Prepared by the Department of
Children, Equality, Disability, Integration and Youth
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Not Being Out on Your Own

Research on the Needs and Experiences of Parents of LGBTQI+ Children and Young People

December 2024

Quality Matters
INNOVATION FOR SOCIAL JUSTICE

An Roinn Leanaí, Comhionannais, Míchumais, Lánpháirtíochta agus Óige
Department of Children, Equality, Disability, Integration and Youth

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Department of Children, Equality, Disability, Integration and Youth
Block 1, Miesian Plaza, 50 – 58 Lower Baggot Street, Dublin 2
D02 XW14
Tel: +353 (0)1 647 3000
Email: research@equality.gov.ie
Web: www.gov.ie/dcediy

The Department of Children, Equality, Disability, Integration and Youth should be acknowledged in all references to this publication.

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Please cite as: Hurley, E. & Garner, C. (2024). Not Being Out on Your Own: Research on the Needs and Experiences of Parents of LGBTQI+ Children and Young People. Department of Children, Equality, Disability, Integration and Youth..

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Acknowledgements

The authors would like to express our sincere gratitude to the young people, carers and parents who generously shared their time, experiences and insights, making this important and timely research possible.

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Note

Throughout this report, particular terms have been adopted for ease of understanding and to reflect the language/terms used within research being cited. However, there are many phrases and terms used interchangeably within the literature.

For further information on disability-related language and terminology, please refer to the NDA's Advice Paper on Disability Language and Terminology.

Available here: https://nda.ie/publications/nda-advice-paper-on-disability-language-and-terminology

Glossary

Asexual	People who do not experience sexual attraction or desires
Bisexual	People attracted to all sexes and genders
Cis/cisgender	The meaning of CISGENDER is of, relating to, or being a person, whose gender identity corresponds with the sex the person was identified as having at birth[1]
Coming out	Disclosing one's sexual orientation or gender identity
ENBY	Nonbinary
FtM trans	Transgender men
Gay	Men who are attracted to men (also used as an umbrella term for homosexual people)
GDTCY	Gender-diverse and trans children and youth
Gender	Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time[2]
Gender identity	Gender identity refers to a person's deeply felt, internal and individual experience of gender, which may or may not correspond to the person's physiology or designated sex at birth[3]
Gender non-conforming	Exhibiting behavioural, cultural, or psychological traits that do not correspond with the traits typically associated with one's sex: having a gender expression that does not conform to gender norms[4]
Gender variant	An umbrella term used to describe gender identity, expression, or behaviour that falls outside of culturally defined norms associated with a specific gender[5]
GI	Gender Identity
Heteronormative	The societal view that heterosexuality is the norm and/or preference
Heterosexism	Discrimination against LGBTQI+ people on the basis that heterosexuality is the assumed norm
Heterosexual	People who are attracted to genders and/or sexes other than their own, not including their own sex or gender
Homophobia	Prejudice against and/or dislike of homosexual people
Homosexual	People who are attracted to their own sex and/or gender but are not attracted to sexes and/or genders other than their own i.e., lesbian or gay

[1] Merriam-Webster

[2] WHO. (2022). *Gender and health.* Retrieved from https://www.who.int/health-topics/gender#tab=tab_1

[3] WHO. (2022). *Gender and health.* Retrieved from https://www.who.int/health-topics/gender#tab=tab_1

[4] Merriam-Webster

[5] (Simons et al., 2014)

Intersex	Intersex people are individuals born with any of several variations in sex characteristics including chromosomes, gonads, sex hormones, or genitals that do not fit the typical definitions for male or female bodies[6]
Lesbian	Women who are attracted to women
LGB	Lesbian, gay and bisexual
LGBT	A now outdated acronym to describe the LGBTQI+ community, sometimes referred to in older studies cited in this report. Also used in some studies where only people who are LGBT are considered
LGBTQI+	Lesbian Gay Bisexual Transgender Queer/Questioning Intersex, overarching term for the wider community
Masculinities	The societal expectations of men in the context of time and place
Minority stress	Stress experienced by members of stigmatised minority groups
MtF trans	Transgender women
Pan	Pansexual (see below)
Pansexual	People attracted to all sexes and genders, regardless of sex or gender
PCG	Parents and caregivers
PFLAG	Parents, Families & Friends of LGBTQ+ People. An allyship organisation based in the USA
Queer	Gender identities and sexual orientations outside of the heterosexual norm
Questioning	People who are questioning their own sexual orientation and/or gender identity
SAMHSA	Substance abuse and mental health services administration (USA)
SEO	Search Engine Optimisation
Sexual minority	An umbrella term for lesbian, gay, bisexual, pansexual and any other sexual orientations outside of the heterosexual norm
Sexual orientation	One's identity in reference to their attraction to different genders or sexes
SGM	Sexual and gender minority
SO	Sexual orientation
SOM	Sexual Orientation Minority
Trans	Abbreviation and common usage of transgender
Transgender	People who do not identify with the sex and/or gender they were assigned at birth
Transphobia	Prejudice against and/or dislike of transgender people
WHO	World Health Organisation

[6] Intersex Ireland. (2020, March 16). *No longer invisible: A conversation with Intersex Ireland.* Retrieved from https://gcn.ie/no-longer-invisible-conversation-intersex-ireland/

Executive Summary

I just need my child to be ok. If the kids were ok, then the parents would be ok.

Overview

This research is based on a research needs/gap analysis conducted in 2021 by Költő and colleagues (Költő et al., 2021) for the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). This research also addresses the gaps identified by the national LGBTQI+ youth strategy (DCYA, 2018) under Goal 1, objective 6, which seeks to:

> *Expand and develop supports to parents and families of LGBTQI+ young people*
> *6(a) Provide parents and families with access to both online and off-line resources and information, to support children and young people in their families as they come out.*

The objective of this report is to identify evidence-based approaches and good practices for supporting parents and carers of LGBTQI+ children and young people. The report focuses on the time when children come out to their parents in particular. It presents research that centres the experience of parents and carers in order to identify what can facilitate parental support or present barriers to parental support for LGBTQI+ children and young people. It seeks to understand the experiences of parents and carers during that time to identify what they need or what would improve that experience for them and their child.

Family acceptance predicts greater self-esteem, social support, and general health status for offspring. It also protects against depression, substance abuse, and suicidal ideation and behaviours. Family acceptance of LGBTQI+ adolescents is associated with positive young adult mental and physical health. Overall, studies have found associations between lack of parental support and a range of life outcomes including poorer mental health and suicidal ideation compared to peers who have supportive parents. Overall having supportive parents and primary caregivers result in more positive outcomes across a range of markers described in more detail in this report, while lack of parental support and unsupportive parenting can have a detrimental impact on the health and wellbeing of LGBTQI+ children, young people and adults.

The research conducted uses a range of methodologies to achieve these objectives these are:

- A comprehensive literature review of research conducted on the experiences of parents and carers when their child came out or disclosed their LGBTQI+ identity to them to identify good practice in supporting parents and carers.
- A mapping of current supports and services available to parents and carers both physically available in the Republic of Ireland and online. The report considers the degree to which those supports meets good practice guidelines identified in the literature review and makes recommendations for good practice.
- Aggregation of calls by parents and carers seeking supports to a national LGBTQI+ organization to ascertain the reasons parents seek support when their child comes out as LGBTQI+.
- Interviews and focus group with parents, carers and young people were conducted to gain insight into the experiences of parents and carers of LGBTQI+ children and the young people themselves in understanding what the experiences and needs of parents and carers are.

Overall, the report provides a comprehensive blueprint for the good practice provision of supports to parents and carers across a range of platforms and services, including schools and communities and at a strategic level. In essence in order for parents and carers to be able to support their children they need the support of their community, the schools their children attend and society as a whole.

Findings from the Literature

The objective of the literature review was to identify articles which specifically centered on the experiences of parents and carers of LGBTQI+ children and young people, in order to:

- Extract what is known to date on the experiences of parents and young people when a young person is coming out.
- Identify the likely needs of parents and carers of LGBTQI+ children in order to develop good practice supports.
- Identify good practice guidelines for the provision of information or support.
- Develop good practice guidelines from these findings to inform the mapping exercises conducted subsequent to the literature review.

The review was parsed into three themes based on a narrative synthesis of the findings:

- Factors influencing parent and caregiver reactions to their LGBTQI+ children coming out, or in the case of parents of intersex people, factors influencing their disclosure.
- The experiences and journey of parents and caregivers of children's coming out.
- Literature identifying interventions, supports, resources or indicators for best practice in the provision of support for parents and caregivers or the nature and content of resources which would best support parents of LGBTQI+ young people.

Factors influencing parent and caregiver reactions to their LGBTQI+ children coming out, or in the case of parents of intersex people, factors influencing their disclosure

Multiple factors were identified in the literature that influence the experience of parents and carers on their child coming out. Parents expressed fears of stigma due to their child's sexual orientation or gender identity and perceptions of societal pressure to conform to sexual orientation and gender norms. Believing sexual orientation was a choice or not moderated parents' reactions on their child's coming out. Parents who felt sexual orientation or gender identity was a choice tended to have more negative reactions on their child's coming out. Holding 'traditional' family values, holding right wing political beliefs and holding religious beliefs which were not compatible with being supportive of their LGBTQI+ child resulted in more negative reactions from parents. Parents who were rigid or inflexible in their thinking struggled more compared to parents who were flexible in their thinking. Parents who had high degrees of enmeshment with their child (i.e. had high involvement with their child's life and fixed ideas about with who they felt their child should be) were more likely to have a negative reaction on their child's coming out than parents with low degrees of enmeshment. Weak family resources to deal with stressors predicted poorer outcomes on a child coming out.

There was an interaction between the gender of parent compared to the gender of child, with women being more likely to have a negative reaction to the child coming out to their daughter coming out and men more likely to have a negative reaction to their son coming out. Fathers' reactions were more likely to be negative if they had strong beliefs about what it is to be a man grounded in heteronormative ideals of masculinity.

Parents who belonged to an ethnic minority group were likely to be conscious of the additive effect of the negative ramifications of being both from an ethnic minority group and a minority sexual orientation or gender identity. While children who were from an ethnic minority group were aware of their identity at the same age as white counterparts, they tended to come out later. Similar to the population as a whole, cultural values of ethnic minority groups affected parental reactions with values espousing marriage and conformity to traditional gender norms predicting poorer outcomes. Conversely some parent's from ethnic minority groups awareness of the added vulnerability of their children meant that they were protective and supportive on their child coming out. There was also some evidence which suggested that children who had a positive coming out experience to their parents and belonged to a minority group also experienced a reduction in minority stress on coming out.

Factors that resulted in more positive experiences for parents and carers and their children included holding religious beliefs that embrace LGBTQI+ identities, having higher levels of openness and empathy, parents and carers seeing their role as a vocation (a term called 'parental sanctification') and being cognitively flexible (what is sometimes known as a 'growth mindset'). How parents who belonged to religious congregations that rejected LGBTQI+ identities reacted to their child coming out differed. Parents who supported their child sometimes faced rejection from their religious community. Some parents rejected their child while some sought churches and religious interpretations that were embracing of minority sexual orientations and gender identity. In one case parents set up their own church.

The experiences and journey of parents and caregivers of children's coming out

The journey for parents often begins before their child come out or discloses. Some sources identify a state of 'loving denial' prior to a child's disclosure which is sometimes motivated by a fear for the child in terms of how they will be perceived or treated in society. Parents can be accepting of their child's identity but not disclose to others for this reason or for their own fears of affiliate stigma or shame. These feelings of protectiveness are common to parents of both sexual minority and gender diverse children. The papers identified describe the period of coming out or disclosure by a child as a transitionary one for parents where their identity as a parent shifts, fragments and coalesces as they integrate what they now know. The parent-child relationships undergo a reformulation which includes a change in the parent's perception of themselves.

Several papers describe this process is akin to a grieving process, sometimes referred in the literature as one of 'ambiguous loss' as parents and carers go through a cycle which can include denial, feelings of loss of expectations for the child and, hopefully, onto a process of acceptance and support. Like grief, the cycle is not linear, and parents and carers can move rapidly through stages, or return to previous stages as their child moves through the coming out process. Parents can move though phases. These may include being aware that their child is different and suspecting that difference is due to sexual orientation or gender identity, and being certain after their child comes out, which can be accompanied by a feeling of aloneness in the experience and sometimes uncertainty in terms of what their child's identity means. Phases may also include emotional detachment from their child driven by feelings of having failed as a parent, and guilt or shame and feelings of social stigma, of struggling with their own prejudices towards their child's identity.

Parents also described fears of being estranged from their child as their child accessed a culture which was alien to them and of feeling that they would lose their child to something to which they have no access or knowledge. The literature describes this process for parents and carers of trans children too, where parents can go through multiple stages of acceptance and rejection of their child as their child moves through the process of gender affirmation. This cycle may be exacerbated by parents and carers of trans children giving accounts of strong external pressures- of societal transphobia and losing friends and relationships and experiencing societal pressures to conform to societal norms during this time. Finally, the literature describes a period of adjustment and education where parents and carers sought out knowledge they did not previously have about their child's identity. Papers describe parents using strategies to educate themselves, of talking to someone they know from the LGBTQI+ community or seeking information online and though meeting other parents of LGBTQI+ children. This process of adjustment varies depending on the various factors outlined in the previous section, however the literature finds that in most cases parents and carers come through this period to a place of acceptance or support of their child and, in some cases, parents celebrating their newfound role as the parent of an LGBTQI+ child.

Supports and Resources in the Provision of Support for Parents and Caregivers

The findings from the review emphasise the importance of educational support and LGBTQI+ literacy for parents and carers. Such supports are particularly important for

parents and carers to access prior to their child's disclosure. When parents and carers have this knowledge prior to their child's coming out they are more likely to be supportive of their child and outcomes across a range of health and wellbeing indicators are more positive for the child or young person. The findings also suggest that there is a reduction in the likelihood of homelessness and risk-taking behaviours such as drug misuse and engaging in risky sexual behaviours for children and young people where parents and carers are well informed prior to their child coming out.

Given the challenges that parents often experience as outlined in the previous section, parents may benefit from accessing therapeutic supports such as counselling or psychotherapy during this time. While no national guidelines were found for Ireland, guidelines from other countries including the American Psychological Association and Substance Abuse and Mental Health Services Administration (SAMHSA)which is part of the Department of Health and Human Services in the USA, provide evidence-based good practice guidelines for practitioners. The review found that parents should be supported to identify supports that follow good practice guidelines of professional bodies which include ensuring that supports provided are affirming of the child's gender identity and/or sexual orientation. Therapies aimed at bringing about a change in the person's identity such as reparative, conversion or 'change effort' therapies to conform to societal norms are not recommended and can be detrimental to the health and wellbeing of the young person(American Psychological Association, 2021; Keogh et al., 2023; Price et al., 2023; Rafferty, 2018; Ryan et al., 2020; SAMHSA, 2014, 2015). The review identified examples of parent-centred good practice sources which tailor supports for parents and carers from diverse backgrounds including from various religious and ethnic backgrounds.

It should be noted that there are limitations to this review, notably a lack of relevant sources examining the experiences of parents as carers of children who are intersex. Those identified described the journey of parents and carers being different compared to other parents of sexual minority or gender identity children. Disclosure of being intersex was made by parents to their children or by medical professionals to young people or adults. Papers tended to focus on describing the medical journey for parents that provide them with supports or resources for their own journey. There were no sources found for Ireland and there is a paucity of sources on the experiences of ethnic minority groups.

Five recommendations are made arising from the findings from the literature review. **1.** The development of a comprehensive education strategy for parents which is parent centred and comprehensive and includes information on language and which acknowledges the common experiences, feelings and emotions parents and carers may have. The education strategy should seek to reach all parents prior to a child's likely disclosure, with information tailored to parents and carers of diverse religious beliefs and from various ethnic groups. Resources should be available addressing myths and inaccurate information and provide information on what constitutes good practice in the provision of therapeutic supports. **2.** Religion should be considered a potentially ameliorating or, conversely, limiting factor. Supports for parents from specific religious backgrounds, should be informed by parents from that cohort and be supportive of the child's identity. **3.** Online and in-person supports for parents and carers in Ireland should be mapped (which constitutes part of this report). **4.** Information should be communicated through mainstream media platforms to reach parents and carers. **5.** Research examining the psycho-social supports needed by parents and carers of intersex children and young people should be conducted.

The **best practice criteria,** developed on foot of the literature review, used to assess available resources and supports set out that the these needed to:

- be designed for the target audience i.e., parents/caregivers of LGBTQI*+children by speaking to their experiences and concerns.
- acknowledge the personal challenges, emotions and processes or stages that parents may experience. This means discussing isolation and stigma that parents may experience due to perceived religious, societal or political beliefs or affiliations.
- cover the range of LGBTQI+ sexual orientations, gender experiences and identities.
- clearly communicate the role that parental and caregiver acceptance plays in protecting young people from negative life outcomes.
- provide information to combat not-knowing, myths, or assumptions.
- be inclusive in terms of additional factors such as ethnicity, religion and gender.
- provide information on common formal and informal terminology and their meanings.
- be up to date in terms of language and terminology.

- that resources and supports affirm the young person's identity.[7]

The Experiences of Parents and Carers in Ireland on Their Child Coming Out as LGBTQI+

Twenty six parents and four young people participated in the interviews and focus groups conducted for this report. There was a strong response from parents of children who are trans with 20 parents participating, six parents of sexual minority children participated. No carers came forward to participate. The majority of participants were women. The children of parent participants ranged in age from 5 to 17 years old. 60% of parents came from a rural background. A small minority of parent participants were from an ethnic minority. The young people who participated ranged in age from 18-24 years old, the majority lived in urban areas and were non-binary. A majority were raised Catholic but did not now practice a religion. The majority were white and Irish.

Three overarching themes were identified. These were:

- Personal factors
- External stressors or supporting external factors
- Experiences specific to parents and carers of children and young people who are trans.

The following is a very brief summary of the themes that emerged from the analysis of the interviews and focus groups. The full chapter of the report contains direct quotes from participants which gives a depth of detail not contained in this summary and provides a basis for the title of this report. Much of the findings from the literature review are echoed in the findings from the interviews and focus groups conducted. Values and beliefs which were perceived as not compatible with their child's LGBTQI+ identity including religious beliefs and normative views of femininity and masculinity resulted in some parents struggling with their child's identity. Parents spoke about the importance of having support systems across all levels of social interaction and the need for tangible supports in schools, health and other institutions.

[7] American Psychological Association, 2021; Keogh et al., 2023; Price et al., 2023; Rafferty, 2018; Ryan et al., 2020; SAMHSA, 2014, 2015)

Personal Factors

- Reactions of parents and carers was generally supportive upon disclosure. However, a majority of young people report a reluctance or lack of parental support on their disclosure.
- Feelings of grief and loss are a common experience for parents and carers regardless of how supportive they are.
- Feelings of shame and stigma and social pressures to be 'normal' negatively affects parents and carers.
- Feelings of isolation and aloneness impact parents and carers who do not have adequate social support.
- Religiosity can cause inner conflict for parents and carers which impacts their relationship with their child.
- Generational differences and use of language are related and can cause difficulties for parents and young people's relationships.

External stressors or supporting external factors

- Parents and carers, particularly those living in rural areas are aware of tacit and explicit homophobia and transphobia where they live, which has a negative impact on them and their children.
- The experiences of parents, carers and young people are heavily affected by how supportive, or unsupportive, schools and specific staff in those schools are.
- Societal norms, heteronormativity and misogyny are detrimental to LGBTQI+ young people's mental health and safety, which is a significant source of stress for parents.
- Journeying with their child through the mental healthcare system is mentally punishing for parents and carers.

Experiences Specific to Parents and Carers of Young People who are Trans

Accounts of parents of trans children are included in the previous themes, however there were two themes which related specifically to the experiences of parents and carers of children and adolescents who are trans:

- Access and delays in the provision of mental healthcare is a threat to the physical and mental wellbeing of trans children and young people which, in turn, affects the health and wellbeing of their parents/carers.
- The lack of access to healthcare and timely transition pathways is considered unjustifiable by families and trans youth.

What Parents and Carers Want

Parents wanted access to reliable information across a range of questions they might have, access to therapeutic supports for them and their child and peer support from parents with similar experiences. People in rural areas in particular struggled to find people they could talk to, but this also applied to parents in urban areas who often felt isolated or alone.

Parents emphasised the need for timely, coordinated and multi-disciplinary mental healthcare supports for LGBTQI+ young people and spoke about the inadequacy of supports in some areas compared to others and the lack of knowledge of some practitioners in the provision of mental health supports to LGBTQI+ children and young people.

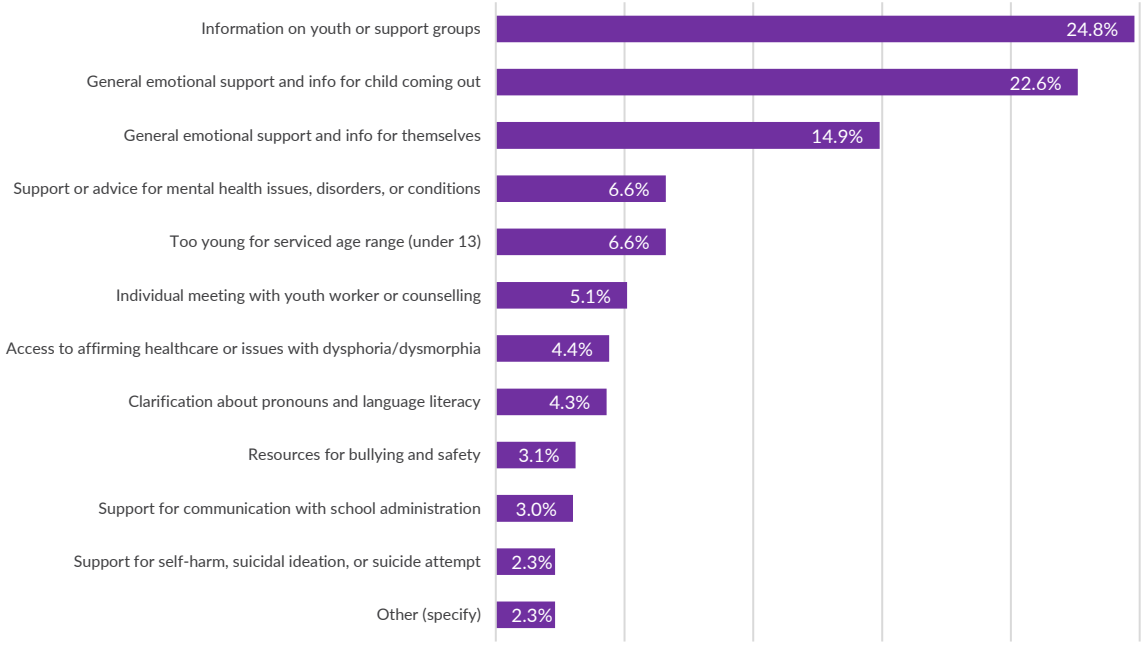
Parents wanted a concerted effort to change the culture in schools, sport, healthcare and other state institutions, that ensures young LGBTQI+ people's mental health is supported in tangible ways, including an educational campaign for sport clubs. Parents wanted to see consistent policies, procedures and education of staff in schools and sports organisations, which would be applied in all cases to ensure that the quality of life experienced by their children in school was maximised and was comparable to their non-LGBTQI+ peers. Parents of children who are trans spoke passionately about the need for the provision of timely, gender affirming health care services for trans children and young people. The need for the inclusion of trans and non-binary options in all government forms and for the collection of accurate data on the number of children who might require a gender affirmation service.

Young people wanted parents and carers to understand that, while they may feel a sense of loss, that it was important for them to accept and understand their child. Young people gave accounts of LGBTQI+ peers who had been fully rejected by their parents and the extremely negative impact that this had had on them. Young people wanted to bridge the generation gap with understanding and connection.

> *It is not a death sentence. Your child may be happier especially if they are accepted earlier and you grow closer with them and still have your child reach out to you, do things together discover who they are together, so many opportunities. Interview 6, young person*

Identifying the Needs of Parents and Carers in Ireland Using Aggregated Data from BeLonG To's Call Logs

Anonymised information from 591calls made to BeLonG To's helpline was analysed for this phase of the report. While analysis was limited by ethical and GDPR considerations the analysis provides valuable insights in terms of the need of parents and carers. The majority of callers were mothers, followed by social workers, fathers, siblings and other family members. 879 total instances of expressed needs were aggregated from the sample. These are outlined below. Primary needs were in terms of supports for their child. 14.9% of callers were seeking emotional support for themselves. Callers also sought support on language literacy, resources on bullying and safety and support in communicating with school administrations.



Mapping of Resources for Parents and Assessing the Quality of those Resources

Irish Supports with an Online Presence

A full audit of in-person resources was conducted and these are outlined in more detail in this report. The majority of sources identified were Irish LGBTQI+ organisations. The main stated purpose of these organisations is to provide support to the LGBTQI+ community or specific groups within that community. None of the organisations had an explicit goal to work with Parents and Care Givers of LGBTQI+ young people at the time of writing. Sources identified in the searches who were not

LGBTQI+ organisations, such as the ISPCC and HSE, referred parents to LGBTQI+ organisations, even though those organisations may not directly provide support to parents and carers. Note that all services were assessed based on online content, however follow-up enquiries conducted indicate that some organisations offer services not evident in their online information.

Review of Online Parent Resources Against Best Practice Guidelines

Two strategies were used to identify online resources. One used a systematic search strategy and the other used natural language phrases that parents and carers might use in searching for information on their child coming out or suspecting that their child might be LGBTQI+. Searches were conducted for sexual orientation minority sources, trans sources and intersex sources separately. The most common sources of information were magazines, news sites and health sources. The majority of magazines were parenting magazines, e.g.: Your Teen and Parents.com. These sources were assessed against the best practice guidelines developed. Sources generally originated from the USA (66%), followed by the UK and Ireland at 10% and 8%, respectively. Almost all sources affirmed the child's identity. While the majority of sources engaged with questions coming from a place of not-knowing - e.g.: Can I still have grandchildren? There were three sources which contravened the best practice guidelines. While uncommon, there were examples of best practice in the provision of supports to people from diverse backgrounds and these are listed with links provided in the report. Some sources were dismissive of the parents' journey and emphasised centring the child's experience. Some sites used outdated language or did not contain terminology outside of definitions of lesbian, gay, bisexual or trans. As with previous searches there were very few sources identified for parents of children who are intersex. Sites supporting parents of trans children tended to be more up to date compared to sexual orientation minority (SOM) sites.

LGB+ Sources: Key Conclusions

- The overwhelming majority of sources were affirming of the young person's identity.
- No in-person peer supports for parents based in Ireland were identified by the search.
- Very few Irish sources were identified.

- Online resources such as MyKidIsGay and Parentlink were both accessible from Ireland.
- There was less discussion overall about mental health statistics compared to trans sources.

Trans and Non-Binary Sources: Key Conclusions

There were more Irish sources in the search results for parents and carers of trans children than other searches, in particular two hits from BeLonG To and one from the ISPCC. Sources on trans and non-binary were also more likely to debate what best practices are than sources on LGB+.

- Sources on trans and non–binary were sometimes less explicit in supporting the child's identity. There was more likely to be discussion or debate compared to LGB+ sources.
- The discussion of whether or not gender diversity is a phase, paired with discussions of waiting to see consistent behaviour before allowing children to transition was more common and not always grounded in good practice guidelines.
- Resources necessarily had more legal and medical information than LGB+ sources, making them a little less accessible to read.

Intersex Sources Key: Conclusions

- Intersex sources scored the highest based on our criteria, being the most affirming of both the parent and child journeys, and also recommending the most additional resources.
- There was no flagged content relating to information or support for this cohort.
- However, like trans and non-binary sources, intersex sources were also more likely to debate what best practices are than sources on LGB+. For example, a Guardian article on intersex children had 50/50 coverage from intersex adults saying that early medical intervention is wrong coupled with parents justifying their decision to intervene.

Recommendations

This report began by highlighting the importance of parental support for LGBTQI+ young people and the serious implications when that support is lacking on the lives of LGBTQI+ young people. It is clear from the results of research conducted for this report that parents and carers of LGBTQI+ children and trans children in particular are struggling, and they require improved supports from their peers, schools, communities, and the state in order to be able to be fully supportive of their children.

Resourcing Parent and Carer Supports

- The DCEDIY to develop, along with relevant stakeholders, an accessible website (it is recommended that this is part of an existing high traffic website) which meets best practice guidelines and contains the information identified in this report. An annual budget to be allocated for this to be updated, maintained for the establishment of good SEO (search engine optimisation), and for regular advertising[8]. The website should ensure credibility through clear endorsement from relevant government departments.
- Establish parent support posts in LGBTQI+ organisations, this to be done in a way which ensures national access and in person supports as far as possible, so that parents in rural communities have access to support when they need it.
- Develop parental resources which acknowledge the personal challenges, emotions and processes or stages that parents may experience. They should also aim to reduce isolation and stigma that parents may experience due to religious, societal or political beliefs or affiliations. They should also:
    - Cover the range of LGBTQI+ and gender experiences and identities and remain up to date in this regard
    - Clearly communicate the role that parental and caregiver acceptance plays in protecting young people from negative life outcomes
    - Provide information to combat not-knowing, myths, or assumptions
    - Be inclusive in terms of additional factors such as ethnicity, religion and gender
    - Provide information on common formal and informal terminology and their meanings
    - Ensure that where resources refer to other supports (e.g., counselling or support groups), those supports meet best practice guidelines
    - Provide guidance on choosing a counsellor for children based on best practice guidelines
- Co-ordinate with CORU to ensure that regulations for counselling and psychotherapy require practitioners to operate within best practice guidelines, specifically that any therapists who work with young people recognise and respect the young person's identify.
- Religious affiliation should be considered as a potentially ameliorating or limiting factor in parents or caregivers' journey towards acceptance of their child's identity. Bespoke resources, co-created with members of religious groups should be developed to support religiously affiliated parents. These resources and any follow-on supports should be supportive of the child's identity and in line with the guidelines in this research.

