

# Helping Families Support Their Lesbian, Gay, Bisexual, and Transgender (LGBT) Children

BY CAITLIN RYAN, Ph.D., A.C.S.W.

*Director, Family Acceptance Project™ – San Francisco State University*

This practice brief was developed for families, caretakers, advocates, and providers to:

- Provide basic information to help families support their lesbian, gay, bisexual, and transgender (LGBT) children;
- Share some of the critical new research from the Family Acceptance Project™ (FAP) at San Francisco State University. This important new research shows that families have a major impact on their LGBT children's health, mental health, and well-being; and
- Give families and LGBT youth hope that ethnically, religiously, and socially diverse families, parents, and caregivers can become more supportive of their LGBT children.

This practice brief reports on specific findings from FAP research.

## **LGBT Adolescents: Becoming Visible**

In the past, very few adolescents “came out” to their families or told others they were gay. Most lesbians, gay men, and bisexuals (LGB) waited until they were adults to talk about their LGB identity with others. Fear of rejection and serious negative reactions kept many LGB adults from openly sharing their lives.

Until the 1990s, there were limited resources for LGBT youth. Gay and transgender adolescents had few sources of information to learn about their identity or to find support. More recently, the Internet, school diversity clubs, and LGBT youth groups have helped gay and transgender youth find accurate information, guidance, and support.

With greater access to resources, more LGBT youth are coming out (sharing their gay or transgender identity with friends, family, and other adults) during adolescence. So family members, teachers, and providers need accurate information about sexual orientation and gender identity to help provide support for LGBT adolescents.

### Require Respect in the Family for Your LGBT Child

*"We always went to family events. But after Terry came out, I was worried about what the other family members might say to her or how they might treat her.*

*"So I told them, 'Our family events are very important to us. We have always come. We want our daughter to be comfortable. And we want her to come with us. So I want you to know that we won't be able to come anymore—as a family—if you can't treat her with respect.'"*

CHARLENE, MOTHER OF A 15-YEAR OLD LESBIAN DAUGHTER

Research on adolescents over the past 20 years shows that sexual orientation—a person's emotional connection and attraction to another person—develops early. In fact, research shows that both gay and straight children have their first "crush" or attraction to another person at around age 10. Homosexuality and bisexuality are part of normal sexual identity. No one knows why some people are gay or bisexual and others are heterosexual. But we know that no one, including parents, can "make" someone gay. Adolescents are much more likely to be open about their gay or transgender identity when they are not afraid of rejection, ridicule, or negative reactions from family and friends.

### Exposing the Myths

There are still many myths about sexual orientation. Families and providers often believe that young people have to be adults before they can know they are gay. Many assume that being gay is a "phase" that youth will grow out of as they get older. Some think that teens may decide to be gay if they have a gay friend, read about homosexuality, or hear about gay people from others. These myths are very common and they are also incorrect.

Today, adolescents have much wider access to accurate information about sexual orientation and increasing information about gender identity. Accurate information helps them understand feelings

they have had since childhood. And a wide range of services for LGBT youth helps many find peer and community support.

Adolescents in our research for the Family Acceptance Project™ (FAP) said they were attracted to another person of the same gender at about age 10. Some knew they were gay at age 7 or 9. Overall, they identified as lesbian, gay, or bisexual, on average, at age 13.4. Their families learned about their LGB identity about a year later.

Research on supporting both children's gender identity and transgender adolescents is very limited. Most providers have had little training or guidance on how to support children who feel like their inner sense of being male or female does not match their physical body. Children develop gender identity—a deep sense of being male or female—at early ages. They express clear gender choices for clothes, toys, and personal items. And they begin to express gender identity at about ages 2-3.

Children and adolescents who do not look or behave the way that girls and boys are expected to behave by their families and by society are often ridiculed by others. Their behavior may also be called *gender variant* or *gender non-conforming*. Many parents are ashamed or embarrassed by their children's gender non-conforming behavior. They often fear that these children will be hurt by others. And they need education and accurate information to support their child's emerging gender identity.

