, foster parents, families, and caregivers to support their LGBT children.

FIGURE 1 FAMILY ACCEPTANCE PROJECT – CORE ASSUMPTIONS

(Ryan & Diaz, 2011)

- Assumes that families love their children and want them to have a good life. At the same time, we acknowledge that their hopes and dreams for their children's future are shaped by cultural and religious beliefs that may be at odds with their child or adolescent's sexual orientation and gender identity/expression.
- Meets families where they are. This includes starting at the family's level of knowledge, expectations, and beliefs about their child's sexual orientation and gender identity/expression.
- Uses a strengths framework to align our research findings, education and prevention messages, and family support approach with the parents' and caregivers' values about family, and the role of family in their culture and religious practice.
- Supports the need for families to be heard and understood. A critical aspect of our work is to provide a nonjudgmental space where parents and caregivers can tell their story and share their experiences and expressions of care and concern for their children's well-being that are rooted in culture, values, and specific beliefs such as faith traditions.

(continued)

FIGURE 1, CONTINUED
FAMILY ACCEPTANCE PROJECT – CORE ASSUMPTIONS

(Ryan & Diaz, 2011)

- Recognizes that parents and caregivers who are seen as rejecting their LGBT child are motivated by care and concern to help their child “fit in,” have a “good life,” and be accepted by others.
- Understands that family behaviors are not isolated incidents, but occur in a cultural context aimed at socializing their children and adolescents to adapt and be successful in a hetero-normative (heterosexual) society. These family behaviors aim to protect their children from harm, including victimization due to their LGBT identity and gender expression.
- Uses FAP research findings to link family reactions to their child’s LGBT identity with health, mental health, and well-being. Beyond building a strong alliance between families and providers, family awareness of the consequences of their behavioral reactions is the most important mechanism of change.
- Understands that parents and families experience their lack of knowledge about LGBT issues as inadequacy that feels disempowering and shameful. Many families perceive their children’s LGBT identity as a loss, particularly as a loss of control over their children’s future. Providers should help families validate and address these feelings by affirming the importance of family support to build their child’s self-esteem, to promote their child’s well-being, and to buffer rejection and negative reactions from others.
- Recognizes that when rejecting and accepting behaviors co-exist, parents and caregivers experience ambivalence, and their struggle to validate their LGBT child results in decreased support and increased risk. Education and learning how their reactions affect their LGBT children can improve communication and help parents and caregivers respond in ways that help their LGBT child feel supported and loved rather than misunderstood or rejected.

From: *Family Acceptance Project: Intervention guidelines and strategies* by Caitlin Ryan and Rafael Diaz. San Francisco: Family Acceptance Project, 2011. Copyright © 2011 Caitlin Ryan, PhD. Reprinted with permission.

Helping Families Decrease Risk & Increase Well-Being for Their LGBT Children

Beyond building an alliance and showing families that a practitioner respects their values and beliefs, the primary mechanism for change is helping families understand that there is a powerful relationship between their words, actions, and behaviors and their LGBT child's risk and well-being. Parental and caregiver reactions to an LGBT child or adolescent also affect their whole family.

“When I put my head on the pillow at night, I think about my daughter and just hope she’s safe. I don’t know where she is. I haven’t heard from her since I threw her out of the house when she told me she was lesbian. I didn’t know what to do. I wish I had acted differently. I would give anything to be able to change that now.”

Monica, mother of 16-year old lesbian youth

Families respond to their LGBT children based on what they know, what they hear from their family, clergy, close friends, and information sources, including providers who may also have misinformation about sexual orientation and gender identity, especially in childhood and adolescence. As a result, parents and families who believe that homosexuality and gender non-conformity are wrong or are harmful for their LGBT children may respond in a variety of ways to try to prevent their children from becoming gay or transgender.

This may include: preventing their child from having an LGBT friend, learning about their LGBT identity, or participating in a support group for LGBT youth (such as a Gay Straight Alliance or school diversity club), or excluding

their child from family events and activities. Families and caregivers who respond in these ways do so without understanding that these reactions are experienced as rejection by their LGBT children and that they are significantly related to attempted suicide and other serious health concerns for LGBT young people (e.g., Ryan, 2009).

Parents and families who engage in these behaviors are typically motivated by helping their children and protecting them from harm. In this case, families are trying to prevent their children from adopting what they perceive as a “lifestyle” or “choice” that they believe will hurt them. Understanding that specific reactions that parents and families think are caring but that LGBT youth experience as rejecting and harmful – and that contribute to serious health problems – helps motivate parents, families, and caregivers to modify and stop rejecting behaviors, to support their LGBT children (Ryan, 2009; Ryan & Diaz, 2011).

Approach to Working with Families

Several key approaches can help families learn to support their LGBT children, across a wide range of practice settings and service systems (Ryan & Diaz, 2011). These include the following:

Engage, approach, and connect with families and caregivers by meeting them “where they are,” and view each family as an ally.