[8] Note if the site is hosted by a charity it can avail of donated charity advertising packages which can reduce costs and increase awareness of site.

- Design, through co-creation methods, resources for Traveller and ethnic minority groups, which are in line with the guidelines in this research.

Raising Awareness and Increasing Help-Seeking

- Run a media campaign to ensure that parents are aware of key issues in relation to Sexual and Gender Minorities (SGM) literacy prior to experiencing a child coming out. This to focus on magazine/online articles that parents can access. An aspect of this campaign to be targeted at fathers.
- Establish a campaign for sports organisations and youth sports organisations with patrons and allies to reduce LGBTQI+ stigma.
- Work with the Department of Education to develop a method for ensuring and monitoring that all schools are appropriately welcoming and supportive of LGBTQI+ young people and are responding to cases of LGBTQI+ bullying in ways that are effective.[9]
- This report highlights the lack of resources available to parents and carers of intersex children and young people in Ireland outside of a medicalised context. Further research regarding supports for intersex young people and their parents from a socio-psychoeducational perspective should be prioritised.

Peer support

- Pilot a programme to support nationally accessible parent peer support groups, online or in-person.
- The website to be kept up to date with information on current peer support groups across Ireland.

Healthcare for LGBTQI+ Young People

- Ensure that state funded mental healthcare professionals are sufficiently trained to work with LGBTQI+ children and young people.
- Given the higher rates of self-harm and suicide for LGBTQI+ youth, establish priority mental health services for LGBTQI+ young people.
- Provide GPs with training in working with LGBTQI+ young people.

The Specific Needs of Trans and Non-Binary Children

- As a matter of priority, establish a gender-affirming health service to support under 18s trans young people and their parents. This to have waiting lists of no more than three months.

[9] Maynooth University funded by D. Ed and DCEDIY is currently reviewing and updating the 'Being LGBT in School' Resource. The current resource is available here https://assets.gov.ie/24762/729f5d8906184a6a8c4be0c5e2a349dd.pdf

- In line with the treatment of gender dysphoria as a matter of sexual health and it's de-classification as a mental health concern by the World Health Organisation and its attendant publication The International Classification of Diseases (World Health Organisation, 2022), ensure that general mental health supports are accessible to trans young people, and that where required, there are accessible trans specialist health care and mental health services, that have waiting lists of no more than three months.
- Inclusion of Trans and Non-binary options in all government forms and semi-state forms.
- The collection of accurate data on the number of children who might require a gender affirmation service.

Chapter 1 : Introduction

Overview

This research was conducted on foot of a research needs/gap analysis conducted in 2021 by Költő and colleagues (Költő et al., 2021) for the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). The gap analysis identified, among other things, a lack of literature and knowledge of best-practice support for LGBTQI+ young people and their families. This research also addresses the gaps identified by the national LGBTQI+ youth strategy (DCYA, 2018) under Goal 1, objective 6, which seeks to:

> *Expand and develop supports to parents and families of LGBTQI+ young people*
> *6(a) Provide parents and families with access to both online and off-line resources and information, to support children and young people in their families as they come out.*

The objective of this report is to identify evidence-based approaches and good practices for supporting parents and carers of LGBTQI+ children and young people. The report focuses on the time when children come out to their parents in particular. Specifically, the report presents research that centres the experience of parents and carers in order to identify what can facilitate parental support or present barriers to parental support for LGBTQI+ children and young people. It seeks to understand the experiences of parents and carers during that time and what they need and what might improve that experience for them and their child.

The Aims of the Research

The aims of the research are to:

- Review of the literature to date to identify and develop best practice guidelines in the provision of support to parents and carers of LGBTQI+ children and young people
- Map and evaluate current supports both online and physical for parents and carers in Ireland
- Examine the reasons parents contact supports
- Understand the lived experiences of parents and carers in Ireland and identify their needs
- Make recommendations based on the findings of this research including best practice guidelines and recommendations for evidence-based resources.

The Context for the Report

The Impact of Parental Support on Outcomes for LGBTQI+ Youth

Family acceptance predicts greater self-esteem, social support, and general health status for offspring; it also protects against depression, substance abuse, and suicidal ideation and behaviours. Family acceptance of LGBTQI+ adolescents is associated with positive young adult mental and physical health. Interventions that promote parental and caregiver acceptance of LGBTQI+ adolescents are needed to reduce health disparities (DCYA, 2014, 2018; Keane, 2018; Ryan et al., 2009, 2010; SAMHSA, 2015). LGBT young people whose parents who have sent them for conversion therapy have poorer mental health outcomes (Ryan et al., 2020). While some LGBTQI+ adults have developed ways of coping with parents who are homophobic, social, health and socioeconomic outcomes for LGBTQI+ people who have experienced a lack of support from parents and carers remain poorer than those with supportive carers (Reczek & Bosley-Smith, 2021).

In a recent covid pandemic survey on wellbeing, LGBTQI+ college students (N = 366; average age = 20.4) who reported more social support from family and friends, and better quality relationships with mothers or fathers had better well-being, and were less likely to perceive a substantial decrease in their well-being due to the pandemic (Zhang et al., 2022).

Overall, studies have found positive associations between parental support and LGBTQI+ individuals' psychological well-being (Bebes et al., 2015; Bouris et al., 2010; D'amico et al., 2015; Sheets Jr. & Mohr, 2009)and conversely, associations between lack of parental support and suicidal ideation (Dirkes et al., 2016; Needham & Austin, 2010). Dirkes also found an association between higher levels of suicidal ideation and age at coming out, with children and adolescents experiencing higher levels of suicidal ideation than people who had come out later in life (Dirkes et al., 2016). A recent review of 19 studies revealed that many parental figures experience intense emotional reactions and navigate a complex process of acceptance (Abreu et al., 2020). In a large sample study by Needham and Austin (Needham & Austin, 2010), differences were found across minority sexual orientation in terms of unwanted behaviours, for example bisexual women were more likely than their lesbian counterparts to suffer from depressive symptoms and alcohol misuse - these factors were strongly moderated by parental support.

A paper by Gato et al (2021) assesses the impact on mental health of LGBT young people living at home during the pandemic. The paper finds that LGBTQI+ young people who did not have a choice but to live at home had poorer mental health (Gato et al., 2021), these findings are confirmed by further studies examining the impact on LGBTQI+ children and young people living at home during the pandemic (Zhang et al., 2022). Pullen and Sansfaçon examined the impact of parental support on gender-diverse and trans children and youth (GDTCY). For example, a study of 75 foster care youth found very high rates of in-home violence for transgender youth (44%) and LGB youth (29%) (Austin et al., 2021; Baker et al., 2018; Pullen Sansfaçon et al., 2022). Trans and gender non-conforming children and young people have better health and social outcomes when strongly supported by their parents/caregivers (Pullen Sansfaçon et al., 2022) . They state that 'To optimize young people's health and well-being, it is essential that we learn more about family experiences in supporting their GDTCY[10]'(Pullen Sansfaçon et al., 2020), and that 'trans youth who experience support and affirmation from family, experience positive mental health outcomes comparable to those of their cisgender peers' (Durwood et al., 2017; Olson et al., 2016)' (Pullen Sansfaçon et al., 2020), P.1216.

Many LGBTQI + youth enter care for similar reasons to non-LGBTQI+ youth but are disproportionately represented in care, remain in care for longer periods of time, experience more placements and are less likely to find permanent placements(Wilson & Kastanis, 2015). Further, caregivers or foster families have been found to request removal of LGB youth from their homes over two times as often as non-LGB youth, with nearly 20% of LGB youth being removed from their first foster placement compared to 9% of heterosexual youth (Dettlaff et al., 2018). In the United States, despite a 2011 mandate from Congress that child welfare organisations integrate trauma-informed practices to promote the safety, permanency, and socio-emotional well-being of all foster youth, research suggests that LGBTQI + foster youth are re-victimized within the foster care system (Austin et al., 2021). A Canadian study which samples a large cohort of trans people (N=433) compared strong parental support with moderate/no support of their trans offspring (Travers, et al., 2012). Figure 1 below describes the findings in terms of positive health outcomes for trans young people who have or have not received strong parental support on coming out.

[10] Gender diverse trans children and youth

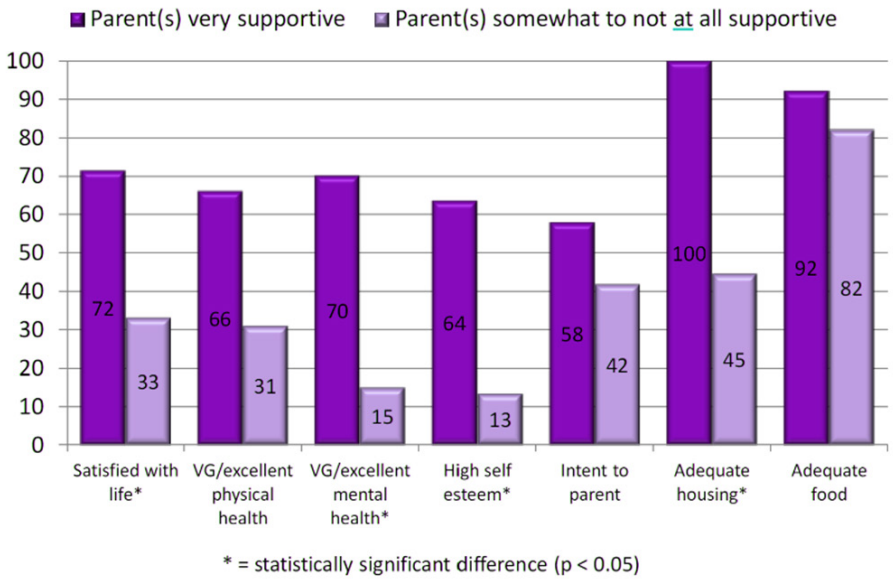


Figure 1: Proportion of trans youth aged 16 – 24 in Ontario experiencing positive health and life conditions by level of parental support[11]

The study also found significant relationships between parental support (strong versus moderate or no support) and depressive symptoms, suicidal ideation and attempted suicide(Travers, et al., 2012).

Positive experiences of coming out may ameliorate minority stress (Baiocco et al., 2015). Transgender research (Yadegarfard et al., 2014) identified family rejection as a factor in poorer health outcomes for male to female (MtF) trans people. Similarly (Bird et al., 2017) found an association between family rejection and increased risk of HIV in men who have sex with men, including gay and bisexual men.

Overall, there is a strong evidence base that higher levels of parental support for LGBTQI+ young people reduce suicidal ideation, increases wellbeing and reduces life stress.

Generational Differences in Values, Language, and Perspectives

People currently parenting children and adolescents generally were born from the 1950s onwards. The oldest cohort being baby boomers who were themselves born between 1946 and 1964, followed by Gen X, born between 1965-1980 and millennials born between 1981 and 1996. Each of these generations have a distinct set of values and characteristics grounded in the social, political, and received knowledge (scientific and religious) context of the time. For example, there is a

[11] (Travers, et al., 2012)

movement from heteronormative frameworks for the study of queer experiences to that of a queer lens, where the assumption is not one of dichotomy but complexity (Catalpa & McGuire, 2018).

It is a developmental phenomenon that preceding generations see subsequent generations as rebelling against their values. In psychological terms such behaviours are viewed as a healthy expression of the developmental shift towards independence and identity formation however such differences can cause tension and difficulties in communication between generations and between primary caregivers and their children (Lyons et al., 2007; Maltby et al., 2010). Therefore, the specific experience of parents of LGBTQI+ young people need also to be understood as occurring within a wider context of parenting young people and the challenges and opportunities for connection present in all families.

Changes in Expectations of Performance of Gender from a Historical Perspective

Generational differences in the understanding of, and performance of gender and sexuality, can lead to challenges in effective communication between parents and their children. There has been a considerable shift in how gender and sexuality is conceptualised in this century and among younger generations in particular, compared to the 20th Century. The understanding of gender and sexuality across generations differs greatly as a result. McCormack (McCormack, 2020) describes the mid to late 20th century as an era where homophobia and transphobia was the societal norm. Gender stereotypes were binary, narrow and the accepted performance of gender in society was rigid. Generations who grew up during this period who are now parents tend to hold more inflexible views on gender and by extension sexuality and gender conformance. Prior to the 20th century this was not necessarily the case.

McCormack gives examples of the late 19th and very early 20th century era where physical expression of affection between men was common (McCormack, 2020). During the 20th century the physical expression of friendship was frowned upon and the performance of masculinity in society often involved the suppression of emotion and physical affection for male peers and children. Such actions were considered to be feminine and physical contact between peers associated with homosexual behaviour. These perspectives were enshrined in laws which originated in the mid-nineteenth century. In the mid 20th century these laws were used to police the

LGBTQI+ community in particular (Sears, 2015). I In the USA over the course of the 1950's, 60's and 70's these laws were interpreted at a local level by police and wearing more than three items of clothing (the three item rule) of the 'opposite sex' often resulted in arrest or raids on LGBTQ+ spaces This narrowing of the concept of 'what it is to be a man' or what feminine looked like, had ramifications for men and boys and women and girls who did not conform to these norms. Wrapped into this narrative is a binary view of sexuality and gender which is at odds with current conversations, particularly from younger cohorts, that is the children of parents born in the 20th century. Millennials and Gen Z, generally exhibit lower levels of homophobia and transphobia and view sexual orientation and gender through a spectral lens. Expression of masculinities differ too, with physical and verbal expression of affection between men and boys now being more socially acceptable between peers (McCormack, 2020). These different perspectives can result in tension between generations navigating the carer/child relationship. On a more pragmatic note, these differences give rise to failures of communication where terminology and language and the basis for that language have different foundations.

Chapter 2 : A Review of the Literature

Overview

The objective of the literature review was to identify articles which specifically centred on the experiences of parents and carers of LGBTQI+ children and young people, in order to:

- Extract what is known to date on the experiences of parents and young people on their young person coming out
- Identify the likely needs of parents and carers of LGBTQI+ children in order to develop good practice supports
- Identify good practice guidelines for the provision of information or support
- Develop good practice guidelines from these findings to inform the mapping exercises conducted subsequent to the literature review

Initial Observations from an Initial Search of the Literature

While there is limited literature on this subject, there were more articles on disclosure of sexual orientation (SO) than articles focusing on the experiences of parents and carers of trans children. Articles on SO appear earlier in terms of publication dates than articles on trans children. It is interesting to note that some of the language used in these earlier articles on SO contain outdated terminology[12] while articles on trans, which appear later in the search parameters do not. There were no articles on the experiences of parents and carers of intersex children resulting from the initial searches. A separate search resulted in two articles relevant to this review (Danon & Krämer, 2017; Jones, 2017). For intersex people their identity as intersex is disclosed to them, or conversely withheld from them (Jones, 2017). In this sense it is the medical profession, parents and carers who quickly become gatekeepers of disclosure (Danon & Krämer, 2017). For those people who discover their intersex identity later in life, often discovery is as result of interacting with the medical profession. Jones (2017) states 'Aside from broad calls to include intersex themes in education in a social justice lens(Koyama & Weasel, 2002; Savage & Harley, 2009) there is a lack of research on the social relations of people with intersex variations generally' (Jones, 2017). Subsequently this study highlights the need to consider the experiences of

[12] For example Phillips (Phillips & Ancis, 2008) language is firmly grounded in a gender binary of lesbians and gay males.

intersex people and the provision of resources to carers and parents of intersex people as a priority.

A Note on Terminology Used in the Papers Reviewed

Terminology across papers varies, at times depending on accepted terminology when the paper was written and sometimes to delineate a specific cohort, for example specifically LGB people. Where this is the case the authors' acronyms and terminology are used to describe findings. Otherwise, the acronym LGBTQI+ is used throughout in line with the brief for this research. No doubt, in time, this terminology too will become dated.

Themes emerging from the initial review of the literature resulted in a revised focus for the literature review, which was to examine:

- Factors influencing parent and caregiver reactions to their LGBTQI+ Children coming out, or in the case of parents of intersex people factors influencing their disclosure
- The experiences and journey of parents and caregivers of children's coming out
- Any literature identifying interventions, supports, resources or indicators for best practice in the provision of support for parents and caregivers and that identify the nature and content of resources which would best support parents of LGBTQI+ young people

Methodology for the Literature Review

The searches for this literature review were conducted across relevant databases all hosted by EBSCO, a research database hosting platform. An initial search of the literature using multiple search strings (listed below) across multiple databases revealed a dearth of literature on best practices for the provision of supports to parents and carers of LGBTQI+ children and young people, a finding reflected in a similar study conducted in 2019 (Schrager et al., 2019). Searches included peer-reviewed and non–peer reviewed sources in the English language from 2012 – 2022 across 11 databases hosted by EBSCO as follows:

- Academic Search Complete
- CINAHL Plus
- Full Text; eBook Collection (EBSCOhost)
- ERIC

- Humanities Full Text (H.W. Wilson)
- MEDLINE;OmniFile
- Full Text Mega (H.W. Wilson)
- APA PsycArticles
- APA PsycInfo
- Social Sciences Full Text (H.W. Wilson)
- SocINDEX with Full Text; UK & Ireland Reference Centre

The PICO framework was used as a guide for the formulation of search strings (Population, Intervention, Comparison and Outcomes) although the comparison aspect of this acronym is not relevant here. Medical subject headings (MeSH) allow a search of databases using a thesaurus engine to include articles related to the search string terms. CINHAL, ERIC and PsychInfo all have MeSH functionality, the simultaneous searching of multiple databases required that these terms be included in the final search string. MeSH terms were generated as search strings were developed.

Initial searches of these databases used the search string; (parents or caregivers or mother or father or parent) AND (lgbtq or lesbian or gay or homosexual or bisexual or transgender or homosexual or queer or sexual minority youth or intersex or questioning) AND (support or education or resources or information or intervention) in the English language from 2012 -2022 resulted in 7,257 articles.

The vast majority of these articles related to LGBTQI+ parents, rather than parents of young people and children who were LGBTQI+. A search of the first 200 titles and abstracts did not reveal any relevant articles regarding the experiences of parents (from their perspective), or relevant best practice supports. In order to identify articles pertaining to parents of children and young people who were LGBTQI+, the search was further refined using the string:

((parents or caregivers or mother or father or parent) AND (lgb * child or trans* child or intersex child or offspring or son or daughter) AND (lgbt* or lesbian or gay or homosexual or bisexual or transgender or homosexual or queer or sexual minority youth or intersex or questioning) AND (support or education or resources or information or intervention)) AND (lgbt* or lesbian or gay or homosexual or bisexual or transgender or homosexual or queer or sexual minority youth or intersex or questioning) AND ((coming out) or (disclosure)) AND (resources or support or programs or services or intervention)

This resulted in 138 articles of which 75 were unique articles. All articles were scanned by abstract and title for relevance. All articles pertaining to parents of LGBTQI+ children and young people were retained.

At this stage 23 articles were retained for final analysis. The full text of all 23 retained articles were read. References in these articles were scanned for relevance and those texts retained. As the search focused on the perspectives of parents and carers on LGBTQI+ children and young people coming out, none of these articles discussed the experiences of parents and carers of intersex children. A separate search was conducted to capture the experiences of parents and carers of intersex children. This search resulted, generally, on articles centred around the medicalised nature of parents' experience of having an intersex child and of the medicalised experiences of people who are intersex, the laws and practices of the medical profession and the pathologisation of intersex within this framework. Two relevant articles were identified and retained for this review.

Findings from the Literature Review

All but two texts (both magazine articles giving advice to parents and caregivers on their child's coming out) were academic articles or texts. Of the academic texts retained two were PhD dissertations (from the ERIC database). The original texts included are contained in Appendix I. No Irish papers or sources were identified in the search.

While some texts discussed LGBTQI+ identities in general, many addressed only sexual orientation or only gender. In terms of sexual orientation some articles focused specifically on women/girls or men/boys. There was one study which included parents of bisexual boys (along with their gay peers). Pan, asexual and SO identities other than gay or lesbian were absent from the literature. As mentioned previously there was a lack of literature on the experiences of parents of intersex people outside of a medicalised context. Broadly speaking articles were subdivided into articles, examining:

- Sexual orientation (gay and lesbian)
- Transgender
- Intersex

LGBTQI+ people are a minority group as identified in the LGBTI+ Youth Strategy (DCYA, 2018). However, consideration of additional intersections with other minority identities was given attention while synthesizing the content of texts. For example, the review identified articles considering ethnicity, religious affiliation, and gender of parent/child dyads.

Synthesising the Evidence

Themes emerging from the review of the literature resulted in a revised focus for this research:

- Factors influencing parent and caregiver reactions to their LGBTQI+ children coming out, or in the case of parents of intersex people, factors influencing their disclosure
- The experiences and journey of parents and caregivers of children's coming out
- Any literature identifying interventions, supports, resources or indicators for best practice in the provision of support for parents and caregivers or the nature and content of resources which would best support parents of LGBTQI+ young people

Factors Influencing Parent & Caregiver Reactions to Children Coming Out

Conley, who conducted a study of lesbian and gay people's perceptions of their parents' reactions to their coming out identifies worries about social judgement, potential rejection by loved ones and worries about the wellbeing of their child as primary concerns for parents on their child's coming out (CO) (Conley, 2011). Mother's religiosity, conservatism of both parents, rigidity of family, flexibility (negatively correlated with negative experiences of parent's reactions to CO) and enmeshment of family all contributed to negative experiences. Saltzberg identifies the dissonance between a parent's own values (such as homosexuality being wrong or deviant, or a sin) and being faced with a disclosure from their adolescent child as the greatest source of suffering for parents (Saltzburg, 2004).

Fears of Stigma and Societal Pressure

Minority stress theory examines the impact of being from a minority group in society on the person(Meyer, 2003). Minority parental stress then is the affiliate effect of being the parent or carer of a person from a minority Sexual Orientation (SO) or

Gender Identity (GI) group. Findings from the systematic literature review found that some parents reported feeling challenged by the public debate challenging the legitimacy or morality of LGBTQI+ identities. Findings are discussed in relation to affiliate stigma and parental minority stress, and the need to consider in research and practice the effects of LGBTIQ stigmatisation on the entire family system (Rostosky et al., 2022). The findings are echoed in a paper by Mills-Koonce and colleagues (Mills-Koonce et al., 2018) who emphasise the quality of parent - child relationships in moderating the mental health and wellbeing of SGM youth.

Positive and Negative Reactions of Parents to their Child Coming Out

Boxer identified perceptions of whether sexual orientation was a choice or not as being a factor moderating the reactions of parents to their child coming out (Boxer et al., 1991). Parents who believed that sexual orientation (SO) was a choice were more likely to have a negative reaction compared to parents who believed it was not. A study of sexual minority boys, men and transgender girls and women identified factors providing resilience against negative parental reactions. The study found that parents whose religiosity embraced their child's identity was one such factor (Bry et al., 2018). In a study by (Baiocco et al., 2015) young people's perceptions of their parents' reactions (using the Perceived Parental Reactions Scale, PPRS), were assessed against a range of factors including age at coming out, gender, parental political orientation, and religiosity and family functioning (assessed through the Family Adaptability and Cohesion Evaluation Scales). The study found that a negative parental reaction was the result of poor family resources to face a stressful situation such as poor relational competencies and conflict between family members particularly parents, experiencing multiple stressful events or low ability to deal with stressful events and a strong belief in traditional values. Right wing beliefs and strong religious beliefs, higher rigidity and enmeshment (strong parental involvement and identification with child) were factors indicating negative reactions. It also posited that positive experiences on coming out may provide a buffer to the stresses of minority status (ameliorate minority stress) (Baiocco et al., 2015).

Rosencrantz et al carried out a study to examine positive and negative factors influencing parental responses to their children coming out. The study used regression analysis to identify the degree to which various factors had a positive or negative influence (Rosenkrantz, 2018). They identified that scores on the following factors significantly predicted parental response:

- Religious fundamentalism
- Parental sanctification[13]
- The control component of cognitive flexibility
- Parent gender
- Parent sexual identity

Lower religious fundamentalism, higher parental sanctification, and higher cognitive flexibility scores were associated with parental acceptance of an LGBT child. Participants identifying as a woman or LGB parent also significantly predicted acceptance. Likewise Allen found that control or rigidity impacted parents reactions to their child coming out (Allen, 2021).

Perceptions of Femininity and Mother's Reactions to their Daughters Coming out as Lesbian

Mothers were more likely to react negatively to a daughter coming out than a son coming out (Baiocco et al., 2015). The same paper found that children were more likely to come out to their mother directly and indirectly to their father.

Perceptions of Masculinity and Fathers' Responses to their Sons Coming Out

Brand and O'Dea identified 'masculine honour beliefs' as a potential factor influencing men's reaction to their sons coming out as gay (Brand & O'Dea, 2022). Higher scores on this factor predicted more negative responses from fathers in a hypothetical scenario. The research suggests that men who score high on this factor would have a negative perception as a male parent of a gay son, suggesting that social pressures may have some foundation in terms of parents' and carer's perception of negative societal responses to them on their child coming out. These findings echo that of Bucher et al (Bucher, 2014) who found that fathers who ascribe to hegemonic ideals of masculinity were more likely to hold homophobic views and have negative perceptions of their gay sons. While work by McCormack and others suggests a shift in masculinities towards more inclusive behaviours of heterosexual men towards their homosexual peers in the 21st century (McCormack, 2020),

[13] 'In the context of the parent-child relationship, parental sanctification involves imbuing the parental relationship with divine qualities, such that maintenance and preservation of the parent-child relationship becomes a spiritual task (Mahoney, 2010). For some, sanctification can include the belief that one's higher power is manifested in the parent-child relationship (theistic sanctification), while for others sanctification is simply about a relationship having spiritual value (nontheistic sanctification, Mahoney, Pargament, Murray-Swank & Murray-Swank, 2013).' Rozencrantz, 2018. P. 9.

heteronormative stereotypes of masculinities held by parents of boys and men seem to have a negative impact on health and wellbeing of queer boys and men.

Ethnicity and Sexual and Gender Minorities

There are very few studies addressing the intersection of ethnicity and LGBTQI+ and the specific needs of parents and carers identified in this review. In one American study, Ryan et al found ethnicity predicted poorer outcomes for certain ethnic minority group children compared to their white peers (Ryan et al., 2009). Similarly in a study conducted in Taiwan, where there are fewer rights afforded to sexual and gender minority (SGM) people compared to Ireland, traditional values and fixed expectations of life trajectories (such as heterosexual marriage) predicted lower acceptance in parents (Huang, 2022). In a thesis by Johal (Johal, 2019), consideration is given to the intersection of ethnicity for people of colour and being SGM. They discuss the interplay between being a visible minority status, and an invisible one. They suggest that, while people of colour realise their SGM identity at the same developmental stage as white people, they may adhere to traditional values for longer due to higher stakes of losing family and community support. Citing La Sala, Johal describes a tension with values (such as heteronormative assumptions of masculinity), and awareness by parents of the additive effect of being black and being SGM, or in the case of women, the 'triple threat' of being black, SGM and a woman. Some black parents in Johal's sample were more accepting and protective of their children as a result. Parents also reported less feelings of loss for an expected future; Johal posits that this may be due to lower expectations due to systematic racism and therefore fewer perceived opportunities for their children in general (Johal, 2019).

Religious Practice and Beliefs

Etengoff and Daiute examined online interactions between gay men and their religious parents on their coming out (Etengoff & Daiute, 2015). The study echoes the findings of other papers in this report which suggest fundamentalist religious beliefs or firmly held religious beliefs that are homophobic or transphobic are negative indicators for outcomes for children and adolescents coming out to their parents and caregivers. However, the paper also gives accounts of religious parent allies who signal support for their offspring online and on social media (sometimes prior to child's disclosure). While accepting a child as LGBTQI+ may seem at odds with certain religious teachings or belief systems Goodrich found that religious parents who

journeyed to acceptance of their child often shifted their perspective on religious teaching while continuing to embrace their faith (Goodrich et al., 2019). Some described the role of religious leader LGBT allies as being important for the reconciliation of a seeming conflicting state. Such shifts in thinking may come at a cost to parents however in terms of losing friends or members of their religious community who are not sympathetic (Goodrich, 2009). These findings are echoed in a study by Phillips and Ancis who found variations in how parents who had strong religious practices adjusted to their child's disclosure. Reactions ranged from reluctant acceptance to changing churches and in one case the forming of a new church that would welcome LGBTQI+ people (Phillips & Ancis, 2008). Again, parents sought council from religious leaders whose reactions varied from intolerant to accepting. In a sample of Jewish Orthodox parents, Kabakov examines the tensions between their religiosity and their connection to their child. She advocates for parents within the Jewish Orthodox church to act as allies and instigators for change within the faith and thus increasing acceptance within their community for their children (Kabakov, 2014).

Cognitive Flexibility, Openness and Empathy

Many of the studies reported that trait rigidity indicated negative reactions to child disclosure; rigidity in thinking styles predicted low levels of acceptance (Allen, 2021), while cognitive flexibility (a 'growth' mindset), openness and prioritising their love for their child over other beliefs and values resulted in more positive relationships with their children and greater acceptance (Goodrich, 2009).