Adolescents who are gender non-conforming or who identify as transgender also have more access to information about gender expression and identity through LGBT community groups and online resources. Such groups and resources help them understand their gender identity at younger ages than older transgender adults who typically came out as

### Support Your Child's LGBT Identity Even When You Feel Uncomfortable

*"Shondra started to get real depressed in 5th grade. She didn't talk much anymore, and she spent a lot of time in her room.*

*"When she was little, she didn't like to wear a dress, but she was sweet and would let me dress her up. But by the time she was 9, she started to hate wearing dresses.*

*"And now, well, my momma and I didn't know what was wrong. I thought she was being willful and disobedient. Then the counselor at school asked us to come in and talk with her. She said that Shondra had another name at school. She asked the other students to call her Darnell and she dressed like a boy, with a boy's name.*

*"The school counselor told us about transgender. We never heard of such a thing. She thought that Shondra was transgender and she gave us the name of another counselor. They told us what Shondra, I mean, Darnell was feeling when we tried to dress her up and be a certain way. They said that for our child, the way we were acting felt like we were rejecting her. They showed us that children like this get very depressed, and they are at very high risk for suicide when their family tries to make them act like a girl.*

*"We were shocked. We had no idea. So we got our child help and he's much happier now."*

TYRA AND SHIRLENE, MOTHER AND GRANDMOTHER OF A 12-YEAR-OLD TRANSGENDER YOUTH

adults. Adolescents in our research for FAP who identify as transgender came out as transgender, on average, at age 16.

### Impact of Family Reactions on LGBT Children

Until recently, little was known about how families react when an LGBT young person comes out during adolescence. And even less was known about how family reactions affect an LGBT adolescent's health and mental health.

Groundbreaking new research from FAP shows that families and caregivers have a major impact on their LGBT children's risk and well-being.<sup>1,2</sup> FAP researchers identified more than 100 behaviors that families and caregivers use to react to their LGBT children's identity. About half of these behaviors are accepting and half are rejecting. FAP researchers measured each of these behaviors to show how family reactions affect an LGBT young person's risk and well-being.

### Conflict and Rejection

FAP researchers found that families who are conflicted about their children's LGBT identity believe that the best way to help their children survive and thrive in the world is to help them fit in with their heterosexual peers. So when these families block access to their child's gay friends or LGBT resources, they are acting out of care and concern. They believe their actions will help their gay or transgender child have a good life. But adolescents who feel like their parents want to change **who** they are think their parents don't love them or even hate them. Lack of communication and misunderstanding between parents and their LGBT children increases family conflict. These problems with communication and lack of understanding about sexual orientation and gender identity can lead to fighting and family disruption that can result in an LGBT adolescent being removed from or forced out of the home. Many LGBT youth are placed in foster care, or end up in juvenile detention or on the streets, because of family conflict related to their LGBT identity.<sup>3</sup> These factors increase their risk for abuse and for serious health and mental health problems.

<sup>1</sup> Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual and transgender children*. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University.

<sup>2</sup> 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.

<sup>3</sup> Wilbur, S., Ryan, C., & Marksamer, J. (2006). *Best practices guidelines: Serving LGBT youth in out-of-home care*. Washington, DC: Child Welfare League of America (CWLA).

## Connect Your Child With LGBT Resources

*"We found out our son was gay when he was in middle school. I reached out to get as much information as I could. We took him to gay events so that he could see other gay people leading regular lives.*

*"Later, we met older Asian gay men in their 50s and 60s who spoke with great pain about having to live a lie, and never being able to be honest about who they were with their parents. One finally told his mother he was gay and she said, 'This is the worst day of my life.'*

*"My wife and I support our son 110%. And this means that we have to speak out and tell other parents that we need to be proud of our gay kids."*

JOHN, FATHER OF A 15-YEAR-OLD GAY SON

Research from FAP shows that family rejection has a serious impact on LGBT young people's health and mental health. LGBT young people who were rejected by their families because of their identity have much lower self-esteem and have fewer people they can turn to for help. They are also more isolated and have less support than those who were accepted by their families.