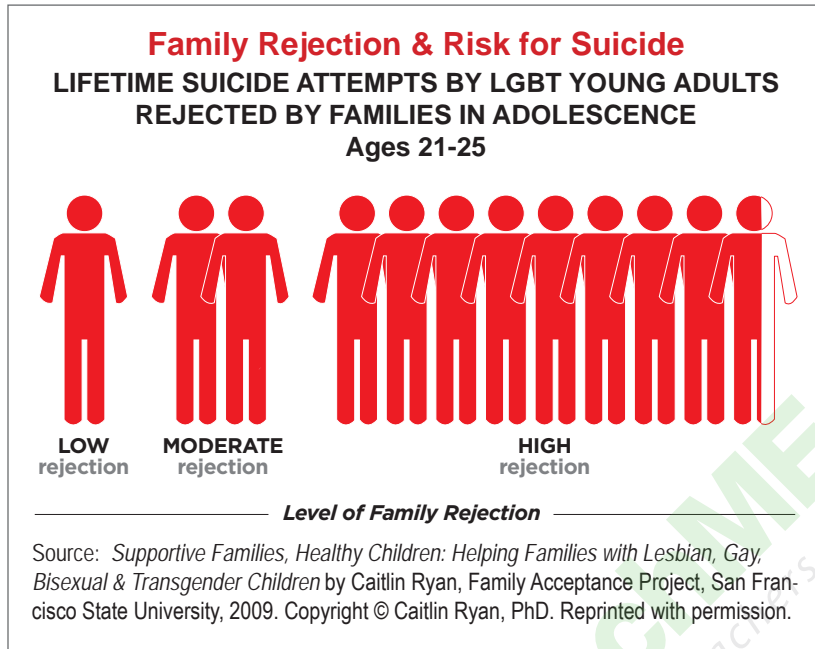
Each family brings different dynamics, experiences, and strengths to learning that their child is lesbian, gay, bisexual, or transgender. Some families can quickly learn to support their LGBT children. Some were accepting before they knew or perceived that their child was LGBT. Others need individual support to adjust to having a gay or transgender child. Some need counseling, and others may need family therapy.

All families need education about how family reactions relate to their LGBT children's health and well-being. Families who are accepting are eager to learn new ways of supporting their LGBT children. For most families, learning about specific behaviors to protect and support their LGBT children will be new information. In addition, many families who believe they are

Give families respectful language to talk about sexual orientation and gender identity.

Most families and many providers lack understanding of normative development of sexual orientation and gender identity in children and adolescents. Many families and caregivers have not talked about these issues in a way that is not disparaging. For others, cultural silence about homosexuality is the norm, and talking about these issues may feel shameful and uncomfortable.

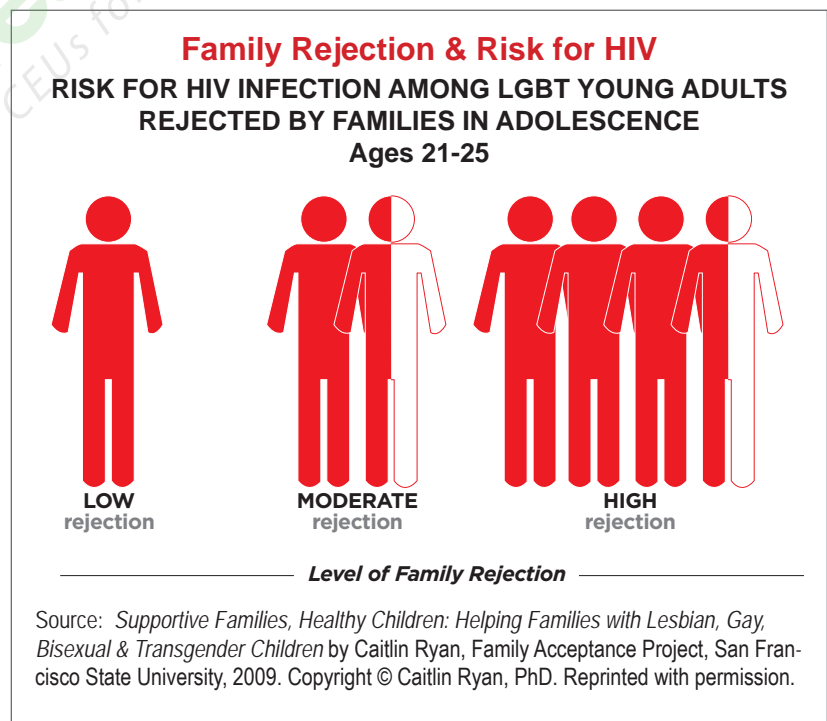
FAP has developed research-based multicultural education resources to teach providers how to talk about these issues with families, to educate families on sexual orientation and gender identity, and to show them ways to help and support their LGBT children (see Resources, p. 12). These materials were developed with extensive guidance from families, LGBT youth and informed linguists and literacy experts to use language that is not derogatory and is readily understood and respectful, to help parents and families understand new research on family reactions and adjustment to having an LGBT child. For some families, these topics



accepting are actually ambivalent about their child's sexual orientation and gender identity. Rather than expressing support, these families are instead giving their child mixed messages that contribute to health risks and diminished self-esteem.

Let parents and caregivers tell their story.