The Experiences of Parents and Caregivers of their Children's Coming Out

The moment of disclosure is a defining moment in the life of the parent, dividing the parenting experience into two distinct eras: before and after coming out (Saltzburg, 2004). Muller's study of parents with lesbian and gay offspring emphasises the need to examine the parent journey through their child's coming out, and gives an account of parents' general fear of their child being mistreated (Muller, 1987). Muller describes a state of 'loving denial' and a reluctance by parents to disclose their child's SO outside of the family home. Similarly Jadwin et al (Jadwin-Cakmak et al., 2015) identify reluctance, stigma and shame as being factors preventing parents disclosing their son's SO. Lev and Gottlieb, examining the journey of parents of trans children describe a tension between trying to accept their child and trying to protect them

(Lev & Gottlieb, 2019): a finding echoed in a study of LGBT children and their parents by Tyler and Abetz (Tyler & Abetz, 2019). Likewise Goldman and Huckaby, in the book Coming Out, Coming in: Nurturing the Well-being and Inclusion of Gay Youth, describes the journey from disclosure to (hopefully) acceptance as a process akin to grieving and reformulation of the parent-child relationship (Goldman & Huckaby, 2007). The phases outlined in the book are the same as the ones outlined by Saltzberg below (Saltzburg, 2004).

Saltzberg describes a loss of the idealised child and a sense of shame of having failed as a parent, over-identification with expected outcomes for their child (expectations of adherence to social norms, the assumption of expected life trajectories such as marriage and children may not be met), and a kind of dysphoria between expectations of the child-parent relationship and the actual relationship which has now come into relief since disclosure. Feelings of loss, shame and guilt emerged as common themes in this study. Saltzberg identified five stages in the parent/primary caregiver journey:

1. Awareness of difference (of child)

Parents are often aware or suspect that their child is gay or lesbian prior to the child's disclosure. Parents and caregivers may go through phases of denial, seeing signs of SO and worry.

2. Knowing with certainty after coming out

On disclosure parents can experience panic and deep loss, a sense of existential aloneness, as well as shame. Embedded in this process is feeling of grief for the expectations the parent or caregiver may have had for their child and a letting go of idealised dreams for their child's future. In Saltzberg's study one mother recounted:

> *'The unique quality to this grieving is that the world at large is not compassionate - they don't understand. It's not like I can talk to people about this. No one understands. You don't get support. It's a loss that you, in the end, experience very alone. I wanted to cry with other parents feeling like me. At first, there was no one.' Saltzberg, 2004. P113*

While the study focused on parents of lesbian and gay children, there was also shame related to trans identities and perceptions of stereotypes of lesbians and gay men at the time. "Thinking about their adolescents wanting to dress or gesture in ways that would attract same sex individuals was equated with the desire to be of the opposite gender" Salzberg, 2004. P. 113. Salzberg found that parents tended to not

differentiate between sexual orientation and gender identity. Both fathers and mothers described a shame related to these identities.

3. Emotional detachment

Parents described strong feelings of homophobia, and shame that these feelings were directed at their own children. Fathers described feeling challenged by their sons SO and their own ideas of maleness and manhood. Mothers assumed that their lesbian daughters wanted to be men and viewed lesbianism as deviant. These challenges to their own value system grounded in their own social context resulted in an emotional detachment from their child during this phase and a continued struggle with their own heterosexism and homophobia.

> *'My family, the church, everywhere—you were given the message that being gay was bad …It is considered a sin. And just because some people are now saying it's alright doesn't mean that it is. I haven't stopped loving my daughter. That's the hard part. And I didn't know how to reconcile this.' Saltzberg 2004. P114*

4. Fears of estrangement

Parents feared becoming estranged from their child. Parents of the same gender as their children experienced this more strongly and described fearing that they would lose their child to a culture they did not have access to themselves(Saltzburg, 2004).

5. Adjustment and education

Parents who sought out information and educated themselves about their child's SO had better coping skills which offset fear and anxiety. This was done in two ways:

- Meeting parents of gay and lesbian children: 'All of the parents acknowledged their desire to meet other parents going through the same experience but found scarce resources in their communities' (Saltzberg, 2004. P 114). However, it should be noted that parents new to the issues described being dissatisfied by parent peer support groups where parents were now activists or where parent-peers' children were now adults
- Talking to an adult they knew was gay or lesbian or seeking mentorship from the queer community

It is important to note that, after a period of adjustment, Saltzberg (Ibid) finds that many parent/child relationships heal and grow post disclosure. This finding is

consistent across multiple studies where it is found that parental acceptance can range from tolerance to acceptance to active support for their child.

A study in 2015 indicated that parents and extended family can be conceptualized as going through stages of acceptance, including: discovery, turmoil, decision-making, and finding balance (Riggs & Due, 2015).

Goodrich (Goodrich, 2009; Goodrich et al., 2019) critiques the robustness of the methodology of many of the studies carried out, including Saltzberg's. In particular he questions the appropriateness of examining the process experienced by parents of their child's coming out using the Kubler Ross cycle of grief (Kübler-Ross, 1970). Nonetheless Goodrich's findings echo that of previous researchers and is further bolstered by similar findings by Savin-Williams and Dubé (Savin-Williams & Dubé, 1998). A grief cycle for trans children and their parents is described in a study of a sample of Taiwanese parents (Huang, 2022), findings from an American survey on the experiences of parents on their child coming out (Robinson et al., 1989), as well as Catalpa & McGuire who explored this journey from the perspective of parents of trans children (Catalpa & McGuire, 2018) who describe a process of 'ambiguous loss' which is a complex dynamic of both acceptance and rejection. Catalpa and McGuire outline how parents often tried to cajole or force their trans children to conform to gender norms, while also accepted aspects of their transition. These findings are echoed in a similar study examining the experiences of parents of trans children (Pullen Sansfaçon et al., 2020).

More recent research posits that journeys towards acceptance are not always linear in nature. A small sample qualitative study of white middle-class parents who participated in a PFLAG[14] support group for parents of trans children in the USA found that the process of turmoil, grief, shame, anger and confusion can vary over time and is not linear in terms of resolution (MacNish, 2019).

Even for parents who are supportive of their child's identity navigating their social networks can be a struggle and come at a cost (Tyler & Abetz, 2021). In studies by Pullen Sansfaçon (Pullen Sansfaçon et al., 2015, 2020) parents who were supportive of their trans and gender non-conforming children described losing friends, being rejected by social circles and neighbours and having to navigate transphobia in general society.

[14] PFLAG (Parents, Families & Friends of LGBTQ+ People) is a LGBTQI+ allyship organisation based in the USA.

Taken together these studies describe a journey for parents from the point of disclosure to resolution of their new reality. The stages described are strikingly similar across studies and while initial stages may describe a sense of loss or grief parents often move from this position to one of positively identifying as the parent of an LGBTQI+ child.

Horn and Wong examined the relationships of fathers to their gay sons from a strengths-based (positive psychology) perspective (Horn & Wong, 2017). They described the dynamic interaction in the father and son relationship, describing that fathers were both changed and not changed. This captures something of the reflexive nature of the process of disclosure in relationship, where neither party can remain unchanged. Gonzales et al also examined the experiences of parents from a strengths-based perspective focusing on the positive experiences of parents. Once parents navigate their child's coming out, they describe a reshaping of parental identity which includes increased feelings of connectedness, compassion and pride which they attributed to their own growth and personal development during their child's coming out process (Gonzalez et al., 2013). While the Gonzales study has a very specific focus, qualitative research by Phillips and Ancis examined the parent journey from the time of disclosure to the resolution and reformation of parental identity (Phillips & Ancis, 2008), like previous studies they found an initial process akin to a grief cycle and then resolution ranging from acceptance or tolerance (moderated by religiosity) to embracing and celebrating being the parent of an LGBTQI+ child or young person. Similarly Grafsky describes the process of 'becoming' the parent of an LGBTQI+ child (Grafsky, 2016). While initial stages may follow the cycles described above, parents move to a newer identity formation which includes one of embracing or accepting their child. Grafsky notes that, in their limited study, there appeared to be greater acceptance among younger parents and that this may be a function of generational differences; younger generations reporting lower levels of homophobia and transphobia (Grafsky, 2016).

Supports and Resources in the Provision of Support for Parents and Caregivers

Educational Supports

Nearly all of the papers examined in this review mention the benefit of parents educating themselves about their child's SGM status. Having an understanding of,

and language for, communicating constructively with their child not only improves the parent-child relationship but gives an understanding that leads to greater acceptance of their child (Pullen Sansfaçon et al., 2020). Many of the studies indicated that parents could benefit from educational approaches to understanding their child's SO or gender identity, and that this can in turn improve relationships between parent/caregiver and child. Catalpa and McGuire recommend gender identity literacy in order to improve outcomes for trans children (Catalpa & McGuire, 2018). Further such supports have positive outcomes for LGBTQI+ young people in terms of reduced homelessness and risk-taking behaviours such as drug misuse, and engaging in risky sexual behaviours (Catalpa & McGuire, 2018; Ryan et al., 2009, 2010). Huang found that *prior* knowledge and LGBTQI+ literacy in parents predicted higher acceptance of their child's SO and gender expression compared to parents who had no prior experience or knowledge of LGBTQI+ identity (Huang, 2022). This would suggest that literacy education should start before potential disclosure. In fact two articles from the original search for this literature review were mainstream magazine articles aimed at parents (Health and Ebony Magazine)(Fox, 2021; Terrell, 2015; 'When Your Child Comes Out', 2019). Mainstream media may present a viable avenue for communication with parents and carers prior to disclosure.

Professional Supports

Studies presented in this report identify that parents may benefit from accessing professional therapeutic supports (Pullen Sansfaçon et al., 2020). However, the provision of, or referral to, professional supports from information online comes with the risk of parents accessing supports which are not quality-controlled and are contra-indicated for positive health and wellbeing of LGBTQI+ children and young people (i.e. from organisations with specific agendas).

There is a body of literature available on the good practice provision of therapeutic interventions designed to support parents, families and LGBTQI+ people in the navigation of coming out within a family (Austin et al., 2021; Diamond & Shpigel, 2014; LaSala, 2000; Saltzburg, 2007; Troutman & Evans, n.d.). These approaches are suitable for psychotherapists and counsellors, and other relevant professionals seeking to support families. Specifically in relation to the professional and clinical support of trans people across the lifespan the Gender Affirming Lifespan Approach (GALA) model is gaining traction (Rider et al., 2019; Spencer et al., 2021). This approach, as the name suggests, can be tailored to be age-appropriate and is used, for

example, in Minnesota Medical School to help parents and caregivers of trans children navigate their journey and relationship (Catalpa & McGuire, 2018).The approach has the potential to provide an evidence base and framework for practitioners for trans psycho-therapeutic care in Ireland.

A critical aspect of referral to best-practice supports is that there is a stated support and affirmation for the respect and dignity of LGBTQI+ people (Austin et al., 2021; Catalpa & McGuire, 2018; Diamond & Shpigel, 2014; LaSala, 2000; Lavoie & Côté, 2014; Ryan et al., 2010, 2020; Saltzburg, 2007; Troutman & Evans, n.d.). For example, conversion, reparative or other therapies designed to bring about change in a child or young person's preferred sexual orientation or gender are not recommended(Lavoie & Côté, 2014). The use of 'conversion', 'reparative' or 'corrective' approaches are often grounds for removal from the professional body to which the therapist adheres as they are judged as detrimental to the health and wellbeing of the young person. The American Psychological Association produced a report on conversion and reparative therapeutic practices for SAMHSA,, which is part of the Department of Health and Human Services in the USA. Part of SMAHSA's role is to examine evidence-based practices in the provision of services to a range of cohorts who access health and mental health services. Published in 2015 the report states:

> *Interventions aimed at a fixed outcome, such as gender conformity or heterosexual orientation, including those aimed at changing gender identity, gender expression, and sexual orientation are coercive, can be harmful, and should not be part of behavioural health treatment. (American Psychiatric Association, 2013b; American Psychological Association, 2010; National Association of Social Workers, 2008). (SAMHSA, 2015)*

While there were no Irish best practice guidelines available, international examples are available, for example SAMHSA have published guidelines for practitioners for the supports of families of LGBTQI+ children and young people (SAMHSA, 2014).

Peer Supports and Supports from LGBTQI+ People and Organisations

The Family Acceptance Project, based in San Francisco has carried out extensive research into the effect that different parental behaviours either rejecting, ambivalent or accepting can have on outcomes for LGBTQI+ children and young people (Ryan et al., 2010, 2020). Their website contains a wealth of resources specifically aimed at parents. Their literature is parent-centred and gives accounts of the parent

experience. They provide booklets to parents in several languages and for different audiences (for example they have a booklet specifically for Mormon parents).

Indicators for Best Practice for Supporting Parents/Carers of LGBTQI+ Children

This chapter examined the literature available on the experiences of parents of LGBTQI+ parents and caregivers in relation to their offspring disclosing LGBTQI+ gender expression or sexual orientation. No literature pertaining to Ireland was found. The aim of the literature review was to capture an overview of the experiences of parents and carers, the individual differences that moderated parent/carer responses to their child coming out and to identify any indicators for best practice, i.e. what works to improve the experiences and understanding of parents/carers. The literature cited at the beginning of this chapter indicates that the quality of relationship between parent/carer and child is crucial, i.e. supportive parenting is a protective factor against suicide, suicidal ideation and poor mental health. Such supports, by extension, also protect against other risk factors such as homelessness and risk-taking behaviours such as drug misuse, and engaging in risky sexual behaviours (such as unprotected sex) (Catalpa & McGuire, 2018; Ryan et al., 2009, 2010). At its best parental support enables a child to grow into adulthood with higher self-esteem and better health than their less supported peers (Ryan et al., 2010).

The final conclusion for this literature review is that acceptance by parents and caregivers of their SGM children can be encouraged by the implementation of strategies that aim to educate parents on their own likely journey, on the impact parental support can have on the life outcomes of their child. It can give them the language and knowledge to communicate effectively with their child, and where necessary mental health professionals; as well as providing parents and carers with supports to help them process their own emotions without shame. This literature review also gives parameters for professional practice, and the orientation for learning resources for parents (i.e. parent-centred).

There is inadequate consideration of intersectional factors in this report, particularly religion and ethnicity. This is because, within the parameters of this review there was inadequate research from which to draw comprehensive findings. The lack of

literature on intersex young people's experience is also noted. This omission is something worthy of addressing in future studies.

Recommendations Based on the Review of the Literature

a) Development and provision of a series of parental resources should be designed specifically for the target audience, i.e. parents and caregivers of LGBTQI+ children. Resources should acknowledge the personal challenges, emotions and processes or stages that parents may experience. They should also aim to reduce isolation and stigma that parents may experience due to perceived religious, societal or political beliefs or affiliations. Additionally, they should:

   - Cover the range of LGBTQI+ and gender experiences and identities and remain up to date in this regard
   - Clearly communicate the role that parental and caregiver acceptance plays in protecting young people from negative life outcomes
   - Provide information to combat not-knowing, myths, or assumptions
   - Be inclusive in terms of additional factors such as ethnicity, religion and gender
   - Provide information on common formal and informal terminology and their meanings
   - Ensure that where resources refer to other supports (e.g., counselling or support groups), those supports meet best practice guidelines

b) Religious affiliation should be considered as a potentially ameliorating or limiting factor in parents or caregivers' journey towards acceptance of their child's identity. The development of bespoke resources to support specific religiously affiliated parents should be considered, which connects parents to appropriate supports within their religion, where possible. These resources and any follow on supports should also be supportive of the child's identity.

c) A mapping of existing in-person and online peer-led parent support groups across the Island of Ireland should be undertaken to inform the development of a national strategy to ensure that peer-support options are available to parents wherever they live.

d) To ensure that parents are aware of key issues prior to experiencing a child coming out, a media campaign to raise SGM literacy for parents (magazine articles and other sources that parents would access) to be considered. The qualitative aspect of this research will further interrogate pathways for the provision of supports to parents and caregivers.

e) Further research regarding supports for intersex young people and their parents from a socio-psychoeducational perspective should be undertaken.

Chapter 3 : The Experiences of Parents and Carers in Ireland on Their Child Coming Out as LGBTQI+

Overview

The purpose of this chapter is to understand the experiences and needs of parents and carers of children and young people in Ireland who have come out as LGBTQI+. The qualitative research was designed to capture the subjective experiences of people in Ireland in order to inform good practice recommendations in relation to parental support and information provision.

Methodology

Recruitment of Research Participants

There were two strands of stakeholder engagement. The first was parents and carers of LGBTQI+ young people resident in Ireland, who were asked what they needed when their children came out, what helped them and what they have learned. The second was LGBTQI+ people aged between 16 and 25 who were asked to identify what they felt would benefit parents and carers based on their experience of coming out.

To engage participants information sheets and invites to participate were sent to community and voluntary organisations working with LGBTQI+ young people, or working with parents, and to LGBTQI+ parent support groups. LGBTQI+ organisations further disseminated the invitation to participate through newsletters, and social media. LGBTQI+ organisations also reached out to local LGBTQI+ community organisations in Dundalk, Limerick, Galway, and Cork. Community organisations and community centres supporting local areas, the Traveller Community and ethnic minority groups were also contacted with the goal of engaging a diverse range of parents and carers. Invites were also sent to two universities, who disseminated the invitation through their staff email lists, with a reach of approximately 10,000 participants. LGBTQI+ youth groups and college societies in 15 higher education institutions were contacted. The invitation was also shared on Facebook, Instagram and Twitter. These notices were subsequently reshared by others. Youth groups and college societies also extended the invitation to young people, and those young people were asked to invite their parents and carers to participate.

This recruitment drive resulted in 20 parents of trans and non-binary children agreeing to participate in either one of two focus groups or in an interview (2 individuals). While there was a very high uptake from parents and carers of trans and non-binary children and young people, the initial call did not attract any parents of young people who identified primarily as a sexual orientation minority (SOM). A second call for this specific cohort yielded similar results. More parents and carers of trans and non-binary children and young people came forward, however no parents or carers of SOM young people. A third call asking specifically for parents or carers of children or young people who were SOM yielded six participants. Three of those participants had children who identified as cisgender while two were non-binary and one was trans.

Twenty-six parents and four young people participated in the research. None of the participants were carers.

Below are the key demographics of those involved in the research:

Parent and Carer Demographics

- A strong majority of parents and carers who participated were women.
- The age range of the children of parent and carer participants was between five to 17 years old.
- The research involved six parents and carers of children and young people who identified principally as a sexual orientation and twenty parents and carers of children who are trans or non-binary.
- Approximately 60% of participants came from rural towns or lived in the countryside and 40% came from cities (Dublin, Cork and Limerick).
- A small minority of parents and careers who participated were from an ethnic minority.
- A minority of parents and carers described themselves as religious. A strong majority (90%) were raised Catholic.
- No participants who had children who were intersex were able to be engaged, nor were parents or carers from the Traveller community.

Young People Demographics

- The age range of young people was 16 – 24 years old
- A strong majority of young people identified as non-binary
- A strong majority of young people lived in cities (Dublin, Cork and Limerick)

- A small minority of young people who participated were from an ethnic minority
- A strong majority of young people had been raised in a Catholic household. None of the young people practiced a religion.

Participants were engaged in the following ways:

- Six parents were involved in focus group one
- Eight parents were involved in focus group two
- Nine parents were involved in focus group three
- Three parents gave individual interviews
- Four young people gave individual interviews

The Approach Taken to the Qualitative Research

A finding from the literature review in chapter one was the lack of research capturing parents and carer experiences and needs at the time of their child coming out to them as LGBTQI+ in Ireland.

A grounded theory approach was used to develop the semi-structured interview schedule and analysis of focus group and interview content (Charmaz, 2006). The objective of grounded theory is to capture the experiences of people without, as far as is possible, introducing the researcher's perspective into the interpretation of those experiences. There are two dominant approaches called Classical Grounded Theory (B. G. Glaser, 1992) and Interpretive Grounded Theory within grounded theory(De Chesnay, 2015; Strauss & Corbin, 1994). There are some philosophical differences in these approaches. Briefly, the core differences here are that the first approach makes no assumptions about what the experiences of people might be and uses a very open, non-directive process. This is generally used in cases where a gap in the research has been found, for example no literature or theory on the subject exists, or where the researchers have provided a rationale for approaching the topic from a wholly fresh perspective not shaped by previous literature or research (B. Glaser & Strauss, 2017). In this case the literature is not examined prior to conducting the interview stage of the research. The second approach considers that the researcher has some ideas about what might be found, and can involve firstly conducting a literature review to ascertain what research has already been conducted and what theories have, thus far, been formulated (Strauss & Corbin, 1994). Where some research has been conducted, but the amount of research is inadequate or does

not address the needs of a specific population, further qualitative research is warranted. In this case previous research can be used to shape the semi-structured interview (Braun & Clarke, 2006). This second approach, where previous research shapes and influences the process, was used in this study. The research also aims to capture the experiences of people living in Ireland, a population on which no research had been published. The general themes for the semi-structured interviews included:

- The experience of parents and carers on their child disclosing or coming out
- How parents and carers felt when their child disclosed and later.
- What supports or information was available to them, and how helpful this was.
- What supports or information they wish had been available to them.
- What recommendations they would make to improve the experiences of parents and carers.

The schedule for young people included questions on:

- Their experience of coming out to their parent(s) or carer(s)
- How their parent(s) or carer(s) responded to them coming out
- The age they were when they came out to their parent(s) or carer(s)
- What they think might have helped their parents or carers
- What they would recommend to improve the experiences of parents, carers and children and young people in this process.

Thematic Analysis of Focus Groups and Interviews

Content from focus groups and interviews were thematically analysed according to good practice. Transcripts from the focus groups and interviews were coded point by point. Data was then sorted into categories based on similarity and difference, using a reflexive method of constant comparison (Braun & Clarke, 2012; Strauss & Corbin, 1994). The categories were then titled based on the content of each category; these titles sought to capture the specific experiences of parents, caregivers and young people. At this point another member of the team reviewed the themed results and the original text to ensure validity. The results were then formulated into a narrative synthesis. This is an account of the experiences of the people who took part in this process. This narrative is structured based on the themes discussed by participants. The order in which themes are presented do not reflect the importance of any one theme or category. In order to maintain the anonymity of participants aggregate opinions are reported as:

Strong majority	80% or more had this experience or agreed
Majority	Between 50% and 79% had this experience or agreed
Minority	Between 20% and 49% had this experience or agreed
Small minority	Less than 20% had this experience or agreed

The terms child or children refers to people under the age of 18, adolescent refers to young people aged 12 to 18 years. The term 'young people' is used to describe participants who participated in the interviews who were LGBTQI+ and were aged between 16 - 25.

Findings From the Interviews and Focus Groups

Twelve themes emerged from the analysis. Inspection of these themes identified three overarching categories:

- Personal factors
- External stressors or supporting external factors
- Experiences specific to parents and carers of children and young people who are trans

Personal Factors

There were six themes which related to the personal experience of participants. These could be described as internal processes for the person. Interviewees spoke about feelings of grief and loss, and a journey to acceptance and support. They reported on how they were impacted by how they felt society or other institutions such as religion would view their child. These factors are included in personal factors because the feelings they brought up for participants were based on how strongly participants identified with social norms (such as heteronormativity) or religiosity. In this sense these factors are part of the person's identity, values, or core beliefs. The themes were:

- Parents reported being generally supportive of their child on coming out. However, a majority of young people report a reluctance or lack of parental support on their disclosure
- Feelings of grief and loss are a common experience for parents and carers regardless of how supportive they are

- Feelings of shame and stigma and social pressures to be 'normal' negatively affects parents and carers
- Feelings of isolation and aloneness impact parents and carers who do not have adequate social support
- Religiosity can cause inner conflict for parents and carers which impacts their relationship with their child
- Generational differences and use of language are related and can cause difficulties for parents and young people's relationships

External Stressors and Potential Supporting Factors Affecting Parents and Carers

Four factors affected the experiences of parents and carers/children and young people. Generally, these factors were beyond the personal control of the participants. factors ranged from where the person lived, to societal norms, which are the common experience of people living in Ireland; to lack of knowledge, gatekeeping, prejudice and discrimination by institutions and people in schools and healthcare.

- Parents and carers, particularly those living in rural areas are aware of tacit and explicit homophobia and transphobia where they live, which has a negative impact on them and their children
- The experiences of parents, carers and young people are heavily affected by how supportive, or unsupportive, schools and specific staff in those schools are
- Societal norms, heteronormativity and misogyny are detrimental to LGBTQI+ young people's mental health and safety, which is a significant source of stress for parents
- Journeying with their child through the mental healthcare system is mentally punishing for parents and carers

Experiences Specific to Parents and Carers of Young People who are Trans

There were two themes which related specifically to the experiences of parents and carers of children and adolescents who are trans:

- Access and delays in the provision of mental healthcare is a threat to the physical and mental wellbeing of trans children and young people which is, in turn, affects the health and wellbeing of their parents/carers
- The lack of access to healthcare and timely transition pathways is considered unjustifiable by families and trans youth.

Personal Factors

Parents reported being generally supportive of their child on coming out. However, a majority of young people report a reluctance or lack of parental support on their disclosure.

The majority of parents and carers described their child's disclosure as part of a process of their child's growing identity of which they were incipiently or fully aware. They described having knowledge or strong suspicions of their child's preferences. A majority of parents described their child as presenting or behaving in a way that might indicate that they were LGBTQI+. This included their child preferring dressing as their preferred gender over their assigned gender, or not wanting to wear clothes considered typical of their gender, or not wanting to engage in gendered play/activities considered typical of the sex they were assigned at birth. This was the case for a majority of parents and carers of children who were SOM, trans and non-binary.

> *I wasn't surprised though. He's individual, he doesn't look like the others, he doesn't really follow. The young guys look the same. Looks, dress, hair, conversation: he's different. I'm not sure what sexuality wise, but different*. Interview 1, parent

Parents of children who are trans and non-binary also gave accounts of their child wanting to use pronouns of their preferred gender which had given them to question their child's gender identity prior to their child's disclosure. A small minority of parents mindfully gave their child space to express themselves, one parent had decided not to use gendered pronouns until their child expressed their own preferences. A strong majority of parents and carers who contributed to this report described feeling supportive of their child at the time of the research. However, acceptance of their child's identity was moderated by many factors and a strong majority described having to go through a process in order to reach a place of support and acceptance for their child. This was common for SOM and trans and non-binary children alike.

A minority of parents were unaware or had not considered their child's sexual or gender identity prior to disclosure and had not considered that their child was LGBTQI+, as they had seen no signs of this. One contributor described their different experiences of two of their children disclosing:

> *I didn't see it coming with my first, there were no signs. But my other experience was very different, they presented as a girl from the outset, always wore dresses from the age of three, so it wasn't a surprise. We started paying attention, we thought, this is going to pass, but she started waking up in the middle of the night; it was really distressing her: 'why don't people know I'm a girl.'* Focus group 2

Some children disclosed their sexuality initially and then came out as trans or non-binary. Parents who had this experience were generally supportive of their child's sexuality but found the subsequent gender identify disclosure more challenging.

> *When he came out as gay, I thought; 'that's nothing, sure I know loads of people who are gay'. It was later when he said I think I'm a boy that I panicked. We live in a very small rural community.* Focus group 1

> *I remember my child was nine in a busy coffee shop and they said, 'I think I'm gay' Two years later his mood had gone down, and he said, 'I think I'm a boy.' I said can we sort it when you're older?* Focus group 2

> *He wrote me a letter and he said I'm trans and gay. It was like a car crash; you can't undo it.* Focus group 1

Parents and carers of SOM children and young people also described feeling challenged by their child's disclosure:

> *I stayed quiet, it was a bit of a shock. I asked what it meant for him; he was bi. That's how it happened. Came home, ate dinner, I went to my wife, and I told her. She was upset. I was frightened, confused, scared. We live in rural Ireland, GAA, boys are boys; all this stuff, I was afraid for us I suppose.* Interview 1, parent

A minority of parents expressed relief at finally understanding why their child was struggling:

> *He'd been attending CAMHS, he had self-harm and suicide thoughts at 11. And then came out as trans. In a way it was a relief because we didn't know what was wrong and when he came out, he stopped self-harming.* Focus group 1

> *I was looking back at her parties; she came out at six. For the first time she didn't want a theme because she could just be herself. It wasn't a shock to us; she was 18 months when she expressed wanting to wear a dress.* Focus group 1

A strong majority of young people who gave interviews for this report described resistance from parents and carers in supporting their coming out in both emotional and more practical terms. Some described a reluctant beginning to the arc of their

parents accepting their identity. Parents either struggled or refused to use preferred pronouns for example. Young people whose parents were generally supportive still described a degree of conditionality to accepting their identity.

> *She's grand now, she's not too bad but then there's the other issue around gender. I'm non-binary, she just doesn't get it.* Interview 4, young person

Young people who described a continuing difficult relationship with their parents described more overt challenges to their sexual identity or gender expression.

> *My mother gets angry if I paint my nails or wear dresses. She says, 'Okay, you can do that here but you're not leaving the house dressed like that'.* Interview 5, young person

Overall, parents and carers described a process of acceptance. The degree to which they embraced their child's identity was impacted by other factors outlined in the following themes.

Feelings of Grief and Loss are a Common Experience for Parents and Carers Regardless of How Supportive they Are

Parents and carers experience a period of loss and grief when their previously held expectations for their child changed on disclosure. How that grief and loss is experienced differs from person to person but is moderated or exacerbated by an inability to let go of previous expectations. While the strong majority of parents and carers were now fully supportive of their child or young person, they all described a period of adjustment to a different future than they had imagined for their child.