LGBT teens who are highly rejected by their parents and caregivers are at very high risk for health and mental health problems when they become young adults. They have poorer health than LGBT young

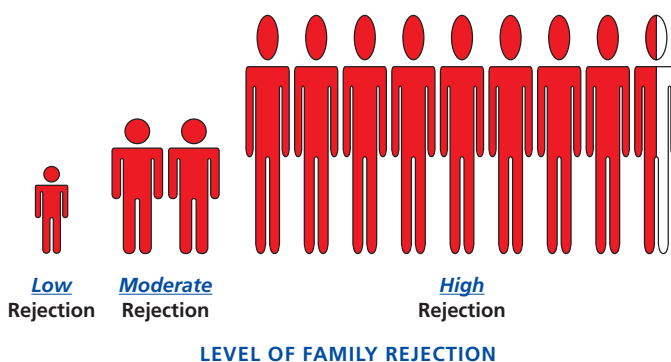
people who are not rejected by their families. They have more problems with drug use. They feel more hopeless and are much less likely to protect themselves from HIV or sexually transmitted diseases (STDs). And this behavior puts them at higher risk for HIV and AIDS.

Compared with LGBT young people who were not rejected or were only a little rejected by their parents and caregivers because of their gay or transgender identity, highly rejected LGBT young people were:

- More than 8 times as likely to have attempted suicide;
- Nearly 6 times as likely to report high levels of depression;
- More than 3 times as likely to use illegal drugs; and
- More than 3 times as likely to be at high risk for HIV and STDs.

Many LGBT youth and those who question their identity feel like they have to hide who they are to avoid being rejected. Many hide so that they won't hurt their parents and other family members who believe that being gay is wrong or sinful. But hiding has a cost. It undermines an LGBT adolescent's self-esteem and sense of self-worth.

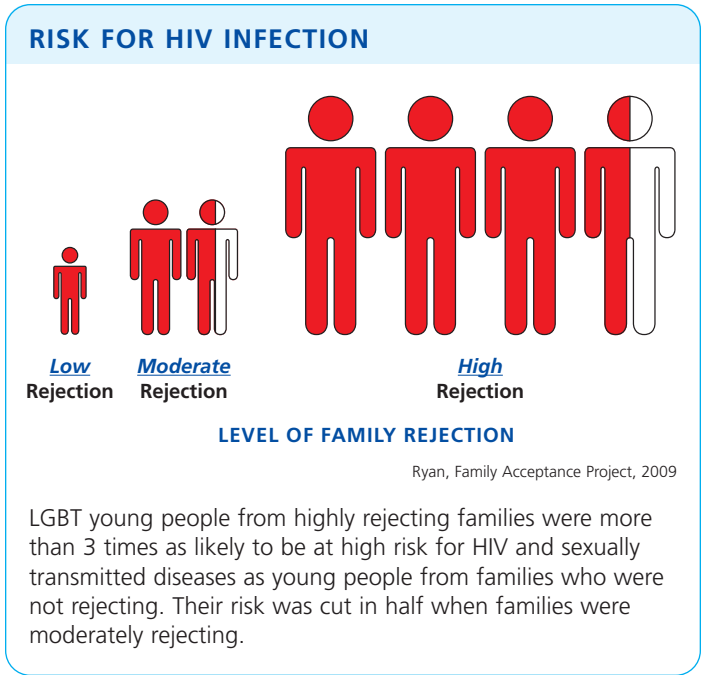
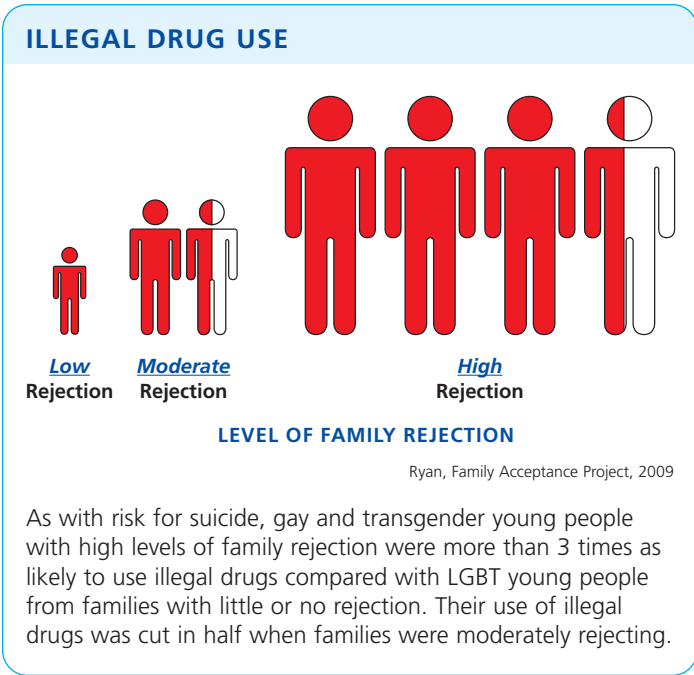
## LIFETIME SUICIDE ATTEMPTS (1 or more times)



