



A PRACTITIONER'S RESOURCE GUIDE:

Helping Families to Support Their LGBT Children



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.

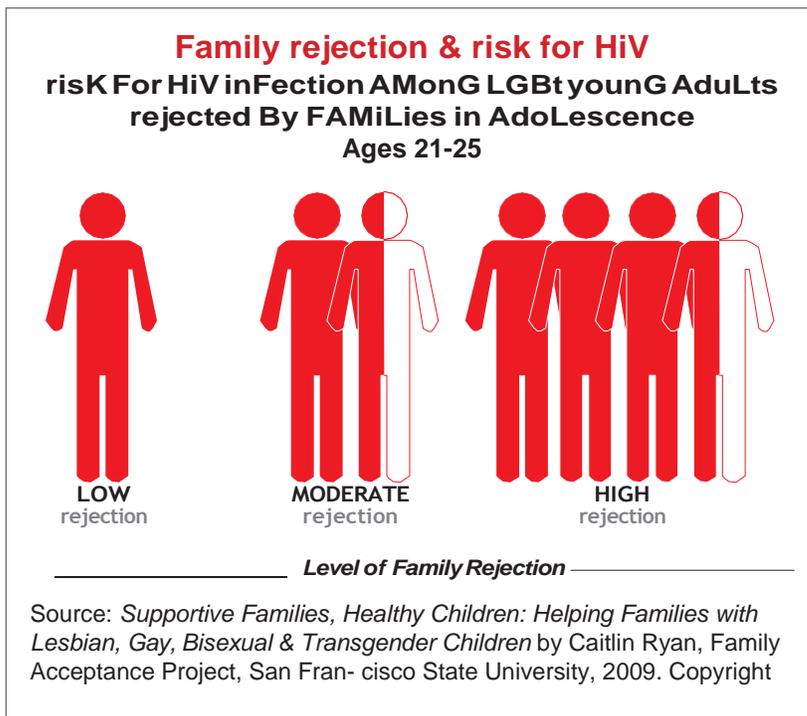
FAP has developed research-based multicultural education resources to teach providers how to talk about these issues with families, to educate families on sexual orientation and gender identity, and to show them ways to help and support their LGBT children (see Resources, p. 12). These materials were 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.

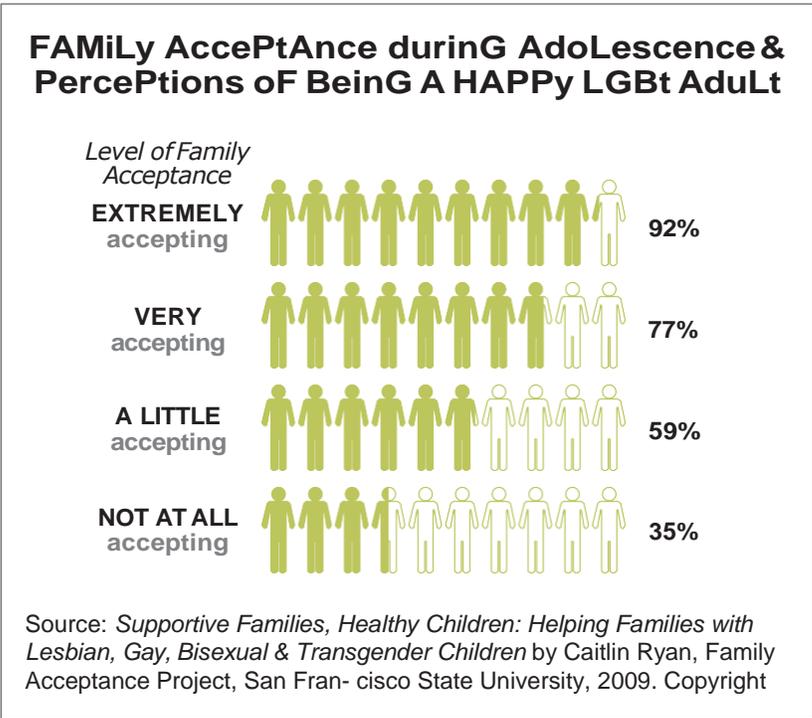
Educate families on how supportive and accepting behaviors affect their LGBT child.

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.