A Guide for Understanding, Supporting, and Affirming LGBTQI2-S Children, Youth, and Families

About This Guide

This resource provides general information for service providers, educators, allies, and community members who seek to support the health and well-being of children and youth who are lesbian, gay, bisexual, transgender, questioning, intersex, and/or two-spirit (LGBTQI2-S) and their families. This guide will help to promote full and affirming inclusion of diverse LGBTQI2-S youth and families in all aspects of systems of care.

I. Key Concepts

Young people may question their sexual orientation and gender identity during their early development, and the terms they use to describe their identity may change over time. This section defines some key concepts and terms related to sex, sexual orientation, and gender. Although no one term fully describes a person or community, this information provides a reference point for this guide.

▶ **Sex:** Genetic and anatomical characteristics with which people are born, typically labeled "male" or "female." Some individuals are born with a reproductive/sexual anatomy that does not fit typical definitions of male or female. This is sometimes referred to as "intersex." Many medical and some advocacy communities now use the term "disorder" (or sometimes, "differences") of sex development (DSD) to distinguish between such medical conditions and a person's self-label or identity. Not all people who are born with a DSD identify as intersex.

▶ **Sexual orientation:** A person's emotional, sexual, and/or relational attraction to others.[i] This can include attraction to people of the opposite sex/gender (heterosexual), the same sex/gender (gay/lesbian), or multiple sexes/genders (e.g., bisexual).

▶ **Gender identity:** Our internal sense of being male, female, or something else. Because gender identity is internal, it is not necessarily visible to others.[i] "Cisgender" refers to people whose gender identity/ expression does not differ from that typically associated with their assigned sex at birth. For example, a person who was born as male and identifies as a man may be considered cisgender. In contrast, "transgender" describes people whose gender identity/expression is different from that typically associated with their assigned sex at birth.[i] A transgender person "transitions" to express gender identity through various changes. These changes may include wearing clothes and adopting a physical appearance that aligns with their internal sense of gender.

▶ **Gender expression:** The manner in which people represent their gender to others.[i] For example, an individual may express gender through mannerisms, clothes, and personal interests.

▶ **Questioning:** A term used to describe individuals who are unsure about their sexual orientation or gender identity.

▶ **Two-Spirit:** An inclusive term created specifically by and for Native American communities. It refers to American Indian/Alaskan Native American people who (a) express their gender, sexual orientation, and/or sex/gender roles in indigenous, non-Western ways, using tribal terms and concepts, and/or (b) define themselves as LGBTQI in a native context. Often peoples' spiritual experiences or cultural beliefs are core to the formation of their two-spirit identity.[ii]

Cultural shifts can change the meanings of terms over time for communities and individuals. A more comprehensive list of terms and definitions is available from *Top Health Issues for LGBT Populations Information & Resource Kit*[i] as well as websites at the end of this guide.

II. Myth Busters

▶ **MYTH:** "People choose to be gay, bisexual, or transgender."
FACT: People don't choose their sexual orientation or gender identity. According to research, sexual orientation and gender identity emerge early in life and do not depend on such factors as home life. People choose how they express themselves, but their underlying sexual orientation and gender identity are not self-selected and are not "lifestyle" choices.[iii]

▶ **MYTH:** "Being gay or bisexual is a dysfunction that can be cured."
FACT: In 2009, the American Psychological Association adopted a resolution stating that "mental health professionals should avoid telling clients that they can change their sexual orientation through therapy or other treatments."[iv] Identifying as LGBTQI2-S is not a mental health condition or mental illness. Identifying as LGBTQI2-S cannot be cured by psychotherapy or other means. However, mental health challenges can be brought on by victimization, rejection, isolation, and internal struggles with self-acceptance.[v]

▶ **MYTH:** "Gay and bisexual people who keep their sexual orientation to themselves fit into society better."
FACT: Young people who are LGBTQI2-S and whose identity has been openly accepted and affirmed by friends, family members, and their community are more likely to be healthy, happy, and successful.[vi]

III. What Is Coming Out? Why Is It Important?

Sexual and gender identity may be expressed at an early age and is a normal part of development for children and youth. Further, sexual orientation and gender identity develop in varying ways for different people. For example, a person who is born with external male genitalia may identify as a heterosexual woman.