Ryan, Family Acceptance Project, 2009

This drawing shows the serious impact of high levels of family rejection on LGBT young people, ages 21-25. These parents tried to prevent their children from being gay or transgender or told them they were disappointed or ashamed at having a gay or transgender child. And they disapproved of their LGBT child in other ways. (See page 5 for a list of some rejecting behaviors that are very harmful for LGBT youth.)

In this drawing, LGBT young adults who had many experiences of rejection during adolescence were at much higher risk for trying to commit suicide than those in families who were only a little rejecting or were not at all rejecting (low rejection). LGBT youth from **highly rejecting families** were more than 8 times as likely to try to take their own lives by the time they were young adults. In families that were **moderately rejecting** (had some negative reactions to their LGBT child but also had some positive reactions), those young people were only about twice as likely to try to kill themselves.



Being valued by their parents and family helps children learn to value and care about themselves. But hearing that they are bad or sinful sends a deep message that they are not a good person. And hearing this negative message affects their ability to love themselves and care for themselves. It increases risky

behaviors, such as risk for HIV or substance abuse. It also affects their ability to plan for the future, including their ability to have career or vocational plans. And it makes them less likely to want to have a family or to be parents themselves.

### Some Family Behaviors that Increase Your LGBT Child’s Risk for Health and Mental Health Problems

**BEHAVIORS TO AVOID**

- Hitting, slapping or physically hurting your child because of their LGBT identity
- Verbal harassment or name-calling because of your child’s LGBT identity
- Excluding LGBT youth from family events and family activities
- Blocking access to LGBT friends, events, and resources
- Blaming your child when they are discriminated against because of their LGBT identity
- Pressuring your child to be more (or less) masculine or feminine
- Telling your child that God will punish them because they are gay
- Telling your child that you are ashamed of them or that how they look or act will shame the family
- Making your child keep their LGBT identity a secret in the family and not letting them talk about their identity with others

© Caitlin Ryan, Family Acceptance Project, 2009. Reprinted with permission.

## Uncertainty and Concern

Many parents feel uncertain when they learn that their child is gay. They are unsure how to react. And they don't know how to support their child. They love and want to help their LGBT child. At the same time, however, they don't want to encourage their child's gay or transgender identity. And they don't want to push their child away.

Parents and caregivers often fear that others may try to hurt their gay or transgender child. So fear motivates many parents and family members to try to

### Some Family Behaviors that Reduce Your LGBT Child's Risk for Health and Mental Health Problems & Help Promote Their Well-Being

#### BEHAVIORS THAT HELP

- Talk with your child or foster child about their LGBT identity.
- Express affection when your child tells you or when you learn that your child is LGBT.
- Support your child's LGBT identity even though you may feel uncomfortable.
- Advocate for your child when he or she is mistreated because of their LGBT identity.
- Require that other family members respect your LGBT child.
- Bring your child to LGBT organizations or events.
- Connect your child with an LGBT adult role model to show them options for the future.
- Work to make your congregation supportive of LGBT members, or find a supportive faith community that welcomes your family and LGBT child.
- Welcome your child's LGBT friends & partner to your home and to family events and activities.
- Support your child's gender expression.
- Believe your child can have a happy future as an LGBT adult.