Research and intervention work has found that few parents and caregivers have had the opportunity to talk about their experiences, concerns and hopes for their LGBT child with a supportive, nonjudgmental professional (Ryan & Chen-Hayes, 2013). Parents and caregivers also need to express their anxieties and fears about how others might treat or hurt their LGBT child. This step is critical to building an alliance and to understanding their perspective.



are distressing and may never have been discussed in a neutral way. Helping families start to frame these issues differently will enable them to talk about them with their LGBT children. Talking with their LGBT child about their child's identity (even when they are uncomfortable) is a supportive behavior that helps protect against risk and promote well-being (Ryan, 2009).

Educate families on how family rejecting behaviors affect their LGBT child.

This approach has found that helping parents and families understand the serious health risks related to family rejection lays the groundwork to focus on reducing their LGBT child's risk, to provide support and to accept their LGBT child (see Resources, p. 12). For families that are rejecting and ambivalent, in particular, learning that behaviors they thought were helping their child are instead putting their child at risk is sobering, disturbing, and even shocking. This includes common rejecting behaviors such as trying to discourage or change their child's sexual orientation or gender expression or blaming them when others mistreat them because of their LGBT identity. Few parents and families want to intentionally hurt their LGBT children, and learning about this research helps parents understand their critical role in protecting their child from harm. It also helps them understand how these rejecting behaviors contribute to family conflict.

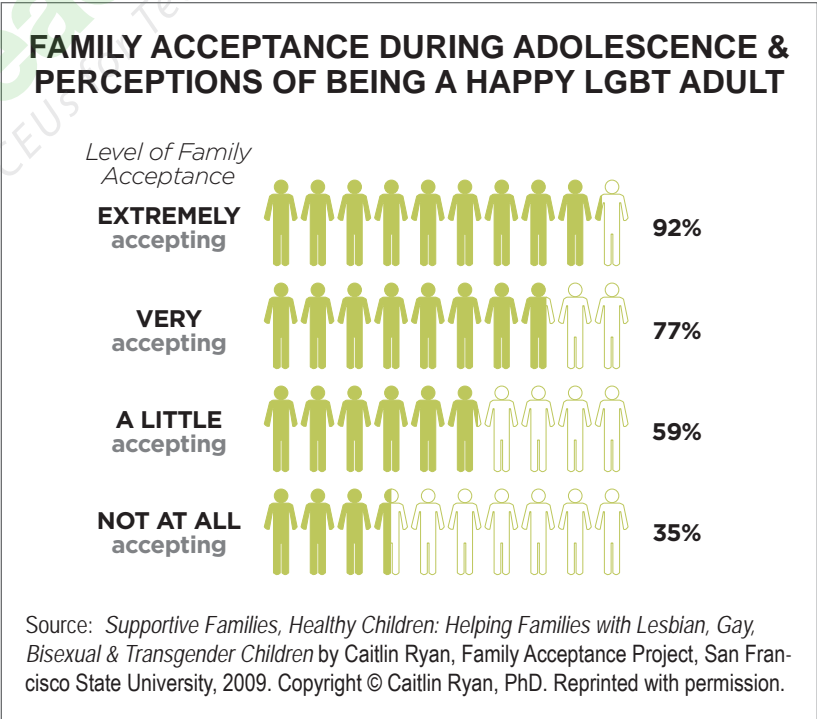
Educate families on how supportive and accepting behaviors affect their LGBT child.

Families typically think that loving their child will build their child's self-esteem and protect them from harm. However, it is *how* parents, foster parents, and caregivers treat or respond to their LGBT children that matters. In other words, the specific behaviors that families and caregivers engage in – or *how* they love their LGBT children – contribute to serious health risks or help protect them from harm and promote their well-being.

More than 50 family accepting behaviors were identified that are related to better overall

“I didn’t understand how hurtful it was to tell my son that being bisexual was just a fad. I pushed him away when he was trying to share an important part of himself with me. I didn’t understand about sexual orientation – I thought I could pressure him to be straight. But instead, I made him think I was rejecting him. I’ve spent a lot of time listening to him now – and learning.”
Ben, father of 14-year old bisexual youth

health, higher self-esteem and significantly lower levels of depression, suicidal behavior, and substance abuse (Ryan et al., 2010). These include a range of behaviors such as supporting their child's gender expression, welcoming their child's LGBT friends to family events and activities, and helping their congregation become more welcoming of LGBT people (for information on key behaviors, see Ryan, 2009).



Framing for Families That Are Struggling or Uncertain about Having an LGBT Child

Practitioners should help parents and caregivers separate their personal reactions to having an LGBT child from their child's need for love, safety, and support. For families that are struggling and may initially be rejecting or ambivalent, specific framing discussed below can help parents and caregivers provide support while integrating their child's sexual orientation, gender identity, and gender expression with their values, perceptions, and beliefs (Ryan, 2009; Ryan & Rees, 2012). This framing includes the following:

Families that don't accept their children's sexual orientation and gender identity can still support their LGBT children and decrease rejecting behaviors to protect them from harm.

Parents and caregivers who believe that homosexuality or gender non-conformity are wrong can still *support* their gay or transgender child by modifying or changing rejecting behaviors that increase their LGBT child's risk, without accepting an identity they think is wrong. FAP has been developing specific family education materials and ap-

proaches to help families support their LGBT children while maintaining their values and deeply-held beliefs (e.g., Ryan & Rees, 2012).