> *I'm still processing two years later, it does get easier, but the process is one of grief. I accept, I support, he's so much happier now but as a parent I'm grieving. I don't know if I'll ever stop grieving, but my god I support it. It's been a tough road.* Focus group 3

Young people sympathised with their parent's experience, however a strong majority of young people felt that their parent or carer could have been more accepting on disclosure:

> *There needs to be space for grieving. There needs to be room. But there also has to be a level of selflessness, they're not an extension of you.* Interview 6, young person

Even parents who are familiar with the LGBTQI+ community felt some degree of challenge:

> *The older came to me and said 'Mum, I don't think I'm a girl.' I was shocked I didn't know where to go with that and yes there was grieving, that this child who had been my daughter for 12 years was no longer a daughter. But my family were all very supportive.* Focus group 1

Interviewees described their experience was akin to grief and required a period of adjustment and letting go of previous expectations:

> *I suppose it's like grief because we had a beautiful girl for 17 years. It's tricky to change pronouns. For people who don't know him, he's seen as male, but it took us a while to get used to it. But we came through that. We have a fabulous young man.* Focus group 1

Others struggled with the sense of personal loss:

> *I had this intense connection to their name that we had chosen, and their identity was tied into that, that was difficult for me.* Interview 3, parent

Feelings of Shame and Stigma and Social Pressure to be 'Normal' Negatively Affects Parents and Carers

A minority of parents expressed feelings of shame at grieving and not fully accepting their child's identity. These parents were all at the beginning of their journey and did not know if these feelings were 'normal' or okay.

> *I'd love to know if you are talking to other parents if other mothers feel like that… maybe it's more the little person I had such a great relationship with and now I have a teenager and this non-binary teenager who is harder to relate to.* Interview 3, parent

> *I'm not proud of feeling this way but, [I'm worried about] what do people think? How do I explain this one?... In my head it seemed more challenging for him and us because it's not considered normal.* Interview 1, parent

> *I feel selfish (for struggling) but then you put your child first. It's not something I've said out loud before.* Interview 3, parent

Other parents and carers described lack of acceptance from extended family as oppressive:

> *I was told not to be so public or so proud, by my family.* Focus group 1

Some parents had to choose between being supportive of their child or supporting their extended family:

> *The thing with my husband's family was difficult, he was really upset he had to choose his daughter over his family. 'Don't be telling people, just hide her' [was the family response], and I'm like – No!* Focus group 3

Others described avoiding accessing local supports because they feared that people might find out or disapprove:

> *In fourth class he got depressed, so I took him to a counsellor out of town so we wouldn't be known.* Focus group 1

Parents and carers of adolescents who are trans struggled to find the necessary supports within a reasonable distance from where they live so that their child wouldn't be a target of prejudice:

> *We're going to Limerick so they can get a prosthesis, people say things.* Focus group 1

A majority of parents and carers also discussed how they felt helpless and unsupported in fighting discrimination in their area:

> *How can you help people who have to live in this transphobic society? Because they're not mentally ill. I still have to say, why is my child still being bullied?* Focus group 1

Others felt that their child should stay closeted in public:

> *For my husband it's not religion, he would prefer it if he was more out to us but in the closet to the rest of the world.* Interview 2, parent

Feelings of Isolation and Aloneness Impacts Parents and Carers Who Do Not Have Adequate Social Support

A majority of parents described feeling isolated and alone in their journey:

> *My husband and I are on our own, we're going with our gut feeling.* Focus group 3

> *All the time I'm behind her, but you're the parent making the decision. If they want to go back, you've got that in the back of your mind and no help from anyone. You're just out there on your own.* Focus group 1

Parents and carers who had no experience of meeting people from the LGBTQI+ community or who lived in small towns or rural communities were more likely to feel that their situation might be unique where they lived and that there was no-one experiencing a similar situation to themselves.

Parents were hesitant to reach out to others because they were ashamed of struggling or because they felt they would be met with resistance from their friends, family, or communities if they did. Parents and carers whose child were experiencing overt abuse or discrimination were even more likely to feel that they would not be supported by their community.

> *It's tough going. If we were in Dublin, we would have completely different supports.* Interview 2, parent

A minority of parents and carers of SOM children felt reluctant to reach out to LGBTQI+ organisations because they were ashamed that they were struggling with the process of adjustment and acceptance. Others who had struggled to get meaningful or reliable support in the past had moved past seeking support.

Others felt isolated because of other factors which impacted their options for support. For example, people with strong religious beliefs were less likely to trust LGBTQI+ organisations as a source of information or support and also felt that their church would not be supportive either, this situation left them with a sense of having no neutral support services available to them.

> *I have seen churches embracing the LGB community, but they are not my kind of church, it's out of my element.* Interview 2, parent

The causes of isolation ranged from internal feelings of shame and guilt for not being supportive enough, to feeling that people were likely to stigmatise them and their children. If they had experienced direct or vicarious discrimination or prejudice in their community this was likely to increase feelings of isolation. For many, especially from smaller towns, there was a feeling that the community in which they lived was likely to be discriminatory and not inclusive of their child, and this resulted in a feeling of being alone and unsure of how to move forward.

Religiosity can Cause Inner Conflict for Parents and Carers, Which Impacts their Relationship with their Child

How much a parent or carer struggles with supporting their child is also influenced by religious beliefs, which were in tension with their child's sexual or gender identify. This was a particularly challenging experience for parents with strong faith, where that faith was connected to teachings or ministry that LGBTI+ lifestyles are a sin. This situation was likely to negatively impact the parent and child relationship and the degree of non-judgemental support that children received from their parents and carers. It also had a significant impact of parents/carers, who felt torn between what felt to be unresolvable positions:

> *I grew up Catholic; 'man doesn't lie with man and woman doesn't lie with women'. You have the Church and LGBT community both pushing an agenda. You're in one camp or the other.* Interview 2, parent

Parents described a process where they had to examine what they believed, as well as their religion's teachings. Some parents/ carers continued over a long period to struggle with the conflict between their religious beliefs and their feelings for their child:

> *I've decided to prefer to believe he's not going to hell. To rewrite that narrative in my head. It's a weird feeling, one part is not supposed to accept it, but the mother side says I will protect you no matter what. …I hate feeling that part of me might not be as close to my son because of that. I wish I had been 100% accepting and ready.* Interview 2, parent

Other parents found that it was possible to reconcile the two.

> *I don't know about God but the thing I learned about (name of child's friend who is trans) was whatever notions you have, once I got to know him as a person, I couldn't see anything wrong. He's a remarkable young man, self-aware, thoughtful and kind, funny, a really lovely young person… If God made everybody, that young fella would have been a good one, that taught me a lot about people and all this.* Interview 1, parent

Young people gave accounts of the impact that their parents' religiosity had on their acceptance and support of them. Some had been rejected for those reasons; all felt religion (primarily Catholicism) had meant that they were less accepted or reluctantly

accepted. Some felt that their parents' religiosity was a function of their generation and the culture they were raised in.

> *It could be Catholicism and the hold on that generation even in the 70s, 80s, 90s. Not using the generation gap as an excuse, it's how I grew up. It's about understanding how religion may affect people.* Interview 4, young person

Others gave accounts of peers who had been fully rejected by their parents because of their identity.

> *I know two people whose parents are religious. It was not a good experience for them.* Interview 5, young person

Generational Differences and Use of Language are Related and Can Cause Difficulties for Parents and Young People's Relationships.

A majority of parents and carers expressed confusion regarding language and terminology. However, for some parents it was just a case of getting used to a change in pronouns:

> *There was experimenting with pronouns, we were running to keep up. They taught us things. But they were old enough at 12 to say how they felt and how they felt when they were misgendered.* Focus group 3

For other parents, using preferred pronouns was more of a struggle, and some were resistant to this change. Parents often didn't acknowledge this as a lack of acceptance. However, there were indications that the resistance was deeper than the words themselves, and represented a challenge in accepting the new identity:

> *Pronouns I find tricky, I was saying good girl and then suddenly… I couldn't say anything.* Interview 3, parent

A majority of young people described parental and extended family resistance to using chosen pronouns. This left them feeling not wholly accepted by their families. Young people talked about the challenges they faced in being misgendered and the negative impact on them of resistance to understanding and respecting their identity and preferred pronouns. They felt that their parent's expression of confusion was a lack of acceptance for who they are:

> *I am a non-binary trans woman. Going 'nonbinary trans femme' and they would go what's that?! My mother still calls me by my deadname. This person asked 'who is*

> *that woman? Who is with you?" It's my son.', was her reply.* Interview 6, young person

However, in many cases, young people also spoke about having patience with parents who were trying to adjust to a new way of communicating.

> *Parents sometimes take a lot of time to get used to the change of pronouns. I can understand but it's not an excuse.* Interview 5, young person

Parents described a journey to getting used to these changes and were aware that their child was hurt by being misgendered which they tried to avoid. A small minority of parents had no difficulty with getting used to the preferred pronouns of their child.

External Stressors and Supporting Factors Impacting Parents and Carers

Parents, Especially in Rural Areas, are Aware of Tacit and Explicit Homophobia and Transphobia, Which Has a Negative Impact on Them and Their Children

While only a minority of parents living in urban areas described their child as experiencing homophobia or transphobia, a strong majority of parents who lived in rural communities described experiences of or a fear of prejudice and discrimination. Three of the participants, all based rurally, had moved house because of the bullying that their child was experiencing.

> *When my son is hanging from a shower who do I blame? We are now moving next month out of the town because it's affecting us all.* Interview 2, parent

The majority of those in rural settings talked about being aware that there was a general lack of acceptance of any significant personal or lifestyle differences in their town or rural community and that this directly impacted the LGBTQI+ children living there. One participant described being familiar with the children who attended the local LGBTQI+ youth group, with many remaining closeted because of the treatment their son had experienced:

> *LGBT kids see what my son goes through and so there's no way those kids are coming out. (Town name) makes no secret that he's different. They should be able to look at him expressing himself, he should be an inspiration not a warning label.* Interview 2, parent

Others spoke about differences in healthcare supports, and a lack of awareness or refusal to treat trans young people in rural communities, compared to in urban areas:

> *I was told she had to have this GP. From 16 she wanted the gender recognition cert, so I went to my local GP who said 'oh, I know nothing about that.' I found a GP in Dublin who said they'd start the process.* Focus group 1

Some parents were aware of recent incidents of assault that had occurred in other rural towns and feared for their child's safety as a result.

> *I love him and I want him to be completely himself. I never hide it in public, but you hear the horror stories; like that kid in Navan, so that does make me worry.* Interview1, parent

The Experiences of Parents, Carers and Young People are Heavily Affected by How Supportive, or Unsupportive, Schools and Specific Staff in Those Schools are

There was a contrast between parents and carers where their children had positive experiences in school and those who found the school environment more challenging and this affected parental experience. A majority of parents either had a negative experience with schools, or they experienced resistance from schools in actively supporting the needs of their child, particularly if their child was trans or non-binary. Parents frequently found themselves advocating for their child in the educational space. They described a lack of policies and procedures, refusal of teachers and staff to use correct pronouns and lack of support when reporting incidents of bullying.

> *With her schools, it was the teachers not the pupils who were giving her grief.* Focus group 3

> *Then it's the challenges (child) faces being called queer in school having to walk the length of the school to get a key for a non-binary toilet. Just the challenges they face – not being accepted by everybody I suppose. And they're one of the lucky one because they have a friend who can't tell their parents or parents ripping up a binder in front of a child at least (participants child) has parents who are supportive.* Interview, parent 1

People described negative experiences at both primary and secondary school level and were concerned that their child was aware of a lack of acceptance in school.

> *So last year, we'd ask, 'what will we say today?' and she'd say 'she' then she came down and said she wants everyone else to know but not the school.* Focus group 1

A minority of parents and carers reported having to change schools, sometimes more than once. A small minority of parents who had moved because of their child's experiences had reluctantly accepted that their child would experience homophobia in any school that was near them:

> *It sounds bad but I don't care if he's unhappy at school but is safe at home, they're the choices we're left with.* Interview 2, parent

Many of the parents who had moved their children from schools did so because their child was experiencing bullying which was not stopped by the school:

> *We didn't have a good experience with the school, they didn't understand and had no policies in place. We were like 'she's only socially transitioning' but in school, she was being bullied on the school bus and the school won't do anything, so I've had to take her off the bus. The class is okay because she's not any different to them, they know her.* Focus group 1

> *There's was such a fuss in the school and some people didn't take it well so we're changing schools.* Focus group 3

> *We moved because of where we were. It was a big school, he didn't thrive.* Focus group 1

Parents were concerned that the treatment from adults of their child in school was impacting their young person's wellbeing:

> *Yeah, when they saw my daughter in a swimsuit the teacher said, 'that's inappropriate'. That's what they're putting up with. She came home and her whole demeanour looked deflated, and I was back to square one. They're going to primary school and that's what they're having to put up with.* Focus group 1

Parents described their trans children feeling pressured to wear boys' uniforms in mixed schools.

> *She hated school from the beginning. The uniform, she wasn't being herself. She was alone a lot, she has older siblings, and that helped a bit.* Focus group 2

Parents described the tension between what their children were being taught in school regarding sexuality and gender, and their child's identity, a conflict which also extended to the experience of younger siblings:

> *A lot of people said it would be a benefit, me being supportive, but I'm trying to navigate my other kids' struggle because they're being taught the norm. Boys and girls have babies and live happily ever after.* Interview 2, parent

Parents also experienced difficulties with single sex schools and found that on their child's coming out the school was not accommodating. There was a difference in the experiences of children who attended all-boys schools compared to other schools, with all boys schools being more difficult to engage with, and also making it harder to transition:

> *Some of the (young LGBTQI+ people) they know are still in the boys' school but not out, in the mixed school most of them are out.* Interview 2, parent

A minority of parents had positive experiences with their school, where they had changed schools, indicating the impact of a supportive school environment on young people's wellbeing.

> *They're thriving now, it's amazing! In school they have queer peers. They're really doing well. It's just so normal for that age group.* Focus group 1

For a small minority the school their child was already attending had been supportive:

> *His secondary school has been very supportive, there's toilets and changing rooms, a zero-tolerance rule for transphobia, which was fine.* Focus group 2

For others there was hope that a change of school would result in a more positive experience for their child in the future:

> *That school had done a big LGBT week. We're hoping it's a little more progressive: fingers crossed.* Interview 2, parent

Societal Norms, Heteronormativity and Misogyny are Detrimental to LGBTQI+ Young People's Mental Health and Safety

All parents, carers, and young people talked about the impact that societal expectations and discrimination had on their life experience. Sexism and misogyny were common factors influencing the experiences of both parents, carers and their young people. A minority described overt instances of violence perpetrated against their children by their spouses.

> *My daughter from a very early age never related to being a boy. Her father thought it was all very sweet and cute until it became a permanent thing which was where*

> *the violence started. He was locked away after what happened to us all.* Focus group 3

A majority of both trans young people and the parents of trans youth spoke about how the combination of pressure to conform coupled with delays in healthcare left them feeling physically unsafe and more likely to be a potential victim of LGBTQI+ discrimination or violence:

> *Social transition [without medical support] gets people hurt. Trans women not being able to take hormones means they are more identifiable and vulnerable.* Interview 6, young person

A minority of parents and carers talked about how 'traditional' or conservative values held by themselves or their partners resulted in tension in accepting their child's expression of their identity:

> *She's from a very traditional background, he's very independent. She finds the way he would be expressive; she finds that challenging. He does things with his hair, he painted his nails, little things like that.* Interview 1, parent

A small majority of people spoke about how the fathers of their children in particular struggled with their assigned male at birth child expressing themselves in gender non-conforming ways, when they become adolescents in particular. This was the case for SOM and trans and non-binary children and young people alike. Resistance ranged from becoming physically violent to rejection of their child to refusing to speak to their child.

> *His biological dad struggles with everything about it. I speak with him a bit, but he struggles once he hit a certain age that was it.* Interview 2, parent

A strong majority of young people spoke about the clash between traditional or conservative values held by their parents and how this impacted their wellbeing:

> *My dad is very conservative, I knew he wasn't going to be happy. My father has never mentioned (me being trans) to me in three years.* Interview 6, young person

Others talked about institutions that were still not inclusive of LGBTQI+ people as being a concern. One father spoke about wanting to stand up for their child but that the heteronormative culture in sports, in particular, made that challenging:

> *Being involved in sport is not a friendly place for gay men, that's shameful but with a son who's gay, that is an aspect I wonder and worry about… we don't provide a*

> *place for them without comments or bullying. He's a good footballer but what reaction would he get?* Interview 1, parent

A majority of parents and carers spoke about the social pressures they felt and the oppressive nature of that pressure while trying to support their child. A strong majority of parents vowed not to bow to that pressure and felt guilty if they lapsed in this intention. Parents and carers carried an emotional burden, and some felt socially excluded by their own peers if they were seen to be overly supportive of their children.

Moving through the Mental Healthcare System with their child is Mentally Punishing for Parents and Carers

For parents and carers whose children were struggling with their mental health, support was uneven. Parents and carers gave accounts of accessing or trying to access mental health services, generally CAMHS, but often found that support was not available or that the struggles their child was experiencing were not well understood. Again, parents and carers spoke about the impact that a lack in provision of services to young people was having on the mental health of their children.

> *It feels like you're fighting battles everywhere. I try to be in spaces where people are more accepting. My GP is supportive, but she can't do anything, just record it.* Focus group 2

While a small minority had good experiences accessing mental health services, the majority of those spoke about their child's situation being misunderstood, or not adequately supported. Children who were trans were often referred elsewhere. Parents of children who were LGBTQI+ and struggling with mental health challenges were told by staff in the service that CAMHS were not a suitable support and struggled to find appropriate and accessible mental health supports elsewhere, this disproportionately affected parents with limited financial resources.

Experiences Specific to Parents and Carers of Young People who are Trans

Access and Delays in the Provision of Mental Healthcare is a Threat to the Physical and Mental Wellbeing of Trans Young People this Affects the Health and Wellbeing of Their Parents/Carers

A strong majority of parents and carers of trans young people spoke about the effect of trying and failing to get adequate mental healthcare for their children. This had a significant impact on themselves and their children.

> *We got involved with CAMHS because she was going to cut off her genitals. We moved, CAMHS there didn't want to know.* Focus group 3

Parents of children who are trans were keenly aware of the waiting lists and barriers to securing healthcare for their children and the ramifications of these waiting lists down the line. In Ireland there are no transition supports for trans young people under 18, and waiting lists can be up to 10 years. For children who are trans and who had reached puberty, gaining access to healthcare to support their sexual health was particularly challenging. This delay impacted their gender expression, which was in turn, impacting their mental health.

> *She's on hormone blockers, I'm fighting to get her hormone therapy. Everyone's dragging their heels, it's been an uphill battle all the way.* Focus group 3

> *From sixteen she wanted the gender recognition cert, so I went to my local GP who said 'oh, I know nothing about that'. I found a new LGBT (friendly) doctor in Dublin I was told (by other parents) that she had to have this GP.* Focus group 3

Being seen as male by others while socially transitioning to being a girl or woman was particularly challenging for some adolescents and young people. Children and young people in this stage of development experienced transphobia from both peers and adults. Parents and carers struggled with the powerlessness they felt when trying to access health services required to support their child's gender expression.

While parents and carers of trans children spoke about feelings of loss, grief and concern for their young person and coming to terms with language and pronouns in a way that was similar to parents and carers of SOM children, their focus was mostly outward, on advocating for their child in healthcare, school and other social spaces.

The Lack of Access to Gender Affirming Healthcare is Considered Unjustifiable by Families and Trans Youth

The primary focus of a strong majority of parents and carers of children and adolescents who are trans was on healthcare and transition supports. Parents and carers were at various stages of their journey. Some had been attempting to navigate the system for years while some were just beginning their journey. For those beginning their journey the shared experiences of others in the focus groups was

very challenging to hear. Parents and carers spoke about the impact that not being able to access timely healthcare services was having on their children.

> *I don't hold out much hope for the public system. If you have a child of four who has to wait until they're 18, they have to do something to bridge that gap.* Focus group 1

Parents spoke about the very serious risks to their children's mental health that they had observed which, they felt, varied based on the healthcare they were receiving.

> *Why do they want to self-harm? Because they're not getting support. We need something done for our children then we'll be okay. We're all very supportive.* Focus group 3

> *If you have a child who is self-harming or suicidal, there's no plan.* Focus group 2

Many spoke about the lack of a clear pathway for provision of services, and of not being able to register in advance for a service which might become necessary if their child wished to access those services.

This was the case not just for people accessing the public healthcare system but for others who had the means to access private healthcare. The lack of services was a serious concern for the majority of parents.

> *I'm living in borrowed time with the possibility of suicide, and it's not being taken seriously. I keep hitting dead ends, even if you want to go private.* Focus group 1

Parents and carers were clear that this situation has a profound impact on their own wellbeing. Parents spoke about the lack of information they had in terms of who to speak to, knowledge about who in the health services should be providing healthcare for their child, and a lack of certainty around the provision of those services. They spoke about the impact that the withdrawal of services to children in other jurisdictions, such as the UK, was having on their ability to care for their child. They were also concerned about narratives that opposed the provision of gender-affirming healthcare to children and adolescents and how that might affect their ability to access healthcare for their child in the future.

> *As parents we need the help, we are the driving force behind keeping our children alive.* Focus group 1

Parents and carers were frustrated, angry and felt that their children were being unfairly treated by the system.

> *We will do everything; I know my son is itching for the day he can get his surgeries done. A young fella down the road had a condition, not trans, quite chesty and he could get his surgery done and he didn't need a diagnosis, they didn't blink an eye, but they crucify our children for wanting that.* Focus group 3

A majority of parents and carers emphasised the link between the mental wellbeing of their child and the lack of gender-affirming healthcare that they were receiving. They had, in some cases developed strategies and measures to reduce the fear and anxiety at not receiving services to try and prevent the risk to their child or adolescent's mental health.

> *Once my son sees something happening, he's okay. It gives him that gee up, we hopped along every 18 months doing something. Giving him that hope and not forgetting he's on that journey, 'hold on there'. Acknowledge 'we know you're struggling.' They may be 22 or 23 before they get surgery.* Focus group 1

Overall parents and carers of trans children spoke about feeling under-supported and overwhelmed. A minority also spoke about how the cost of funding and providing private international healthcare for their children had seriously affected their quality of life. However, in all cases the primary focus was on supporting their child and keeping them mentally well.

> *With all of the money I had – everything I could do I did… We've moved three times because she's not been accepted for who she is. She's on hormone blockers, I'm fighting to get her hormone therapy. Everyone's dragging their heals, It's been an uphill battle all the way. We have to pay for everything out of our own pocket and so it's one hell of a struggle and it doesn't ever seem to end.* Focus group 1

What Parents and Carers Want

Access to Information and Resources

A majority of parents and carers spoke about needing access to reliable sources and information. They wanted to be able to know that sources had information that was in the best interests of their child. Those resources need to clearly explain current language and terminology. They wanted to know who to contact for support across a range of questions they might arise. Parents wanted to know where to find gender-affirming healthcare specialists and supportive counselling services for their child. Parents also wanted counselling for themselves and their children from services and

practitioners that were supportive of their child's identity while being understanding of their own journey to acceptance.

> *Ever since I was young there hasn't been any resources for parents, knowing where to go is the hardest thing.* Interview 4 young person

Some parents acknowledged that, while they knew how to find information, not everyone did.

> *Being able to call BeLonG To is useful, but I had the wherewithal to go looking.* Interview 1, parent

Parents wanted to be able to be sure that resources were trustworthy and reliable and could be accessed easily. Parents with strong religious beliefs wanted resources which were informed by their own religion e.g. having priests feed into resources.

> *The catholic church will say it's a sin, that's why I'm struggling with it. The priests should find a solution. If it becomes a norm within religion then may peoples mindsets will change. Develop a Catholic guidebook.* Interview 2, parent

Peer Support

Young people felt that parents needed more educational supports as well as supports from parents with similar experiences.

> *[what they need is] information, support from other parents, parents' stories shared…* Interview 7, young person

This was echoed by a majority of parents. Parents and carers living in rural areas in particular were less likely to know anyone else with an LGBTQI+ child, to know anyone from the LGBTQI+ community, or to know where or how to access in-person support.

> *It would be lovely to have a space to meet parents of similar teens, it's nice to hear someone else's experience and you don't feel alone... it's like being a new mother, you're learning, and you don't feel so isolated.* Interview 3, parent

People who had felt that they had no-one to speak to or felt that they couldn't speak to anyone who would understand, wanted a space to share their experience with others.

> *I would love to see what everyone else is struggling with, it is good to speak to other in the same boat*. Focus group 1

Timely, Coordinated and Multi-disciplinary Mental Healthcare for LGBTQI+ Young People

A strong majority of parents in interviews and focus groups spoke about how their experience was negatively affected by the lack of mental health supports for their child. There was a difference in the supports provided by CAMHS in different regions. In some cases where a child was SOM, trans or non-binary CAMHS did not provide adequate supports.

> *We need support for our children, not being sent from pillar to post*. Focus group 2

A majority of parents recommended that, as a first step, existing counsellors, psychologists, psychiatrists, and therapists are trained, and assured as competent in supporting LGBTQI+ children and young people, and that the quality of service is supported to be consistent across regions. Parents spoke about the lack of consistency of quality of service across regions and the ability of staff to work with their LGBTQI+ children effectively as inconsistent. Parents gave accounts of some children who they strongly felt, needed mental health supports but were discharged from CAMHS.

> *There's nobody else, but [child's name] was discharged by CAMHS because they aren't trained to deal with him.* Focus group 1

Parents highlighted the lack of mental health services for young people and the lengthy waiting lists, which meant that young people with serious mental health challenges were not receiving support. Given the rates of youth suicide for LGBTQI+ people, this was considered a serious issue requiring immediate investment, and which may require a dedicated national service.

A Concerted Effort to Change the Culture in Schools, Sport, Healthcare and Other State institutions

Parents, carers, and young people wanted to see a cultural shifts in schools, healthcare and other state and social structures, that ensures young LGBTQI+ people's mental health was supported in tangible ways. This would require training and education, as well as resourcing of appropriate posts:

> *It's just frustrating, we need our children being supported (in schools and mental and sexual healthcare) and then they'll be ok.* Focus group 1

> *Put funding into organisations like TENI so they can do that, it's mostly volunteers so fund that. If the services were there, then parents would be managing better.* Focus group 1

Parents wanted to see consistent policies, procedures and education of staff in schools and sports organisations, which would be applied in all cases to ensure that the quality of life experienced by their children in school was maximised and was comparable to their non-LGBTQI+ peers. They wanted to see effective reporting policies and whistleblowing processes in place in schools to allow for complaints to be made where schools were not following those policies. They also wanted to see consistent application of government policies regarding inclusion of pronouns, in particular non-binary options and pronouns to language in application documents including passports, government surveys, the census and college application forms.

Provision of Timely, Gender Affirming Health Care Services for Trans Youth

A key finding from this research is the need for a timely and coordinated gender-affirming health service to support trans children, young people and their parents. The current waiting lists were considered discriminatory and unacceptable. Proper care pathways, a register for care, and timely individualised and accessible treatment were all considered vital in order to avoid the pain and suffering experienced by their children, and by extension their families. The dangers to children without transition supports included mental health challenges, self-harm and suicide. Parents were particularly concerned that having to wait for healthcare until after 18 or for many years after this (considering waiting lists) would result in a deterioration in the mental wellbeing of their children, and some had already experienced this first-hand. They feared that this experience would result in suicide, a fear that statistics shows is well-founded.

Parents, carers and young people also gave accounts of the real and perceived increased risk of discrimination and violence due to the challenges of socially transitioning without the necessary healthcare transition supports.

> *The children need to have a gender service they can join and get the services they need when they need them without those waiting lists. The child needs to be in a*

service the whole way along, with a multi-disciplinary team. From a young age to get plugged into what they need when they need it. Focus group 3

I need a plan even if that plan is five or six years away, that long term that grinds and causes stress and anxiety. Focus group 1

We need regional supports and a clear pathway for treatment. We had a hell of a fight to get gender recognition done, for us to go through that and not have options [is not acceptable]. Focus group 2

Inclusion of Trans and Non-binary Options in all Government Forms

A strong majority of parents and carers spoke about legal and medical practices not being in line with current government policies to support and treat, in particular, children and young people who are trans under a sexual health framework or positions in relation to inclusion. For example, parents wanted the option to state non-binary on official documents and the inclusion of non-binary as an option on all forms. Parents and carers felt that the omission of this option on college entrance forms such as the CAO application form was not inclusive of their non-binary children. One parent suspected that their child had decided not to apply through the CAO because of this.

A facility to change [forms] to non-binary. I think that was supposed to happen. There's nothing I can do about that, it's the law. Focus group 2

The Collection of Accurate Data on the Number of Children who Might Require a Gender Affirmation Service

A minority of parents spoke about the absence of trans and non-binary options on the census as problematic. They wanted to know how the government would know how to plan for and finance healthcare for trans people in particular, if there are no official figures on how many people needed support, and the age and gender identity of those people,

We did the recent census trans wasn't on that, I was so surprised, so I put my son down as male. Why don't they want to know? Focus group 1

An Educational Campaign for Sport Clubs

A minority of parents spoke about sports clubs being an area which warranted initiatives to enhance inclusion of LGBTQI+ children and young people.