© Caitlin Ryan, Family Acceptance Project, 2009. Reprinted with permission.

protect their LGBT children by reacting negatively to their gay or transgender identity. For example, they say: "Tone it down." "Do you have to wear those clothes?" "Can't you wait until you graduate to tell others you're gay?" Youth often hear these comments as rejection, but too often parents use them to mask their anxiety and fear of what can happen to their child in a hostile world.

Families are motivated to learn how to support their gay or transgender children when they realize that their words and actions have a powerful impact on their LGBT children's survival and well-being. Parents are shocked to learn that how they react to their LGBT children can increase these children's risk for suicide, HIV infection, and other health problems. But they are relieved to learn that behaviors like talking with their gay children about their identity, and expressing affection for their gay or transgender children, can help protect against health risks. These supportive behaviors can also help promote their children's well-being. (Some important supportive behaviors to help families protect their LGBT children against risk and to promote their well-being are included in the box on this page.)

## Family Acceptance

FAP researchers also studied families who openly accept their children's gay or transgender identity. Accepting parents and foster parents express support for their LGBT children in many ways. They tell their children they love them when they learn about their child's LGBT identity. They require that other family members respect their LGBT child. They stand up for their LGBT child when their child is mistreated or harassed by others. And they work to make their own religious institutions more supportive of LGBT members. Or they find supportive congregations and faith communities that welcome their family and LGBT child.

FAP researchers found that accepting families come from all ethnic and class backgrounds, including families with no formal education or income. FAP researchers identified and measured more than 50 behaviors that parents and caregivers used to support their child's LGBT identity.

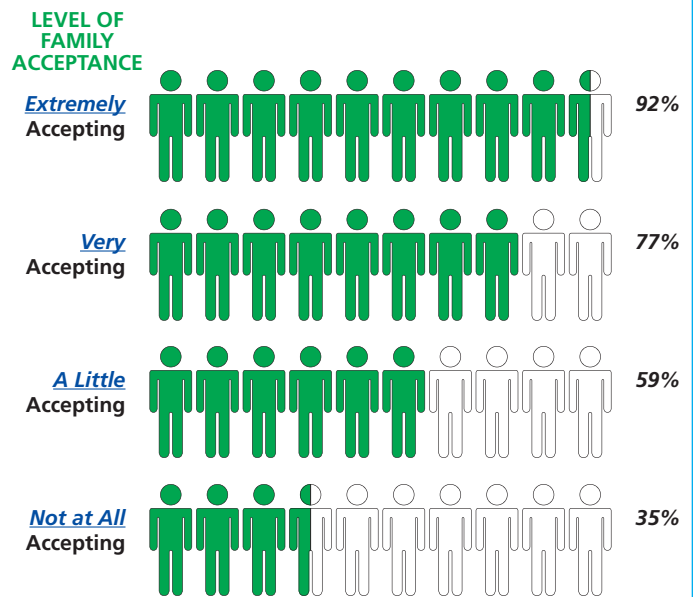
Families can support their child's LGBT identity even when they feel uncomfortable or when they think being gay or transgender is wrong. In fact, over time, most parents, families, and caregivers become less rejecting and more supportive of their LGBT children. Education, accurate information, and peer support help parents and families deal with their concerns and learn how to help their children and themselves.

LGBT young adults whose parents and foster parents support them have better overall health, and mental health. They also have higher self-esteem. And they are much less likely to be depressed, to use illegal drugs, or to think about killing themselves or to attempt suicide.

LGBT youth who are accepted by their families are much more likely to believe they will have a good life and will become a happy, productive adult. In families that are not at all accepting of their adolescent's gay or transgender identity, only about 1 in 3 young people believes they will have a good life as a gay adult. But in families that are extremely accepting, nearly all LGBT young people believe they can have a happy, productive life as an LGBT adult.

Supportive parents and families can help build self-esteem and a positive sense of self in gender non-conforming children and teens. They can help them learn positive coping skills and how to deal with ridicule and discrimination from others. Gender-variant youth who are supported by their families are at lower risk for health and mental health problems as young adults. They have greater well-being and are better adjusted than those whose parents do not support or try to change their gender expression.

