



# COLOURFUL CHILDHOODS

Guidelines for developing protocols  
to prevent and combat violence against LGBTIQ  
children in vulnerable situations

COLOUR  
CHILDREN

# URGENT HOODS



COLOURFUL  
CHILDHOODS

**Title:**

Colourful Childhoods • Guidelines for developing protocols to prevent and combat violence against LGBTIQ children in vulnerable situations.

**Book Coordination:**

Dorottya Kutassy, Lucas Platero and Núria Sadurní.

**More authors:**

Ruth África Ancín Nicolás, Irene Blanco Fuente and Yolanda Pastor Ruiz.

**Editing and proofreading:**

Dàvid Baqais, Elena M. Gallardo, Kalin Kisiov, Miguel Ángel López Sáez, Isabel López Gómez, Pol Naidenov, Juan E. Nebot García and Stefan Savov.

**Graphic design:**

Zsolt S. Szabó.

**Colourful Childhoods' Project Coordinator:**

Jose Antonio Langarita Adiego.

**Illustration:**

Israel Cuadrado.

**Publisher:**

Servicio de Publicaciones de la URJC (URJC Publishing Services).

**Date:**

June 2023

**ISBN:**

978-84-09-51711-4

**DOI: 10.5281/zenodo.8212304**

This project has received funding from the European Union's Rights, Equality and Citizenship Programme under agreement No. 101049251. This publication reflects the views only of the authors, and neither the European Union institutions and bodies nor any person acting on their behalf may be held responsible for the use which may be made of the information contained therein.



**Colourful  
Childhoods**



# COLOURFUL CHILDHOODS

Guidelines for developing protocols  
to prevent and combat violence against LGBTIQ  
children in vulnerable situations

# Contents

→	<b>Introduction and goals of this handbook</b>	<b>11</b>
<b>1</b>	<b>Important concepts when working with LGBTIQ children</b>	<b>15</b>
	1.1. Definitions and concepts relating to sexual orientation	18
	1.2. Definitions and concepts relating to gender identity and sex characteristics	19
	1.3. Definitions and concepts relating to bias and discrimination	24
<b>2</b>	<b>Theoretical framework</b>	<b>29</b>
	2.1. What is adultism?	29
	2.2. A child-centred perspective on gender and sexuality	31
	2.3. An intersectional and feminist perspective applied to child-centred practices	33
	2.4. Why involve children in decision-making?	34
	2.5. Why involve children in discussions about sexuality and gender?	35
	2.6. Children's agency	36
	2.7. How adults can be allies and support LGBTIQ children	38
<b>3</b>	<b>LGBTIQ children and vulnerability</b>	<b>41</b>
	3.1. Who are children in vulnerable situations?	41
	3.2. Defining violence against LGBTIQ children	44
	a) Family violence	44
	b) LGBTIQ school bullying	45
	c) Children's services	47
	d) Health services	48
	e) Cisgenderism and heterosexism in society	49
	3.3. Experiences of LGBTIQ children during and after the pandemic	50



## **4 The consequences of violence for LGBTIQ children 55**

4.1. Feelings of rejection and isolation 56

4.2. Anxiety and depression 57

4.3. Suicidal ideation 58

4.4. Substance abuse 59

4.5. Eating disorders 60

4.6. Development 61

## **5 Organisations 65**

5.1. The significance of child services providers in preventing and combating anti-LGBTIQ violence 65

5.2. Guidelines and protocols to prevent violence against LGBTIQ children in vulnerable situations 67

## **6 Recommendations for organisations on how to create inclusive environments for LGBTIQ children 71**

6.1. Education 72

6.2. Healthcare 74

6.3. Non-formal education, sports, leisure activities 76

6.4. Child protection agencies and social services 78

6.5. The media 80

## **7 Resources 83**

## **References 87**





# Introduction and goals of this handbook

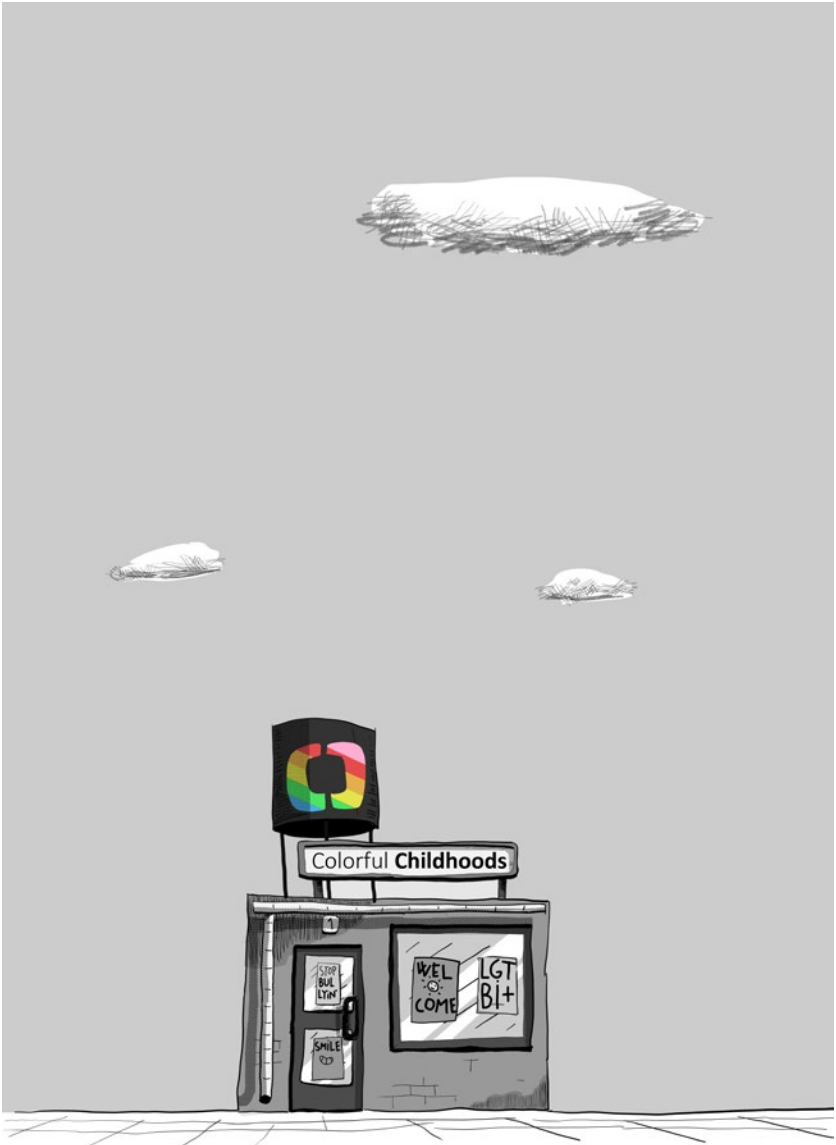
*This handbook is part of Colourful Childhoods, a project designed to empower LGBTIQ children in vulnerable situations to combat violence across Europe. The information contained here is informed by fieldwork carried out in a number of European Union countries (Bulgaria, Italy, Lithuania, Hungary, Portugal and Spain) during 2022 and 2023 as part of the Colourful Childhoods project. The fieldwork included a transnational survey with the participation of over 3,000 teenagers, eight focus groups with children and teenagers and 83 interviews with professionals who work with children and teenagers. Therefore, this handbook uses data and testimony from project participants throughout the text. The expertise of the project partners was applied to transform the information gathered during the fieldwork into key ideas and recommendations.*