> *A great thing would be if there was encouragement and programmes for sports club to build awareness. Sport is such a central part of life in Ireland for young people. Awareness for people in sporting clubs around LGBT issues – that would be helpful, we need to provide a place for them. I don't think they should have to hide.* Interview 1, parent.

Engagement with Faith Communities to Make them Aware of the Supports Needed by Parents and Carers and their Children

Parents also recommended engagement with faith communities to make them aware of the supports needed by parents and carers and their children and the ramifications of a lack of support. Parents who had a religious practice wanted their church to be more supportive. They also wanted priests to communicate to others, in mass for example, that bullying and harassment of LGBTQI+ people was not acceptable.

> *[I'd like to] go to someone within my faith to ask them to help me to cope with the faith aspect of it. The feeling of guilt.* Interview 2, parent

While the exact pathway to achieving more acceptance of LGBTQI people or how engagement could occur with religious communities was unclear, there was a clearly stated need for progress in this area from people who had a religious practice.

What Young People said they Felt Parents and Carers Needed to Know

Young people wanted parents and carers to understand that, while they may feel a sense of loss that it was important for them to accept and understand their child. Young people gave accounts of LGBTQI+ peers who had been fully rejected by their parents and the extremely negative impact that this had had on them.

Young people wanted to bridge the generation gap with understanding and connection.

> *It's not a death sentence. Your child may be happier especially if they are accepted earlier and you grow closer with them and still have your child reach out to you, do things together discover who they are together, so many opportunities.* Interview 6, young person

Summary of the Chapter

Much of what was found in this chapter was reflected in the literature review. A key finding was that, for many people, the process of coming to terms with their child's new LGBTIQ+ identity was not easy or straightforward. A strong majority of parents and carers went through a period of feeling loss and grieving after their children or young people informed them of their gender or sexual identity. Parents who held religious beliefs or belonged to a faith community that had a traditional and LGBTQ+ exclusive belief set (primarily Catholic) found this process much more difficult, and often, experienced a profound tension between their faith and their love for their child. Others were able to reconcile these positions and feel little or no conflict now.

Similarly, people who held fixed beliefs regarding gender roles and societal expectations of behaviours for people of different genders struggled more with their child's sexual orientation or gender expression. This tended to be more challenging for fathers of children assigned male at birth and applied to SOM and trans and non-binary children and adolescents alike. These tensions increased considerably at onset of puberty. What the literature termed heteronormativity, the expectation that everyone in society conforms to patriarchal expectations, values, and behaviours, was evident in the accounts of some of the participants, and their genuine struggle to reconcile their own value system with being supportive of their child's identity. This was evident in the resistance to embrace names, pronouns, ways of dressing and other signifiers of expression considered to be at odds with the 'norm'. However, it was also clear that this was something that parents and carers were conscious of to greater or lesser degrees. Those who were aware experienced shame at their conflicting values and feelings, and how it impacted on their relationship with their child.

Parents and carers who knew other people from the LGBTQI+ community, or had had some experience working with LGBTQI+ people were less likely to struggle in this way. Other factors which mitigated these challenges were a supportive school environment, a supportive family and/or social network, a perspective that their religion embraced their child's identity, living in an urban centre, as well as knowing where to get trusted information. Of note is that, while a majority of parents appreciated the specialist supports provided by LGBTQI+ organisations, some parents did not trust LGBTQI+ organisations to provide information, particularly if they held strong religious beliefs. This indicated a need for information to be issued from multiple sources and made credible through its connection to trusted entities.

The absence of protective factors resulted in vulnerabilities to social exclusion, isolation and struggles with parent's own mental health. This indicates a need to ensure that services, education and support needs to be available across the country, as the research shows that a lack of protective factors are more likely to be compounded in rural areas.

As a result of hostile or unsupportive education environments, a notable number of parents and carers had made the decision to move schools and, in some cases, had moved their families to avoid bullying or harassment of their child and their family. This highlighted a clear need for additional support and monitoring within the school environment, particularly in more rural communities, where acceptance was more challenging. For example, some parents suggested that school reviews consider the experiences of LGBTQI+ students and that a whistleblower system to an independent entity outside the school for reporting instances of LGBTQI+ bullying or harassment be put in place where usual channels for resolution had been exhausted.

Parents and carers in Ireland are keenly aware of prejudice and discrimination based on either sexual orientation or gender differences, which, based on the findings from this sample of participants, is still prevalent in Ireland, particularly in rural areas. Accounts of institutional homophobia and transphobia in schools, sports and healthcare provision proliferated across these interviews and ranged from subtle to explicit. This applied to SOM, trans and non-binary children alike.

Access to mental health services which parents felt were genuinely LGBTQI+ inclusive and accessible was a rare experience for parents and carers seeking support for their children. Access to gender-affirming health services for adolescents and young people who are trans, and transitioning is extremely problematic and not available for under 18s. Parents and carers spent considerable time, effort and finances in attempting to navigate a system which, by their own accounts, was unnavigable. The sense of injustice and discrimination was a strong factor in determining the ability of parents to care for their children and protect them from the risk of self-harm and suicide.

Chapter 4 : Identifying the Needs of Parents and Carers in Ireland Using Data from BeLonG To's Call Logs

Overview

This chapter examined aggregated information from BeLonG To's call logs for 2023. BeLonG To is the largest LGBTQI+ youth organisation in the country and it offers informal phone support to both parents and children. The purpose of examining the nature of calls made by parents and carers to BeLonG To's helpline was to ascertain the type of supports parents and carers requested. A sample of 596 calls were reviewed to inform this report. This sample was considered sufficient to provide an account of the general needs of parents and carers regarding the nature of supports they require.

Methodology

Approach and Ethics

An application for permission to access anonymised data records of notes (text) made of calls made to BeLonG To's helpline was made to BeLonG To's data protection officer by the research teams' data protection officer for the project as per HSE guidelines on the ethical treatment of data for aggregation purposes i.e., the data is to be presented in aggregate format without any additional analysis as per GDPR and ethical guidelines. The data was inspected and anonymised by BeLonG To prior to providing the dataset to the research team in encrypted, password protected format.

Only anonymised records pertaining to people calling for support for children and young people were retained for audit. Search terms such as 'parent', 'carer', 'grandparent', 'aunt', 'uncle', 'cousin' and 'social worker' were used as key terms to identify people calling about supports around someone who is LGBTQ+, and to isolate entries of this type. The information provided in this report therefore represents an estimated snapshot of the nature of calls of this type to BeLonG To's helpline.

Limitations

There was data loss as some data was unable to be categorised. For example, where the person did not identify their relationship to the child or young person. It is also worth noting that the data is likely to be skewed towards expressions of needs

pertaining to the LGBTQI+ person rather than their parent or caregiver who is calling, as this is the main remit of BeLonG To.

The Sample

In total individual 596 entries in the redacted data logs were considered for audit. Entries were excluded when; 1) requests for support were for other adults in the person's life and, 2) entries did not provide sufficient information to identify that support was being requested. 591 adults looking for support in relation to a young LGBTQI+ young person were included in the audit. Of the 591 anonymised calls retained, the identity of the caller (i.e. their relationship to the young person) was not provided in 278 instances. Figure 2 below gives a breakdown of calls by caller excluding instances where the identity of the caller could not be identified.

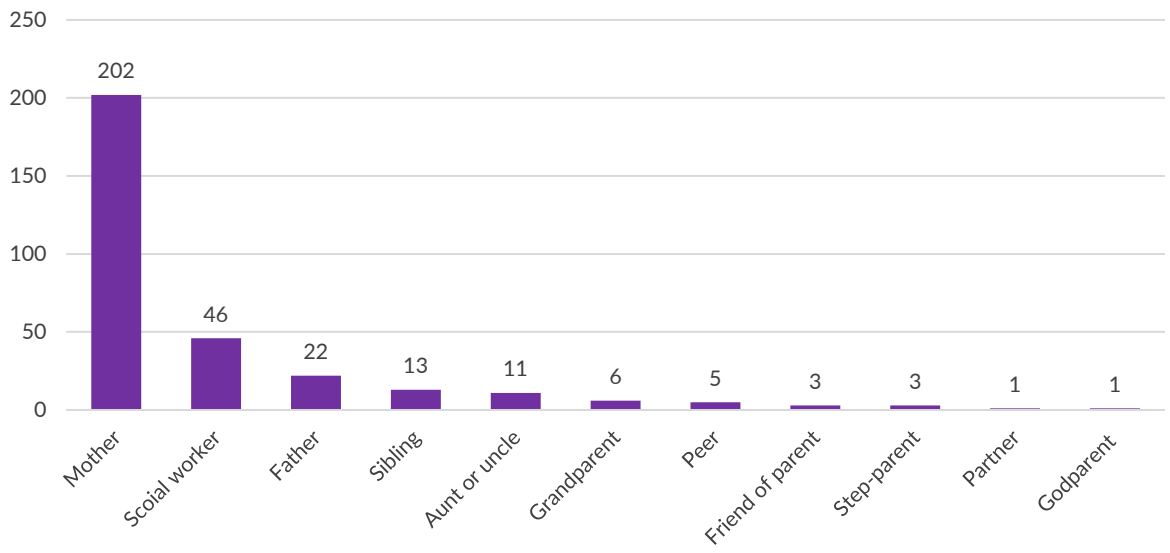


Figure 2. Identity of callers seeking support regarding LGBTQI+ children and young people

The strong majority of callers to the helpline were mothers, followed by social workers working with a child or young person.

All redacted and anonymised notes were then examined for the needs of the caller. These were coded on a phrase-by-phrase basis. 879 total instances of expressed needs were aggregated from the sample which are presented below in order of frequency of appearance:

1. Wanted an individual meeting with youth worker or counselling supports
2. Support for communication with school administration

3. Information on youth or support groups
4. General emotional support and information for themselves
5. General emotional support and information for the child coming out
6. Resources for bullying and in relation to safety
7. Access to affirming healthcare or issues with dysphoria/dysmorphia
8. Support or advice for mental health issues or conditions
9. Support for self-harm, suicidal ideation, or suicide attempt
10. Clarification about pronouns and language literacy
11. Too young for service age range (under 13)
12. Other

The log entries were then categorized by identity of the child or young person as follows:

For children's gender identities, the following categories were used:

- Girl
- Boy
- Trans
- Gender non-conforming
- Questioning
- Unknown

For children's sexual orientations, the following categories were created:

- Queer
- Questioning
- Unknown

Findings

Information on youth or support groups was the most frequent support need expressed by parents, comprising 24.8% of all entries. "General emotional support and information for child coming out" and "General emotional support and information for themselves" were the second most frequent categories, at a respective 22.6% and 14.9%. See Figure 3 on the following page, which outlines the

frequency of expressed needs of the callers in percentages of overall expressed needs.

The most instances were recorded for the category “Information on youth or support groups”, of which there were 436 instances recorded. The category “General emotional support and information for child coming out” was a close second at 398 instances. The third most cited category was “General emotional support and information for themselves” at 262 instances with “Support or advice for mental health issues, disorders, or conditions” and “Too young for serviced age range (under 13)” at 116 instances each.

Figure 4 examines the needs of callers depending on the identity of their child or young person. This chart illustrates the frequency of support needs expressed by parents mapped with the categories of child identity, across both gender identity and sexual orientation. In total, 879 instances were recorded. A breakdown by gender identity is as follows: 175 were girls, 175 were boys, 403 were trans, 41 were gender non-conforming, 39 were questioning, and 46 were unknown. Similarly, a breakdown by sexual orientation is as follows: 261 were queer, 69 were questioning, and 549 were unknown.

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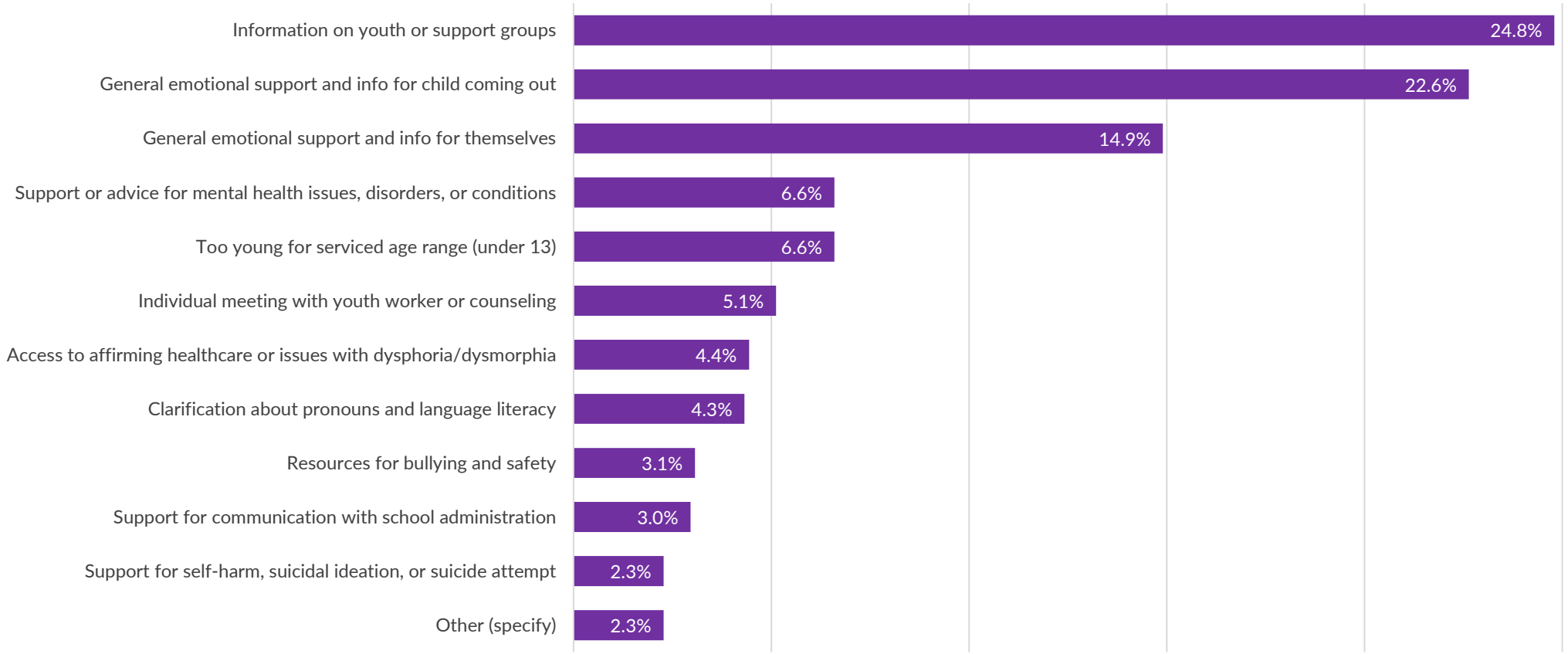

Figure 3. Expressed needs of parents and carers accessing BeLonG To's helpline

Table 1. Expressed support need and child's identity (N=879 expressed needs)

	Parent Support Need												
	Child's identity	Meeting with youth worker or counsellor	Support communicating with school	Information on youth/ support groups	Emotional support & information for themselves	General emotional support & info for child coming out	Resources for bullying and safety	Finding access to affirming healthcare or issues with dysphoria/dysmorphia	Support or advice for mental health issues or conditions	Support for self-harm, suicidal ideation, or suicide attempt	Clarification about pronouns and language literacy	Too young for serviced age range (under 13)	Other	Total Count
	Girl	8	6	54	26	39	6	3	8	4	0	16	5	175
	Boy	12	5	57	23	40	12	1	12	4	0	7	2	175
	Trans	20	12	70	63	91	5	30	30	10	35	26	11	403
	Gender non-conforming	2	1	13	5	7	1	1	4	2	3	2	0	41
	Questioning	1	2	8	3	14	1	3	3	0	0	4	0	39
	Unknown	2	0	16	11	8	2	1	1	0	0	3	2	46
	Queer	9	8	59	46	67	18	2	17	6	4	20	5	261
	Questioning	2	3	40	5	9	2	1	2	1	0	4	0	69
	Unknown	34	15	119	80	123	7	36	39	13	34	34	15	549
	Total Count	42	21	436	262	398	54	78	116	40	76	116	40	

Gender identity

Sexual orientation[15]

[15] Where a sexual orientation was stated, this was coded as 'queer' to include all SOM identities.

Parent Support Needs of Mothers and Fathers

For mothers, it was found that the top two categories of most expressed needs were "General emotional support and information for child coming out" with 103 instances and "Information on youth or support groups" with 69 instances; "General emotional support and information for themselves" had 68 instances. Figure 4 give a complete breakdown of expressed needs of mothers accessing BeLonG To's helpline.

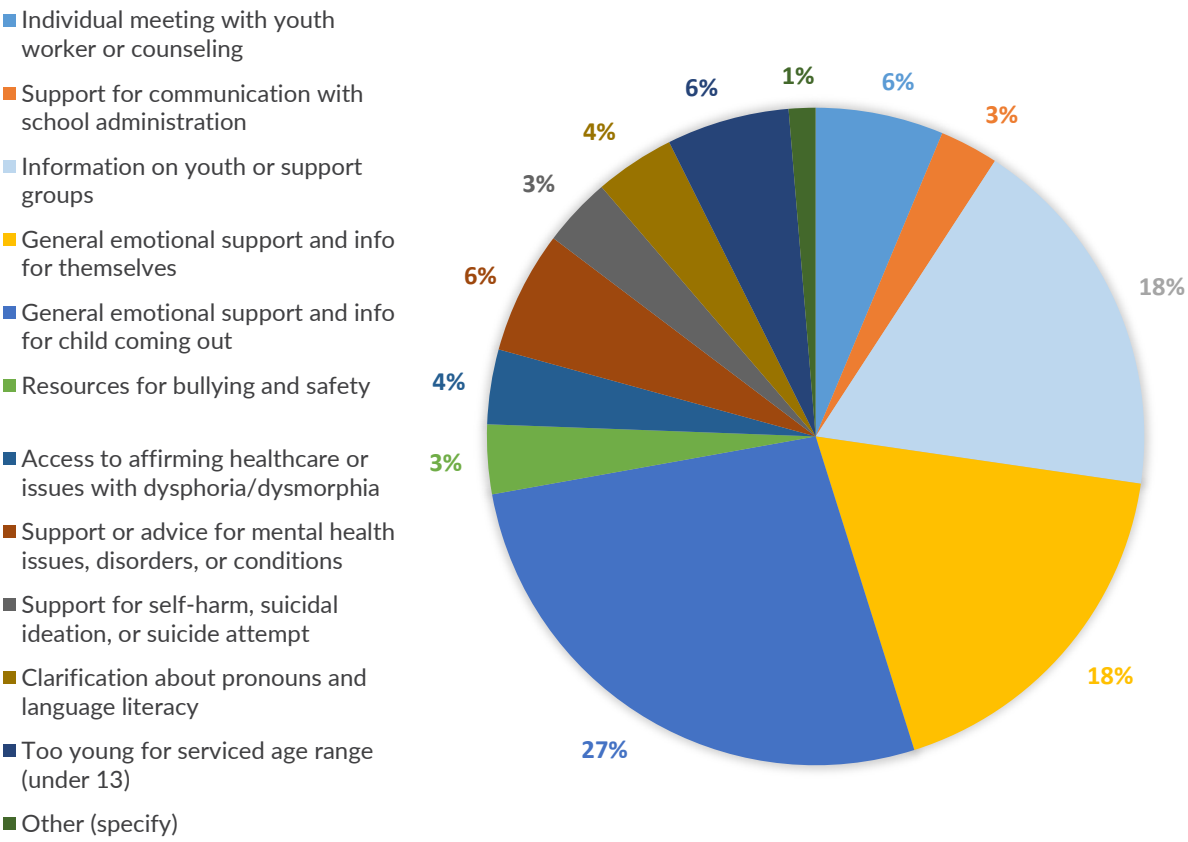

Figure 4. Expressed needs of mothers to BeLonG To's helpline

For fathers, the top two categories were "General emotional support and information for themselves" at 10 instances and "Information on youth or support groups" at nine instances, respectively, with "General emotional support and information for child coming out" third at eight instances. Figure 5 gives a complete breakdown of reasons fathers called BeLonG To's helpline.

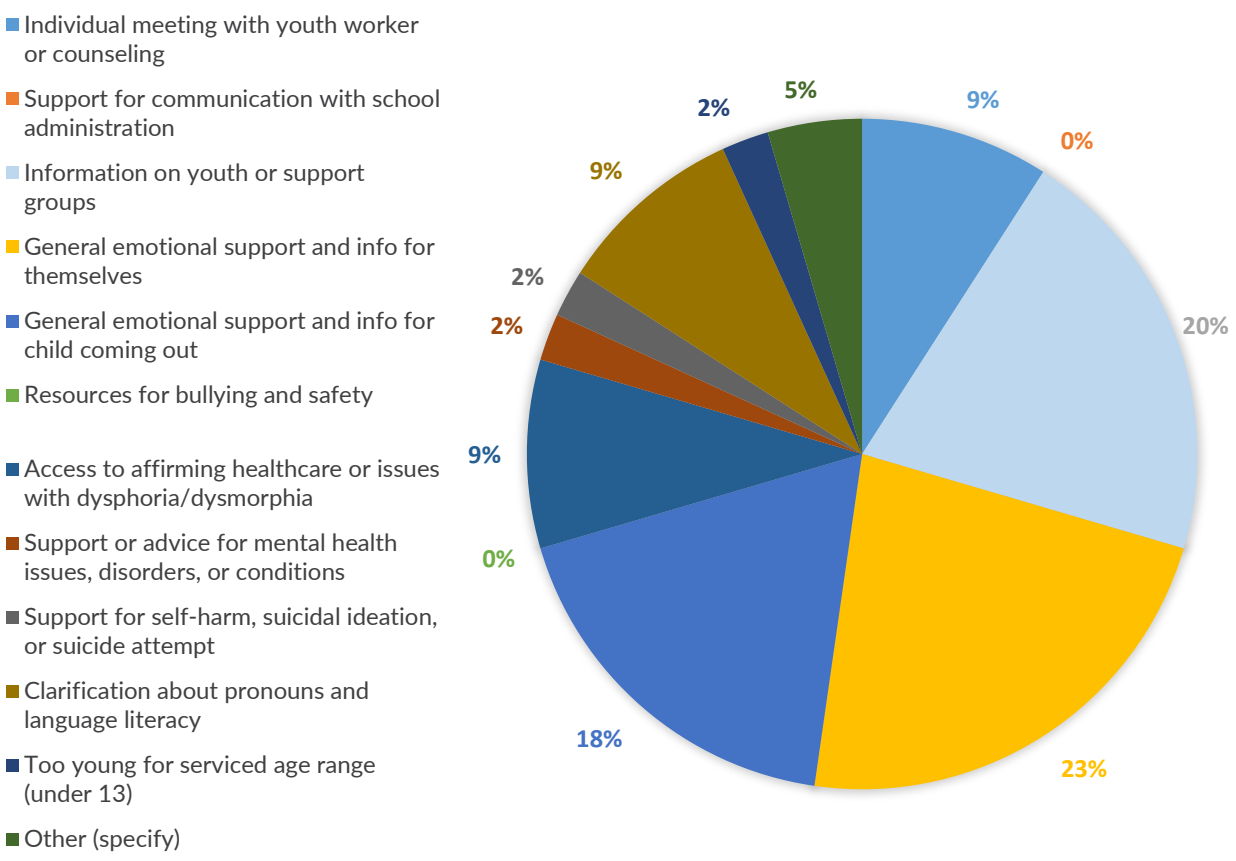

Figure 5. The expressed need of fathers accessing BeLonG To's helpline

The Needs of Parents of Children who are Trans

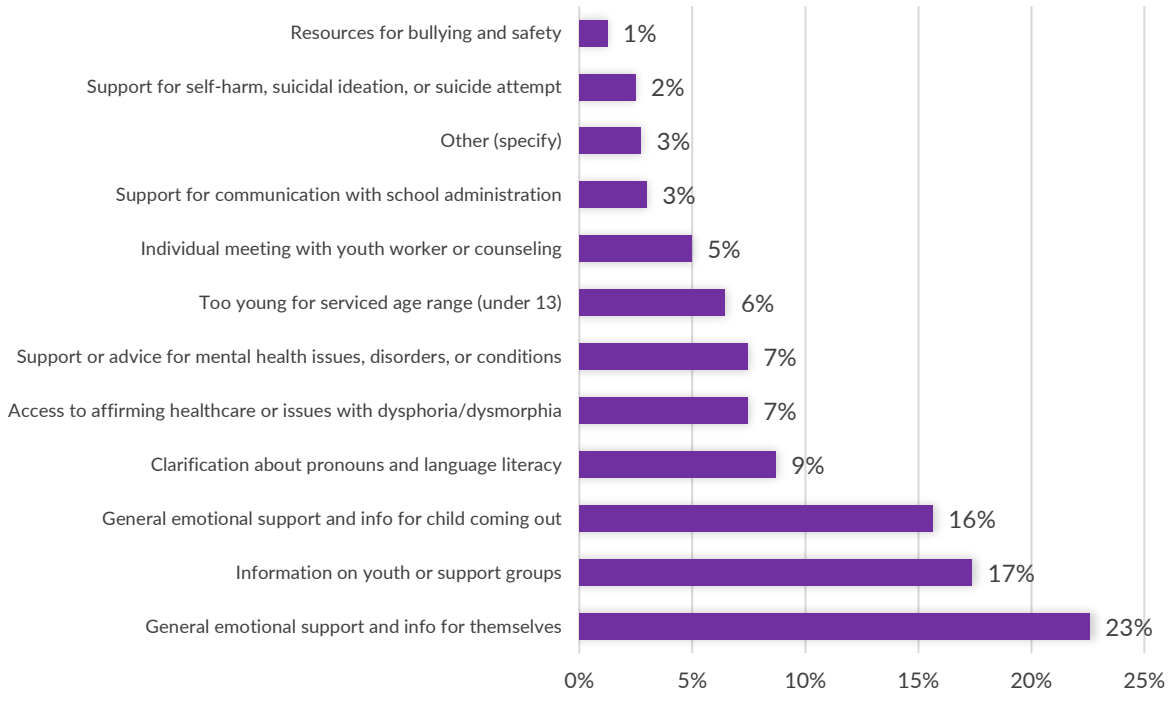

Figure 6. The expressed needs of parents of children who are trans in percentages

Recommendations

This analysis shows that there is a need for supports for parents and carers both in terms of providing and accessing information on what is available for their young person as well as providing information and emotional supports for the parents and carers themselves. The principal recommendations from this chapter are:

- Resource existing organisations to provide supports which specifically address the needs of parents and carers of LGBTQI+ children and young people
- Consider information campaigns specifically targeting men in order to reduce stigma, as they are far less represented in the seeking support behaviour of calling a helpline

Chapter 5 : Identifying Online Resources Available to Parents

Overview

The purpose of this chapter is to identify and evaluate information provided by Irish organisations to parents and carers of children who are LGBTQI+. The search mirrored the process that many parents would use to search for assistance, which is to use the internet. Therefore, to be included in this analysis organisations must have had an online presence. There were two steps to the mapping exercise:

- Identifying online resources
- Identifying physically located resources cited in the online resources (e.g., in-person peer support groups)

In each case resources were evaluated against a series of best practice criteria which was developed based on the literature review, in the first section of this report, this criteria is outlined on the following page.

Methodology

Identifying Online Resources

Boolean searching allows for multiple search terms to be used in the one phrase or 'string'. Using this approach rigorously identifies what resources are available. This search was conducted on Google as it is the search engine most commonly used by the general public (estimates put Google's share of the Irish search market at approximately 95%).[16] Google is therefore a good platform to assess what resources are accessible to the general public in Ireland. It should be noted that when someone conducts a Google search the first one to four results are generally advertisements. Ads are often targeted based on a person's previous search history. Therefore, three profiles were used, one of which was a 'blank slate' where there was no previous search history. Search setting tools were adjusted for relevance and results differed on this basis. Two searches were conducted. The first search terms were "parent AND support AND LGBT AND Ireland" (returning between 31,500,000 and 51, 000,000 results), and "parent AND support AND LGBTQI AND Ireland" (returning ~39,700,000 - 59,500,000 results). Information for parents and carers of children

[16] https://gs.statcounter.com/search-engine-market-share/all/ireland/2018

who are intersex was not found in this search, therefore a specific search on this theme was also conducted. The search term was "parent AND support AND intersex AND Ireland" (returning 31,500,000).

Inclusion criteria for the search conducted:

The first twenty pages of hits was considered for each search.

- Sources which centred the parent or caregiver experience
- Sources published within the last 15 years
- Sources which considered the parent or caregiver experience of their child or young person disclosing or coming out with regard to their LGBTQI+ identity
- Sources published in English or French

The exclusion criteria for the search results were:

- Sources aimed at parents who are themselves members of the LGBTQI+ community
- Sources about the history of or legal rights of the LGBTQI+ community
- Sources only addressing the needs of the child with no reference to the parent or their needs
- Sources aimed at schools or other institutions
- Any other source not related to the relationship between a parent and their LGBTQI+ child.