## YOUTH BELIEVE THEY CAN BE A HAPPY LGBT ADULT



Ryan, Family Acceptance Project, 2009

FAP research shows that just a little change for parents, foster parents, guardians, and caregivers can reduce an LGBT young person's risk for serious health problems. So being a **little less rejecting** and a **little more supportive** can reduce your child's risk for suicide or HIV infection and for other health problems.

## Guidance for Providers

Few providers who work with LGBT youth ask about how being gay or transgender affects their relationships with their parents, foster parents, and caregivers. FAP has found that providers often assume that families of LGBT youth are not supportive. Many do not see families as a potential resource for helping their gay or transgender children. FAP is developing a new family model for working with LGBT youth. In this new approach, FAP providers engage families as allies to promote support for their LGBT children. This new research-based approach will be available in 2011-2012 and will be disseminated across the United States and to groups in other countries.

## Family Materials and Provider Tools

FAP has developed family education materials to help families increase support for their LGBT children. These materials are available in English, Spanish, and Chinese and will be distributed online. Some local groups will print copies to share with families in local communities. See page 9 for information on these resources.

FAP has also developed a six-question tool (FAPrisk) for providers to quickly assess the level of family rejection and related health risks in LGBT youth. This FAPrisk tool will help school counselors, pediatricians, nurses, social workers, and mental health providers to ask youth about their relationships with families, foster families, and caregivers. These questions came from the FAP research study. They are highly accurate in identifying high levels of family rejection. They also quickly identify related risk for depression, suicide, substance abuse problems, and risk for HIV and STDs in LGBT young people.

These questions give providers a place to start to ask LGBT youth about their family relationships. And they quickly help providers identify families in need of education and support. This tool is one of the first

practice resources developed by FAP. Other practice resources are being developed, including the new family approach to helping families support their LGBT children.

## Working With LGBT Youth and Families

Providers who work with LGBT children, youth, and families should:

- Identify community and online resources for LGBT youth and families to teach parents and caregivers how to help their LGBT children. Parents and caregivers need access to positive family role models to help learn new ways to support and care for their LGBT and gender-variant children.
- Ask LGBT adolescents and those who are questioning their sexual orientation or gender identity about how their family reacts to their identity.
- Provide supportive counseling, as needed, and connect youth with LGBT community resources and programs.
- Use the FAPrisk screener to identify the level of family rejection and related health risks in LGBT youth. Refer and follow up with families, as needed, to provide education and family counseling.
- Tell parents that negative reactions to their adolescent's LGBT identity can have a serious impact on their child's health and mental health. Encourage parents and caregivers to decrease rejecting behaviors that increase their LGBT children's risk for health and mental health problems (see page 5 for a list of rejecting behaviors that put LGBT youth at high risk).
- Help families identify supportive behaviors that help protect against risk and help promote their LGBT child's well-being (see page 6 for a list of behaviors that help promote well-being for LGBT youth).

### Find a Supportive Faith Community for Your LGBT Child

*"We live in a conservative community. Religion has always been very important in our lives and we wanted to raise our children in the church.*

*"But after we learned that our son was gay, we knew we had to find a congregation that would welcome our son.*

*"A friend told us to look on the computer, so we looked for a church that supported gay people. We found an open and affirming church and we started a group for LGBT youth with the youth minister at our new church. There were no services for gay youth until we started the group. We meet at the church and every time we meet, 50 gay youth come, and have a place to get support, to make new friends, and to learn about their lives."*

MARTA AND LUIS, PARENTS OF A 17-YEAR-OLD GAY SON



Resources, publications, and tools from FAP will be made available on the FAP Web page as soon as they are developed. For additional information about these resources and publications, as well as the new family-

related interventions to decrease rejection and increase support for ethnically diverse LGBT youth, contact FAP at [fap@sfsu.edu](mailto:fap@sfsu.edu) and <http://familyproject.sfsu.edu>.

