CLINICAL TRAINING

RAISING LGBTQ+ & TGNC KIDS: SUPPORTING IDENTITY AT HOME

Evidence-based strategies for supporting LGBTQ+ youth.

SINGER
EQUITY & WELLNESS

SETTING THE STAGE

YOU DON’T HAVE TO HAVE ALL THE ANSWERS

When a child comes out, it’s normal to feel a wide range of emotions, love, surprise, uncertainty, fear, curiosity, even grief for a future you once imagined.

You don’t need to become an expert overnight. What matters most isn’t the perfect response, it’s staying present, open, and willing to learn alongside your child.

THE CURRENT LANDSCAPE

QUEER & TRANS KIDS ARE UNDER ATTACK

39–46%

of LGBTQ+ young people seriously considered attempting suicide in the past year — including 46% of transgender and nonbinary young people.

~12% (1 in 10) attempted

50%

of LGBTQ+ young people who wanted mental health care in the past year were not able to get it.

90%

of LGBTQ+ young people said their well-being was negatively impacted due to recent politics.

38%

of LGBTQ+ young people experienced houselessness or housing insecurity, compared to 23%.

771

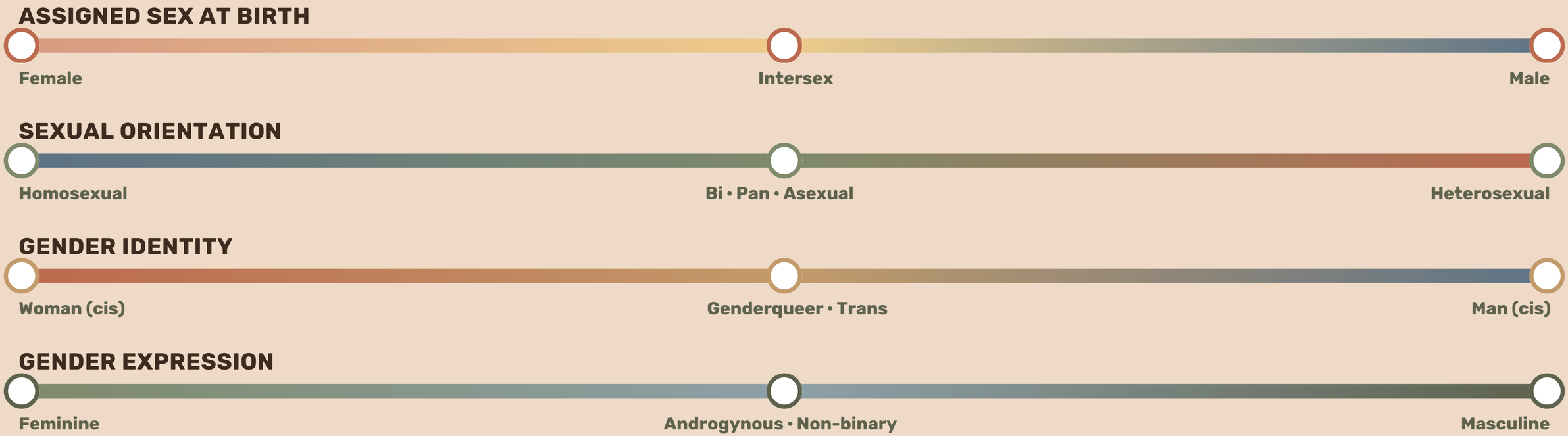
active anti-LGBTQ and TGNC legislative bills being considered across 43 states.

Source: The Trevor Project, 2024 National Survey on the Mental Health of LGBTQ+ Young People.

DEFINE

IDENTITY ON A SPECTRUM

People’s identities can be fluid and are best defined by the individual — not by family, society, or the government.



DEFINE

SEX ASSIGNED AT BIRTH

The label — male, female, or intersex — recorded at birth from visible traits. A legal and administrative classification, not a reflection of gender identity.

FEMALE

INTERSEX

MALE

SAAB • KEY TERMS

WHAT EACH LABEL MEANS

~2% OF PEOPLE

INTERSEX

Assigned — or noted later in life — when a person's physical sex traits don't fit typical definitions of male or female. Can involve differences in genitalia, internal anatomy, chromosomes, or hormones.

VISUAL ASSESSMENT

FEMALE

Assigned when a newborn's external genitalia are observed to fit medical and cultural expectations for girls. A quick visual assessment — it doesn't reflect gender identity, chromosomes, or hormones.

VISUAL ASSESSMENT

MALE

Assigned when a newborn's external genitalia are observed to fit medical and cultural expectations for boys. It doesn't account for internal anatomy, chromosomes, hormones, or how the person may identify later.

DEFINE

GENDER IS A SOCIAL CONSTRUCT

Society assigns roles based on biological sex — but those roles are **taught, not innate** — learned from the world around us. They've evolved through indigenous traditions, colonial influence, and modern globalization — and they're reinforced every day by the institutions around us.

GENDER ROLES ARE REINFORCED BY

FAMILY

First lessons in what 'boys' and 'girls' are meant to do.

EDUCATION

Dress codes, activities, and gendered expectations.

MEDIA

Constant images of who we're supposed to be.

CHURCH

Tradition and doctrine that assign roles.

DEFINE

GENDER IDENTITY

A person's core sense of self in relation to gender, which may or may not correspond with the sex assigned at birth. Other elements can include expressions of gender — appearance, clothing, speech, and mannerisms.

WOMAN (CIS)

NON-BINARY

MAN (CIS)

DEFINE • KEY TERMS

GENDER IDENTITY KEY TERMS

UMBRELLA

TRANS & GENDER NON-CONFORMING (TGNC)

An umbrella term for the many gender identities and expressions that differ from the sex assigned at birth.