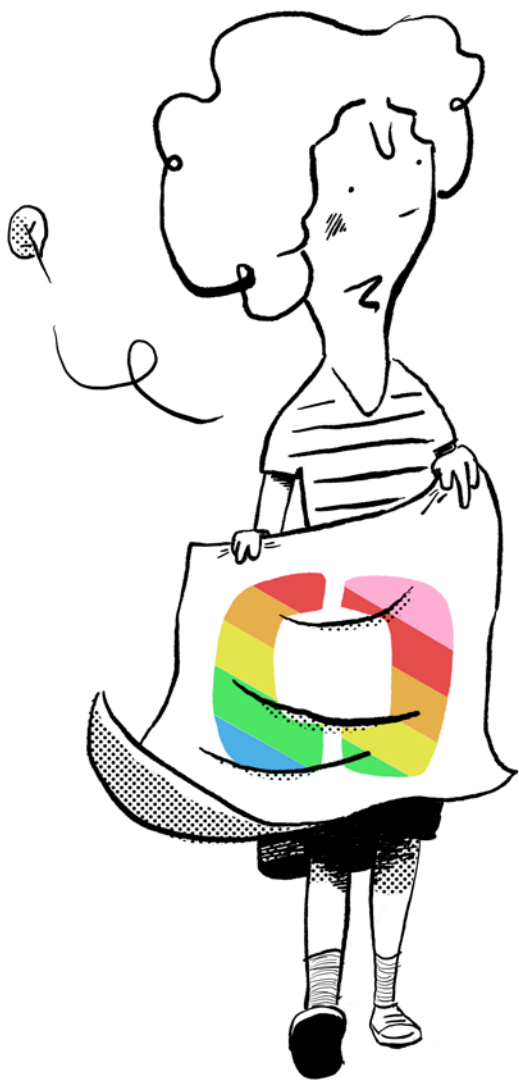
These pages provide tools and information on how to better help LGBTIQ children in vulnerable situations. The handbook is divided into seven chapters. All the major chapters (Chapters 2-5) share a similar structure, and include descriptions followed by highlighted key concepts. All the chapters also contain recommendations, making the handbook a useful professional tool for teachers, psychologists and childhood social intervention professionals, among others.

The introductory chapter of the handbook provides a list of the terms that will be used throughout the text to have at hand for easy reference. Chapter 2 discusses adultism – defined as prejudice or discrimination against young people as a group – and why it is necessary to avoid an adultist approach when working with children and, in particular, LGBTIQ children, the importance of working with children from their own perspective and why it is essential to address LGBTIQ issues with children from an intersectional perspective. Chapter 3 presents key data from research on the experiences of vulnerable LGBTIQ children during the COVID-19 pandemic related to family violence, LGBTIQ school bullying, children’s services, health services and cisgenderism and heterosexism in society. Chapter 4 describes the consequences of violence against LGBTIQ children in detail, providing an insight into the specific dimensions of children’s lives that are most affected by anti-LGBTIQ violence. This chapter includes information about the consequences of violence for mental health, including feelings of rejection and isolation, anxiety and depression, suicidal ideation, substance abuse and eating disorders, and their effects on the general development of children.

Chapters 5 and 6 elaborate on the role of organisations in preventing and combating anti-LGBTIQ violence against children, focusing on the significance of child services providers and guidelines and protocols to prevent violence against LGBTIQ children in vulnerable situations and then providing specific recommendations for organisations. Chapter 7 contains a list of international and national resources and organisations.

The team at the Colourful Childhoods project is grateful to all participants - children and professionals alike - who contributed their valuable time and expertise so we could better understand their needs. We hope that this handbook will provide professionals with the knowledge needed to work towards a more inclusive and diverse society for children.





# 1

## Important concepts when working with LGBTIQ children

Professionals who work with children are almost certain to encounter LGBTIQ youth at some point in their careers and the need to have, or gain, the skills to be able to provide them with competent support and care. One important part of this knowledge base is related to understanding how to apply LGBTIQ-specific concepts in a safe and inclusive way. Since open communication is one of the most effective tools in the education and caring professions, the words used must be chosen conscientiously. Professionals often serve as role models for children, and an adult's style of speaking and choice of words are often seen as models to follow (UNESCO, 2016).

Moreover, language and terminology are constantly evolving and changing. Terms that were once part of everyday vocabulary, like 'homosexual', 'transsexual' or 'other', are now obsolete or limited to academic use. They may have negative associations and should be avoided in everyday speech. The use of language poses even greater challenges when working with trans people, nonbinary youth or individuals who are uncertain about their gender identity, especially when using gendered languages and personal pronouns.

In addition to being familiar with the basic terminology, it is important to be open to young people's own definitions about themselves, their bodies and their relationships. LGBTIQ children and youth may not fully understand the concepts and terms listed in this chapter and may, like the vast majority of society, think about gender and sexuality in exclusively male/female terms. People often confuse the meaning of sexual orientation, gender identity, gender expression and sex characteristics, and a mastery of the difference is essential in order to understand the experiences of LGBTIQ, heterosexual and cisgender people.