## **FAMILY ACCEPTANCE PROJECT™**

The Family Acceptance Project (FAP) is a community research, intervention, education, and policy initiative started in 2002. FAP studies how family acceptance and rejection affect the health, mental health, and well-being of lesbian, gay, bisexual, and transgender (LGBT) youth. Results are used to (1) help diverse families decrease rejection and provide support for their LGBT children to decrease their children's risk and to promote their well-being; (2) strengthen families and help maintain LGBT youth in their homes; and (3) develop a new family-related model of prevention and care for LGBT children and adolescents for use in a wide range of settings. FAP is affiliated with San Francisco State University. The work is carried out with guidance from health and mental health providers, families, youth, and community advocates.

FAP researchers have identified more than 100 ways that families, foster families, caregivers, and guardians react to an adolescent's LGBT identity. LGBT youth and families described these family reactions in detailed individual interviews. These accepting and rejecting behaviors were studied in a survey of LGBT young adults, ages 21-25, to show how each family reaction affects an LGBT young person's risk for major health and mental health concerns. These include depression, substance abuse, suicidal thoughts and attempts, and risk for HIV and sexually transmitted diseases. We also studied how family reactions to LGBT youth affect their self-esteem, social support, life satisfaction, and sense of the future.

The findings are extremely compelling. Families really matter! In fact, families have a deep impact on their LGBT children's health and mental health. Follow-up work with families across ethnic groups shows that families can decrease rejecting behavior when they understand how their behavior affects their LGBT child's well-being. A little change in decreasing family rejection can make a real difference in decreasing their LGBT children's risk.

These findings and direct feedback from ethnically diverse families have taught us how to develop family education materials in English, Spanish, and Chinese. Family feedback is guiding the development of new research-based family-related interventions that we are developing in collaboration with Child and Adolescent Services at San Francisco General Hospital/University of California, San Francisco. This work is funded by a matching grant from the Robert Wood Johnson Foundation. Publications and resources from FAP will be available online. We will distribute this new family approach to help ethnically diverse families decrease rejection and increase support for their LGBT children across the United States, and to groups in other countries, when available in 2011-2012.

## Current FAP Resources

The FAP resources below are available online at <http://familyproject.sfsu.edu>.

### Family Education Materials

Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual and transgender children*. San Francisco, CA: Marian Wright Edelman Institute, Family Acceptance Project™, San Francisco State University. Available in English, Spanish, and Chinese.

### Provider Assessment and Policy Resources

Family Acceptance Project. (2009). *FAPrisk Assessment Tool*. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University.

Wilber, S., Ryan, C., & Marksamer, J. (2006). *Best practice guidelines: Serving LGBT youth in out-of-home care*. Washington, DC: Child Welfare League of America (CWLA).

### Research Publications (More Will Be Published)

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.

## Resources for Families With LGBT Children

### Family Acceptance Project™

The Family Acceptance Project (FAP) provides (1) educational materials and resources for families with LGBT children and youth, and (2) new research on helping families support their LGBT children. FAP is developing model services to help ethnically diverse families increase family support for their LGBT children. These services are based on FAP's research and are provided in English, Spanish, and Chinese. This new family-related approach for families with LGBT children will be shared with communities across the United States and with groups in other countries. <http://familyproject.sfsu.edu>

### Gender Spectrum Education and Training

Gender Spectrum Education and Training provides information and support for parents and families and has an annual conference for families with gender-variant and transgender children. It also provides training on gender identity and expression for schools and providers to help gender non-conforming and transgender children and youth. <http://www.genderspectrum.org>

### PFLAG

PFLAG (Parents, Families and Friends of Lesbians and Gays) is a national organization with state and local chapters that provide education, information, and support for parents and families with LGBT family members. <http://www.pflag.org>

## Acknowledgments

This practice brief reports on some of the research findings from the Family Acceptance Project™ conducted by Dr. Caitlin Ryan and her research team at San Francisco State University. This research was supported by a grant from The California Endowment. Dr. Ryan and her team will continue to publish other findings from their research to help increase family support and promote well-being for LGBT children and adolescents.

