

Parents don't have to choose between their faith and their LGBT kids

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Leelah Alcorn was a transgender high school student who should never have died at age 17.

She lived in a suburb of the first city in the Midwest to offer transgender inclusive health benefits, where gender identity and expression are included in the local anti-discrimination ordinance. Leelah lived 30 minutes from the critical health and counseling services she longed for.

Yet profound misinformation about gender identity, sexual orientation and the needs and experiences of LGBT and gender-diverse children and adolescents prevented her from receiving appropriate mental health care and counseling services she urgently sought.

Since Dec. 28, Leelah's tragic suicide has ignited anger and rage among so many LGBT people who have experienced the same isolation, family rejection, dehumanization and despair that led Leelah to take her life. Though I never met Leelah or her parents, my colleagues and I at the Family Acceptance Project have worked with scores of LGBT children, youth and families just like hers.

Our research shows that LGBT youth like Leelah who encounter family-rejecting behaviors are at higher risk for suicide, depression, drug abuse, HIV and other health concerns. In fact, LGBT young people who were highly rejected by their families during adolescence were more than eight times as likely to attempt suicide during young adulthood and nearly six times as likely to report high levels of depression as non-rejected peers.

Our research also found that highly religious families were most likely to use religion to reject their LGBT children and were least likely to accept them. Many families respond to their LGBT and gender-diverse children by isolating them, preventing access to support, sending them to clergy and providers to try to change their LGBT identity and using religion to condemn or deny their LGBT identity.

Over the past 10 years, we have developed a family support model that helps all families — especially socially and religiously conservative ones — to support their LGBT children. We start by meeting families where they are and showing them that the behaviors they thought were helping their LGBT child instead contribute to higher risks for health problems and family conflict.

Countless LGBT children, adolescents and adults have experienced overt rejection from their families, religious leaders and congregations. And many are expressing their pain in collective anguish over Leelah's preventable death. As visceral and justifiable as their anger is, we have learned that compassion, culturally grounded education, counseling and behavioral work can help families decrease rejection, increase support and change outcomes for their children.

Families can learn to support their LGBT children when guidance and services are provided in ways that resonate for them, including education presented in the context of cultural and religious values. Here's what we've learned:

1. Parents who reject their LGBT children are typically motivated by trying to help, not hurt, them.

Parents and families who engage in rejecting behaviors are usually motivated by trying to help their LGBT children — to "fit in," have a "good life," be accepted by others and uphold religious and cultural values. Too often, such families realize too late that trying to change, deny or use religion to condemn a child's LGBT identity pushes the child away, reinforces his or her isolation and increases the risk — as Leelah wrote despairingly — of the young person thinking that life "wasn't worth living."

2. We need to help families begin a journey toward support and acceptance.

Families that are struggling need to understand that they don't have to choose between their LGBT child and their faith. Parents and families can support their LGBT child — even if they believe that being LGBT is wrong — by simple actions that don't require them to accept a "behavior" or "identity" they don't condone. This includes talking with their child respectfully to begin to understand their child's experiences; requiring that other family members respect their child even if they disagree; and advocating for their child when others mistreat them. These behaviors also reflect key religious values of respect, mercy and compassion.

3. Compassion is essential.

Helping families change behaviors that are reinforced by custom, habit and doctrine requires a different approach: not by recrimination and retribution, but with compassion. Compassion is a core value of the world's major religions. It's something that all of us need to show to these families, just as we ask them to show compassion to their LGBT children. These parents are socializing their LGBT children to live in a world they believe will never accept them, to prepare for an eternity they believe their children will never be able to enter and to meet standards of parenting they believe they have failed to meet.

4. Education is vital.

Many parents, families and religious leaders conflate sexual orientation and gender identity, and they respond to gender diversity as a marker for being gay. And many young people, especially from conservative social worlds, first identify as gay before identifying as transgender — all of which adds to distortions, rejection and increased risk for children and adolescents.

We need to engage and educate religiously conservative families, clergy and religious institutions about sexual orientation and gender identity, starting at the earliest ages. It means going "upstream" to educate all families about how to support LGBT children even before they know who their children will become. This is not about sexuality or "willful" behavior; it's about normative child development.

Supporting our LGBT and gender-diverse children is not just about protecting them from harm. It's about promoting their well-being, developing their strengths and abilities and, most importantly, helping their families accept and nurture them. For Leelah and all of our children, we must start now.

Caitlin Ryan is a clinical social worker and director of the Family Acceptance Project at San Francisco State University. She has worked on LGBT health and mental health for 40 years, focusing on preventing risk and promoting well-being for LGBT children and adolescents.