Coming out refers to the process through which people identify, acknowledge, and decide to share information about their sexual orientation and/or gender identity with others. Transgender or intersex people may refer to this as *disclosure*.

It is important for youth to have a positive sense of the future. The process of coming out can be a positive experience that results in a sense of belonging. Coming out can connect young people to LGBTQI2-S communities and supports. Safe, accepting, and supportive environments enhance the well-being of children and youth who are LGBTQI2-S. A lack of support can also increase stress and put young people at risk for negative outcomes, such as substance use and homelessness.[vii] See the **"Challenges"** section for more information about this.

Some young people may not come out because they fear rejection or are concerned for their safety. Others may feel that coming out will affect their standing in their communities. Disclosing the sexual orientation and/or transgender identity of young people without their permission, either accidentally or intentionally, is inappropriate and may be dangerous to their safety and well-being.[viii] The process, meaning of, and responses to coming out can vary by culture.

Coming out is **not** a clear step-by-step process. However, here are some common experiences of the coming-out process:

▶ **Coming out to self:** Some young people question their sexual orientation and/or the gender that they were assigned at birth. They may feel uncertain about or rethink assumptions held by society. Eventually, they may see their sexual orientation and gender identity in a way that reflects their true self. Exposure to positive role models who are LGBTQI2-S and support from peers and family members can promote self-acceptance among young people who are LGBTQI2-S.

▶ **Coming out to family or community:** Young people look for signs of acceptance from others to help decide if it is safe to come out. They need to know that they will not be rejected or harmed, and that coming out can also help them receive support from family members or others in the community. See the "Tips" section for examples of signs of acceptance.

▶ **Coming out to friends and peers:** Young people value acceptance from peers. Rejection from and bullying by peers can lead to negative outcomes, especially if this is coupled with rejection from families and other significant adults in their lives. Outcomes can improve when peers, families, and adults are accepting and help to prevent and address harassment.

▶ **Coming out at school and work:** Peers and peer culture may pressure young people to act in gender-stereotypical ways (e.g., date the opposite sex). Peer pressure may cause young people who are LGBTQI2-S to feel isolated and rejected in these settings. However, several factors can help young people to mature in healthy ways, including encouragement, acceptance, and positive interactions with peers, adults, and family members.

▶ **Families coming out:** Often, parents also have to navigate their child's coming out to extended family, community, and schools. Family members have to figure out how to integrate this aspect of the young person's identity into family life and may need support throughout this process.

▶ **Coming out is unique to each young person and is not a one-time event:** The initial coming out process is **not** the same for every young person. Personal, cultural, and social factors may influence this process. Young people may (and likely will) come out continually as they encounter new settings and people in their lives. Also, young people may not express their identity in every situation. For example, they may be open about their identity at home but not at school.[ix]

> *"[Supportive adults] can be more of that figure you look up to. And when they are accepting of you, it means the world to you. To know that you're ok and that they are there for you."*
>
> Ximena, *9th grade*

IV. Strengths

The meaning of family varies by personal, cultural, and other factors. To build on family strengths among young people, it is crucial to ask them who they consider to be part of their family. Common types of families include biological, adoptive, foster, step, and kin. Families can also include other people who may not be related biologically or legally (i.e., families of choice). These people may also provide significant emotional and other supports that foster youth resilience.

Support from peers, families, professionals, and communities can significantly strengthen young people

who are LGBTQI2-S. This support can help to protect against risks and foster well-being. In particular, family support and acceptance can be critical strengths. See the "Tips" section for examples of ways to expand and strengthen this support for LGBTQI2-S young people.

V. Challenges

Children and youth who are LGBTQI2-S may experience challenges related to bias and rejection that can affect their well-being, including abuse, homelessness, running away from home, substance abuse, self-harm, and suicide attempts. For example, research has found that compared with heterosexual youth, youth who are LGBT report experiencing higher levels of harassment, victimization, and violence—including verbal, physical, and sexual abuse—and these experiences are related to increased mental health challenges, substance use, and sexual risk-taking behavior.[x]

▶ Bias, discrimination, lack of positive role models, rejection, and lack of support can create great challenges for young people who are LGBTQI2-S. Prejudice and rejection can occur in social service systems, schools, community settings, faith-based communities, and families. This may make it difficult for young people to receive safe and appropriate services and supports.