The best practice criteria, developed on foot of the literature review, used to assess the resources were that the these needed to:

- be designed for the target audience i.e., parents/caregivers of LGBTQI* children by speaking to their experiences and concerns
- acknowledge the personal challenges, emotions and processes or stages that parents may experience. This means discussing isolation and stigma that parents may experience due to perceived religious, societal or political beliefs or affiliations
- cover the range of LGBTQI+ sexual orientations, gender experiences and identities
- clearly communicate the role that parental and caregiver acceptance plays in protecting young people from negative life outcomes
- provide information to combat not-knowing, myths, or assumptions
- be inclusive in terms of additional factors such as ethnicity, religion and gender

- provide information on common formal and informal terminology and their meanings
- be up to date in terms of language and terminology
- that resources and supports affirm the young person's identity[17]

To manage potential bias, two researchers assessed the resources against these criteria and results were compared for reliability. Differences in assessments were discussed and a decision made regarding final scoring based on the criteria.

Results for Online Resources

The majority of sources identified were Irish LGBTQI+ organisations. The main stated purpose of these organisations is to provide support to the LGBTQI+ community or specific groups within that community. None of the organisations had an explicit goal to work with Parents and Care Givers of LGBTQI+ young people at the time of writing. Sources identified in the searches who were not LGBTQI+ organisations, such as the ISPCC and HSE, referred parents to LGBTQI+ organisations, even though those organisations may not directly provide support to parents and carers. Note that all services were assessed based on online content, however follow-up enquiries conducted indicate that some organisations offer services not evident in their online information.

The most common advertisements to appear in searches in order of aggregated frequency (highest to lowest) are outlined in table 2 below.

[17] American Psychological Association. (2021). *APA Resolution on Gender Identity Change Efforts*; Keogh, B., Carr, C., Doyle, L., Higgins, A., Morrissey, J., Sheaf, G., & Jowett, A. (2023). *An Exploration of Conversion Therapy Practices in Ireland*. Trinity College Dublin. https://pureportal.coventry.ac.uk/en/publications/an-exploration-of-conversion-therapy-practices-in-ireland; Price, M., Rakhilin, M., Johansen, K., Collins, E., Pachankis, J. E., Lyon, A. R., & Allen, M. (2023). *Gender Affirming Psychotherapy (GAP): Core principles and skills to reduce the mental healthcare 'gap' for transgender youth*. OSF. https://doi.org/10.31219/osf.io/8r95h; Rafferty, J. (2018). *Ensuring Comprehensive Care and Support for Transgender and Gender- Diverse Children and Adolescents*. *142*(4); Ryan, C., Toomey, R. B., Diaz, R. M., & Russell, S. T. (2020). Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment. *Journal of Homosexuality*, *67*(2), 159–173.; https://doi.org/10.1080/00918369.2018.1538407; SAMHSA. (2014). *A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children | SAMHSA Publications and Digital Products*. https://store.samhsa.gov/product/A-Practitioner-s-Resource-Guide-Helping-Families-to-Support-Their-LGBT-Children/PEP14-LGBTKIDS; SAMHSA. (2015). *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth | SAMHSA Publications and Digital Products*. https://store.samhsa.gov/product/Ending-Conversion-Therapy-Supporting-and-Affirming-LGBTQ-Youth/SMA15-4928

Table 2. Advertisements from the online searches

Organisation	Head Office/Primary Location
BeLonG To	Dublin
LGBT Ireland	Dublin
Out House	Dublin
GenderEd	Dublin (online resource)
Treoir	Dublin
The ISPCC	Dublin (Online)

After applying the inclusion and exclusion criteria the identified organisations were:

Table 3. Organisation websites found using the search criteria

Organisation	Primary resources available and offered
LGBT Ireland	Gender Identity Family Support Line (a volunteer listening service) which is co-run with TENI, and brochure by FFLAG for friends and families of "lesbians and gays" (2008). Refers to BeLonG To's website for other parent and carer supports.
BeLonG To	Refers parents to support groups hosted by other organisations (see figure 3)
Dublin Lesbian Line	Helpline and recommendations of books by external authors written 2000-2012
GenderEd	An online learning module for parents of transgender children, also refers parents to TransParenCi
TENI	The Gender Identity Family Support Line, which is co-run with LGBT Ireland, supported the founding of TransParenCi and continues to refer parents, refers parents to GenderEd
HSE	Refers parents to the Gender Identity Family Support Line, refers parents to BeLonG To
ISPCC	Refers parents to BeLonG To and TENI, brief BeLonG To poster on current terminology
Rainbow Project (NI) Family Ties	In person peer support group, booklet for parents of gay, lesbian or bisexual children (2008)
GOSHH (Limerick)	Refers parents to TransParenCi
ShoutOut	Booklet for parents and guardians of LGBTQIA+ children (2022)
Cork Pride	List of external resources and groups
OII Europe	Booklet for those with intersex children

Types of Supports Available

The majority of sources identified by the search were web pages. These web pages typically displayed a list of national LGBTQI+ organisations such as BeLonG To or

LGBT Ireland, with some information on what it means to be a member of the LGBTQI+ community, and a brief discussion of how a parent may feel when their child comes out. They often served as a means of signposting the viewer to a different organisation to avail of their services. Organisations who offered a webpage as their main or only resource include the HSE, and Cork Pride. Cork Pride was excluded from further analysis as it does not provide further services or resources for parents and carers.

Types of Services Offered Directly by Organisations

The majority of services available to parents are peer support groups, either in person or online, or are helplines or listening services which are operated by trained volunteers. There was little background information on the support groups listed and some support lists are not kept up to date (i.e., some parent support groups listed are no longer functioning).

The resources or support groups most commonly referred to by other organisations identified by the search were TransParenCi, GenderEd, the Gender Identity Family Support Line, and BeLonG To.

- TransParenCi is a support group founded by parents of transgender children with the support of TENI. It is facilitated by parents of transgender children.
- GenderEd is an online learning module for parents of transgender children, which primarily focusses on how a parent can best support a transgender child, educating these parents on terminology and the processes involved in transitioning.
- The Gender Identity Family Support Line is a volunteer listening service co-run by LGBT Ireland and TENI.
- BeLonG To offer communication with parents of children who are receiving supports from BeLonG To rather than supports directly for the parents themselves. In reference to support provided for parents they state, “The services we offer at BeLonG To are primarily to provide support for young people.” They neither recommend external support groups nor themselves do they have one.

Written Resources Recommended for Parents and Carers

Written resources include information packs and brochures developed by or for the organisations, as well as books which were externally authored and published. Much of this literature was outdated in language, (i.e. published before 2015) and certain identities were not covered, for example where there was no consideration of

identities other than gay or lesbian. While Dublin Lesbian Line recommend a carefully curated series of books for parents or carers of lesbian or gay young people, the most recent was published in 2012.

Additionally, discussion of bisexual, asexual and intersex are absent throughout the majority of the resources identified. The quote below is the only mention of bisexuality in the 16-page FFLAG booklet on the LGBT Ireland website titled "A Guide for Families and Friends of Lesbians and Gays".[18]

> *"If the child is in her or his early teens, there is always the possibility that they are bisexual, although practising bisexuals are a small proportion of the population, and these feelings are natural to them. Given the pressure that a young lesbian/gay person faces, it is unlikely that someone who is not of this orientation would for long believe that they were."* (FFLAG, 2008. P. 8)

Furthermore, very few sources discussed asexuality. The ISPCC were the only source to explicitly state that being asexual is "okay." Otherwise, if mentioned at all, typically only a definition was provided. The OII (Organisation Intersex National, Europe) which is the umbrella organisation for intersex organisations supporting intersex people in Europe, were the only source to explicitly address parents of intersex children and provide a brochure available in several languages for parents and carers.

Much of the resources parents and carers of LGB+ young people are directed to date before 2010. Of the sources considered, the most up-to-date material available to parents is largely related to gender identity and intersex. This includes the GenderEd course, which cites sources as recently as 2016, and "Supporting Your Intersex Child" by OII from 2018: the only source identified by this search explicitly providing supports for parents of intersex children. Both TENI and the OII (Organisation Intersex International Europe) recognise that there are no support groups for intersex people in Ireland, and this search did not find any supports for parents of intersex people specific to Ireland.

Recognising the Parent Journey

Several of the sources focus on parent/carers' experience and recommend "moving on" with any feelings or concerns they may have about their child being LGBTQI+. The majority of sources do not delve into the mental and emotional experience or

[18] Note FFLAG have recently published an updated version of this guide which does not include this wording available here file:///C:/Users/Emma%20QM/Downloads/A-guide-for-family-friends-trans-and-non-binary-May-2024.pdf

needs of parents/carers who may struggle with this experience. The focus is predominantly on parents letting go of any negative or challenging feelings in order to better support their children. Dublin Lesbian Line and GenderEd both use this language and focus. This focus can be described as educating the parent to support their child, rather than offering parent-centred supports.

In relation to the possible fears and concerns that parents may have, there was lack of conversation about the concerns of minority groups. The only area that was mentioned by any source was religion. The FFLAG booklet on the LGBT Ireland website states:

> *"Thirdly, if parents hold certain religious beliefs, one of the difficulties they may experience is in reconciling these doctrines with the lesbian/gay orientation of their daughter or son. It is not possible in this booklet to reach for, or to offer a solution that would be acceptable. However, a few pointers can be given"* (FFLAG, 2008).

The Family Ties booklet also carries the same text attributed to a different source (Cara-Friend & The Rainbow Project, 2008). These are two of only three sources identified that consider religion, the other being a section in ShoutOut's booklet by Mary McAleese (ShoutOut, 2022). Both FFLAG's and Family Ties' booklets were published in 2008.

GenderEd is up to date in its terminology and is a mixed methods online module. It is widely promoted by LGBTQI+ organisations as *a* resource for parents of transgender children. It encourages a positive relationship between parents and their transgender children. However, as mentioned earlier, it is predominantly an educational tool for parents to learn how to support their transgender children with little emphasis on the parent's own journey, feelings and possible inner conflicts.

One of the best sources which addressed the needs of the parents was "Supporting Your Intersex Child" a collaboration by IGLYO – The International Lesbian, Gay, Bisexual, Transgender, Queer & Intersex (LGBTQI) Youth & Student Organisation, OII - Organisation Intersex International and EPA – European Parents Associations which included phrases such as:

> *"Finding out your child is intersex might make you feel scared, angry, upset, worried, ashamed, guilty or a mixture of some or all of the above" (IGLYO et al., 2018. P. 5) and "As a parent or carer, there will be times when you need additional support too. Although there might not be a specific group for parents of intersex*

> *children in your area, look for other relevant parents' groups or join an online group"* (IGLYO et al., 2018, p. 21)

It was the only written source to engage in any depth with parents' inner conflicts about their children's identity. Throughout all the sources, the promotion of and linking to counselling and/or therapy was infrequent.

Results of the Evaluation of Organisations with an Online Presence

The content of each website was examined and were evaluated against the following criteria:

- Is there an evidence base for the approach taken?
- Is the material parent-centred?
- Does the material provide literacy on current LGBTQI terms?
- Is the material/group supportive of the young person's identity?
- Is there a discussion of other minority considerations?

Each of the five criterion was marked out of three.

- Not addressed at all
- Addressed somewhat
- Addressed substantially

The minimum score was therefore five and the total possible score was 15. The results from this evaluation outlining resources available and the degree to which these resources meet best practice guidelines are outlined in table 3 below.

There were 11 sites identified overall. Nine of these sites were LGBTQI+ organisations, and the other two were the HSE and the ISPCC. Please note that while it was found that the majority of sources were LGBTQI+ organisations, this is not an evaluation of these organisations. And while these organisations do provide information to parents and carers, this is often not their stated objectives, nor a service they are funded to provide. Links to all resources are listed in appendix I.

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Table 4. Parent and Carer Supports Provided by Organisations with an Online Presence Identified in the Search Mapped Against Best Practice Guidelines

Name of source	In-person peer support for parents and carers	Online parents and carers peer support	Booklet/brochure/Information by the organisation	Booklet/brochure published by another organisation	Is an evidence-base for the approach taken?	Is the material parent-centred?	Does the material provide literacy on current LGBTQI terms?	Supportive of the young person's identity?	Discussion of other minority considerations ?
TENI (TransParenCi)	Yes TransParenCi	Volunteer listening and peer support	No	Yes, GenderEd	3	3	3	3	1
Rainbow Project. Family ties (Northern Ireland)	Yes	n/a	Yes "Family Ties" (2008)	No	3	3	2	3	2
GenderEd. Full online learning module	Refers to TransParenCi (see TENI)	No	Yes, includes testimonies, advice and anecdotes from peers	No	3	2	3	3	1
Oii Europe (linked through Spunout) Intersex specific	n/a		Yes	No	3	2	3	3	1
LGBT Ireland. "Family and Friends"	Yes	Yes, and national helpline of trained volunteers co run with TENI	No	FFLAG (friends and families of lesbians and gays) from 2008, only LGB+	1	3	2	3	2
Shoutout	No	No	Yes	No	2	1	3	3	2

Name of source	In-person peer support for parents and carers	Online parents and carers peer support	Booklet/brochure/Information by the organisation	Booklet/brochure published by another organisation	Is an evidence-base for the approach taken?	Is the material parent-centred?	Does the material provide literacy on current LGBTQI terms?	Supportive of the young person's identity?	Discussion of other minority considerations ?
BeLonG To (primarily refers parents and carers to other organisations)	Yes, and lists other groups	No. State that they primarily support LGBTQI+ people	Yes. Comprehensive support information for parents on their website	No	1	3	3	3	1
ISPCC	No	link to BeLonG To link to TENI	BeLonG To poster on terminology	No	1	1	3	3	1
GOSHH	Yes, offers a one-to-one service	refers to TransParenCi	No	No	2	1	2	2	1
Dublin Lesbian Line Book list to buy on amazon, written 2000-2012	No	No	Yes, on their site	Yes	1	1	1	3	1
HSE	No	Refers to LGBT Ireland helpline	Links to BeLonG To	No	1	1	2	2	1

Organisations with a Physical Centre in Ireland

Organisations with a physical presence and the availability of a 1-2-1 communication with parents identified were TENI, BeLonG To, LGBT Ireland, GenderEd, The Rainbow Project (Family Ties), ShoutOut, Dublin Lesbian Line, and GOSHH. To access a map of these services, see footnote.[19] The ISPCC and the HSE were not included as their main support was to refer parents to BeLonG To and TENI. This is not to say that these organisations do not provide support to these parents, but what they do provide is either online information or signposting (referring to another organisation). The OII is not listed as its hub is in Berlin.

Many of the organisations refer parents to other organisations. For example, LGBT Ireland refer parents to BeLonG To website of resources. All of the organisations referred parents to resources and parent supports that are no longer available such as LOOK (loving our out kids).

Location of Organisations

Organisations are clustered very tightly together, predominantly in Dublin city. The Rainbow Project in Belfast and GOSHH in Limerick are the only organisations outside of Dublin.

It should be noted that organisations such as BeLonG To often refer parents to small local support groups which are not indicated on this map (as they were not identified by the online search). Furthermore, all organisations, including the OII, provide additional remote support, either through online materials, online messaging, online support groups, national phone helplines (LGBT Ireland) or listening services (LGBT Ireland). For example, below is a map of small local resources BeLonG To recommend on their website.

19 https://www.google.com/maps/d/edit?mid=13VsHZYNwMQDrWimSoZDMkqv3iZw5n34&ll=53.374664436250825%2C-8.374278053124987&z=8

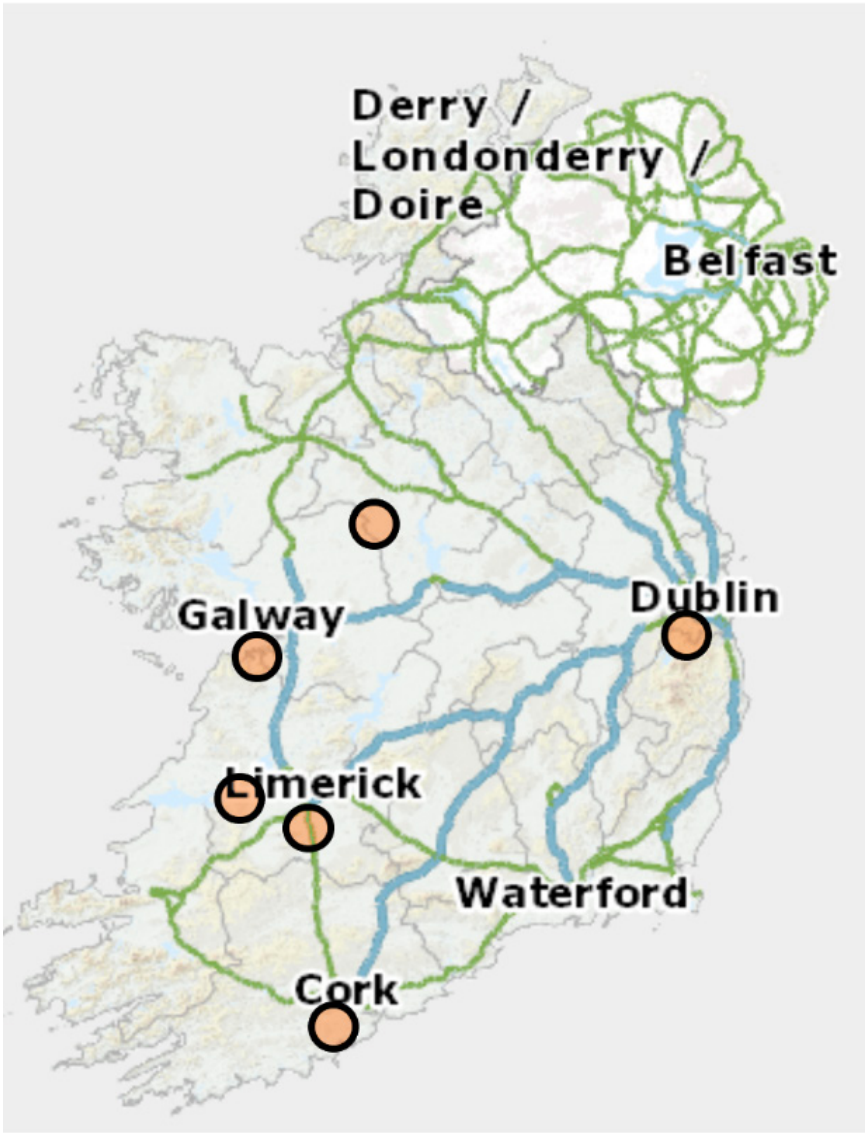

Figure 7. Local resources for parents and carers recommended on the BeLonG To website

Contains Irish Public Sector Data (Geological Survey Ireland) licensed under a Creative Commons Attribution 4.0 International (CC BY 4.0) licence

Results: Support Groups for Parents and Carers that are Currently Available

Information on local groups was followed by either clicking on the links provided, phoning the numbers provided or finding contact information not provided (Facebook pages not linked for example). The table below shows verified data as of 7th July 2023.

Table 5. The local supports recommended for parents on the BeLonG To website

Parent Supports	Results
Cavan & Monaghan Rainbow Youth	No answer
Cork Parents of LGB Children	No longer running
SHOUT! Galway	Shout LGBT+ project and AMACH. Active, runs on a monthly basis
Rainbow at the Red Ribbon Project, Now GOSHH based in Limerick.	Now GOSHH (Gender, Orientation, Sexual Health, HIV). The LGBTQ+ parent support groups (there used to be groups in Limerick, Shannon and Ennis) have not resumed post pandemic. However, the project provides one-to-one support specifically for parents, and referral to counsellors for parents which is a free service.
Shannon Family Resource Centre (refer to BeLonG To)	Do not have a parent support service
Tuismitheoirí le Cheile (TLC), Roscommon/Galway	'A Confidential Safe & Supportive Space for Parents of LGBT people'. Is active and has a Facebook page with contact details. Is the parent support group referenced by SHOUT and AMACH (same group).
TransParenCi, Cork, Limerick, Kerry, Galway and Dublin. The site refers people to the spaces where these meetings have happened and may not be up to date. TENI encourage parents and carers to contact transparenci@gmail.com or office@teni.ie directly for more information. Groups generally run once a month.	Provides supports to parents and carers of trans youth. Has been impacted by Covid which disrupted in-person meetings and is not running during July and August. It is running in Dublin, Waterford, Tralee, Galway, and Cork running. There are also two online groups running for parents.

Approximately half of the services mapped are no longer running or information online is out of date. Parent support groups which were started by parents, tended to cease running when those parents children became adults. Overall, the data review exercise found that making contact via the details given on the various websites (and others that directed parents and carers to this site) was difficult. Some local groups are accessed via the youth worker for LGBTQI+ youth groups in the region, who generally only work on these projects for a few hours in the week. The only clearly active services from this exercise were Tuismitheoirí le Cheile, GOSHH and TransParenCi.

Parent and Carer Supports Not Identified in the Online Search

Contact with organisations on the list led to other resources being identified. For example: Midlands LGBT+ project did not appear in any of the searches conducted,

possibly because it is relatively new. It offers peer supports to parents and a one-to-one service when groups are not running. They offer a counselling service referral to approved counsellors for parents and carers. They also have moderated WhatsApp groups for some parent groups.

Direct communication with three rurally based organisations who offer group or one-to-one supports to parents and carers suggests that parent's support groups tend to emerge, and then end based on the drive from one person who starts and runs the peer group. Organisations outside of Dublin, who were contacted in relation to the existence of groups, highlighted higher levels of shame and stigma associated with having a LGBTQI+ child or young person as an issue for beginning or maintaining groups.

Summary of Conclusions from the Mapping Exercise

- The majority of resources are provided by LGBTQI+ organisations, however this is not their purpose nor are they funded to provide these services
- The current main supports available to parents are in-person support groups, listening services and online materials provided by LGBTQI+ organisations
- Information is not generally easily accessible to parents and carers wanting to access supports for themselves
- While some organisations do offer supports specifically to parents and carers, this is not clear from the information given on the websites of some organisations
- The majority of online resources recommended, particularly for LGB+, are out of date. This means language is not reflective of current best practice. Pansexuality, particularly, asexuality and intersex, are underrepresented in the written resources.
- Further minority considerations such as religious and ethnic identities are not evident in much of the written material, with the exception of the mention of religion in online booklets by Family Ties, FFLAG and ShoutOut.
- Roughly half of the sources identified were not considered parent-centred in that they did not discuss parental challenges in accepting their children's sexual identity from the perspective of the parent.
- The 1-2-1 supports available to parents of LGBTQI+ children are heavily clustered in Dublin City Centre although key services refer parents to smaller local supports, where available.
- There are no supports available to parents of intersex children available within Ireland. The only supports available are online and based outside the country.

- There was no mention of supports specifically for parents whose children are transgender, non-binary and/or intersex and are also homosexual, bisexual, pansexual or questioning, e.g. for parents of a children who is transgender and bisexual. The vast majority of supports are tailored to one or the other.
- Some LGBTQI+ organisations which may offer supports to parents were not captured in this search. For example, the Midlands LGBT+ project and Cork Gay Project. Given the methodology used there may be other organisations providing supports that were not identified.

Recommendations

- Define and resource pathways for parents to access LGBTQI+ parenting supports, so that anyone can quickly find local and national parenting supports and resources.
- Ensure parent-focused services are sustainably funded and advertised. Funded supports to be considered to include a helpline, peer support groups as well as the trained support workers.
- Develop, in partnership with LGBTQI+ organisations and parent representatives, an online resource, funded by the Irish Government, that can provide parent-focused, up-to-date information that meets good practice guidelines. Ensure there is provision to update this every two to three years.
- Consider how best to reach parents and carers in rural communities. Work with local and national providers to identify the most accessible ways for parents to access supports e.g., online support groups. To also consider how parent run groups can be supported and sustained locally.
- The primary providers of information to parents and carers to review and update information provided on their websites, considering the best practice guidelines developed for this report. Optimise organisational websites for searchability (SEO) and have clear signposting on those websites to parent and carer support.
- Link rather than list to current information on language to ensure sustainability of information. For example, many sites draw from the Human Rights Campaign terminology page (https://www.hrc.org/resources/glossary-of-terms) which is kept up to date.
- Develop a psychoeducational support service to parents and carers of intersex children and young people.
- Collate best practice resources identified in this report to ensue theses are accessible to any individual or organisation (i.e., embedded in an online website developed).

Chapter 6 : Review of Online Parent Resources Against Best Practice Guidelines

Overview

Whereas the previous chapter looked at sources of support for parents, the aim of the research undertaken in this chapter was to identify and review written sources of information that parents and carers were most likely to find when they looked for information online. The search was conducted on Google as per the previous chapter. This allows for comparison across mapping exercises. Common language sentences were used to capture the likely sources that parents and carers would find when looking for information. Following the identification of written resources, these were then reviewed against good practice criteria, identified through the literature review.

Methodology

To conduct the web search, three laptops with separate search profiles, including an incognito profile with no search history, were used. The first 20 sources for each category were analysed, which is approximately the first three to four pages of results. The results were then assessed against the same inclusion and exclusion criteria as used in the previous mapping exercise. Sources that related to parents and carers being LGBTQI+, and directly addressed the needs of parents and carers of LGBTQI+ children and young people were retained. A broad definition of need was used and included, for example sources that addressed referral information to supports for young people seeking gender affirming support.

Each source was then scored against the best practice guidelines using the following criteria:

- Does the content use and define up-to-date LGBTQI+ language and literacy?
- Does the content affirm the parent/carer journey and contain emotional support for parents?
- Is the content affirming of the child/young person's identity?
- Does the resource signpost to parent support services?
- Does the resource signpost to relevant medical services (where relevant)?
- Does the resource signpost to children and young people services and supports?

This information was collated for each of the searches conducted. Two researchers scored sources, and a decision was made on final scores where there was disagreement. The final tables give the title of the source, the year, the type of source, scores across the six criteria and a final total score out of 18. Tables are presented in order of highest to lowest score. Flagged content, that is content that contravenes the best practice guidelines, is marked in orange in the tables.

Search Criteria

The search criteria and terminology used aimed to be broad to include terms that parents may possibly use. The rationale for the approach and the selection of terms was informed by the findings from the literature review and the qualitative interviews conducted. Terms such as demisexual, pan or pansexual, ENBY (nonbinary) and other identities, were not included as this would result in a very large search. However, it was expected that these terms would appear in sources which used up-to-date language. The search was limited to three phrases for sexual orientation and gender diversity respectively.

The sexual orientation (LGB+) search terms were:

- My child is gay
- My child is a lesbian
- My child is bi

The gender diverse search terms were:

- My child is trans
- My child is non-binary

The search used for intersex was:

- My child is intersex

The first 20 sources identified by each search were recorded in a table.

Limitations

Google is an ever-evolving environment and the results from this search may vary from Google profile to profile. In this sense the searches conducted are not replicable. Results will vary depending on the search history of the individual user. Three profiles on three different laptops were used to identify the most likely sources parents

would find. To address these limitations and further validate findings the search was repeated six months later, and those searches found very similar results.

Table 6. Collated Advertisements from the open searches

Organisation Name	Number of Instances
Sexual Wellbeing	2
Spun Out	2
BeLonG To	3
Outhouse	1
ISPCC	2

In the incognito search both the Scientific American and Focus on the Family pages, which are flagged in the tables below, appear on the first page. This suggests that some parents may be more likely find unreliable resources depending on their own search history. The full list of sources identified by the search with URLs can be found in Appendix II

Results

The most common sources of information were magazines, news sites and health sources. The majority of magazines were parenting magazines, e.g.: Your Teen and Parents.com.

Most resources were based in the USA, often referring to in-person supports inaccessible to Irish parents. However, there were several online resources that Irish parents could avail of MyKidIsGay.com was a frequent highly ranked source which address parents' questions, including parents from different faiths. It includes online resources and links to a book specifically for parents and carers, as was Parentlink, an Australian resource, which is a 'primary prevention community education programme' with a 'strengths-based/solution focused approach' providing resources on parenting. It covers a huge range of topics including peer pressure, body image, running away and how to respond if your child is LGB. It is not itself an LGBTQI+ organisation but provides information to parents on these topics.

Of all 120 sources, as outlined below, 80 (66%) were from the USA. The next most common was the UK with 12 sources (10%), then Ireland with 10 sources (8%), followed by Australia with 7 sources (6%), and Canada with 4 sources (3%). The

following all had one source each: India, Singapore, France, South Africa, Germany, Sweden, Europe (a collection of different groups across Europe co-authoring one document).

Table 7. Frequency of 120 sources by country

Country	Number of Sources	Overall percentage
USA	80	66%
UK	12	10%
Ireland	10	8%
Australia	7	6%
Canada	4	3%
India	1	< 1%
Singapore	1	< 1%
France	1	< 1%
South Africa	1	< 1%
Germany	1	< 1%
Sweden	1	< 1%
EU collaboration	1	< 1%

Common Themes Identified in the Online Resources

Most of the sources affirmed the child's identity (exceptions are listed at the end of this section). Most of the sources stated that getting support was important for parents. They suggest ways to affirm support by commenting favourably on LGBTQI+ characters on television for example. Sources assured parents that parenting styles do not affect a child's identity with regard to sexuality, gender or the likelihood of being born intersex. They also stated that it was not something to be cured. They addressed parent and carer fears about how to talk to their children about gender and sexuality and the difficulty that some parents have in talking about sexuality, gender, relationships, and sex with their children in general. They addressed loss of expectations, to have grandchildren, for example and debunked ideas that LGBTQI+ people can't or don't have children. They addressed fears that parents had in terms of the potential for life to be harder for their child as a LGBTQI+ person and recommended being an advocate for their child in the face of discrimination, bullying and prejudice.

Some sites were dismissive of the parent's journey on their child's disclosure and many stated 'it's not about you'. There was little discussion on the impact of being from a conservative religious background, an ethnic minority or having values that were incompatible with embracing the sexuality or gender of their child.

