A PRACTITIONER'S RESOURCE GUIDE:

Helping Families to Support Their LGBT Children

Substance Abuse and Mental Health Services Administration
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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 runaway 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.

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).

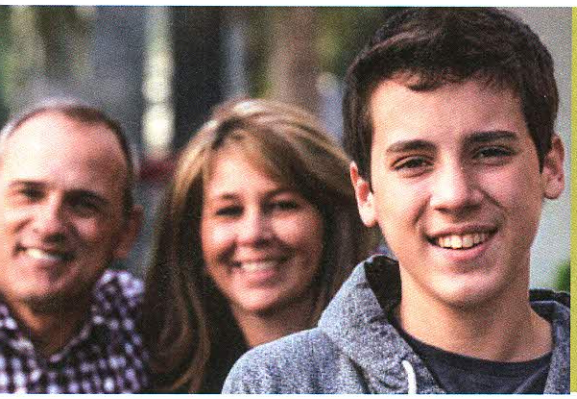
Source: Institute of Medicine, 2011; SAMHSA, 2012

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 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 expand 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

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.

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.

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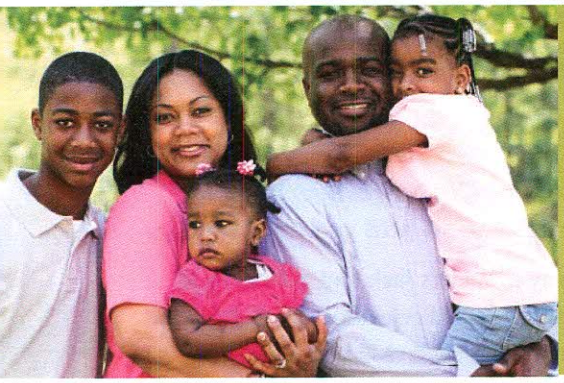


Helping Families Decrease Risk & Increase Well-Being for Their LGBT Children

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 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.

Source: *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* by Caitlin Ryan, Family Acceptance Project, San Francisco State University, 2009. Copyright © Caitlin Ryan, PhD. Reprinted with permission.

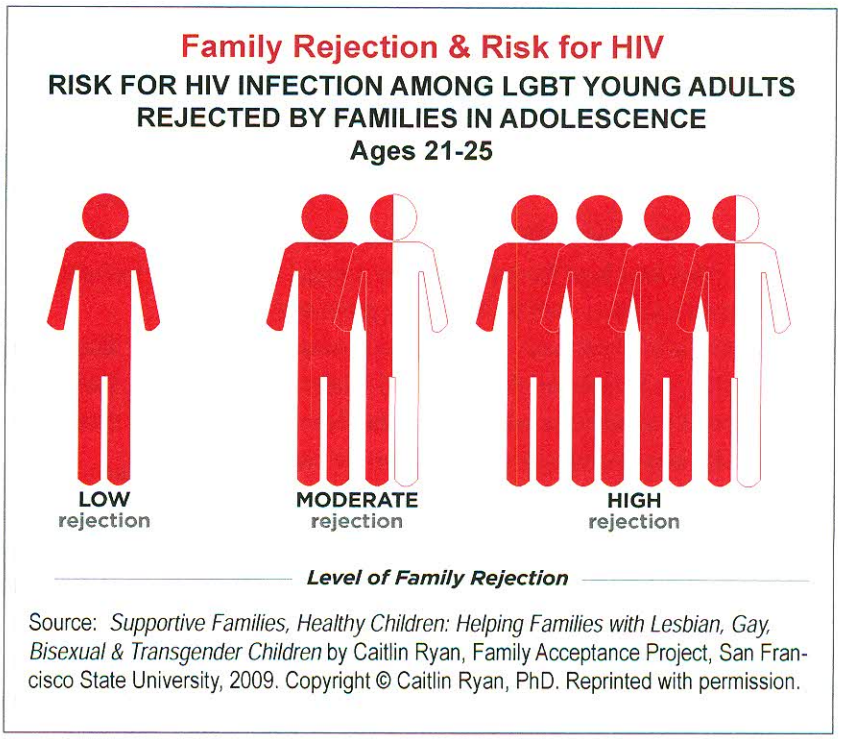
Let parents and caregivers tell their story.

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.

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



Source: *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* by Caitlin Ryan, Family Acceptance Project, San Francisco State University, 2009. Copyright © Caitlin Ryan, PhD. Reprinted with permission.

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 approaches 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).

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.

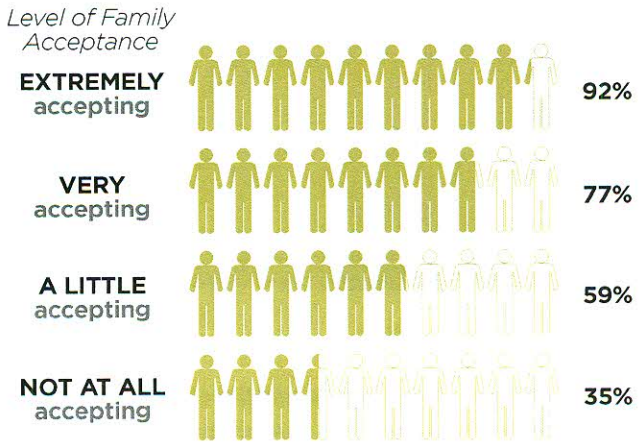
Families typically think that loving their child will build their child's self-esteem and protect them from harm. However, it is *how* parents, foster parents, and caregivers treat or respond to their LGBT children that matters. In other words, the specific behaviors that families and caregivers engage 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 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).

"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

FAMILY ACCEPTANCE DURING ADOLESCENCE & PERCEPTIONS OF BEING A HAPPY LGBT ADULT



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- 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).

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