The glossary below is based on the authors' research and additional sources (ILGA-Europe Glossary; Andrejcsik, 2023).

**LGBTIQ** stands for lesbian, gay, bisexual, trans, intersex and queer. Although this is a very heterogeneous group of people, it is often treated as a single entity in social and political discourse. The abbreviations LGBTQI and LGBT are also commonly used, sometimes with a + sign to indicate that additional sexual and gender minorities are included (pansexual, asexual, nonbinary, etc.).

**SOGIESC** is an acronym for sexual orientation, gender identity, gender expression and sex characteristics. The use of the term SOGIESC is more common in academic contexts than in everyday speech. Some people prefer to speak of 'people with diverse SOGIESC' instead of LGBTIQ, considering it to be broader and more inclusive of every part of the community.

**Sexual orientation** refers to a person's enduring capacity to feel emotional and sexual attraction for someone, and describes who they are able to have emotional, intimate and sexual relationships with. Sexual orientation defines whether



a person is attracted to the same sex/gender, a different sex/gender or multiple sexes/genders.

**Gender** is the way people think about and experience masculinity and femininity. It is a social construct that associates some behaviours with masculinity and others with femininity. Many people now recognise that social gender is not the same as sex characteristics, but rather an internalised idea. However, throughout history, individuals have had to conform to strict gender role expectations: if they were assigned female sex at birth, they were expected to behave in a 'feminine' way, show interest in 'feminine' things, choose a 'feminine' profession and be attracted to males. What counts as 'feminine' or 'masculine' is not a biologically determined constant, but defined by each individual's sociocultural context. Gender construction is often based on hierarchical categories: traits associated with power are typically associated with men, while those associated with caregiving are often associated with women. Although the social gender system has traditionally been binary (male/female) in most societies, there are traditional societies where nonbinary identities and expressions have been an integral part of society, and this is increasingly true in modern societies.

**Gender identity** is each person's internal, individual experience of what gender they belong to. It does not necessarily correspond to the sex assigned to them at birth, and does not necessarily fit into binary (male/female) categories.

**Sex characteristics** is a term that refers to primary and secondary sexual characteristics, including genes and hormones. Legal sex is usually assigned at birth and has traditionally been understood as consisting of two mutually exclusive groups:

male and female. However, this classification does not represent the realities of many people (for example intersex individuals), and the sex assigned at birth may not correspond to a person's gender expression or gender identity.

**Coming out** is the process of realising and accepting one's lesbian, gay, bisexual, transgender, asexual, queer or intersex identity, and revealing this in one's interpersonal relationships. Coming out is not a single event, as LGBTIQ people often come out several times in their lives to, for example, new colleagues, neighbours, doctors and the like, either by their own choice or due to some compelling circumstances. The concept itself is based on hetero-, cis- and endonormativity, as people who are heterosexual, cis and endosex (whose innate sex characteristics fit normative medical or social ideas for female or male bodies) do not have to come out to others.

## 1.1. Definitions and concepts relating to sexual orientation

Below are some basic definitions related to sexual orientation:

**Lesbian:** a woman who is sexually, physically and/or emotionally attracted to women. Some nonbinary or trans people also define themselves as lesbians.

**Gay men:** men who are sexually, physically and/or emotionally attracted to men. Gay is sometimes also used as an umbrella term to cover lesbians and bisexuals as well as gay men. Some nonbinary or trans people also define themselves as gay.

**Bisexual/pansexual:** people who are emotionally, physically and/or sexually attracted to more than one gender. Bisexuals are attracted to multiple genders, and pansexuals attracted to all genders, meaning that gender is not a decisive factor when feeling emotional and/or sexual attraction to someone.

**Asexual:** a person who usually does not experience sexual attraction towards other people or have an intrinsic inclination to have sexual relationships, which is different from being celibate. Asexual people may have different experiences, preferences and romantic orientations. Asexuality is a spectrum; some people never feel sexual attraction, while others rarely do or only after they have developed a strong attachment to someone. Asexual does not necessarily imply not having a libido, not having sex, not being able to feel arousal, not being able to fall in love, not having passion or not feeling desire.

## 1.2. Definitions and concepts relating to gender identity and sex characteristics

Below are some key concepts with brief definitions related to gender identity and sex characteristics that may help the reader better understand the following chapters:

**Cis/cisgender:** people whose gender identity is the same as the sex assigned them at birth.

**Trans/transgender:** an inclusive umbrella term for people whose gender identity and/or expression differs from the sex they were assigned at birth. This category includes people whose gender identity differs from gender expectations. Trans

people may express their gender through their choice of clothing, changing their body (sometimes using surgical procedures and/or hormone therapy) or other forms of gender presentation. **Trans men** were assigned a female gender at birth and have a male, or predominantly masculine, gender identity.

**Trans women** were assigned a male gender at birth and have a female or predominantly female gender identity. Transgender transition does not occur exclusively on a binary scale of male-to-female or female-to-male; rather, the process concerns matching a person's internal self-image with their external, physical appearance.

**Nonbinary:** an inclusive term for people who do not solely identify as male or female but identify outside the gender binary. While some nonbinary people also identify as trans, not all do.

*Note: some terms are now outdated and may even be offensive to people; they are no longer widely used:*

- The term **transsexual** is becoming increasingly less used because of its medicalising nature (i.e. viewing the identity in medical terms), unless a person explicitly refers to themselves as such. Today, 'transgender' or 'trans' are the currently accepted terms and used in its place.
  
- The term **transvestite** refers to a form of behaviour in which a person occasionally adopts a style of dress attributed to the opposite sex, but does not engage in transition. However, this word is no longer commonly used due to its pejorative connotations. Today, the term 'cross-dresser' is used in its place.

**Transition:** the process of changing one's life to fit one's gender identity. It can involve some or all of the following social, medical and legal steps: coming out to family, friends and colleagues; dressing and behaving according to one's gender identity; changing one's body through gender confirmation therapies, for example hormone therapy and/or surgery; changing one's legal name or gender on identity documents; or taking other legal steps required by the law of one's country. In the context of children, transition implies a social transition and being recognized in their gender, and in some cases, using hormone blocker therapy.

**Gender reassignment surgery:** a medical term for what trans and intersex people often call gender confirmation surgery, surgery to bring the primary and secondary sex characteristics of a trans person's body into alignment with their gender identity. Not all trans and intersex people feel the need to go through all or any of the available therapies.