While most sources stated that it wasn't a phase this was more clearly asserted for LGB+ while for trans and non-binary there was engagement in discussion about whether it might be a phase or not. Discussion of the mental health implications for young people, and statistics regarding higher levels of suicide and self-harm, particularly without parent or carer support was more common for sources addressing parents and carers of trans and non-binary children and young people, even though this is also an issue for LGB+ and intersex communities.

There was little discussion of other terminology, for example pansexuality, pangender, asexuality or agender. Some definitions were outdated, for example referring to bisexuality as an attraction to both genders which assumes a gender binary. Outside of sources on intersex there was little discussion of intersex.

Almost all sources affirmed the child's identity. While the majority of sources engaged with questions coming from a place of not-knowing - e.g.: Can I still have grandchildren? There were three sources which did not meet the best practice guidelines. For example, resources run by homophobic or transphobic groups, resources referring parents to therapists who do not meet the good practice guidelines outlined in that section or resources that refer parents to anti-trans pages did not meet the threshold for best practice. Articles which used outdated and now considered derogatory language or referenced now outdated studies were also considered not to meet that threshold. These are outlined below:

1. Transgender Trend. Their tag line is "no child is born in the wrong body". A recent tweet published on 5th June 2023 states 'The only fair, safe and reasonable policy is that when it comes to school pupils, "sex" means what it always has: girl and boy, male and female, and the pronouns that go along with these ordinary words. This should not be up for negotiation.' The source included 'Is my child trans?' Research says probably not." Another article shown in the side bar was titled "Gender indoctrination in schools: a teenage girl's testimony". Perhaps more importantly the site provides resources by country to parents including recommended therapists in Ireland from a group called Thoughtful Therapists who oppose the proposed

government ban on conversion therapy. They also provide a list of other resources and groups including LGB alliance, an anti-trans group.

2. Focus on the Family produce an article titled “Parent Suspects That Child Might be Gay”. Focus on the Family are a fundamentalist Protestant group which lobbies against LGBT rights. The source condemns homosexuality; "a good parent-child relationship is one of the best lines of defence against homosexuality", "Feelings aren’t proof that anyone is “born gay” and refers parents to pastoral counsellors. This site contravenes good practice guidelines.

3. Two articles published in Scientific American “Is Your Child Gay” from 2012 and “Is your child a prehomosexual? Forecasting adult orientation” from 2010 also does not fit best practice criteria. Both of these articles are by Jesse Bering, a psychologist, and are almost identical. These articles are extracted from Bering’s book “Why Is the Penis Shaped Like That?... And Other Reflections on Being Human”. Throughout these articles Bering uses the term “transsexuals”, and references outdated small studies. Bering’s discussion takes a reductionist view and is somewhat sensationalist in terms of views on sex, gender, and sexual orientation. Note this is not a commentary on Bering’s current position but rather an account of sources parents and carers might encounter today.

These sources are the exception rather than the norm, however as stated previously some of these sources are more likely to appear in the first search page for people who do not generally access LGBTQI+ content. Below are lists of common themes across all sources in the search.

Mapping LGB+ Sources Against Best Practice Guidelines

There was an overlap of LGB+ sources i.e., gay, lesbian, and bisexual searches. However, trans, and non-binary searches tended not to overlap, with trans sources addressing trans identities only. Intersex sources only addressed intersex while LGB+ sources rarely addressed concerns of parents with intersex children.

Many sources identified by the search referred parents to other resources for support. Some of these resources were in-person and some were online. In most cases sources were outside of Ireland so in-person supports, in general would not be accessible to parents and carers here.

Common Themes in the LGB+ Sources

There was a common thread or narrative in many of the sources identified. These included:

- telling your children that you love them and that you are there for them
- encouraging children by openly commenting on LGBT characters in TV shows and movies
- telling your child that it is not a phase
- parenting does not affect children's sexuality, gender identity or likelihood to be born intersex
- LGBTQI+ people can still have or adopt children, don't worry about being a grandparent
- don't make it about you
- you cannot cure, fix or solve your child being LGBTQI+
- defining bisexuality as attraction to "both sexes" (considered an outdated, current definitions from multiple sources define bisexuality as being attracted to men and women OR more than one gender
- how do you talk to your children in age appropriate ways about sex, gender identity and sexuality. Is it necessary? Is it insensitive? Should you never stop having discussions about sexual health and safety with your child regardless?
- parents being afraid to discuss sexuality with their children because they are uncomfortable discussing sex with their children
- parents being afraid that their children will have a harder life, that they will become "targets". That they will be unsafe, bullied, victims of hate crimes
- be an advocate for your child
- the use of the term "blindsided" related to children coming out
- parenting advice columns

Common Signposting in LGB+ Sources

Amongst the LGB+ sources identified, by far the most common signposts (information on where to get supports) were to PFLAG and MyKidIsGay.com. PFLAG is an American organisation by and for families of members of the LGBTQI+ community. The sources commonly signpost to in-person peer support for parents through PFLAG, which are not available in Ireland. MyKidIsGay.com is an online resource for parents of LGBTQIA children. It contains videos, blogs and articles. The site addresses topics such as religion, school, and talking about sex with your child. The site also hosts what is calls an "e-Care package for Parents and Loved Ones of

Trans Youth" called Breathe, Learn, Act. The package includes music playlists and journaling pages to relax (Breathe). It also includes educational articles and worksheets (Learn). Finally, it includes guidance and worksheets on ways parents can engage with their children based on what they have learned (Act). It is an American website, but also an online database, therefore Irish parents can engage with the resource.

The Results for LGB+ Sources

Tables 3, 4 and 5 below outline the sources identified for parents asking about their child's sexuality (LGB+). Sources ranged from government information sites, parenting sites and magazines, LGBTQI+ sites and academic articles. For the 'my child is gay' search only one site originated in Ireland which is an Irish Times article. For the 'My child is lesbian' search there are two sites; the Irish Human Rights Commission and BeLonG To and for the 'My child is bi' search there was one Irish source, an online news article.

Scores for the resources range from 6 to 18. The source that received the highest score based on the criteria (17.5) was an Australian Government resource. However, this source appeared only once in the 'My child is bi' search. The lowest scores (7 & 8) were for sites flagged as not in line with best practice guidelines.

Table 8. Search Hits for the Term 'My Child is Gay'

Source Name	Year	Type of Source	Origin of Source	Language and literacy	Emotional supports for parents	Affirming of identity?	Signposting to parent support services?	Signposting to relevant medical services?	Signposting to young person's services?	Totals
Today - I think my child may be LGBTQ: 6 things you can do before they come out	2021	News site	USA	3	3	3	3	1	3	16
GLAAD - Is Your Child Gay?	-	LGBTQI+ NGO	USA	3	3	3	3	1	3	16
My Kid is Gay		Online resource	USA	3	3	3	3	2	2	16
Johns Hopkins Medicine - Tips for Parents of LGBTQ Youth		Health research	USA	3	2	3	3	2	2	15
CBC - Modern dos and don'ts for parents of gay kids coming out	2020	News site	Canada	3	2	3	3	1	3	15
PFLAG Atlanta - What do you do when you find out your child is gay, lesbian or bisexual?	2023	LGBTQI+ non-profit/NGO	USA	3	3	3	2.5	1	2	14.5
Family Equality - What to Do (and Not Do) When Your Child Comes Out to You	2018	LGBTQI+ non-profit/NGO	USA	3	2	3	3	1	2	14
Launchpad - When Your Child Comes Out as Gay: What I tell parents whose child comes out		Counselling Service	USA	3	2	3	2.5	1	2.5	14
NBC news - Many parents struggle to adjust after learning child is gay, study finds	2019	News site	USA	3	3	3	2	1	1	13
Healthy Children (American Academy of Paediatrics) - Coming Out: Information for Parents of LGBTQ Teens	2021	Health organisation	USA	3	2	3	3	1	1	13
The Irish Times - I think my son might be gay	2011	News site	Ireland	3	2	3	2	1	2	13
Stonewall Cymru - So you think your child is gay?	2015	LGBTQI+ non-profit/NGO	UK	3	2	3	2	1	2	13

Source Name	Year	Type of Source	Origin of Source	Language and literacy	Emotional supports for parents	Affirming of identity?	Signposting to parent support services?	Signposting to relevant medical services?	Signposting to young person's services?	Totals
Peel region - Learning That Your Child is Gay		Local social services and infrastructure	Canada	3	1	3	3	1	1	12
The Atlantic - Dear Therapist: Do I Need to Have 'the Talk' Again with My Daughter?	2019	Magazine	USA	3	2	3	2	1	1	12
GQ - How to react to your child coming out as gay	2020	Magazine	USA	3	2	3	1	1	1	11
Nemours Kids Health - Sexual Orientation	2018	Health non-profit/NGO	USA	3	2	3	1	1	1	11
Times of India. What to do if you think your child is gay	2022	News site	India	3	1	3	1	1	1	10
Family Resources Inc - at what age do kids identify as gay?	2021	Homeless teen non-profit	USA	3	1	3	1	1	1	10
Focus on the Family - Parent suspects that child might be gay.		Christian group	USA	1	2	1	2	1	1	8
Scientific American - Is Your Child Gay?	2012	Magazine	USA	2	1	1	1	1	1	7

Table 9. Search Hits for 'My child is lesbian'

Source Name	Year	Type of Source	Origin of source	Language and literacy	Emotional supports for parents	Affirming of identity?	Signposting referrals for parent support services?	Signposting referrals for relevant medical services?	Signposting referrals for young person?	Total
Today - I think my child may be LGBTQ: 6 things you can do before they come out	2021	News site	USA	3	3	3	3	1	3	16
Parentlink - Young People who are Gay, Lesbian or Bisexual		Government agency	Australia	2.5	3	3	3	1	3	15.5
Johns Hopkins Medicine - Tips for Parents of LGBTQ Youth	-	Health research	USA	3	2	3	3	2	2	15
Stonewall Cymru - So you think your child is gay, lesbian, bisexual or trans?	2015	LGBTQI+ non-profit/NGO	UK	3	2	3	3	1	3	15
PFLAG Atlanta - What do you do when you find out your child is gay, lesbian or bisexual?	2023	LGBTQI+ non-profit/NGO	USA	3	3	3	2.5	1	2	14.5
IHREC - If your Child is Gay or Lesbian	2001	Government agency	Ireland	3	3	3	3	1	1	14
Launchpad Counselling - When Your Child Comes Out as Gay: What I tell parents whose child comes out	-	Counselling Service	USA	3	2	3	2.5	1	2.5	14
Children's Hospital Los Angeles - Talking to Your Child About What It Means to Identify as Lesbian, Gay, Bisexual or Transgender (LGBT)	2016	Health organisation	USA	3	2	3	2	2	2	14
Healthy Children (American Academy of Paediatrics) - Coming Out: Information for Parents of LGBTQ Teens	2021	Health organisation	USA	3	2	3	3	1	1	13
NBC news - Many parents struggle to adjust after learning child is gay, study finds	2019	News site	USA	3	3	3	2	1	1	13
Nexus Family Healing - I'm Having a Hard Time Accepting That My Daughter Is a Lesbian	2021	Mental health service	USA	3	2	3	3	1	1	13

Source Name	Year	Type of Source	Origin of source	Language and literacy	Emotional supports for parents	Affirming of identity?	Signposting referrals for parent support services?	Signposting referrals for relevant medical services?	Signposting referrals for young person?	Total
The Atlantic - Dear Therapist: Do I Need to Have 'the Talk' Again with My Daughter?	2019	Magazine	USA	3	2	3	2	1	1	12
PMC, Paediatrics & Child Health - Your teen's sexual orientation: What parents should know	2008	Medical journal	Canada	3	1	3	2	2	1	12
NSPCC - Sexuality and sexual orientation		Child support charity	UK	3	2	3	1	1	2	12
Nemours Kids Health - Sexual Orientation	-	Health non-profit/NGO	USA	3	2	3	1	1	1	11
Slate - We Don't Want Our 12-Year-Old to Tell Anyone She's a Lesbian	2021	Magazine	USA	3	1	3	1	1	1	10
BeLonG To - I think my child is LGBT+...	-	LGBTQI+ non-profit/NGO	Ireland	3	1	2	1	1	1	9
Estes et al - "Those Are Typical Tell-Tale Signs of a Lesbian": LGBQ Young Peoples' Perceptions of Parental Messaging Surrounding Gender Non-Conforming Behavior	2021	Peer review article. Sage	USA	2	1	2	1	1	1	8
Scientific American - Is Your Child Gay?	2012	Magazine	USA	2	1	1	1	1	1	7

Table 10. Search hits for 'my child is bi'

Source Name	Year	Type of Source	Origin of source	Language and literacy	Emotional supports for parents	Affirming of identity?	Signposting referrals for parent support services?	Signposting referrals for relevant medical services?	Signposting referrals for young person?	Total
Parenting SA - Young people who are gay, lesbian or bisexual	2020	Pamphlet Government program	Australia	2.5	3	3	3	3	3	17.5
Grown & Flown - Here are 7 Ways to Support Your Bisexual or Gay Teen	2021	Parenting magazine	USA	3	3	3	3	1	3	16
My Kid is Gay - Bisexual All Articles		Online resource	USA	3	3	3	3	2	2	16
Parentlink - Young People who are Gay, Lesbian or Bisexual		Government agency	Australia	2.5	3	3	3	1	3	15.5
Science Daily - Many parents struggle for years to adjust after learning a child's sexual orientation	2019	News site	USA	3	2.5	3	3	1	3	15.5
Johns Hopkins Medicine - Tips for Parents of LGBTQ Youth		Health research	USA	3	2	3	3	2	2	15
PFLAG Atlanta - What do you do when you find out your child is gay, lesbian or bisexual?	2023	LGBTQI+ non-profit/NGO	USA	3	3	3	2.5	1	2	14.5
Children's Hospital Los Angeles - How to Talk to Your Child Who Is Questioning or Identifies as Lesbian, Gay, Bisexual, Transgender, Queer or Asexual (LGBTQA)	2016	Health organisation	USA	3	3	3	2	2	1	14
Launchpad Counselling - When Your Child Comes Out as Gay: What I tell parents whose child comes out		Counselling Service	USA	3	2	3	2.5	1	2.5	14
Children's Mercy - Tips for talking to your kids about sexual orientation	2019	Health organisation	USA	3	1.5	3	2	1	3	13.5
Healthy Children (American Academy of Paediatrics) - Coming Out: Information for Parents of LGBTQ Teens	2021	Health organisation	USA	3	2	3	3	1	1	13

Source Name	Year	Type of Source	Origin of source	Language and literacy	Emotional supports for parents	Affirming of identity?	Signposting referrals for parent support services?	Signposting referrals for relevant medical services?	Signposting referrals for young person?	Total
NBC news - Many parents struggle to adjust after learning child is gay, study finds	2019	News site	USA	3	3	3	2	1	1	13
Wikihow - How to Accept That Your Child is Gay, Lesbian or Bisexual	2023	Instructional wiki	Global (USA based)	3	2	3	2	1	1	12
NSPCC - Sexuality and sexual orientation		Child support charity	UK	3	2	3	1	1	2	12
PMC, Paediatrics & Child Health - Your teen's sexual orientation: What parents should know	2008	Medical journal	Canada	3	1	3	2	2	1	12
Your Teen - My Daughter is Bisexual? Accepting my Daughter and Rejecting My Bias	2020	Parenting magazine	USA	3	2	3	1	1	1	11
Shame Proof Parenting - Guest Post		Coaching	USA	3	2	3	1	1	1	11
Newstalk - Parenting: 'My 11-year-old daughter has told me that she thinks she is bisexual'	2022	News site	Ireland	3	2	2	1	1	1	10
Scientific American - Is your child a "prehomosexual"? Forecasting adult sexual orientation	2010	Magazine	USA	2	1	2	1	1	1	8

Mapping Trans and Non-binary Sources Against Best Practice Guidelines

Recurring Themes in Trans and Non-Binary Sources

- While it is not a phase, watch your child to see if they are consistent in their behaviour, as it may in fact be a phase e.g.: the American Psychiatric Association (APA) diagnostic manual recommends that the child show consistent behaviour for at least six months. LGB+ sources were more likely to refute the idea that "it's a phase". However, this is less likely to be stated in sources related to trans and non-binary children.
- If it *is* a phase, does it matter? Should parents "go along with" phases too?
- Recommending family counselling was more frequent than in LGB sources.
- Parents feeling that gender diverse afab (assigned female at birth) children are really just suffering from internal misogyny i.e., an ingrained dislike of women.
- Lists of things that parents should "watch out for" as "signs" of gender diversity, e.g.: children peeing in different ways, dressing outside the gender norm, playing games or sports outside the gender norm, children insisting on nicknames, and also all general mental health issues such as depression or self-harm.

Common Signposting in Trans and Non-binary Sources

Amongst the trans and non-binary searches, signposting to other supports was much less common than in the LGB+ search. When signposting was provided, this was commonly to the source's own services - e.g., counsellors recommending family therapy with them. The trans and non-binary search also yielded more recommendations to get in contact with the child's GP or paediatrician.

Table 11. Sources for 'My child is trans'

Source	Year	Type of Source	Origin of source	Language and literacy	Emotional supports for parents	Affirming of identity?	Signposting referrals for parent support services?	Signposting referrals for relevant medical services?	Signposting referrals for young person?	Total
Belong To - I Think My Child Is Transgender	–	LGBTQI+ non-profit/NGO	Ireland	3	3	3	3	1	3	16
NHS - Think your child might be trans or non-binary?	–	Health service	UK	3	2	3	2.5	3	2.5	16
Belong To - My Child Is Trans; What to Do	–	LGBTQI+ non-profit/NGO	Ireland	3	3	3	2	1	2	14
Human Rights Campaign - Transgender Children & Youth: Understanding the Basics	–	LGBTQI+ non-profit/NGO	USA	3	2	3	3	1	2	14
Gender GP - Transgender Phase: Do I Know My Child Isn't Going Through a Phase?	2020	Online Clinic	Singapore	3	3	3	2	1	2	14
ISPCC - What to do if your child tells you they are transgender	–	Child support charity	Ireland	3	3	3	2	1	1	13
Parents.com - My Child Is Transgender: This Is How I Know	2022	Parenting magazine	USA	3	3	3	1	2	1	13
Polaris Teen Center - HOW TO KNOW IF YOUR CHILD IS TRANSGENDER	2018	Teen mental health residential center	USA	3	2	3	2	1	2	13
Mermaids - SUPPORTING YOUR TRANSGENDER CHILD	–	Trans non-profit/NGO	UK	3	2	3	2	1	2	13
Family Equality - How to Support Transgender Youth in Your Life	–	LGBTQI+ non-profit/NGO	USA	3	2	3	2	1	1	12
Annals of Family Medicine - Parenting My Transgender Child: From Loss to Acceptance	2021	Medical journal	USA	3	3	3	1	1	1	12

Source	Year	Type of Source	Origin of source	Language and literacy	Emotional supports for parents	Affirming of identity?	Signposting referrals for parent support services?	Signposting referrals for relevant medical services?	Signposting referrals for young person?	Total
Healthy Children (American Academy of Paediatrics) - Gender-Diverse & Transgender Children	2022	Health organisation	USA	3	2	3	2	1	1	12
The New York Times	2020	News site	USA	3	3	3	1	1	1	12
Annals of Family Medicine - Parenting My Transgender Child: From Loss to Acceptance	2021	Medical journal	USA	3	3	3	1	1	1	12
Mayo Clinic - Children and gender identity: Supporting your child	2022	Health non-profit	USA	3	1	3	2	1	1	11
Child Mind Institute - Transgender Kids and Gender Dysphoria	2023	Mental health non-profit	USA	3	2	3	1	1	1	11
Verywell Mind - How to Emotionally Process Your Child Coming Out as Trans	2022	Health website	USA	3	2	3	1	1	1	11
The Atlantic - when children say they're trans	2018	Magazine	USA	3	3	1.5	1	1	1	10.5
The Washington Post - FAQ: What you need to know about transgender children	2022	News site	USA	3	1	3	1	1	1	10
Transgender Trend - Is My Child Trans?		Anti-trans pressure group	UK	1	1	1	1	1	1	6

Table 12. Sources for 'My child is non-binary'

Source Name	Year	Type of Source	Origin of source	Language and literacy	Emotional supports for parents	Affirming of identity?	Signposting referrals for parent support services?	Signposting referrals for relevant medical services?	Signposting referrals for young person?	Total
NHS - Think your child might be trans or non-binary?		Health service	UK	3	2	3	2.5	3	2.5	16
Today - What parents can learn from 'Sex and the City' sequel talk about gender identity	2021	News site	USA	3	2	3	3	2	2	15
Washington Post - My teen says they're nonbinary. How do we know it isn't a phase?	2022	News site	USA	3	3	3	3	1	1	14
NSPCC - Gender identity		Child support charity	UK	3	2	3	2	1	3	14
Care.com - My child might be nonbinary: What experts say parents need to know	2022	Online childcare marketplace	USA	3	2	3	3	1	1	13
Raising Children - Gender identity, gender diversity and gender dysphoria: children and teenagers	2021	Government parenting resource	Australia	3	1	3	2	2	2	13
Parenting Horizons - My daughter just said she's non-binary. I'm completely confused!		Parenting site	USA	3	2	3	2	1	1	12
Wbur - 'I Just Feel Like Myself': A Nonbinary Child and Their Family Explore Identity	2021	News site	USA	3	3	3	1	1	1	12
Trans Families - About Nonbinary & Other Gender Diverse Children		Trans non-profit/NGO	USA	3	2	3	2	1	1	12
Detroit Free Press - I am the parent of a non-binary child	2018	News site	USA	3	3	3	1	1	1	12
Healthy Children (American Academy of Paediatrics) - Gender-Diverse & Transgender Children	2022	Health organisation	USA	3	2	3	2	1	1	12
Time - What and Just Like That Gets Right About Parenting a Nonbinary Child, According to an Expert	2022	Magazine	USA	3	3	3	1	1	1	12
Parents.com - I'm a Nonbinary Teen: Here's What Parents Need to Know	2022	Parenting magazine	USA	3	2	3	1	1	1	11

Source Name	Year	Type of Source	Origin of source	Language and literacy	Emotional supports for parents	Affirming of identity?	Signposting referrals for parent support services?	Signposting referrals for relevant medical services?	Signposting referrals for young person?	Total
News Talk - Parenting: Should I support my 10-year-old's decision to be non-binary?	2021	News site	Ireland	3	2	3	1	1	1	11
Geisinger - 4 ways to support your non-binary child	2021	Health service	USA	3	2	3	1	1	1	11
The New York Times - The Hardest Part of Having a Nonbinary Kid Is Other People	2020	News site	USA	3	2	3	1	1	1	11
The Cut - 'My Kid Is Nonbinary, and I Can't Get Over It'	2019	Magazine	USA	3	2	3	1	1	1	11
Mother - What I've Learned About Raising Non-Binary Kids	2022	Parenting magazine	USA	3	2	3	1	1	1	11
International School Parent. Moving internationally with a non-binary child		Parenting magazine	Switzerland	3	2	3	1	1	1	11

The highest scoring source for 'My Child is Trans' was BeLonG To, an Irish LGBTQI+ site, while the highest scoring site for 'My child is non-binary' was the UK NHS. Sources on trans, non-binary were more likely to debate what best practices are than sources on LGB+. LGB+ sources were almost entirely all affirming of the child's identity.

The quality or veracity of trans, non-binary and intersex sources were more difficult to evaluate. They also had much more legal and medical information than LGB sources, making them less accessible and denser to read through. However, these sources scored higher than LGB+ sources suggesting overall better compliance with the best practice guidelines developed. This may be because many of these sites have been developed more recently and use more up to date language.

Mapping Intersex Sources Against Best Practice Guidelines

Recurring themes in the intersex search

- Assign intersex babies a gender at birth *but* do not intervene medically unless necessary for the health of the child
- Do not conceal the fact that children are intersex from the children in question
- Work with a team of specialists including psychologists, endocrinologists, surgeons and GPs
- Any cosmetic surgeries should be solely the decision of the child in question when they are old enough to consent
- Be prepared for medical professionals to push unnecessary medical interventions
- Be prepared for medical professionals to tell you to conceal the fact that your child is intersex from your family and friends, as they can tell families to withhold announcing the birth of the child until a gender is assigned

Common Signposting in Intersex Sources

Within the intersex search the most common signposting was to interACT, OII and ISNA. InterACT is an American NGO which advocates for the rights of children born with intersex traits. The sources commonly refer to interACT for definitions and FAQs. It also has an in-person youth group. OII (Organisation Intersex International) is a global advocacy group for people with intersex traits. Most signposts were to the document by IGLYO, OII Europe & EPA "Supporting Your Intersex Child". This document is 40 pages long and documents medical interventions, talking to your child

about them being intersex and talking to other people about your child being intersex, among other topics. ISNA (Intersex Society of North America) was an American NGO advocacy group for intersex people which closed in 2008; it has since been succeeded by interACT.

Table 13. Sources for 'My child is intersex'

Source Name	Year	Type of Source	Origin of source	Language and literacy	Emotional supports for parents	Affirming of identity?	Signposting referrals for parent support services?	Signposting referrals for relevant medical services?	Signposting referrals for young person?	Total
IGLYO, OII Europe & EPA - Supporting your intersex child	2018	LGBTQI+ booklet	EU	3	3	3	3	3	3	18
Health Line - What to Know About Having a Baby Who Is Intersex	2023	Health website	USA	3	3	3	3	2	3	17
Baby Center - When your baby is intersex	2023	Pregnancy site	USA	3	2	3	3	2	3	16
Reach out - Supporting an intersex teenager		Government parenting resource	Australia	3	2	3	3	2	3	16
Australian Psychological Society - INFORMATION SHEET: Children born with intersex variations	2017	Psychological association	Australia	3	2	3	3	2	3	16
InterACT Advocates - What is intersex?	2021	Intersex non-profit/NGO	USA	3	2	3	2	1	3	14
The Guardian - 'We don't know if your baby's a boy or a girl': growing up intersex	2016	News site	UK	3	2	2	2	2	1	12
CNN - Raising an intersex child: 'This is your body. ... There's nothing to be ashamed of'	2019	News site	USA	3	3	3	1	1	1	12
NBC - 'You can't undo surgery': More parents of intersex babies are rejecting operations	2018	News site	USA	3	3	3	1	1	1	12
NBC - Raising the World And An Intersex Child | NBC News	2018	News site	USA	3	3	3	1	1	1	12
Parents.com - What to Do if You Have an Intersex Child	2014	Parenting magazine	USA	3	2	3	1	1	1	11

Source Name	Year	Type of Source	Origin of source	Language and literacy	Emotional supports for parents	Affirming of identity?	Signposting referrals for parent support services?	Signposting referrals for relevant medical services?	Signposting referrals for young person?	Total
Amnesty - First do no harm: Ensuring the rights of children who are born intersex	2017	Human rights non-profit/NGO	UK	3	2	3	1	1	1	11
Why do we perform surgery on newborn intersexed children? The phenomenology of the parental experience of having a child with intersex anatomies	2009	Article on an Academic journal	Sweden	3	2	3	1	1	1	11
BMC Medical Ethics, Kevin G. Behrens - A principled ethical approach to intersex paediatric surgeries	2020	Medical journal	South Africa	3	2	3	1	1	1	11
Intersex Society of North America - What does ISNA recommend for children with intersex?	(dissolved in 2008)	Intersex non-profit/NGO	USA	3	1	3	2	1	1	11
A Gender Agenda - Intersex for Parents		Trans, Intersex, Gender Diverse Service	Australia	3	2	3	1	1	1	11
Journal of Endocrinology, Ute Thyen et al - Deciding on gender in children with intersex conditions: considerations and controversies	2005	Medical journal	Germany	3	2	2	1	1	1	10
Human Rights Watch - “I Want to Be Like Nature Made Me” Medically Unnecessary Surgeries on Intersex Children in the US	2017	Human rights non-profit/NGO	USA	3	1	3	1	1	1	10
Irish Examiner - What happens when a child is born intersex in Ireland?	2016	News site	Ireland	3	1	3	1	1	1	10

Summary of Findings

LGB+ Sources: Key Conclusions

- The overwhelming majority of sources were affirming of the young person's identity
- No in-person peer supports for parents based in Ireland were identified by the search
- Very few Irish sources were identified
- Highly ranked online resources such as MyKidIsGay and Parentlink were both accessible from Ireland
- There was less discussion overall about mental health statistics compared to trans sources

Trans and Non-Binary Sources: Key Conclusions

There were more Irish sources in the search results for parents and carers of trans children than other searches, in particular two hits from BeLonG To and one from the ISPCC. Sources on trans and non-binary were also more likely to debate what best practices are than sources on LGB+.

- Sources on trans, non–binary were sometimes less explicit in supporting the child's identity. There were more likely to be discussion or debate compared to LGB+ sources.
- Whether or not gender diversity is a phase was discussed but it was unclear if some sites were supportive of the young person's identity in that discussion.
- Similarly, discussions of waiting to see consistent behaviour before "allowing" children to transition were ambiguous in their recommendations for parents
- Resources necessarily had more legal and medical information than LGB+ sources, making them a little less accessible to read.

Intersex Sources Key: Conclusions

- Intersex sources scored the highest based on our criteria, being the most affirming of both the parent and child journeys, and also recommending the most additional resources.
- There was no flagged content relating to information or support for this cohort.
- However, like trans and non-binary sources, intersex sources were also more likely to debate what best practices are than sources on LGB+. For example, a Guardian article on intersex children had 50/50 coverage from intersex adults saying that early medical intervention is wrong coupled with parents justifying their decision to intervene.

