



A PRACTITIONER'S RESOURCE GUIDE:
Helping Families
to Support Their
LGBT Children



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 LGBT 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

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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.

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.