

Responding to Harmful Misconceptions About LGBTQ People

As a child welfare professional, you may find yourself confronted with homo/bi/transphobic beliefs and statements from time to time. You may want to stand up for LGBTQ people or correct misconceptions, but find it difficult to respond to these situations in a confident, effective, and articulate way. The sample language below was compiled to help you refute harmful misconceptions about LGBTQ people, and to do so knowledgeably and confidently.

Misconceptions Related to LGBTQ Parenting

#1: Being raised by LGBTQ parents will cause kids to be LGBTQ.

Examples of how to respond:

1. This is simply not the case. No one else can dictate who we love (sexual orientation) or the gender we are (gender identity)—not even our parents. People don't choose their sexual orientation or gender identity. We certainly do learn things about gender norms and stereotypes, and sexual orientation and relationships from observing our parents, but our own sexual orientation and gender identity are not “taught” or “learned.”
2. Children's sexual orientation and gender identity is not determined by the sexual orientation and gender identity of their parents. In fact, when you think about it, weren't most LGBTQ people raised by non-LGBTQ parents? And the large majority of children of LGBTQ parents do not grow up to be LGBTQ.
3. At its core, this concern is based on the belief that there is something wrong with being LGBTQ or that it is not okay. We all have our own beliefs, but our agency is dedicated to providing the best services possible to all youth and families, and in order to do this we need to recognize that we work alongside and serve LGBTQ people, and our LGBTQ clients and colleagues deserve to be respected. We must make it clear in our words and actions that to be LGBTQ is not to be “less than,” and a failure to do this can lead to negative consequences. Affirming our LGBTQ clients will allow us to build trust with them and help them achieve well-being.

#2: Kids need a mom and dad.

Examples of how to respond:

1. More than three decades worth of studies shows equally good outcomes for children of LGBTQ parents as those with non-LGBTQ parents.¹
2. Studies that claim unfavorable outcomes for children of single parents compare those children to children of married different-sex parents. These studies speak to the benefits of a *two* parent household. They say **nothing** about the gender of the absent parent being the cause of the unfavorable outcomes.
3. Besides all of this, we know there are more waiting children than there are different-sex couples coming forward to adopt!

¹ See research at <http://www.hrc.org/resources/social-science-research>.



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4. In fact, we place children in foster care in non-married or single parent households all the time. Estimates from 2014 AFCARS: nearly 30% of adoptive parents are single women or men.

#3: LGBTQ people cannot provide stable homes.

Examples of how to respond:

1. This is simply not true. No study has found anything inherently unstable about LGBTQ families. Studies show that LGBTQ people can have long-lasting and meaningful relationships, and that when it comes to overall quality, satisfaction, and level of conflict, these relationships are no different than those of non-LGBTQ couples.
2. Claims of “instability” often revolve around harmful and erroneous misconceptions about LGBTQ people. For example, the incorrect assumption that all LGBTQ people suffer from drug abuse and psychiatric disorders. There is no basis to generalizations like this.
3. Most importantly, the homestudy process is meant to screen out families—any kind of family—with any of these concerns around stability on a case-by-case basis.

#4: Kids of LGBTQ parents will get picked on.

Examples of how to respond:

1. Schools and the larger communities in which they function are increasingly becoming more welcoming of family diversity, including LGBTQ-headed families. Chances are that a child with LGBTQ parents will not be the only child with LGBTQ parents in their school community.
2. If kids experience bullying or harassment because they have LGBTQ parents, the school should address the bullying behavior, setting the standard that such behavior is not tolerated, just like other bullying and harassment rooted in other biases. For example, if a child was being bullied because she was adopted, we would expect the school and/or parents to intervene, rather than blame the situation on the fact that the family was formed through adoption.
3. Also, if we were going to make this argument against placing children with LGBTQ families, what type of other families would we need to exclude based on the same logic? What would happen if we stopped placing children with all families who are in any way “different?”
4. It is true that homo/bi/transphobia still exists in our society, and kids may face some bullying or harassment that is based in anti-LGBTQ bias. Therefore, it is completely appropriate and reasonable to discuss with LGBTQ applicants how they would prepare their children to understand and handle any experiences of anti-LGBTQ bias they may encounter.

#5: LGBTQ people are sexual predators or pose a risk of child sexual abuse.