A little change makes a difference in decreasing family rejecting behaviors and in increasing support for their LGBT children.

Research shows that high, moderate, and low rejection are related to dramatically varying levels of risk. For example, LGBT youth from highly rejecting families were 8.4 times more likely to report having attempted suicide at least once by young adulthood, while those from families that were moderately rejecting were twice as likely to attempt suicide (compared with peers who reported no or low levels of specific family rejecting behaviors) (Ryan et al., 2009). Similarly, nearly all young adults who reported high levels of family acceptance believed they could have a good life as an LGBT young adult, compared with only about 1 in 3 of their peers who reported no acceptance from their family or caregiver during adolescence (Ryan, 2009). Perceptions of the future are very important for self-care, for health promotion, for decreasing risk-taking, and for career and personal aspirations.

Increasing Family Support: How to Help Right Now

Given the early ages of coming out and the critical need for family education and guidance, the dearth of targeted services to help diverse families support their LGBT children is a significant barrier to addressing the prevention, care, and support needs of LGBT children and adolescents. Until such services are widely available, practitioners and agencies can take several basic steps to respond to these needs in the following ways (Ryan & Diaz, 2011):

- Provide training on engaging and supporting families with LGBT children for all practitioners and agencies that work with children, youth, and families (see Resources, p. 12).

- Include LGBT young people and families when describing populations served in agency literature, brochures, outreach activities, and websites to ensure that LGBT youth and families know that your agency welcomes them and will provide services for them.
- Include information on the importance of family support and on the relationship between family acceptance and rejection and health risks and well-being for LGBT youth in all parent and caregiver education resources, activities, and programs.
- Ask adolescent patients and clients about their sexual orientation and gender identity.¹ Ask about family reactions to their sexual orientation, gender identity, and gender expression, including specific behaviors that parents, families, and caregivers use to respond to their child's sexual orientation and gender expression.²
- Provide education, support, and counseling to parents, families, foster parents, and caregivers who are engaging in rejecting behaviors. This includes using educational materials to help them understand the impact of their behaviors on their LGBT child (see Resources below), and providing coaching, counseling, peer support, and family therapy.
- Include families and caregivers of LGBT children and youth on advisory groups for child, youth, and family service programs and agencies.
- Do outreach to invite and include families and caregivers of LGBT children and youth and their LGBT children in recreational, social, and community activities and events offered by practitioners, programs, and agencies that serve children, youth, and families.
- Include LGBT books, brochures, and posters in agency waiting rooms, offices, and care facilities. Many LGBT youth and those who may be questioning their identity look for “safe zone” or rainbow stickers to indicate that a provider will be open and respectful in providing support and addressing needs related to their LGBT identity.

Resources for Practitioners and Families

The Family Acceptance Project has worked with many racially and ethnically diverse families, LGBT youth, and young adults, and the practitioners who care for them, to develop a series of multicultural family education and guidance materials and assessment tools. Information is available at: <http://familyproject.sfsu.edu/>

These include:

Family Education Booklets – research-based guidance materials that educate families, caregivers, and providers on

how family acceptance and rejection relates to health and well-being for LGBT young people to help increase family and caregiver support for LGBT children and youth. Currently available in English, Spanish, and Chinese, and some faith-based versions; new versions are in development, including low literacy, in other languages, and for families from a range of faith backgrounds. These booklets are designated as a “Best Practice” for suicide prevention for LGBT people by the Suicide Prevention Resource Center/American Foundation for Suicide Prevention Best Practices Registry.

Family Education Videos – compelling short documentaries that show the journey of ethnically and religiously diverse families from struggle to support of their LGBT children, to give LGBT youth and families hope and to show the process that helps families learn to support their LGBT children. Designed to educate families, LGBT children, and youth, for community education, and for provider training, these videos are based on research and practice with LGBT youth and families from the Family Acceptance Project.

Assessment and Training – a research-generated screening instrument (the FAPrisk Screener) was developed based on

findings from FAP studies to quickly identify LGBT youth who are experiencing rejection from parents, foster parents, and caregivers, with guidance to inform family interventions and follow up care, including preventing homelessness and placement in custodial care (Ryan & Monasterio, 2011). The screener is highly predictive of health concerns related to family rejection, including depression, suicide attempts, substance use problems, and diagnosis with a sexually transmitted disease.

Training is available on using the screener and using family education materials and family engagement and intervention strategies.

Endnotes

¹ Experts on care of LGBT children and youth in child welfare have developed guidelines for managing information about a young person's sexual orientation, gender identity, and expression which can help practitioners think about these issues and provide guidance for asking young people about their identities (see Wilber, 2013). In addition, many health professional disciplines have directed their members to ask adolescents about their sexual orientation, including the American Medical Association, which included a directive to ask adolescents about their sexual orientation 20 years ago (e.g., Elster & Kuznets, 1994). Major health

professional associations routinely update standards of care and policy statements on care of LGBT youth and adults.