**Caitlin Ryan, PhD, ACSW** is a clinical social worker who has worked on LGBT health issues since the 1970s with a focus on the health and mental health needs of lesbian, gay, bisexual and transgender adolescents. Her work has been recognized by many community and professional groups, including the National Association of Social Workers that named her “Social Worker of the Year” in 1988 for her contributions to the AIDS epidemic, and the American Psychological Association, Division 44 that gave her the Distinguished Scientific Contribution Award in 2009 for her groundbreaking research on LGBT youth and families. Dr. Ryan is affiliated with the Marian Wright Edelman Institute at San Francisco State University. She is collaborating with agencies, organizations, providers and advocates to develop an international movement of family acceptance to promote wellness and healthy futures for LGBT youth.

Helping Families Support Their Lesbian, Gay, Bisexual, and Transgender (LGBT) Children is one in a series of practice briefs designed to enhance system, organizational, and program capacity to deliver culturally and linguistically competent services and supports to children and youth who are lesbian, gay, bisexual, transgender, questioning, intersex, and Two Spirit (LGBTQI2-S) and their families.

This brief is a project under the auspices of the Council on Collaboration and Coordination (CCC) work group on Cultural and Linguistic Competence and Eliminating Disparities of the Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. This brief is a collaborative effort of the National Center for Cultural Competence and the National Technical Assistance Center for Children’s Mental Health of the Georgetown University Center for Child and Human Development, and the American Institutes for Research.

Contributing reviewers were Gary M. Blau, Sylvia K. Fisher, Tawara D. Goode, Jeffrey M. Poirier, and Susan Stromberg. This project was completed because of Branch Chief Gary M. Blau’s ongoing support of children and youth identified as LGBTQI2-S and their families and his vision for full inclusion of this population within systems of care. In addition, we acknowledge Hortense DuVall, editor, and Kylee Breedlove, graphic designer.

### Suggested Citation:

Ryan, C. (2009). *Helping Families Support Their Lesbian, Gay, Bisexual, and Transgender (LGBT) Children*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

### For additional information, contact:

The National Center for Cultural Competence  
Georgetown University Center for  
Child and Human Development  
3300 Whitehaven Street, NW, Suite 3300  
Washington, DC 20007  
Voice: (202) 687-5387 or (800) 788-2066  
Email: [cultural@georgetown.edu](mailto:cultural@georgetown.edu)  
URL: <http://gucchd.georgetown.edu/nccc>

### Copyright©

This practice brief is protected by the copyright policies of Georgetown University. Permission is granted to use the material for non-commercial purposes if:

- the material is not to be altered and
- proper credit is given to the authors and to the National Center for Cultural Competence.

Permission is required if the material is to be:

- modified in any way
- used in broad distribution.

To request permission and for more information, contact [cultural@georgetown.edu](mailto:cultural@georgetown.edu).



The  
National Center  
for Cultural  
Competence



Center for Mental Health Services  
Child, Adolescent and Family Branch  
Substance Abuse and Mental  
Health Services Administration  
U.S. Department of Health  
and Human Services

Support for this brief was provided by the Child, Adolescent and Family Branch, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS) through a Cooperative Agreement with the Georgetown University Center for Child and Human Development. Additional support was provided through Task Order No. 280-03-4201, American Institutes for Research. The opinions expressed herein are the views of the authors and do not reflect the official position of the U.S. DHHS, SAMHSA, CMHS. No official support or endorsement of CMHS, SAMHSA, or DHHS for the content of the practice brief is intended or should be inferred.

Georgetown University provides equal opportunity in its programs, activities, and employment practices for all persons and prohibits discrimination and harassment on the basis of age, color, disability, family responsibility, gender identity or expression, genetic information, marital status, matriculation, national origin, personal appearance, political affiliation, race, religion, sex, sexual orientation, veteran status or any other factor prohibited by law. Inquiries regarding Georgetown University's nondiscrimination policy may be addressed to the Director of Affirmative Action Programs, Institutional Diversity, Equity & Affirmative Action, 37th & O Streets, N.W., Suite M36, Darnall Hall, Georgetown University, Washington, DC 20057.