**Legal gender recognition (LGR):** the process by which the state legally recognises the gender of a trans person. States may impose different conditions to define who is entitled to LGR. Forced sterilisation, forced divorce, obligatory diagnosis of mental illness and age limits are conditions that may violate the human rights of individuals pursuing LGR. For trans and some intersex people, having their name and gender correctly indicated on their documents has a fundamental impact on their livelihood and security. Without this step, they find it more difficult or impossible to access the healthcare they need, have to explain themselves at job interviews or face discriminatory behaviour when looking for accommodation, at banks, when making an appointment or even when paying with a

credit or debit card at shops. In countries where LGR is not recognised, trans and intersex people are often obliged to talk about their gender identity in situations where they must use their official name, violating their right to privacy and dignity and exposing them to potential harassment or discrimination.

**Gender expression:** how people express their gender identity through their appearance; this may include hairstyle, dress and behaviour. Some people express themselves in what is considered a traditionally masculine way, others in a feminine way, and others combine the two or strive to be seen as neither masculine nor feminine (termed 'androgynous expression'). Gender expression is not always linked to a person's sex characteristics or their gender identity.

**Gender nonconformity:** an individual's choice not to conform to the social gender norms or expectations of a particular culture. Gender nonconforming people cannot or will not conform to social and psychological expectations about their (perceived) gender through their appearance, behaviour, identity or otherwise.

**Genderqueer:** people whose gender self-definition falls outside the binary male/female categories, but who do not identify with either, both, or a combination of male and female genders. Some people consider genderqueer and nonbinary identical, whereas others view them as two different categories. Although this term is typically used to describe a person's gender, it can also refer to sexual orientation. Some genderqueer people see themselves as trans; others do not. In gendered languages some genderqueer and nonbinary people prefer to use they/them pronouns.

In general, people who identify as **queer** do not define their sexual orientation and gender identity in exclusive binary categories (heterosexual/gay or lesbian, male/female). However, the word is also used as an umbrella term to refer to people who are not heterosexual and/or cisgender. Originally an offensive term, it still has negative overtones for some people. However, many LGBTIQ people currently use it proudly to refer to themselves, taking the pejorative edge off the word.

**Intersex:** people born with physical, hormonal or genetic characteristics that do not fit into traditional male/female categories or are a combination of the two, placing them between or outside those categories. There are many varieties of intersex conditions, making this an umbrella term. For this reason, intersex activists tend to use the term 'sex characteristics' (for example, when talking about the discrimination they experience). The term 'sex characteristics' also emphasises that intersex is a physical phenomenon that is only one part of a person's identity.

**Endosex:** the opposite of intersex. This word describes a person born with sex characteristics (e.g. chromosomes, hormones, sex organs) that clearly place them in one of the male/female categories.

**Binary gender system:** a gender-based classification that places everyone into one of two mutually exclusive and contradictory categories of male and female. This can be a social system or a cultural concept. The binary gender system excludes people with nonbinary identities or gender expressions.

### 1.3. Definitions and concepts relating to bias and discrimination

Below is a list of key concepts with brief definitions related to discrimination and how to understand the different biases that affect LGBTIQ children's lives:

**Heteronormativity, heterosexism, cisnormativity, cissexism, endonormativity and endosexism:** social practices that make people believe that heterosexuality, cisgenderism and endosexuality are the only possible forms of sexual orientation, gender identity and sex characteristics, implying that only heterosexual, cisgender and endosexual people are 'natural' or 'normal'. This social construct holds that the only acceptable sexual orientation is heterosexuality and the only acceptable gender is the one assigned to an individual at birth, thus establishing a hierarchy between sexual orientations and gender identities. As a result of hetero- and cisgender normativity, most people assume that other people are heterosexual and cisgender, and this determines, for example, how people communicate with each other. To avoid this situation, many LGBTIQ people come out publicly to be visible as such.

**Discrimination:** unequal or unfair treatment based on a person's age, ethnic background, disability, sexual orientation, gender identity or expression, biological sex characteristics or other characteristics. Discrimination against LGBTIQ people is often rooted in hetero- and cissexism. Forms of discrimination against LGBTIQ people include:

→ **Direct discrimination:** when one person is treated less favourably than another due to their sexual orientation,



gender identity or expression or their biological sex characteristics (for example, a transgender employee is not hired for a job because of their gender identity).

- **Indirect discrimination:** when a seemingly neutral law or practice actually disadvantages people with a particular sexual orientation, gender identity, gender expression or biological sex characteristics when compared to others (for example, making adoption procedures more difficult for unmarried people in countries where same-sex marriage is not legally recognised).
- **Multiple discrimination or intersectional discrimination:** when a person is discriminated against on more than one ground (for example, an LGBTIQ person with disabilities).
- **Endo- or intra-discrimination:** a form of internal discrimination that occurs within the LGBTIQ community towards members who deviate in some way from normativity, whether it be in gender expression, monosexuality (feeling attracted to only one sex/gender) or gender identity. Examples of this phenomenon are gay men who discriminate against other gay men for expressing a feminine gender presentation, or gay and lesbian individuals who hold biases against bisexual and trans people (Weiss, 2003). Bisexual and trans individuals often experience discrimination both from society in general and from within the LGBTIQ community itself, a phenomenon known as 'double discrimination'.

**LGBTIQ-phobia:** negative personal or societal beliefs, opinions, attitudes and behaviours based on prejudice, disgust, fear and/or hatred of LGBTIQ people. Many feminists argue that the root of antipathy towards gay, lesbian, trans, bisexual and intersex people is sexism, which seeks to control sexuality and prevent anyone from crossing the boundaries of traditional gender roles. Although in this sense homophobia, transphobia, biphobia and interphobia are manifestations of the same phenomenon, it is important to distinguish between them, because their expression and intensity can be different.

**Harassment:** behaviour that is unwelcome (offensive, humiliating and/or intimidating) to the victim. In the case of the harassment of LGBTIQ people, this may be related to the individual's sexual orientation, gender identity, gender expression or biological sex characteristics. It can take the form of words, gestures or the creation, display or distribution of offensive written texts, images or other materials. It may be occasional or happen over a longer period of time. Harassment of LGBTIQ people often takes the form of threats, intimidation, verbal abuse, name-calling or jokes about sexual orientation, gender identity or sex characteristics. Harassment is not necessarily directed at a specific person. It can also happen when derogatory and/or offensive comments are made about LGBTIQ people in general.