UMBRELLA

TRANSGENDER

An umbrella term for people whose gender identity differs from their sex assigned at birth.

IDENTITY

CISGENDER

Someone whose gender identity aligns with their sex assigned at birth.

IDENTITY

NONBINARY

A gender identity that is not exclusively male or female. Can include identities like genderqueer, agender, bigender, or others.

IDENTITY

TWO-SPIRIT

A term used by some Indigenous North American cultures for a person who embodies both masculine and feminine spirits — holding cultural and spiritual meaning beyond Western gender categories.

IDENTITY

GENDER DYSPHORIA

Distress from a mismatch between identity and body or role.

A DIFFERENT WAY TO THINK ABOUT IT

THIS ISN’T ABOUT GETTING IT RIGHT

Small shifts in curiosity can profoundly change a young person’s sense of safety and belonging.

INSTEAD OF ASKING

- ✕ What should I say?
- ✕ What if I make a mistake?
- ✕ What if I don’t understand?

TRY ASKING

- ✓ How can I stay connected?
- ✓ What does my child need from me?
- ✓ How can I keep learning?

ONE THING TO REMEMBER

YOUR CHILD IS STILL THE SAME PERSON

Your child’s identity didn’t appear the day they came out. What changed isn’t who they are, it’s that they’ve trusted you with a part of themselves they may have carried quietly for a long time.

How we respond in these moments shapes trust, communication, and connection for years to come.

REFLECTION • GROUP ACTIVITY

REMEMBER A TIME YOU WANTED TO BE UNDERSTOOD

THE PROMPT

Think about a time you shared something deeply personal or vulnerable with someone.

1. What were you hoping they would say?
2. What response helped you feel seen or understood?
3. What made you feel dismissed or alone?

Reflect on your own for a minute, then share with a partner or small group.

DEBRIEF

What do those experiences teach us about the power of listening, validation, and trust?

Everyone in this room has felt vulnerable, that shared experience is where affirming care begins.

UNDERSTANDING THE GOAL

THIS ISN’T ABOUT CHANGING YOUR CHILD

The goal of affirming care isn’t to influence who your child becomes. It’s to build a relationship where they feel safe enough to discover who they already are.

Our role isn’t to have every answer, it’s to offer love, curiosity, and connection as our children keep growing.

TAKING ACTION

YOUR KID CAME OUT...NOW WHAT?

LISTEN & VALIDATE

The number #1 thing you can do for your child is to listen and show basic respect for their experiences as valid for them.

Try not to form a quick reaction and instead take time to reflect and prepare.

ASK HOW TO SUPPORT

If possible, withhold any strong opinions and ask instead what they need from you. This helps them practice identifying, understanding and expressing their needs vs. internalizing them with self-harm.

Example: “What can I do to ease any stress you have?”

LANGUAGE MATTERS

If your child is gender non-conforming, make sure you respect their pronouns and chosen name if they’ve decided to use a different one.

We use nicknames for people all the time — if/when you make a mistake, just apologize and correct yourself, no need to make a big deal.

TAKING ACTION

YOUR KID CAME OUT...NOW WHAT?

FIND SUPPORT NETWORKS

It's understandable if you're scared or confused with new concepts, but you're not alone. Be sure to find support for yourself, such as:

- **PFLAG NYC**
- **Gender & Family Project**
- **Network w/ other parents/families**

HELP BUILD COMMUNITY

Being a queer or trans young person can be very isolating and lonely, which can lead to depression, anxiety and self-harm, so finding an accepting community for your child is critical. NYC offers a variety of youth-focused programming in the resource list.

Ex: NYPL Anti-Prom

ALLOW SELF EXPRESSION

As queer and trans youth are working to discover themselves, allowing them freedom to express their gender identity can save lives.

Letting your child, within reason, decide how they dress or style their hair helps build self-confidence and esteem.

PROTECTIVE BEHAVIORS

FAMILY BEHAVIORS THAT INCREASE YOUR LGBTQ+ CHILD'S WELL-BEING

- ✓ Tell your LGBTQ+ child that you love them.
- ✓ Speak openly about your child's identity.
- ✓ Show affection when your child comes out.
- ✓ Require others to treat your child with respect.
- ✓ Believe your child can be happy — and tell them so.
- ✓ Welcome your child's friends to your home.
- ✓ Ask how you can help them tell others.
- ✓ Parents find support of their own.

HARMFUL BEHAVIORS

WHAT NOT TO DO

- ✖ Blame them if bullying occurs because of their identity.
- ✖ Exclude your child from family activities.
- ✖ Reduce their identity to being “just a phase.”
- ✖ Reject your child’s self-knowledge.
- ✖ Make it about yourself — there is no one to blame.
- ✖ Assume stereotypical characteristics.
- ✖ Use your religion against them.
- ✖ Hide their identity from extended family & friends.

THE DO'S

SAY THIS

- "I'll always love and support you, this doesn't change that."
- "Thank you for trusting me with this."
- "Whatever comes, I've got your back."
- "How can I support you best?"
- "I have a lot to learn, I appreciate your patience."

THE DON'TS

AVOID THIS

- "Please don't tell Grandma, Dad, your teacher…"
- "But what if you get bullied or hurt?"
- "Why didn't you tell me sooner?"
- "This is really hard for me, too…"
- Anything other than "I love you."

ACCEPTANCE

ALLOWS YOU TO BE

“I’m okay with who you are.”

Tolerates difference

Stays neutral

The burden stays on you

AFFIRMATION

CELEBRATES YOU

“Who you are is a strength.”

Actively values difference

Takes a side

The clinician carries the work

IN PRACTICE

WHAT AFFIRMATION LOOKS LIKE

Ask, then use names

Hold the door open

Follow their lead

Carry the knowledge

Share the power

Name strengths