Recommendations

- The DCEDIY to develop, along with relevant stakeholders, an accessible website (which may be independent or part of an existing high traffic website) which meets best practice guidelines containing the information identified in this report. The aim of the site is to be the definitive resource for parents and carers in Ireland. the funding for this site needs to be ongoing and it should be updated and maintained good search engine optimisation (SEO) and a budget for advertising. A campaign should be run to ensure a high level of awareness of the resources.
- Provide all LGBTQI+ organisations and organisations supporting parents, carers and children with best practice and literacy guidelines

Chapter 7 : Recommendations

Overview

This report began by highlighting the importance of parental support for LGBTQI+ young people and the serious implications when that support is lacking on the lives of LGBTQI+ young people. It is clear from the results of research conducted for this report that parents and carers of LGBTQI+ children and trans children in particular are struggling, and they require improved supports from their peers, schools, communities, and the state in order to be able to be fully supportive of their children.

Resourcing Parent and Carer Supports

- The DCEDIY to develop, along with relevant stakeholders, an accessible website (it is recommended that this is part of an existing high traffic website) which meets best practice guidelines and contains the information identified in this report. An annual budget to be allocated for this to be updated, maintained for the establishment of good SEO (search engine optimisation), and for regular advertising[20]. The website should ensure credibility through clear endorsement from relevant government departments.
- Establish parent support posts in LGBTQI+ organisations, this to be done in a way which ensures national access and in person supports as far as possible, so that parents in rural communities have access to support when they need it.
- Develop parental resources which acknowledge the personal challenges, emotions and processes or stages that parents may experience. They should also aim to reduce isolation and stigma that parents may experience due to religious, societal or political beliefs or affiliations. They should also:
    - Cover the range of LGBTQI+ and gender experiences and identities and remain up to date in this regard
    - Clearly communicate the role that parental and caregiver acceptance plays in protecting young people from negative life outcomes
    - Provide information to combat not-knowing, myths, or assumptions
    - Be inclusive in terms of additional factors such as ethnicity, religion and gender
    - Provide information on common formal and informal terminology and their meanings
    - Ensure that where resources refer to other supports (e.g., counselling or support groups), those supports meet best practice guidelines

[20] Note if the site is hosted by a charity it can avail of donated charity advertising packages which can reduce costs and increase awareness of site.

    - Provide guidance on choosing a counsellor for children based on best practice guidelines
- Co-ordinate with CORU to ensure that regulations for counselling and psychotherapy require practitioners to operate within best practice guidelines, specifically that any therapists who work with young people recognise and respect the young person's identify.
- Religious affiliation should be considered as a potentially ameliorating or limiting factor in parents or caregivers' journey towards acceptance of their child's identity. Bespoke resources, co-created with members of religious groups should be developed to support religiously affiliated parents. These resources and any follow-on supports should be supportive of the child's identity and in line with the guidelines in this research.
- Design, through co-creation methods, resources for Traveller and ethnic minority groups, which are in line with the guidelines in this research.

Raising Awareness and Increasing Help-Seeking

- Run a media campaign to ensure that parents are aware of key issues in relation to SGM literacy prior to experiencing a child coming out. This to focus on magazine/online articles that parents access. An aspect of this campaign to be targeted at fathers.
- Establish a campaign for sports organisations and youth sports organisations with patrons and allies to reduce LGBTQI+ stigma.
- Work with the Department of Education to develop a method for ensuring and monitoring that all schools are appropriately welcoming and supportive of LGBTQI+ young people and are responding to cases of LGBTQI+ bullying in ways that are effective. [21]
- This report highlights the lack of resources available to parents and carers of intersex children and young people in Ireland outside of a medicalised context. Further research regarding supports for intersex young people and their parents from a socio-psychoeducational perspective should be prioritised.

Peer support

- Pilot a programme to support nationally accessible parent peer support groups, online or in-person.
- The website to be kept up to date with information on current peer support groups across Ireland.

[21] Maynooth University funded by D.Ed and DCEDIY is currently reviewing and updating the 'Being LGBT in School' Resource

Healthcare for LGBTQI+ Young People

- Ensure that state funded mental healthcare professionals are sufficiently trained to work with LGBTQI+ children and young people.
- Given the higher rates of self-harm and suicide for LGBTQI+ youth, establish priority mental health services for LGBTQI+ young people.
- Provide GPs with training in working with LGBTQI+ young people

The Specific Needs of Trans and Non-Binary Children

- As a matter of priority, establish a gender-affirming health service to support under 18s trans young people and their parents. This to have waiting lists of no more than three months.
- In line with the treatment of gender dysphoria as a matter of sexual health and it's de-classification as a mental health concern by the World Health Organisation and its attendant publication The International Classification of Diseases (World Health Organisation, 2022), ensure that general mental health supports are accessible to trans young people, and that where required, there are accessible trans specialist health care and mental health services, that have waiting lists of no more than three months.
- Inclusion of Trans and Non-binary options in all government forms and semi-state forms
- The collection of accurate data on the number of children who might require a gender affirmation service.

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Appendix I: Literature identified in the initial search

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Appendix II Links to Articles Identified in the Online Search

Note that content that contravenes the minimum standard required is highlighted in yellow

My child is gay

Source Name	Year	Type of Source	Origin of Source	Total	URL
Today - I think my child may be LGBTQ: 6 things you can do before they come out	2021	News site	USA	16	https://www.today.com/parents/i-think-my-child-may-be-gay-6-things-parents-t164428
GLAAD - Is Your Child Gay?	-	LGBTQI+ non-profit/NGO	USA	16	https://www.glaad.org/resources/ally/3
Kid is Gay	-	Online resource	USA	16	https://www.mykidisgay.com/
Johns Hopkins Medicine - Tips for Parents of LGBTQ Youth	-	Health research	USA	15	https://www.hopkinsmedicine.org/health/wellness-and-prevention/tips-for-parents-of-lgbtq-youth
CBC - Modern dos and don'ts for parents of gay kids coming out	2020	News site	Canada	15	https://www.cbc.ca/life/wellness/modern-dos-and-don-ts-for-parents-of-gay-kids-coming-out-1.4065509
PFLAG Atlanta - What do you do when you find out your child is gay, lesbian or bisexual?	2023	LGBTQI+ non-profit/NGO	USA	14.5	https://www.pflagatl.org/what-do-you-do-when-you-find-out-your-child-is-gay-lesbian-or-bisexual/
Family Equality - What to Do (and Not Do) When Your Child Comes Out to You	2018	LGBTQI+ non-profit/NGO	USA	14	https://www.familyequality.org/2018/06/01/what-to-do-and-not-do-when-your-child-comes-out-to-you/
Launchpad Counselling - When Your Child Comes Out as Gay: What I tell parents whose child comes out	-	Counselling Service	USA	14	https://launchpadcounseling.com/blog/lgbt/when-child-comes-out-as-gay/
NBC news - Many parents struggle to adjust after learning child is gay, study finds	2019	News site	USA	13	https://www.nbcnews.com/feature/nbc-out/many-parents-struggle-adjust-after-learning-child-gay-study-finds-n1020511
Healthy Children (American Academy of Pediatrics) - Coming Out: Information for Parents of LGBTQ Teens	2021	Health organisation	USA	13	https://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Four-Stages-of-Coming-Out.aspx

Source Name	Year	Type of Source	Origin of Source	Total	URL
The Irish Times - I think my son might be gay	2011	News site	Ireland	13	https://www.irishtimes.com/life-and-style/health-family/i-think-my-son-might-be-gay-1.610762
Stonewall Cymru - So you think your child is gay?	2015	Pamphlet LGBTQI+ non-profit/NGO	UK	13	https://www.valeofglamorgan.gov.uk/Documents/Living/Social%20Care/Care/Family-Information-Service/Leaflet-Library/Family-and-Relationships/So-you-think-your-child-is-gay.pdf
Peel region - Learning That Your Child is Gay	-	Local social services and infrastructure	Canada	12	https://www.peelregion.ca/health/sexuality/parents/parents-gay-child.htm
The Atlantic - Dear Therapist: Do I Need to Have 'the Talk' Again With My Daughter?	2019	Magazine	USA	12	https://www.theatlantic.com/family/archive/2019/05/how-do-i-support-my-gay-daughter/589255/
GQ - How to react to your child coming out as gay	2020	Magazine	USA	11	https://www.gq-magazine.co.uk/article/child-coming-out-as-gay
Nemours Kids Health - Sexual Orientation	2018	Health non-profit/NGO	USA	11	https://kidshealth.org/en/parents/sexual-orientation.html
Times of India - What to do if you think your child is gay	2022	News site	India	10	https://timesofindia.indiatimes.com/life-style/parenting/moments/what-to-do-if-you-think-your-child-is-gay/photostory/94264253.cms?from=mdr
Family Resources Inc - AT WHAT AGE DO KIDS IDENTIFY AS GAY?	2021	Homeless teen NGO	USA	10	https://familyresourcesinc.org/2021/05/at-what-age-do-kids-identify-as-gay/
Scientific American - Is Your Child Gay?	2012	Magazine	USA	8	https://www.scientificamerican.com/article/is-your-child-gay/
Focus on the Family - PARENT SUSPECTS THAT CHILD MIGHT BE GAY	-	Christian group	USA	8	https://www.focusonthefamily.com/family-qa/parent-suspects-that-child-might-be-gay/

My child is lesbian

Source Name	Year	Type of Source	Origin of source	Total	URL
Today - I think my child may be LGBTQ: 6 things you can do before they come out	2021	News site	USA	16	https://www.today.com/parents/i-think-my-child-may-be-gay-6-things-parents-t164428
Parentlink - Young People who are Gay, Lesbian or Bisexual	-	Government agency	Australia	15.5	https://www.parentlink.act.gov.au/parenting-guides/young-people/if-my-child-is-gay-or-lesbian
Johns Hopkins Medicine - Tips for Parents of LGBTQ Youth	-	Health research	USA	15	https://www.hopkinsmedicine.org/health/wellness-and-prevention/tips-for-parents-of-lgbtq-youth
Stonewall Cymru - So you think your child is gay, lesbian, bisexual, or trans?	2015	LGBTQI+ non-profit/NGO	UK	15	https://www.stonewallcymru.org.uk/help-advice/coming-out/so-you-think-your-child-gay-lesbian-bisexual-or-trans
PFLAG Atlanta - What do you do when you find out your child is gay, lesbian or bisexual?	2023	LGBTQI+ non-profit/NGO	USA	14.5	https://www.pflagatl.org/what-do-you-do-when-you-find-out-your-child-is-gay-lesbian-or-bisexual/
IHREC - If your Child is Gay or Lesbian	2001	Government agency	Ireland	14	https://www.ihrec.ie/if-your-child-is-gay-or-lesbian/
Launchpad Counselling - When Your Child Comes Out as Gay: What I tell parents whose child comes out	-	Counselling Service	USA	14	https://launchpadcounseling.com/blog/lgbt/when-child-comes-out-as-gay/
Children's Hospital Los Angeles - Talking to Your Child About What It Means to Identify as Lesbian, Gay, Bisexual or Transgender (LGBT)	2016	Health organisation	USA	14	https://www.chla.org/blog/rn-remedies/talking-your-child-about-what-it-means-identify-lesbian-gay-bisexual-or-transgender
Healthy Children (American Academy of Pediatrics) - Coming Out: Information for Parents of LGBTQ Teens	2021	Health organisation	USA	13	https://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Four-Stages-of-Coming-Out.aspx
NBC news - Many parents struggle to adjust after learning child is gay, study finds	2019	News site	USA	13	https://www.nbcnews.com/feature/nbc-out/many-parents-struggle-adjust-after-learning-child-gay-study-finds-n1020511

Source Name	Year	Type of Source	Origin of source	Total	URL
Nexus Family Healing - I'm Having a Hard Time Accepting That My Daughter Is a Lesbian	2021	Mental health service	USA	13	https://www.nexusfamilyhealing.org/advice/im-having-hard-time-accepting-my-daughter-lesbian
The Atlantic - Dear Therapist: Do I Need to Have 'the Talk' Again With My Daughter?	2019	Magazine	USA	12	https://www.theatlantic.com/family/archive/2019/05/how-do-i-support-my-gay-daughter/589255/
PMC, Paediatrics & Child Health - Your teen's sexual orientation: What parents should know	2008	Medical journal	Canada	12	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2603520/
NSPCC - Sexuality and sexual orientation	-	Child abuse charity	UK	12	https://www.nspcc.org.uk/keeping-children-safe/sex-relationships/sexuality-sexual-orientation/
Nemours Kids Health - Sexual Orientation	-	Health non-profit/NGO	USA	11	https://kidshealth.org/en/parents/sexual-orientation.html
Slate - We Don't Want Our 12-Year-Old to Tell Anyone She's a Lesbian	2021	Magazine	USA	10	https://slate.com/human-interest/2021/07/daughter-lesbian-too-young-care-and-feeding.html
BeLonG To - I think my child is LGBT+	-	LGBTQI+ non-profit/NGO	Ireland	9	https://www.BeLonGTo.org/parents/advice/i-think-my-child-is-lgbt/
Sage journals, Estes et al - "Those Are Typical Tell-Tale Signs of a Lesbian": LGBQ Young Peoples' Perceptions of Parental Messaging Surrounding Gender Non-Conforming Behavior	2021	Peer review article	USA	8	https://journals.sagepub.com/doi/10.1177/0192513X211022395
Scientific American - Is Your Child Gay?	2012	Magazine	USA	7	https://www.scientificamerican.com/article/is-your-child-gay/

My child is bi

Source Name	Year	Type of Source	Origin of source	Total	URL
Parenting SA - Young people who are gay, lesbian or bisexual	2020	Pamphlet Government program	Australia	17.5	https://parenting.sa.gov.au/pegs/PEG79-Young-people-who-are-gay,-lesbian-or-bisexual.pdf
Grown & Flown - Here are 7 Ways to Support Your Bisexual or Gay Teen	2021	Parenting magazine	USA	16	https://grownandflown.com/7-ways-support-your-bisexual-gay-teen/
My Kid is Gay - Bisexual All Articles	-	Online resource	USA	16	https://www.mykidisgay.com/
Parentlink - Young People who are Gay, Lesbian or Bisexual	-	Government agency	Australia	15.5	https://www.parentlink.act.gov.au/parenting-guides/young-people/if-my-child-is-gay-or-lesbian
Science Daily - Many parents struggle for years to adjust after learning a child's sexual orientation	2019	News site	USA	15.5	https://www.sciencedaily.com/releases/2019/06/190618224055.htm
Johns Hopkins Medicine - Tips for Parents of LGBTQ Youth	-	Health research	USA	15	https://www.hopkinsmedicine.org/health/wellness-and-prevention/tips-for-parents-of-lgbtq-youth
PFLAG Atlanta - What do you do when you find out your child is gay, lesbian or bisexual?	2023	LGBTQI+ non-profit/NGO	USA	14.5	https://www.pflagatl.org/what-do-you-do-when-you-find-out-your-child-is-gay-lesbian-or-bisexual/
Children's Hospital Los Angeles - How to Talk to Your Child Who Is Questioning or Identifies as Lesbian, Gay, Bisexual, Transgender, Queer or Asexual (LGBTQA)	2016	Health organisation	USA	14	https://www.chla.org/blog/rn-remedies/how-talk-your-child-who-questioning-or-identifies-lesbian-gay-bisexual-transgender
Launchpad Counselling - When Your Child Comes Out as Gay: What I tell parents whose child comes out	-	Counselling Service	USA	14	https://launchpadcounseling.com/blog/lgbt/when-child-comes-out-as-gay/
Children's Mercy - Tips for talking to your kids about sexual orientation	2019	Health organisation	USA	13.5	https://www.childrensmercy.org/parent-ish/2019/06/tips-for-talking-to-your-kids-about-sexual-orientation/

Source Name	Year	Type of Source	Origin of source	Total	URL
Healthy Children (American Academy of Pediatrics) - Coming Out: Information for Parents of LGBTQ Teens	2021	Health organisation	USA	13	https://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Four-Stages-of-Coming-Out.aspx
NBC news - Many parents struggle to adjust after learning child is gay, study finds	2019	News site	USA	13	https://www.nbcnews.com/feature/nbc-out/many-parents-struggle-adjust-after-learning-child-gay-study-finds-n1020511
Wikihow - How to Accept That Your Child is Gay, Lesbian or Bisexual	2023	Instructional wiki	Global (USA based)	12	https://www.wikihow.com/Accept-That-Your-Child-is-Gay,-Lesbian-or-Bisexual
NSPCC - Sexuality and sexual orientation	-	Child abuse charity	UK	12	https://www.nspcc.org.uk/keeping-children-safe/sex-relationships/sexuality-sexual-orientation/
PMC, Paediatrics & Child Health - Your teen's sexual orientation: What parents should know	2008	Medical journal	Canada	12	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2603520/
Your Teen - My Daughter is Bisexual? Accepting my Daughter and Rejecting My Bias	2020	Parenting magazine	USA	11	https://yourteenmag.com/health/teen-sexuality/my-daughter-is-bisexual
Shame Proof Parenting - Guest Post	-	Coaching	USA	11	https://shameproofparenting.com/guest-post-when-your-child-comes-out-as-bisexual/
Newstalk - Parenting: 'My 11-year-old daughter has told me that she thinks she is bisexual'	2022	News site	Ireland	10	https://www.newstalk.com/news/parenting-my-11-year-old-daughter-has-told-me-that-she-thinks-she-is-bisexual-1316107
Scientific American - Is your child a "prehomosexual"? Forecasting adult sexual orientation	2010	Magazine	USA	8	https://blogs.scientificamerican.com/bering-in-mind/is-your-child-a-prehomosexual-forecasting-adult-sexual-orientation/

My child is trans

Source Name	Year	Type of Source	Origin of source	Total	URL
Belong To - I Think My Child Is Transgender	–	LGBTQI+ non-profit/NGO	Ireland	16	https://www.BeLonGTo.org/parents/advice/i-think-my-child-is-transgender/
NHS - Think your child might be trans or non-binary?	–	Health service	UK	16	https://www.nhs.uk/live-well/think-your-child-might-be-trans-or-non-binary/
Belong To - My Child Is Trans – What To Do	–	LGBTQI+ non-profit/NGO	Ireland	14	https://www.BeLonGTo.org/parents/advice/my-child-is-trans-what-to-do/
Human Rights Campaign - Transgender Children & Youth: Understanding the Basics	–	LGBTQI+ non-profit/NGO	USA	14	https://www.hrc.org/resources/transgender-children-and-youth-understanding-the-basics
Gender GP - Transgender Phase: Do I Know My Child Isn't Going Through a Phase?	2020	Online Clinic	Singapore	14	https://www.gendergp.com/how-do-i-know-my-child-isnt-just-going-through-a-trans-phase/
ISPCC - What to do if your child tells you they are transgender	–	Child abuse charity	Ireland	13	https://www.ispcc.ie/what-to-do-if-your-child-tells-you-they-are-transgender/
Parents.com - My Child Is Transgender: This Is How I Know	2022	Parenting magazine	USA	13	https://www.parents.com/parenting/my-transgender-child-this-is-how-i-know/
Polaris Teen Center - HOW TO KNOW IF YOUR CHILD IS TRANSGENDER	2018	Teen mental health residential center	USA	13	https://polaristeen.com/articles/signs-of-transgender-child/
Mermaids - SUPPORTING YOUR TRANSGENDER CHILD	–	Trans non-profit/NGO	UK	13	https://mermaidsuk.org.uk/support-videos/
Family Equality - How To Support Transgender Youth in Your Life	–	LGBTQI+ non-profit/NGO	USA	12	https://www.familyequality.org/resources/how-to-support-transgender-youth-in-your-life/
Annals of Family Medicine - Parenting My Transgender Child: From Loss to Acceptance	2021	Medical journal	USA	12	https://www.annfammed.org/content/19/6/556
Healthy Children (American Academy of Pediatrics) - Gender-Diverse & Transgender Children	2022	Health organisation	USA	12	https://www.healthychildren.org/English/ages-stages/gradeschool/Pages/Gender-Diverse-Transgender-Children.aspx

Source Name	Year	Type of Source	Origin of source	Total	URL
The New York Times	2020	News site	USA	12	https://www.nytimes.com/2020/09/08/well/family/transgender-child-parenting.html
Annals of Family Medicine - Parenting My Transgender Child: From Loss to Acceptance	2021	Medical journal	USA	12	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8575513/
Mayo Clinic - Children and gender identity: Supporting your child	2022	Health non-profit	USA	11	https://www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/children-and-gender-identity/art-20266811
Child Mind Institute - Transgender Kids and Gender Dysphoria	2023	Mental health non-profit	USA	11	https://childmind.org/article/transgender-teens-gender-dysphoria/
Verywell Mind - How to Emotionally Process Your Child Coming Out as Trans	2022	Health website	USA	11	https://www.verywellmind.com/how-to-emotionally-process-your-child-coming-out-as-trans-5547789
The Atlantic - WHEN CHILDREN SAY THEY'RE TRANS	2018	Magazine	USA	10.5	https://www.theatlantic.com/magazine/archive/2018/07/when-a-child-says-shes-trans/561749/
The Washington Post - FAQ: What you need to know about transgender children	2022	News site	USA	10	https://www.washingtonpost.com/dc-md-va/2021/04/22/transgender-child-sports-treatments/
Transgender Trend - Is My Child Trans?		Anti-trans pressure group	UK	6	https://www.transgendertrend.com/is-my-child-trans/

My child is non-binary

Source Name	Year	Type of Source	Origin of source	Total	URL
NHS - Think your child might be trans or non-binary?	-	Health service	UK	16	https://www.nhs.uk/live-well/think-your-child-might-be-trans-or-non-binary/
Today - What parents can learn from 'Sex and the City' sequel talk about gender identity	2021	News site	USA	15	https://www.today.com/parents/what-say-when-child-transgender-or-non-binary-t243493
Washington Post - My teen says they're nonbinary. How do we know it isn't a phase?	2022	News site	USA	14	https://www.washingtonpost.com/parenting/2022/08/18/my-teen-claims-be-non-binary-how-do-we-know-she-isnt-just-confused/
NSPCC - Gender identity	-	Child abuse charity	UK	14	https://www.nspcc.org.uk/keeping-children-safe/sex-relationships/gender-identity/
Care.com - My child might be nonbinary: What experts say parents need to know	2022	Online childcare marketplace	USA	13	https://www.care.com/c/my-child-might-be-nonbinary-what-experts-say-parents-need-to-know/
Raising Children - Gender identity, gender diversity and gender dysphoria: children and teenagers	2021	Government parenting resource	Australia	13	https://raisingchildren.net.au/pre-teens/development/pre-teens-gender-diversity-and-gender-dysphoria/gender-identity
Parenting Horizons - My daughter just said she's non-binary. I'm completely confused!	-	Parenting site	USA	12	https://www.parentinghorizons.com/My_Child_Is_NonBinary
Wbur - 'I Just Feel Like Myself': A Nonbinary Child And Their Family Explore Identity	2021	News site	USA	12	https://www.wbur.org/news/2021/04/01/nonbinary-gender-identity-children-massachusetts
Trans Families - About Nonbinary & Other Gender Diverse Children	-	Trans non-profit/NGO	USA	12	https://transfamilies.org/about-nonbinary/
Detroit Free Press - I am the parent of a non-binary child	2018	News site	USA	12	https://eu.freep.com/story/opinion/contributors/2018/05/31/non-binary-gender-meaning/579154002/

Source Name	Year	Type of Source	Origin of source	Total	URL
Healthy Children (American Academy of Pediatrics) - Gender-Diverse & Transgender Children	2022	Health organisation	USA	12	https://www.healthychildren.org/English/ages-stages/gradeschool/Pages/Gender-Diverse-Transgender-Children.aspx
Time - What And Just Like That Gets Right About Parenting a Nonbinary Child, According to an Expert	2022	Magazine	USA	12	https://time.com/6140358/and-just-like-that-rock-non-binary-child-parenting/
Parents.com - I'm a Nonbinary Teen: Here's What Parents Need to Know	2022	Parenting magazine	USA	11	https://www.parents.com/parenting/better-parenting/teenagers/teen-talk/im-a-teen-who-is-nonbinary-heres-what-i-wish-parents-would-know-about-gender/
News Talk - Parenting: Should I support my 10-year-old's decision to be non-binary?	2021	News site	Ireland	11	https://www.newstalk.com/moncrieff/parenting-should-i-support-my-10-year-olds-decision-to-be-non-binary-1285615
Geisinger - 4 ways to support your non-binary child	2021	Health service	USA	11	https://www.geisinger.org/health-and-wellness/wellness-articles/2021/06/30/18/44/support-your-non-binary-child
The New York Times - The Hardest Part of Having a Nonbinary Kid Is Other People	2020	News site	USA	11	https://www.nytimes.com/2020/06/01/parenting/non-binary-children-support.html
The Cut - 'My Kid Is Nonbinary, and I Can't Get Over It'	2019	Magazine	USA	11	https://www.thecut.com/2019/09/ask-polly-my-kid-is-nonbinary-and-i-cant-get-over-it.html
Mother - What I've Learned About Raising Non-Binary Kids	2022	Parenting magazine	USA	11	https://www.mothermag.com/raising-non-binary-kids/
International School Parent. Moving internationally with a non-binary child		Parenting magazine	Switzerland	11	https://www.internationalschoolparent.com/articles/moving-internationally-with-a-non-binary-child/
BBC - The parents raising their children without gender	2022	News site	UK		https://www.bbc.com/worklife/article/20220929-the-parents-raising-their-children-without-gender

My child is intersex

Source Name	Year	Type of Source	Origin of source	Total	URL
IGLYO, OII Europe & EPA - Supporting your intersex child	2018	LGBTQI+ booklet	EU	18	https://www.iglyo.com/wp-content/uploads/2018/10/Supporting-Your-Intersex-Child.pdf
Health Line - What to Know About Having a Baby Who Is Intersex	2023	Health website	USA	17	https://www.healthline.com/health/baby/what-does-intersex-look-like
Baby Center - When your baby is intersex	2023	Pregnancy site	USA	16	https://www.babycenter.com/baby/newborn-baby/when-your-baby-is-intersex_20000898
Reach out - Supporting an intersex teenager	-	Government parenting resource	Australia	16	https://parents.au.reachout.com/skills-to-build/connecting-and-communicating/things-to-try-supportive-parenting/supporting-an-intersex-teenager
Australian Psychological Society - INFORMATION SHEET: Children born with intersex variations	2017	Psychological association	Australia	16	https://psychology.org.au/getmedia/2d12b9c7-4a99-4c0b-9ee2-7079c6be3ba8/children-born-with-intersex-variations.pdf
InterACT Advocates - What is intersex?	2021	Intersex non-profit/NGO	USA	14	https://interactadvocates.org/faq/
The Guardian - 'We don't know if your baby's a boy or a girl': growing up intersex	2016	News site	UK	12	https://www.theguardian.com/world/2016/jul/02/male-and-female-what-is-it-like-to-be-intersex
CNN - Raising an intersex child: 'This is your body. ... There's nothing to be ashamed of'	2019	News site	USA	12	https://edition.cnn.com/2019/04/13/health/intersex-child-parenting-eprise/index.html
NBC - 'You can't undo surgery': More parents of intersex babies are rejecting operations	2018	News site	USA	12	https://www.nbcnews.com/feature/nbc-out/you-can-t-undo-surgery-more-parents-intersex-babies-are-n923271
NBC - Raising The World And An Intersex Child | NBC News	2018	News site	USA	12	https://www.youtube.com/watch?v=K4XhQdchCQo
Parents.com - What to Do if You Have an Intersex Child	2014	Parenting magazine	USA	11	https://www.parents.com/parenting/what-to-do-if-you-have-an-intersex-child/

Source Name	Year	Type of Source	Origin of source	Total	URL
Amnesty -First do no harm: Ensuring the rights of children who are born intersex	2017	Human rights non-profit/NGO	UK	11	https://www.amnesty.org/en/latest/campaigns/2017/05/intersex-rights/
Why do we perform surgery on newborn intersexed children? The phenomenology of the parental experience of having a child with intersex anatomies	2009	Article in an Academic journal	Sweden	11	http://www.diva-portal.org/smash/get/diva2:316225/fulltext01.pdf
BMC Medical Ethics, Kevin G. Behrens - A principled ethical approach to intersex paediatric surgeries	2020	Medical journal	South Africa	11	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7597036/
Intersex Society of North America - What does ISNA recommend for children with intersex?	(org dissolved in 2008)	Intersex non-profit/NGO	USA	11	https://isna.org/faq/patient-centered/
A Gender Agenda - Intersex for Parents	-	Trans, Intersex, Gender Diverse Service	Australia	11	https://genderrights.org.au/information-hub/intersex-for-parents/
Journal of Endocrinology, Ute Thyen et al - Deciding on gender in children with intersex conditions: considerations and controversies	2005	Medical journal	Germany	10	https://pubmed.ncbi.nlm.nih.gov/15649096/
Human Rights Watch - "I Want to Be Like Nature Made Me" Medically Unnecessary Surgeries on Intersex Children in the US	2017	Human rights non-profit/NGO	USA	10	https://www.hrw.org/report/2017/07/25/i-want-be-nature-made-me/medically-unnecessary-surgeries-intersex-children-us
Irish Examiner - What happens when a child is born intersex in Ireland?	2016	News site	Ireland	10	https://www.irishexaminer.com/lifestyle/arid-20428823.html

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