**Bullying:** a form of harassment within a community or institution that is repetitive and based on institutional hierarchy or other power differentials. This term is most often used in school settings and in the case of children.

**Hate crimes:** criminal offences motivated by prejudice or

hostility, for example, because of the victim's perceived or real racial or ethnic background, religion, disability, sexual orientation, gender identity or another characteristic protected by law. A hate incident is any incident included in the Penal Code that the victim, or anyone else, believes to be based on someone's prejudice towards them because of their race, religion, sexual orientation, disability or because they are transgender. Not all hate incidents are criminal offences, but it is important that they be reported and recorded by the police. Hate crime can take the following forms: physical abuse, verbal abuse (such as threats and taunts) and/or incitement to hatred (when someone behaves in a way that is threatening and may evoke hate; this can be expressed in words, pictures, videos, music and online in general).

**Victimisation:** when an individual suffers from violence or discrimination. LGBTIQ people are often victimised because of their sexual orientation and/or gender identity.

**Secondary victimisation or revictimisation:** a form of institutional violence perpetrated by governmental agencies or social service providers. This occurs when the victim of violence experiences further trauma as a result of how they are treated by state institutions and others. Secondary victimisation can occur when people who come into contact with the victim use abusive language, make insensitive comments or blame the victim for the incident.

**Restorative justice:** according to EU Directive 2012/29/EU, this is any process whereby the victim and the offender are enabled, if they freely consent, to participate actively in the resolution of matters arising from a criminal offence through the help of an impartial third party.

**Reparative therapy:** the practice of attempting to change or suppress an individual's sexual orientation or gender identity through psychological or spiritual means. Academics in many countries oppose and are speaking out against these harmful and misguided practices.

**Affirmative psychology:** an approach and methodological framework used in psychological counselling in which professionals aim to support LGBTIQ people to understand and accept their sexual orientation or gender identity, taking into account the hetero-, cis- and endonormativity of the cultural context.



# 2

## Theoretical framework

### 2.1. What is adultism?

Adultism at its most basic refers to prejudice or discrimination against young people as a group. It is a social practice of power and a form of domination that denotes ‘a relational approach based on an asymmetry of power that places the adult experience above that of young people in a hierarchical relationship’ (de Cordova et al., 2023:120). It is also sometimes simply referred to as a bias. ***In short, adultism posits the adult view of the world as the only valid one.*** With adultism, children’s and young people’s voices and perspectives are continuously disqualified (Florio et al., 2020) and their capacities and values undermined (Campbell, 2021).

The logic behind adultism is that children are vulnerable and innocent, and that they are not able to decide what is best for them. Through an adultist lens, childhood is the only age during which there is a process of development, making children underdeveloped in comparison to adults. Following this rationale, adults need to make decisions on behalf of children and their best interests (Marre and San Román, 2012). In short, adultism essentialises the adult’s authority over the child (Flasher, 1978; Pacheco-Salazar, 2018), building on an arbitrary division marked by the category of age (Bourdieu, 1984), and locating children as creatures that are unable to articulate complex thoughts (Robinson, 2013).

Adultism constitutes an essentialist paradigm because

its core idea is that the life cycle reaches its prime in adulthood. According to this approach, childhood is a key period because it prepares people for life – that is, life as an adult – but although key, it is not considered central. Similarly, old age is perceived as a time in life when all good things belong to the past, that is, the middle years of adulthood.

Since adults are the main focus of adultism, children and young people are constructed as others, as objects, that need adult input (Campbell, 2021). Moreover, since children's opinions and views are not taken into consideration, this 'leads adults to provide inadequate or distorted responses to children's needs' (Furioso, 2000). As a consequence, adult protection often undermines children's agency, making it difficult for them to clearly state their ideas, opinions and needs. This constitutes a form of discrimination and violence and has an impact on the subjective experience of children and their well-being (de Cordova et al., 2023).

***As a form of domination, adultism has three dimensions: discursive, representative and practical.*** The discursive dimension means that the arbitrary division of power by age locates the power, through discourse, on the figure of the adult man (Feixa, 1998). The representative dimension means that adults think about children through looking back at their own childhood, and they make assumptions on the basis of their own past experiences. However, different times and different contexts produce different experiences, needs and views amongst children, which is why the past experiences of adults are insufficient. Finally, the practical dimension means that the capital and resources of children are highly limited when compared to adults.

Although the critique of adultism has been around for several decades, its presence in both academic and social contexts has expanded in the last few years. Adultism is present throughout Western social systems, where it is endemic, meaning that it is

a constitutive part of every European society. **Adultism is present in all structures of society, including education systems, health systems, most public policies and child protection services, among others.** The main effect of adultism is that children as a social group encounter opposition and denial with regard to their agency and autonomy over their own body and decisions.

## **2.2. A child-centred perspective on gender and sexuality**

**A child-centred perspective on gender and sexuality recognises that the world that adults see is not always the world that children see.** In particular, it stresses that human experience is diverse, and that affirming and respecting the autonomy and self-determination of children is critical for their development. Often, concepts of gender and sexuality are used in academic discussions, professional contexts, activism and even in everyday conversations from a perspective that only takes definitions crafted by adults into account. These definitions may be very useful and accurate for adults, but the conception held by children and teenagers based on their own experiences with gender and sexuality can be quite different.

A child-centred perspective on gender and sexuality also acknowledges that sexuality and gender can change and evolve over time, and they may have their own characteristics during childhood that need to be addressed. Because of this, children require open communication with the adults around them to receive the support they need to navigate their own identities and relationships.

**Childhood is a stage in life that is strongly characterised by curiosity and exploration. Gender and sexuality, as parts of life,**

***are amongst the phenomena that children play with and explore.***

Children learn about the genders that are present in their society and what differentiates each one, and they need to be able to try out available gender identities in order to understand and inhabit them. This is why it is quite common, for instance, for children to play with clothes that are socially linked to different genders, and this is part of a child's path to discovery. Children need to be encouraged to explore and express their identities in ways that feel authentic to them, without fear of judgement or discrimination.