² The Family Acceptance Project has developed a clinical assessment screening tool and training to help practitioners quickly identify LGBT young people who are experiencing various levels of family rejection and to help practitioners develop a follow up plan to engage families to decrease rejecting behaviors that are related to significantly increasing their LGBT children's risk for serious negative health problems (e.g., suicide, substance abuse, HIV, etc.) and which can precipitate ejection and removal from the home (see Ryan & Monasterio, 2011).

Supporting Your LGBTQ Youth: A Guide for Foster Parents

There are approximately 175,000 youth ages 10–18 in foster care in the United States.¹ Of these youth, an estimated 5–10 percent—and likely more—are lesbian, gay, bisexual, transgender, or questioning (LGBTQ).²

¹ The total number of youth in care comes from *The AFCARS Report* (<http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport19.pdf>). It is based on the number of youth ages 10–18 in care on September 30, 2011.

² The estimate comes from the assumption that 5–10 percent of the general population is LGBT. John C. Gonsiorek & James D. Weinrich, “The Definition and Scope of Sexual Orientation,” in *Homosexuality: Research Implications for Public Policy* (Newbury Park, CA: Sage Publications, 1991); Courtney, Dworsky, Lee, and Raap, (2009) found a much higher percentage of youth in foster care who identified as something other than fully heterosexual (see <http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth>).

What’s Inside:

- About LGBTQ youth
- LGBTQ youth and the child welfare system
- Creating a welcoming home for youth
- Supporting your youth in the community
- Conclusion
- Resources

Like all young people, LGBTQ youth in foster care need the support of a nurturing family to help them negotiate adolescence and grow into healthy adults. However, LGBTQ youth in foster care face additional challenges. These include the losses that brought them into care in the first place, as well as traumas they may have suffered while in foster care. They also include stressors unique to LGBTQ youth, including homophobia or transphobia³ and the need to evaluate (often with little or no support) the safety of their communities, schools, social networks, and homes in order to decide whether to disclose their LGBTQ identity, when, and to whom.

Despite these challenges, LGBTQ youth—like all youth in the child welfare system—can heal and thrive when families commit to accepting, loving, and supporting them as they grow into their potential as adults. This factsheet was written to help families like yours understand what they need to know to provide a safe, supportive, and welcoming home for an LGBTQ youth in foster care.

In this factsheet, you will learn about LGBTQ youth in the child welfare system, the unique risks they face, and the important role that foster parents can play in reducing those risks. You will discover specific actions that you can take to create a welcoming home for all youth in your care and to promote your youth's health and well-being in the community. At the end of this factsheet are links to many resources for more information and support.

About LGBTQ Youth

The acronym *LGBTQ* is a general term used to describe people who are lesbian, gay, bisexual, transgender, or questioning their gender identity or sexual orientation.

Definitions

Lesbian, gay, and bisexual describe a person's *sexual orientation*—emotional, romantic, or sexual feelings toward other people. *Lesbian* refers specifically to women who love women, while *gay* can refer to any person who is attracted to people of the same sex. (The term *homosexual* is considered outdated and offensive by many gay people.) Bisexual people are attracted to men or women regardless of their anatomy. People do not need to have any particular sexual experience (or any sexual experience at all) to identify as bisexual, gay, or lesbian, because sexual orientation and sexual behavior are not the same thing.

Transgender refers to a person's *gender identity*—an internal understanding of one's own gender. A transgender person's gender identity does not match the sex (a biological characteristic) assigned to him or her at birth. Many, but not all, transgender people choose to alter their bodies hormonally and/or surgically to match their gender identity. Some people's experience, perception, or expression of their gender evolves and changes over time. Gender identity and sexual orientation are separate aspects of a person's identity: A transgender person may be bisexual, gay, or straight (or may identify in some other way).

³ *Transphobia* refers to fear of people who are transgender.

Some youth (and adults) identify as *questioning* when they start to recognize that they may be part of the LGBT community. This does not mean that sexual orientation or gender identity is a choice. These youth may need time to process what being LGBT means for them; to reconcile any anti-LGBT stereotypes they have internalized; and to decide if, when, and how they should identify themselves as lesbian, gay, bisexual, or transgender to others.

Some people's *gender expression* (meaning, the ways in which they express their gender identity to others) does not conform to society's expectations for their sex. This might include choices in clothing, mannerisms, names, hairstyles, friends, and hobbies. It is important to understand that society's gender expectations are cultural, not biological, and they change over time (for example, women used to be expected to wear only dresses; now teens of both genders wear jeans, sweatshirts, and tennis shoes). In any case, not all *gender-variant* (or *gender nonconforming*) youth will continue to express themselves this way into adulthood, and many will never identify as gay, lesbian, bisexual, or transgender.

In other words, it is best not to make assumptions. Respecting your youth's self-identification is very important. As youth grow to trust their foster families, many will eventually share their feelings about gender identity or sexuality more openly.

"Gaining that trust takes time, patience, and consistency. That's what [my foster mother] gave me."
— *LGBTQ youth in foster care*

Addressing Common Misconceptions

There is a lot of misinformation about sexual orientation and gender identity. Here are some things that are important for you to know about LGBTQ youth in your home:

LGBTQ youth are a lot like other youth. In fact, the similarities that LGBTQ youth in foster care share with other youth in care far outweigh their differences. Most, if not all, youth in foster care have been affected by trauma and loss; they require acceptance and understanding. Making sure your home is welcoming to all differences, including race, ethnicity, disability, religion, gender, and sexual orientation, will help ensure that all youth in your home feel safe and that the youth in your care grow into adults who embrace diversity in all of its forms.