Examples of how to respond:

1. There is simply no basis behind this harmful claim. LGBTQ people are no more likely to be attracted to, or sexually abuse, children than their non-LGBTQ counterparts.

2. Research has shown that many pedophiles have no sexual attraction to adults. Any research suggesting otherwise has been discredited.

Misconceptions Related to LGBTQ Youth in Care

#1: It really doesn't matter to me how a young person identifies – LGBTQ or not – I care about all the kids I serve equally.

Examples of how to respond:

1. A young person's LGBTQ identity absolutely matters in our efforts to achieve safety, permanency and well-being. While this attitude most likely comes from a good place of wanting to treat all clients with the same level of respect, not all clients need the same things in order to achieve safety, permanency and well-being.
2. We know that LGBTQ face unique challenges and barriers in care – including discrimination – because of their LGBTQ status and in order to prevent bias and discrimination we need to be open to discussing sexual orientation, gender identity and expression, do our best to create an affirming environment conducive to young people coming out, and be ready to advocate for all young people we serve.
3. The more we acknowledge the individual experiences of the young people in our care the more we can individualize our treatment and interventions to help each youth to thrive. If we don't provide opportunities for the young people we serve to be open and honest about being LGBTQ and create a supportive environment for young people who are exploring their gender and sexuality, we will be missing very important information for our efforts to ensure safety, permanency and well-being.
4. Sexual orientation, gender identity and gender expression (SOGIE) are important parts of a young person's identity but, of course, they are not the only relevant parts for caregivers to know. Stressing the importance of SOGIE, is not to say that other dimensions of a young person's identity do not matter. It's about gaining the most comprehensive understanding possible.

#2: The children or youth I work with are just too young to know that they are LGBTQ.

Examples of how to respond:

1. Young people are coming out at younger ages than ever before. A research study of LGB youth found that
 - 75% recalled feeling “different” in childhood and that awareness of difference usually came between 4 and 12 years old (as early as 3 years old, 8 years old on average)
 - most first identified as LGB between 12 and 16 years old
 - the average age for first identifying as LGB was 14 for both boys and girls.²
2. One study of transgender youth found that the Average age of “talking about gender being different” was 5 for trans girls and 8 for trans boys and it is not uncommon to do so as early as 2-3 years old.³
3. It is certainly true that a big part of adolescence is exploring and coming to

² D'augelli, A. R., Grossman, A. H., & Starks, M. T. (2008)

³ Keo-Meier, C., Pardo, S., Olson, J., & Sharp, C. (2015, June)

understand your gender and sexuality. The young people we work with may demonstrate an evolving understanding of these aspects of themselves. This exploration and evolution does not mean that it is impossible for a young person to know who they are.

4. Some young people who are questioning their SOGIE may feel pressure from within, from their peers or from their families to “choose a label” or “figure out” how they identify. Questioning youth should be supported and assured that it is absolutely normal to question and explore SOGIE and it is okay to not know.
5. What is most important is for young people to be supported and affirmed in how they are currently identifying and understanding themselves along the spectrum of sexuality and gender.

#3: Bisexuality is a “phase” so the bisexual youth I work with will eventually identify as gay, lesbian, or straight.

Examples of how to respond:

1. The belief that bisexuality is a “phase” or “not real” is a harmful myth that must be debunked. Not only is bisexuality “real,” in fact, studies of both LGBTQ youth and LGBTQ adults show that the percentage of those identifying as bisexual (around 40%) is larger than the percentage of those identifying as other sexual orientations.
2. It is common for young people who do identify as bisexual to feel dismissed, mocked, or stigmatized by peers because of this myth. It is, therefore, even more crucial for professionals caring for bi youth to support and affirm that aspect of their identity.

#4: LGBTQ youth need to be less “out” or “in your face” about their LGBTQ identity so they can be safer and fit in better.

Examples of how to respond:

1. It is true that not all spaces are safe spaces for LGBTQ youth. In fact many LGBTQ youth entered care after being rejected by their families for being LGBTQ. Given this reality, an important component of supporting LGBTQ youth is helping them navigate issues around safety, assessing risks, and deciding when and how they should be out to those around them.
2. It is also true that *encouraging an LGBTQ young person to conceal their LGBTQ identity or express themselves in a way that does not feel authentic to them is harmful* and can damage the young person’s self-esteem and put them at increased risk for negative outcomes.
3. Young people should never be blamed for the bias or discrimination they experience. We must help prepare LGBTQ youth for experiences of discrimination and homo/bi/transphobia they may encounter as they move through the world – whether at school, in their families, or in an out-of-home placement. Any discussions along these lines must identify the problem as homo/bi/transphobia and *not* the young person’s LGBTQ identity.