***The hegemonic position regarding gender and sexuality in society is cisgender and heterosexual. These hegemonies are supported by adultist positions, in which adults take responsibility for transmitting hegemonic values to children, including LGBTIQ-phobia. Because of this, LGBTIQ-phobia is a way of reproducing adult structures that may not always make sense to children.***

Similarly, many adults believe that children and teenagers are too young to know if they are an LGBTIQ person. As a result, when a child expresses discomfort with the gender they are living in, or that they like a person of their own gender, the adults around them tend to argue that they are too young to know that. Such comments are usually frustrating for the child, who may feel that they are not receiving enough support, they are not worth listening to or that their explorative experiences are simply wrong.

Positions that argue that children should not receive information about the diversity of gender and sexuality are adult-centred. Because of their adultcentrism, these people assume that gender and sexuality are sensitive topics and that discussing them with children is a sex-centred discussion. Nevertheless, children already have experience with gender and sexuality coming from learning how to understand the world and themselves in relation to it, and they may need guidance in this aspect of their lives as well.



## 2.3. An intersectional and feminist perspective applied to child-centred practices

*A hypothetical European school has set a curriculum that includes the appropriate age when children need to have learnt to write their name. If a child has not mastered the skill by that time, they are considered to have a learning difficulty and extra measures are applied. Later, this same school analyses the rate at which students learn to read and detects that children with a higher economic level, whose parents have higher education and are not migrants and who speak the local language at home learn faster.*

In this example, the school did not take into account several factors: children whose parents have more free time can help them study after school; parents who read at home awaken their children's interest in books and words; migrant parents whose language has a different alphabet might have already taught their children to write using those letters, etc. The school had prepared their curriculum in the belief that all students are homogeneous. Most importantly, the school based this on factors reflective of privileged local families alone. Indeed, the yardstick for children's development is often based on standards that only privileged children can attain and on adult approaches formed within the same social stratum, adding the problem of adultcentrism to the mix.

To counter this, Colourful Childhoods propose an intersectional and feminist approach aimed at creating more inclusive and just circumstances for children (Hill Collins, 2019). The term intersectionality was first proposed by Kimberley Crenshaw in 1989 to address 'the intersectional location of women of colour and their marginalisation within dominant resistance discourses' (Crenshaw, 1991:1243) Crenshaw was following a line of discourse

in the work of Black feminists – including Black lesbian feminists – that can be traced back to Sojourner Truth in 1851 and a 1977 manifesto by the Combahee River Collective. Intersectionality argues the need to look at oppression as an intersection between different structures of oppression; racism and sexism that do not operate separately, but together, and the result is not merely the sum of the parts; rather, it creates specific conditions for people. Since Crenshaw, the concept has been debated, discussed and further developed. Currently, it is being used to talk about and understand how different structures of power strongly influence and differently oppress people.

Going back to the hypothetical school, children's experiences with gender and sexuality are also diverse and shaped by a myriad of factors that come directly from how different power structures shape everyday experiences. ***Working with children using an intersectional approach means recognising that professional approaches may reproduce hegemonies.*** Revisiting frameworks and practices on a regular basis from intersectionality can help identify what elements are being missed, how some children could be better accompanied and where there is room for improvement.

## 2.4. Why involve children in decision-making?

Adultism is a practice of power in which adults believe that their opinions and experiences are more valid than those of children's, disqualifying and delegitimising their voices and perspectives. The correct practice to counter adultism involves children in making decisions related to their body and their life.

As children are young, they might need adults to present them with the relevant information and all the options they need

to be able to make a decision. As people who have lived longer and have specific professional tools, adult professionals can prepare children to make informed decisions.

***Children who are involved in decision-making are more likely to feel empowered and confident in their abilities, which leads to better decision-making as time goes by.*** Moreover, they are more likely to take responsibility for their actions and become more independent as they grow older. Involving children in decision-making also helps them develop critical thinking skills, as they are forced to consider the consequences and possible effects of their actions before making a decision.

There is currently an open debate on whether young children should make decisions about their gender and sexuality. Adults understand that there are several risks associated with some decisions about one's body, and these risks need to be shared with children and teenagers. Nevertheless, those risks cannot turn into a fear that the child will make a wrong decision. Any decision that is taken with children helps them build trust and confidence, and it represents a departure from adult-centred views that might end up doing more harm than good.

## **2.5. Why involve children in discussions about sexuality and gender?**

Many people argue that children should not be involved in making decisions about their own gender and sexuality. Some of these arguments revolve around children being too young to know what they want or are based on contemporary theories encountered in the media – including social media – that children will be negatively influenced. However, the children who participated in the Colourful Childhoods project stated that adults often silenced or

underestimated their own feelings about their gender and sexuality. The effects of this were, on the one hand, to stop trusting the adults around them, and on the other, to feel bad about their own feelings and desires. ***However, it has been shown that children who are given the chance to explore their gender and sexuality in a safe and supportive environment are more likely to have positive mental health outcomes and greater well-being*** (McGuire et al., 2010).

Involving children in conversations about gender and sexuality can also help break down harmful stereotypes and biases that may be perpetuated in society. By providing children with accurate and age-appropriate information about gender and sexuality, they are more likely to understand and respect the diversity of identities and experiences that exist within their communities (Poteat et al., 2019).

Adult professionals already have access to a series of tools. These need to be combined with the perspective offered by children and their desire to make informed and confident decisions. Because of their youth, however, children should be given the information in a manner that is tailored to their level of understanding and age.

## **2.6. Children's agency**

***The concept of 'children's agency' refers to the capacity of children to act as independent individuals who can make choices and decisions for themselves, based on their interests, needs and values.*** It recognizes children as active and competent participants in their own lives, rather than passive recipients of adult guidance and direction. This concept is rooted in the recognition of children as rights-holders who have the right to participate in decisions that affect their lives, to have their voices heard and to be taken

seriously. It is also based on the belief that children are capable of making meaningful contributions to their families, communities and societies.

Children's agency can manifest in various ways, depending on their age, developmental stage and cultural context. For example, a young child may exercise agency by choosing which toys to play with, while an older child may do so through their involvement in decision-making processes at school or in their community. In order to support children's agency, it is important to create an environment that fosters their sense of autonomy and empowerment. This includes providing children with opportunities to make choices and take risks, and respecting their decisions even when they differ from adult expectations. It also involves recognizing and valuing children's diverse perspectives, experiences and cultures, and promoting their participation in decision-making processes that affect their lives.