▶ Young people who are LGBTQI2-S may experience family rejection that can cause major trauma and affect well-being. Research indicates that young people who are LGBT and experience high levels of family rejection are more than eight times as likely to attempt suicide and more than three times as likely to use illegal drugs as those from families that express little or no rejection. By contrast, young people who are LGBT whose families

express support or moderate levels of acceptance have lower levels of health risks and better health and well-being than those from families that express no or low levels of acceptance.[vi]

▶ Research on the experiences of school-aged young people who are LGBT has found that a large majority of these students report hearing antigay remarks and experience harassment or assault at school because of their sexual orientation or gender expression.[xi] This contributes to students skipping class or school altogether. These experiences are also associated with higher levels of depression and lower levels of academic achievement.

▶ Multiple sources of bias and discrimination can lead to poor outcomes related to health and well-being.[xii] For example, racial/ethnic bias affects or adds to bias related to LGBTQI2-S identity that youth may experience. Some youth may also experience bias associated with their LGBTQI2-S identity and expression in cultural, religious, and spiritual settings. However, these settings can be valuable sources of strength and important aspects of LGBTQI2-S youth identity.

▶ Child- and youth-serving organizations may need more information and professional development to address any misunderstandings and fully support young people who are LGBTQI2-S and their families.

> "I feel I was lucky enough to have staff that are understanding and respectful of LGBTQ teens, because even though some of the students aren't…I knew I would always have a few teachers to talk and share with. LGBTQ teens need that. They need to know that they're safe."

– 2011 GLSEN National School
Climate Survey Respondent

VI. Tips for Supporting Children and Youth

▶ **Assess and reflect on your awareness, attitudes, beliefs, and behaviors toward young people who are LGBTQI2-S.** Self-assessment checklists and other tools can guide this process and help you to become an effective helper and ally of young people who are LGBTQI2-S and their families. Do not be afraid to admit what you do not know, and your openness to learning.[xiii]

▶ **Be an ally by supporting young people who are LGBTQI2-S.** Foster and promote protective factors for young people who are LGBTQI2-S by learning about and working to implement standards of care[xiv] for them. Create safe and welcoming settings that are free of bias and discrimination. Directly address negative attitudes and behaviors, and intervene when they occur. Connect young people with peers in these supportive settings. Seek professional development opportunities to increase your knowledge and understanding about the experiences of young people who are LGBTQI2-S, including their needs, strengths, and resilience.

▶ **State your support and expectations.** Let young people who are LGBTQI2-S know that you support them and what information you can and will hold in confidence. Assure them of your support through your words and behaviors.

▶ **Be guided by young people and respect their coming out process.** Support young people who are LGBTQI2-S in making decisions about coming out and self-disclosing their identity. Respect the process and timeline that is most appropriate for them. Respect where they are in this process and their need to feel safe. Let them choose when to come out and to whom. Remember that it can be dangerous for young people to come out in unsafe situations. Do not disclose the identity of young people who are LGBTQI2-S without their permission. Inappropriate disclosure can result in rejection or violence against them, as well as traumatic stress.

▶ **Use appropriate and inclusive language.** Respect and acknowledge the identity of young people who are LGBTQI2-S by using acceptable and inclusive language in documents and discussions. For example, ask "are you seeing anyone?" rather than, "do you have a boyfriend/girlfriend?" Ask "what name do you prefer to be called?" and "what is your preferred gender pronoun." Use language that they use to describe their sexual and gender identity. Also, understand and use terms that are acceptable, and avoid terms that are not.

▶ **Display and share symbols, images, and resources that accept and affirm the identity of young people who are LGBTQI2-S.** Display rainbow flags and other messages and images, such as the GLSEN safe space sign, that signify a place of safety, acceptance, and support. Young people are likely to recognize these symbols and use them to identify spaces where they can be themselves without fear of harm. Importantly, be sure these spaces are indeed safe. Display pictures and posters of diverse people who are known to be LGBTQI2-S, positive role models (e.g., athletes and entertainers who are openly LGBTQI2-S), and families with same-sex parents. Ensure that public spaces such as waiting rooms include books and magazines that promote acceptance of the LGBTQI2-S community. In visible locations identify and post lists of health providers, community organizations, and school-based supports (e.g., gay–straight alliances) that affirm the LGBTQI2-S community.