This is not "just a phase." LGBTQ people are coming out (acknowledging their sexual orientation/gender identity to themselves and others) at younger and younger ages. Studies by the Family Acceptance Project have found that most people report being attracted to another person around age 10 and identifying as lesbian, gay, or bisexual (on average) at age 13. Gender identity may begin to form as early as ages 2 to 4.⁴ Someone who has reached the point of telling a foster parent that he or she is LGBTQ has likely given a great deal of thought to his or her own identity and the decision to share it.

No one caused your youth's LGBTQ identity. Sexual orientation and gender

⁴ Ryan, C. (2009). *Helping families support their lesbian, gay, bisexual, and transgender (LGBT) children*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

identity are the result of complex genetic, biological, and environmental factors. Your youth's LGBTQ identity is not the result of anything you (or a birth parent, or any other person) did. LGBTQ people come from families of all religious, political, ethnic, and economic backgrounds. Experiencing childhood trauma or reading about, hearing about, or being friends with other LGBTQ people did not "make" the youth become LGBTQ.

LGBTQ youth are no more likely than other youth to be mentally ill or dangerous. These unfortunate myths and stereotypes have no basis in truth. Gay or transgender people are not more likely than heterosexuals or gender-conforming people to molest or otherwise pose a threat to children. And although it is true that LGBTQ people experience higher rates of anxiety, depression, and related behaviors (including alcohol and drug abuse) than the general population, studies show that this is a result of the stress of being LGBTQ in an often-hostile environment, rather than a factor of a person's LGBTQ identity itself.⁵ Professional mental health organizations agree that homosexuality is not a mental disorder and is a natural part of the human condition.

Your youth's LGBTQ identity cannot be changed. Medical and psychological experts agree that attempting to change someone's sexual orientation or gender identity does not work and often causes harm.

⁵ Schlatter, E., & Steinback, R. (2010). 10 anti-gay myths debunked. *Intelligence Report*, no. 140. Retrieved from <http://www.splcenter.org/get-informed/intelligence-report/browse-all-issues/2010/winter>

Many religious groups embrace LGBTQ people. Some people fear that they will have to choose between their faith and supporting their youth's LGBTQ identity—but this is not always the case. Many religious communities welcome LGBTQ youth, adults, and their families. It may be important to know that there are other options if your family does not feel welcomed or comfortable at your place of worship.

LGBTQ Youth and the Child Welfare System

LGBTQ youth are overrepresented in the child welfare system: While approximately 5 to 10 percent of the general population is estimated to be gay, a study conducted in three Midwestern States found that a greater percentage of those aging out of the child welfare system reported a sexual orientation other than heterosexual (24 percent of females and 10 percent of males). These numbers are likely to be underreported because youth who come out often risk harassment and abuse.

Some LGBTQ youth enter the child welfare system for the same reasons that other children and youth enter care: Their birth families are unable to provide a safe, stable, and nurturing home for them due to a parent's incarceration, drug or alcohol abuse, mental illness, or other reasons unrelated to the youth's LGBTQ identity. Others, however, are rejected (and in some cases, neglected or abused) by their families of origin when their families learn that they identify as LGBTQ. Some youth experience

repeated losses—originally adopted as babies or toddlers, they are returned to the system by their adoptive families when they come out.

Youth who are rejected by their families may experience greater risks than other youth in care. Studies show that these youth have lower self-esteem and a much greater chance of health and mental health problems as adults. Compared to other LGBTQ youth, those who are highly rejected by their families because of their sexual orientation or gender identity are:

- More than three times as likely to use illegal drugs or be at high risk for contracting HIV and other STDs
- Nearly six times as likely to experience high levels of depression
- More than eight times as likely to attempt suicide⁶

Unfortunately, a high percentage of LGBTQ youth in foster care experience further verbal harassment or even physical violence after they are placed in out-of-home care. As a result, many of these youth experience multiple disrupted placements, compounding the trauma associated with leaving their families of origin. In one study, as many as 56 percent of LGBTQ youth in care spent some time homeless because they felt safer on the streets than in their

group or foster home.⁷ This maltreatment is partially responsible for the fact that LGBTQ youth make up as many as 40 percent of homeless teens.⁸ Homelessness, in turn, increases the youth's risk of substance abuse, risky sexual behavior, victimization, and contact with the criminal justice system.

The good news is that these risks can be mitigated by foster and adoptive families who are willing to nurture and protect the health, safety, and well-being of these young people. It is essential for child welfare agencies to identify and ensure access to family foster homes that can provide stable, supportive, and welcoming families for LGBTQ adolescents, where youth can develop the strength and self-confidence they need to become successful adults.