Empowering children with agency has numerous benefits. It can enhance their self-esteem and confidence, as well as their ability to take initiative and act on their own behalf. It can also promote their sense of responsibility and accountability, as they learn to take ownership of their choices and actions. Because of this, it is essential to address any barriers that children may face to be able to practise agency. Therefore, supporting children's agency requires a holistic approach that takes into account the various factors that shape their experiences and opportunities. This may involve addressing systemic inequalities and barriers that limit children's agency, as well as providing them with the resources and support they need to make informed decisions and act on their own behalf.

## 2.7. How adults can be allies and support LGBTIQ children

In Europe, acceptance of LGBTIQ people is generally widespread, although there is still a need for further support for LGBTIQ children in light of the particular difficulties they face. There are several areas in which adult support, including that of LGBTIQ adults, can be useful, including advocating for the rights and liberties of LGBTIQ children and advocating for them in general. Because of adultism, the views of children are not always properly heard and do not receive the necessary attention. ***Adults can use their role in society to advocate for the rights of LGBTIQ children. This can also mean giving up space to LGBTIQ children and their demands.***

Children need spaces where they feel safe to tell adults that they are LGBTIQ and discuss any concerns they may have. Adults, in turn, need to be available to share their knowledge to help them make proper decisions. This also means accepting that even though they are young, children's opinions matter.

***LGBTIQ children should be provided with access to available resources and support services, such as LGBTIQ organisations, local LGBTIQ services, mental health services and peer groups.*** These services and safe spaces provide support for LGBTIQ children when adult professionals may fall short, allowing them to better address the challenges of being an LGBTIQ person in a cisheteronormative society.

### **What can organisations do?**

- Explore the impact of adultism in your organisation.
- Bring initiatives to put children more at the centre of your organisation's decision-making processes.
- Promote children's agency.
- Involve children in discussions about their body, their sexuality and gender, in all the subjects that affect them.
- Become an ally for LGBTIQ children in your organisation.

### **Best practices**

- Organise a seminar with professionals to reflect on adult power over children, exploring tools to improve children's participation.
- Become a safe space for LGTBIQ children and promote the organisation as LGBTIQ-friendly.





# 3

## LGBTIQ children and vulnerability

### 3.1. Who are children in vulnerable situations?

The concept of vulnerability as it relates to children includes those who are more exposed to risks than their peers and develop coping mechanisms ranging from cultivating some degree of resilience in order to deal with common challenges and mildly adverse situations to total helplessness (Arora et al, 2015).

Children are in one of the most vulnerable stages of life, being highly dependent on adults to satisfy their needs, while progressively developing their own autonomy (Bagattinni, 2019). Moreover, the human body at all ages is inherently vulnerable (Butler, 2009) and may be exposed to a variety of responses, from violence and abuse to, on the other hand, care, generosity and love (Mackenzie et al., 2014:3). In this regard, bodily interdependence and the search for autonomy is present at all ages.

***Nonetheless, children are particularly vulnerable for many reasons related to their basic physical and emotional needs (food, housing, education, health care, parental care, emotional care).*** They are at risk of, or may experience, harm and exposure to violence (exploitation, abuse, neglect, war, displacement). Children are vulnerable to the ability of their parents or primary caregivers to provide a safe environment, a lack of supportive relationships and community or societal conditions beyond their family's control, among other factors. Supportive families provide the main

source of social protection for children and a lack of proper care or emotional support can be detrimental to a child's welfare.

Vulnerability can be broken down into inherent and situational vulnerability (Mackenzie et al., 2014). Inherent vulnerability is intrinsic to the human condition and the body's basic needs (hunger, thirst, sleep deprivation, physical harm, emotional hostility, social isolation). This type of vulnerability varies depending on a child's capacity to cope. Situational vulnerability is context specific and caused by personal, social, political, economic or environmental situations. These two categories of vulnerability are intertwined and are key to understanding LGBTIQ children's experiences.

***The Colourful Childhoods project applies a broad definition of vulnerability that is sensitive to the experiences of LGBTIQ children who may be living in situations where they are not always accepted as they are.***

A situation is vulnerable if it does not provide an LGBTIQ child with the adequate support to develop their personality and does not provide protection from violence, whether physical, psychological or symbolic. One of the professionals at a Colourful Childhoods seminar referenced the topic of vulnerability – and the counterbalance represented by the family in this case: 'I am bisexual, and what I cared for the most when I was a child was that my mother stood by my side. Although I had problems in high school, I knew that at home there she was, supporting me' (youth worker, 28 years old).

In short, vulnerable situations do not provide enough social and community support in the areas where LGBTIQ children participate: schools, children's services, youth clubs, sports, social services, health-related settings, families, neighbourhoods and all kinds of public spaces. A situation is also considered vulnerable if it does not ensure the right of children to be heard and to partic-

ipate in matters that concern them (EU Strategy on the Rights of the Child, 2021).

From an intersectional approach to vulnerability, **LGBTIQ children may experience one or more of the following situations**, which are intertwined with their age, resulting in an exposure to different degrees of violence:

- Children are not guaranteed the right to express their gender and sexuality or have no access to sexual and reproductive rights.
- Children's rights are not guaranteed because of LGBTIQ-phobia.
- Rainbow families (made up of one or several LGBTIQ people) have no recognized legal rights and lack social acceptance.
- Reparative or conversion therapies and/or a therapeutic and medical culture that challenges LGBTIQ rights.
- The forced marriage of children is allowed.
- Children lack support from their families, schools, peers, children's services, social services, neighbourhoods and/or other relevant adults in their lives.
- Restrictive legal or sociocultural frameworks surrounding LGBTIQ rights and social acceptance.
- A lack of cultural representation of LGBTIQ people as positive role models making important contributions to society.
- Poverty, social exclusion and/or other forms of deprivation.
- School bullying, gender violence, trafficking and/or other forms of structural violence.
- Institutional or foster family care.
- Lack of schooling, homelessness, status as unaccompanied minors, refugees or asylum seekers.
- Children under social services protection.
- A lack of legal status as a citizen.
- Disabilities, chronic illnesses or other adverse conditions that may harm their psychosocial health.

LGBTIQ is not a problem per se. It is the situation, when acceptance and support is lacking, that creates the vulnerability that harms children. This violence is often invisible due to moral standards and erroneous ideas about children's ability to identify and express their own sexuality and gender identity at an early age (Castañeda, 2014).