▶ **Recognize that bias experienced by young people who are LGBTQI2-S may contribute to anxiety, depression, other mental health challenges, and/or substance use.** Support young people in finding non-biased and culturally and linguistically competent treatment and peer services. Help them to know that they will be supported in their recovery process. Work with children and youth to emphasize self-acceptance. Be courageous by challenging bullying behavior and openly addressing biased language (e.g., "that's so gay") and offensive humor.

▶ **Acknowledge and encourage participation of significant others and family of LGBTQI2-S children and youth.** With permission from young people who are LGBTQI2-S, ask and welcome significant others—including family members and friends—to be a part of the services and supports that you provide. Recognize the need for young people to find acceptance in their community, culture, religion, and spiritual life.

SAFE SPACE

GLSEN® GLSEN.org
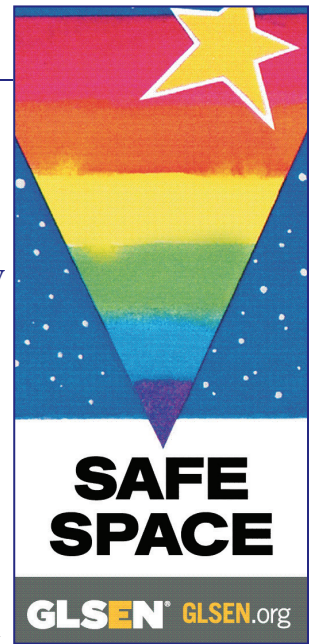
VII. Websites for More Information

Organizations	Key Topics Related to Youth	Primary Audiences: Families	Primary Audiences: Professionals	Primary Audiences: Youth
Accord Alliance: http://accordalliance.org	Disorders of sex development, intersex conditions, practice guidelines	●	●	
American Psychological Association: http://www.apa.org/pi/lgbt	Addressing bias, coming out, community outreach, families, policy, psychological practice, understanding sexual orientation (SO) and gender identity (GI)		●	
Centers for Disease Control and Prevention (CDC): http://www.cdc.gov/lgbthealth/youth-resources.htm	Bullying, coming out, schools, suicide prevention, understanding SO and GI	●	●	●
Child Welfare League of America (CWLA): http://www.cwla.org/programs/culture/glbtq.htm	Child welfare, practice guidelines		●	
Family Acceptance Project: http://familyproject.sfsu.edu	Family acceptance	●	●	
Forty to None Project of the True Colors Fund: http://fortytonone.org	Homelessness, provider directory		●	
Gay, Lesbian & Straight Education Network (GLSEN): http://glsen.org	Gay–straight alliances, national research, policy, professional development, schools, student action		●	●
Gender Spectrum: https://genderspectrum.org	Health, mental health, parenting, policy, schools, understanding GI	●	●	
Interagency Working Group or Youth Programs http://findyouthinfo.gov/youth-topics/lgbtq-youth	Behavioral health, Federal initiatives and resources, homelessness, juvenile justice, schools, understanding SO and GI	●	●	
Lambda Legal: http://www.lambdalegal.org	LGBT & HIV civil rights, out-of-home care, practice guidelines, schools		●	●
National Association of School Psychologists: http://www.nasponline.org/advocacy/glbresources.aspx	Bullying, policy, school-based mental health interventions and supports		●	
National Association of Social Workers: http://www.socialworkers.org/diversity/new/lgbt.asp	Policy, practice standards, social work		●	
National Resource Center for Permanency and Family Connections: http://www.nrcpfc.org/is/lgbtq-issues-and-child-welfare.html	Child welfare, foster care, practice guidelines, spirituality, understanding SO and GI, youth permanency	●	●	
Native Youth Sexual Health Network: http://nativeyouthsexualhealth.com/index.html	Health, two-spirit and Native American youth		●	
Parents, Families, Friends, and Allies United with LGBT People (PFLAG): http://pflag.org	Family acceptance, schools, spirituality, support groups, understanding SO and GI	●		
Safe Schools Coalition: http://safeschoolscoalition.org	Addressing bias, coming out, community outreach, homelessness, intersex conditions, juvenile justice, out-of-home care, policy, schools, spirituality, understanding SO and GI	●	●	●
SAMHSA's Office of Behavioral Health Equity: http://samhsa.gov/obhe/lgbt.aspx	Behavioral health, Federal initiatives and resources		●	
Technical Assistance Partnership for Child and Family Mental Health: http://tapartnership.org/COP/CLC/lgbtqi2s.php	Behavioral health, child welfare, cultural and linguistic competence, families, practice guidelines, schools, understanding SO and GI		●	
The Trevor Project: http://www.thetrevorproject.org. The Trevor Lifeline (866–488–7386) is free and available 24 hours a day, 7 days a week.	Suicide prevention		●	●
TrueChild: http://truechild.org	Impact of gender norms, schools		●	
Williams Institute: http://williamsinstitute.law.ucla.edu/	LGBT demographics, national research, schools		●	