Creating a Welcoming Home for Youth

All youth in care need nurturing homes that provide them with a safe place to process their feelings of grief and loss, freedom to express who they are, and structure to support them in becoming responsible, healthy adults. Creating a welcoming foster home for LGBTQ youth is not much

⁶ Ryan, C. (2009). *Helping families support their lesbian, gay, bisexual, and transgender (LGBT) children*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

⁷ Mallon, G. P. (1998). *We don't exactly get the welcome wagon: The experience of gay and lesbian adolescents in North America's child welfare system*. New York: Columbia University Press. Cited in Wilber, S., Ryan, C., & Marksamer, J. (2006). *CWLA Best Practice Guidelines: Serving LGBT Youth in Out of Home Care*. Washington, DC: Child Welfare League of America. <http://www.nclrights.org/site/DocServer/bestpracticeslgbtyouth.pdf?docID=1322>

⁸ Administration on Children, Youth and Families. (2011). *Information memorandum: Lesbian, gay, bisexual, transgender and questioning youth in foster care*. Washington, DC: U.S. Department of Health and Human Services.

different from creating a safe and supportive home for any youth.

“The most important thing is to allow any youth to feel safe enough to blossom into whoever they are meant to be.”

— *Foster parent*

In fact, youth in care may have difficulty trusting adults (many with good reason), so you may not know a youth’s gender identity or sexual orientation until he or she has spent some time in your home and has grown to trust you. Avoid making assumptions about gender identity or sexual orientation. Any steps you take to make your home welcoming to LGBTQ youth will benefit all children and youth in your care—both by giving LGBTQ youth the freedom to express themselves and by helping heterosexual and gender-conforming youth learn to respect and embrace diversity.

Behaviors that openly reject a youth’s LGBTQ identity must be avoided and not tolerated. This includes slurs or jokes about gender or sexuality and forcing youth to attend activities (including religious activities) that are openly hostile or unsupportive of LGBTQ people. Well-meaning attempts to protect youth from potential harassment, such as “steering” them toward hobbies more typical for their sex (football for boys, for example) or isolating them for the sake of safety, also are experienced as rejection by LGBTQ youth and can have devastating consequences for their self-esteem and well-being.

Consider the following suggestions to make your home a welcoming one,

whether or not a youth in your care openly identifies as LGBTQ:

- Make it clear that slurs or jokes based on gender, gender identity, or sexual orientation are not tolerated in your house. Express your disapproval of these types of jokes or slurs when you encounter them in the community or media.
- Display “hate-free zone” signs or other symbols indicating an LGBTQ-friendly environment (pink triangle, rainbow flag).
- Use gender-neutral language when asking about relationships. For example, instead of, “Do you have a girlfriend?” ask, “Is there anyone special in your life?”
- Celebrate diversity in all forms. Provide access to a variety of books, movies, and materials—including those that positively represent same-sex relationships. Point out LGBTQ celebrities, role models who stand up for the LGBTQ community, and people who demonstrate bravery in the face of social stigma.
- Let youth in your care know that you are willing to listen and talk about anything.
- Support your youth’s self-expression through choices of clothing, jewelry, hairstyle, friends, and room decoration.
- Insist that other family members include and respect all youth in your home.
- Allow youth to participate in activities that interest them, regardless of whether these activities are stereotypically male or female.
- Educate yourself about LGBTQ history, issues, and resources.

“At [my foster mother’s] house, I was able to feel safe and focus on being who I was.”

— *LGBTQ youth in foster care*

If a youth in your care discloses his or her LGBTQ identity, you can show your support in the following ways:

- When a youth discloses his or her LGBTQ identity to you, respond in an affirming, supportive way.
- Understand that the way people identify their sexual orientation or gender identity may change over time.
- Use the name and pronoun (he/she) your youth prefers. (If unclear, ask how he or she prefers to be addressed.)
- Respect your youth’s privacy. Allow him or her to decide when to come out and to whom.
- Avoid double standards: Allow your LGBTQ youth to discuss feelings of attraction and engage in age-appropriate romantic relationships, just as you would a heterosexual youth.
- Welcome your youth’s LGBTQ friends or partner at family get-togethers.
- Connect your youth with LGBTQ organizations, resources, and events. Consider seeking an LGBTQ adult role model for your youth, if possible.
- Reach out for education, resources, and support if you feel the need to deepen your understanding of LGBTQ youth experiences.

- Stand up for your youth when he or she is mistreated.

LGBTQ youth in foster care need permanent homes; they do not need additional disrupted placements. If you are being asked to consider providing foster care to an LGBTQ youth and you feel—for any reason—that you are not able to provide a safe and supportive environment, be honest with your child welfare worker for the sake of both the youth and your family. If you are able to provide an affirming environment, remember that you can talk with your child welfare worker about any questions you may have or support you may need.

Supporting Your Youth in the Community

The support your LGBTQ youth receives in your home is important. However, you also must be prepared to advocate for your youth when needed to ensure that she or he receives appropriate child welfare, health care, mental health, and education services to promote healthy development and self-esteem.