#5: So-called “conversion therapy” (or reparative therapy) is an acceptable medical intervention for young people.

Examples of how to respond:

1. Conversion therapy is harmful, completely discredited, and *no child should ever be subjected to it*. In fact, SAMHSA and the Admin. on Children, Youth & Families prohibits any child welfare agency from subjecting a child in out-of-home care to conversion therapy.
2. Conversion therapy is rejected by all mainstream medical and mental health organizations.
3. Conversion therapy has not been proven to change a person’s sexual orientation, gender identity or expression by any credible scientific study.
4. Both individuals (Dr. Robert Spitzer) and groups (Exodus International) that have previously supported conversion therapy have said it is ineffective.

#6: It is against the law/policy to call youth by names that differ from their legal name. I can’t use a young person’s preferred pronouns if they do not correspond with the youth’s sex assigned at birth.

Examples of how to respond:

1. There is absolutely no legal barrier to using the name and pronouns that a young person wants you to use – regardless of whether they match the young person’s birth certificate and other legal documents.
2. Allowing trans youth to use names and pronouns in alignment with their gender identity is essential to helping young people develop a sense of self-worth.
3. Refusal to use a young person’s chosen name/pronouns is rejection of that person, which can cause harmful effects to your relationship and the young person’s overall well-being.
4. Using the correct names and pronouns for trans youth, and advocating for the youth when others fail or refuse to do so, is an important part of supporting that young person. There may be times when certain legal forms will require the use of a legal name and you can help mitigate any harm this may cause by having a proactive discussion with the young person.
5. Beyond the very important point of names and pronouns, if a facility allows youth to wear their own clothing, youth should be allowed to dress according to their gender identity.

#7: I don’t hear anything about mistreatment or harassment from the LGBTQ youth I serve so we are doing just fine in this area.

Examples of how to respond:

1. Don’t misinterpret “no news” as “good news.” Research shows that LGBTQ youth are over-represented in care, are more likely to report mistreatment while in care, and have a higher average number of placements while in care.



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2. The reality is that teenagers are less likely to make complaints than adults – especially if the adults in control of so many aspects of their lives are contributing to the negative environment or mistreatment.
3. If a young person hasn't seen any explicit signs otherwise, they may assume that adult staff members are not sympathetic to their concerns. They may also not report incidents due to a fear of retaliation.
4. Even if you don't hear complaints from LGBTQ youth, it is important to ensure that all youth are made aware of their rights – including the right to receive care free of discrimination around sexual orientation, gender identity and gender expression.
5. Agencies should implement a “zero-tolerance” policy for anti-LGBTQ language and actions from staff and clients.

#8: LGBTQ youth must be separated from other youth in order to ensure the LGBTQ youths' safety in congregate care.

Examples of how to respond:

1. Facility staff should not rely on segregation or isolation to protect the safety of LGBTQ youth. These policies only serve to punish LGBTQ youth. The safety of residents is best assured by adequate staffing, meaningful programming, and comprehensive efforts to ensure an LGBTQ-inclusive environment through policies and staff training.
2. Specialized group homes, when available, are an important resource for LGBTQ youth. These group homes often provide an affirming and safe environment. It should not be assumed that all LGBTQ youth wish to be placed in a separate facility. In fact, some youth may not wish to be placed in these facilities because they do not wish to disclose their LGBTQ status.
3. LGBTQ youth should be given the opportunity to discuss their needs when it comes to feeling safe and secure in any placement. Trans youth, for example, should be asked whether they feel comfortable sharing a room with male- or female-identified youth, having their own room, or another option.
4. The placements for all youth, including LGBTQ youth, should be closely monitored to reassess the child's comfort and perception of safety.⁴

A portion of the youth misconceptions were adapted from The Correctional Association of NY's "LGBT Youth in Detention: Myth and Reality" (Jan. 2006)

⁴ Points 3 and 4 are adapted from “*Transgender and Gender Nonconforming Children in CA Foster Care*” by getREAL California (2015)