

## ***Lessons from Case Histories, Related Research and Family Intervention Work***

(Rob.Waring@ebclo.org)

### **I. Insist on reasonable efforts!**

**II. Child welfare workers and dependency counsel and judges must receive training in the critical role of family support and acceptance** related to a child's sexual orientation, gender identity and expression (SOGIE). **Child Welfare workers must be trained and competent in helping families to discuss these issues**, and helping to educate and guide families on the impact of family rejecting and supportive behaviors to decrease family rejecting behaviors and increase family support.

**III. Diversity in sexual orientation, gender identity and expression are normal variations of human sexual and gender development.** There is not one single developmental trajectory for sexual minority or gender minority youth. More widespread images and experiences of LGBT and gender diverse people are helping children to self-identify at much younger ages than earlier generations.

- A.** Children are aware of their gender at very young ages. **Typically by age 3, children have developed a sense of gender identity.** Indicators of gender dysphoria may emerge as early as preschool years or as late as adolescence. For many gender non-conforming children, gender dysphoria will not persist. Many will identify as lesbian, gay or bisexual and for others, gender dysphoria will persist and usually worsen during adolescence, and these young people will generally identify as transgender or another gender identity that differs from their assigned sex at birth in adolescence and adulthood.
- B. Increasingly, young people are identifying as gay in childhood.** However, because many parents, providers and religious leaders only see sexual orientation as related to sexual behavior and not identity, many will deny their child's experiences and try to change, minimize or discourage their child's identity.
- C.** Many families have strict gender expectations based on cultural or religious values and beliefs. They often conflate sexual orientation and gender expression. Parental and caregiver responses in these families will typically pressure the child to fit the caregiver's expectations for what they consider to be gender appropriate behavior. **Pressuring a child to change their SOGIE contributes to health risks** and is against ethical standards of care.

**IV. Counsel should ask caregivers, social workers and mental health providers about a child's SOGIE and underlying rejecting family reactions** related to the child's known or presumed identity / expression and should volunteer their own observations.

- A. Child welfare workers** may not explore these issues as sources of family conflict, and if there are behavioral issues, they **may fail to explore underlying distress related to the child's sexual orientation and gender identity as contributing to behavioral problems.**

**V. Many caregivers believe that they accept their LGBT children, even when do not accept their child's SOGIE and they may engage in ambivalent and rejecting reactions to their child.** This is because most families do not understand how their specific reactions affect their LGBT children's risk and well-being, and they may see behaviors that try to change their LGBT or gender non-conforming child as trying to help that child "fit in" or be accepted by others. All families and caregivers need to understand how reactions to their LGBT and gender non-conforming children affect that child's health and well-being, including **risk for suicide, substance abuse and HIV, as well as self-esteem, overall health** and positive outcomes.

- A.** The Family Acceptance Project has identified and measured specific family accepting and rejecting behaviors related to an adolescent's LGBT identity and gender expression. It teaches providers and families how to decrease rejecting behaviors that put their LGBT children at risk and **increase supportive**

**behaviors that build family connectedness and foster permanency** – even when parents and caregivers believe that being gay or transgender is wrong.

- B. Caregivers struggling with having an LGBT child often resist efforts to change values and beliefs related to sexual orientation and what they consider to be appropriate behavior related to gender identity and expression. The Family Acceptance Project teaches providers and others how to work with families and caregivers to learn to support their LGBT children in the context of their cultures and faith communities. This is a critical part of the skill set that providers and child welfare workers need to learn to help decrease risk for LGBT children and youth and to promote permanency.

**VI. All families caring for a foster child who is LGBT, questioning or gender non-conforming need accurate information and guidance** on how to support that child. Assume that they will also need assistance from mental health professionals who are trained and culturally competent in working with SOGIE in children.

A. Counsel may have to fight for this.

B. **Helping families learn to support their LGBT children is a process.** The Family Acceptance Project's work assisting families and caregivers to support their LGBT children focuses on behavioral change and requires knowledgeable providers and child welfare workers who can help families move from rejection to support. Acceptance may not be possible for very rejecting families, but helping families learn to support their LGBT child – even when they disagree – is a viable goal for all families that are struggling. It is part of the journey towards increasing acceptance over time as families learn more accurate information and have more positive experiences with their LGBT or gender non-conforming child or adolescent.

C. Family meetings, such as "**family case conferences**," that are used to increase family group decision making can be invaluable in helping all family members learn about and learn to support their LGBT or gender non-conforming child. However, child welfare workers and others who are part of this process must be knowledgeable and experienced in helping families incorporate SOGIE into the process.

**VII.** Because of the much earlier ages at which children and adolescents are self-identified as LGBT and at which caregivers are recognizing gender non-conforming behaviors, **a knowledgeable, collaborative team approach is best to help support the child and family.** Professionals should work together as a team to support the child in the context of the family.

A. If no Katie A team is available, you may have to build your own team.

**VIII.** If an LGBT, questioning or gender non-conforming child could benefit from a **psychological evaluation, the psychologist must have training in SOGIE in children and adolescents.**

A. Counsel may have to fight for this.

B. Convene a provider meeting to review results, to ensure unity and to identify needs for additional support.

C. **Consider having a family meeting to review the results, and to identify needs for additional support.**

1. Depending on the child's capacity, seek the youth's permission first.
2. As appropriate, include youth in the meeting.

**IX. Helping families and caregivers learn to support LGBT and gender non-conforming children is critical to improving outcomes, and saving lives.**