Working With the Child Welfare System

The overwhelming majority of child welfare workers, like foster parents, have the best interest of the children and youth they serve at heart. However, workers are human, and they have their own feelings and biases. While there is no need to assume problems

will arise, it is important to be aware of your youth's rights.⁹ For example:

- **Your youth has the right to confidentiality.** Agencies should not disclose information regarding his or her sexual orientation or gender identity without good reason (e.g., development of a service plan) and the youth's permission.
- **Your youth has the right to an appropriate service plan.** This should include the same permanency planning services provided to heterosexual or gender-conforming youth: The youth's sexual orientation or gender identity alone should not be a reason for a worker to forego attempts to reunite the youth with his or her birth family or seek a permanent adoptive placement. It also includes helping the youth access LGBTQ community programs, if desired.
- **Your youth should be supported in expressing his or her gender identity.** The child welfare agency should respect your youth's preferred pronoun and name.
- **Your youth has the right to request that a new caseworker be assigned,** if the current worker is not addressing his or her needs appropriately.

Health Care and Mental Health Providers

Your youth, like all youth in foster care, has the right to health care and mental health services that address his or her individual needs. In the case of a lesbian, gay, bisexual,

⁹ For more information, see Wilber, Ryan, & Marksamer, 2006, in note on page 5.

or transgender youth, finding a competent, supportive provider may require some additional research. Consider the following:

- **Check with your youth to see whether he or she feels comfortable at agency-recommended service providers.** Although your agency may have preferred providers, you can inquire about other options that work better for your youth. Begin with those who accept Medicaid; however, if the provider your youth needs does not accept Medicaid, the child welfare agency may be able to authorize additional funding for necessary services.
- **Sexual health should be part of every youth's wellness exam.** Competent health-care providers will be able to offer frank, nonjudgmental, and comprehensive education about sexual health that is relevant to LGBTQ youth.
- **Transgender youth need health-care providers who are appropriately trained to address their health concerns.** This includes the ability to discuss, provide, and obtain authorization for medically necessary transition-related treatment, if desired.
- **Be aware of the possibility that your youth might benefit from mental health counseling** about issues that may or may not be related to sexual orientation or gender identity. In addition to typical adolescent concerns, many LGBTQ youth struggle with depression or anxiety as a result of experiencing stigma, discrimination, or harassment. If that is the case, seek a provider who is experienced and

competent in helping LGBTQ youth cope with trauma.

- **Under no circumstances should your LGBTQ youth be forced or encouraged to undergo “conversion therapy.”** Practices intended to change a person’s sexual orientation or gender identity have been condemned by every major medical and mental health association.

Your Youth at School

Unfortunately, bullying and harassment at school are everyday experiences for many LGBTQ youth. In many schools, negative remarks about sexual orientation or gender identity are common from other students, and even faculty or staff. A 2011 survey of more than 8,500 students between the ages of 13 and 20 found that nearly two-thirds of students felt unsafe at school because of their sexual orientation, and 44 percent felt unsafe because of their gender expression.¹⁰ School harassment can have devastating consequences for youth’s education and general well-being. Absenteeism and dropout rates are higher and grade point averages lower among LGBTQ youth experiencing harassment at school.¹¹

If your youth is being bullied or harassed, you may need to work with his or her caseworker, school administrators, school board, and/or PTSA to address the problem.

¹⁰ The Gay, Lesbian & Straight Education Network [GLSEN]. (2012). *The 2011 national school climate survey: Executive summary*. New York: Author.

¹¹ Ibid. Also see, for example, Lambda Legal. (n.d.) *Facts: Gay and lesbian youth in schools*. New York: Author; and Mental Health America (2012). *Bullying and Gay Youth* [webpage]. <http://www.nmha.org/index.cfm?objectid=CA866DCF-1372-4D20-C8EB26EEB30B9982>

The following practices have proven effective for preventing anti-gay harassment and improving school climate for LGBTQ youth:

- **Gay-straight alliances (GSAs).** Students at schools with GSAs hear fewer homophobic remarks, experience less harassment, feel safer at school, and are more likely to receive help when reporting bullying to school personnel.¹²
- **Anti-bullying policies that specifically reference sexual orientation and gender identity.** Students in States with comprehensive safe school laws report fewer suicide attempts.¹³
- **LGBTQ-friendly teachers, curriculum, and resources.** Students in schools with an inclusive curriculum were about twice as likely to report that classmates were somewhat or very accepting of LGBTQ people.¹⁴

Conclusion

The evidence shows that LGBTQ youth are overrepresented in the foster care system and that these youth face serious risks and challenges beyond those experienced by other youth. Rejection by their families and other caregivers exacerbates these risks. If LGBTQ youth are to reach their full

¹² GLSEN, 2012.

¹³ Espelage, D. L. (2011). *Bullying & the lesbian, gay, bisexual, transgender, questioning (LGBTQ) community*. Proceedings of the White House Conference on Bullying Prevention. Retrieved from: http://www.stopbullying.gov/at-risk/groups/lgbt/white_house_conference_materials.pdf

¹⁴ GLSEN, 2012.

potential and become healthy, happy adults, they—like all youth in care—need families who can provide permanent, supportive homes during their critical adolescent years. With a little additional education and training, your family can successfully provide a welcoming home to LGBTQ youth in need.





“This document was developed from the public domain document: A Practitioner’s Resource Guide: Helping Families to Support Their LGBT Children - Substance Abuse and Mental Health Services Administration (SAMHSA).”

“This document was developed from the public domain document: Supporting your LGBTQ youth: A guide for foster parents - Department of Health and Human Services, Children’s Bureau, Child Welfare Information Gateway (2013).”