Notes

i. Substance Abuse and Mental Health Services Administration. (2012). *Top health issues for LGBT populations information & resource kit.* HHS Publication No. (SMA) 12-4684. Rockville, MD: Author. Retrieved from http://store.samhsa.gov/shin/content/SMA12-4684/SMA12-4684.pdf

ii. Bearse, M. L. (2012). Becoming who we are meant to be: Native Americans with two-spirit, LGBT, and/or related tribal identities. In S. K. Fisher, J. M. Poirier, & G. M. Blau (Eds.), *Improving emotional & behavioral outcomes for LGBT youth: A guide for professionals* (pp. 87–109). Baltimore, MD: Brookes Publishing Company.

iii. American Psychological Association. (2008). *Answers to your questions for a better understanding of sexual orientation and homosexuality.* Washington, DC: Author. Retrieved from http://www.apa.org/topics/sorientation.pdf

iv. Anton, B. S. (2010). Proceedings of the American Psychological Association for the legislative year 2009: Minutes of the annual meeting of the Council of Representatives and minutes of the meetings of the Board of Directors. *American Psychologist, 65*(5), 385–475.

v. U.S. Department of Health & Human Services. (n.d.). Effects of bullying. Retrieved from http://www.stopbullying.gov/at-risk/effects/index.html; Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5): 674–697. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2072932/?report=classic

vi. Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children.* Retrieved from http://familyproject.sfsu.edu/publications

vii. Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in White and Latino lesbian, gay, and bisexual young adults, *Pediatrics 123*(1), 346–352.

viii. Child Welfare League of America et al. (2012). *Recommended practices to promote the safety and well-being of lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth and youth at risk of or living with HIV in child welfare settings.* Retrieved from http://www.lambdalegal.org/publications/recommended-practices-youth

ix. Human Rights Campaign. (2013). *A resource guide to coming out.* Retrieved from http://www.hrc.org/resources/entry/resource-guide-to-coming-out

x. Institute of Medicine. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding.* Washington, DC: National Academies Press.

xi. Kosciw, J. G., Greytak, E. A., Bartkiewicz, M. J., Boesen, M. J., & Palmer, N. A. (2012). *The 2011 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools.* Retrieved from: http://glsen.org/research

xii. Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBT people of color microaggressions scale. *Cultural Diversity and Ethnic Minority Psychology, 17*(2), 163–174.

xiii. For example, see http://nccc.georgetown.edu/documents/Final%20LGBTQ%20Checklist.pdf

xiv. For guidance on implementing standards of care, see (1) http://www.tapartnership.org/docs/LGBT_improved_supports_tool.pdf, a planning tool organized around 10 standards of care; and (2) Helfgott, K. P., & Gonsoulin, S. G. (2012). Standards of care for LGBT youth. In S. K. Fisher, J. M. Poirier, & G. M. Blau (Eds.), *Improving emotional & behavioral outcomes for LGBT youth: A guide for professionals* (pp. 141–157). Baltimore, MD: Brookes Publishing.

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