## 3.2. Defining violence against LGBTIQ children

*The violence that LGBTIQ children experience is rooted both in sexism and in the rejection of the sexual rights of those who identify as LGBTIQ (as well as those associated with them who do not easily fit into the binary norms of contemporary society) (Platero and Gómez, 2007). Adult power is at the heart of violence, policing what is wrong or right regarding gender and sexuality for people who are often too young to leave the household and live independently.*

This violence is not only sexist and anti-LGBTIQ rights, but also intersectional, including adultism, racism, ableism, classism and other sources of inequality that severely harm children (Platero, 2014). Violence against LGBTIQ children is systematic and structural, rooted in socially accepted norms. It takes many forms and occurs in a wide variety of places, from families to schools, children's services, health services and mainstream society.

### a) Family violence

Violence against LGBTIQ children can be perpetrated by parents, siblings, other relatives or intimate acquaintances of the family (Carman et al, 2020). It takes the form of the deprivation of basic needs at a sensitive time of development and can include verbal,

emotional, psychological, economic, physical and sexual abuse and intimidation (Ryan et al, 2010). A lack of parental support and acceptance can result in reparative therapies to 'normalise' the child's gender and sexuality, children being thrown out of their homes and becoming homeless, the shaming of LGBTIQ identity, threats of 'outing' or – for those taking hormones to affirm their gender or who are HIV positive – withholding those hormones or medication (Katz-Wise et al, 2016; McConnell et al, 2015).

Family violence can be more intense when a child's gender identity departs from their birth-assigned sex and they break the gender binary, with higher levels of abuse, sexual violence and coercion (DiFulvio, 2015; Stotzer, 2009; Lombardi et al, 2002). Trans and nonbinary children experience particular forms of violence, such as being denied their identities, access to medical services or items that allow them to express their gender identity or having particular features of their bodies targeted during the violent event (White et al., 2006; Carman et al, 2020). In particular, intersex children may experience a lack of acceptance towards their bodies and silence about their own medical treatments or be subject to unnecessary cosmetic medical interventions (Jones 2018; Travis 2015).

***The violence experienced as an LGBTIQ child can persist through their entire life*** (McKay et al, 2019) and become internalised, creating an inner rejection of her/his/their own experiences and identities with a life-long impact on their well-being (Carman et al., 2020).

## **b) LGBTIQ school bullying**

Attention to LGBTIQ school bullying is increasing in many European countries, with the implementation of programs aimed

at preventing this kind of violence, in addition to legislation and protocols to prohibit it. Nonetheless, LGBTIQ school bullying is a significant problem in European societies that still does not receive enough attention. In the words of one high school teacher who participated in a Colourful Childhoods seminar: 'I work with children at risk, and I see that in regard to LGBTIQ and women's rights we are going backwards instead of forward...' (teacher, 53 years old). LGBTIQ school bullying does not only harm LGBTIQ children but also those associated with them (such as friends, siblings or parents) and others who do not fit into traditional gender roles in some way (Platero and Ceto, 2007; Feijó and Rodríguez-Fernández, 2021).

**Across Europe, LGBTIQ children are exposed to higher rates of school bullying than their cis and heterosexual peers.** This has an impact on their right to an education, leading them to leave school before they have completed their studies, and exposes them to different kinds of violence at school in varying rates amongst the different LGBTIQ identities (van der Star et al., 2018). In a study conducted by van der Star et al. (2018), in 28 European countries, being assigned male at birth and being open about identity was linked to being bullied at a higher rate, suggesting that bullying is often based on a perceived gender nonconformity that prefers masculinity.

The main barriers to tackling LGBTIQ school bullying include: 1) the students' and teachers' discomfort in discussing their gender and sexuality with one another; 2) a lack of specific training on sexual education and LGBTIQ topics; 3) a lack of awareness and political priority given to this kind of bullying; and 4) conservative families' views on LGBTIQ people (O'Donoghue and Guerin, 2017; Kosciw and Pizmony-Levy, 2016). In addition, the global rise of the far right and ultraconservative organisations alongside feminist groups that exclude trans individuals has led to LGBTIQ

children and sex education being targeted as ‘problematic’ and at risk of being manipulated as a ‘social contagion’ by some adults (López Sáez et al, 2023). All of this makes it more difficult to guarantee these children their right to be free from school bullying.

### **c) Children’s services**

Some professionals in children’s services are still uncomfortable with the fact that certain children are LGBTIQ, considering their experiences shameful and provocative and believing that their gender and sexuality expression should be prevented or limited (Ryan 2013). Instead of protecting these children from discrimination, some professionals contribute to the violence they experience and harm their well-being.

***However, children’s services that are inclusive of LGBTIQ children offer safe spaces to explore how to handle the challenges they face. In these LGBTIQ-friendly services, professionals act as role models and help children mediate with families that are sometimes not supportive or lack the awareness or skills to deal with their children.*** These services can offer helplines, youth groups, online information, meetings for families, information, outdoor activities, sports and the like and, more importantly, serve as a source of legitimation for their experiences.

The very few empirical studies that have been done on the broad topic of LGBTIQ-related issues in the context of child welfare highlight the fact that LGBTIQ are disproportionately represented in the child welfare population and run a higher risk of adverse health outcomes compared with cis and heterosexual youth (Kaasbøll et al, 2021; López López et al., 2021). Again, the main obstacles are the lack of awareness and training about the needs of LGBTIQ children, a lack of priority and the political will to

promote LGBTIQ children's rights and the need to address the intersectional requirements of LGBTIQ children and their families.

In the Colourful Childhoods seminars, professionals admitted that the attention they pay to LGBTIQ children is still insufficient, despite the need. In their own words: **'Children often say that we do not listen to them'** (head of a children's service, 48 years old); 'We lack training on LGBTIQ issues' (training director, children's NGO, 32 years old); 'Families don't do their job (in reference to providing sex education), so children must turn to the Internet, which has negative consequences' (psychologist, 68 years old); and 'A trans girl in our youth program told us that her violent behaviour in the past was caused by the anger and rage she felt due to a lack of acceptance' (youth worker, 36 years old).

## d) Health services

Despite the fact that LGBTIQ children suffer from the impact of 'minority stress' – according to which sex and gender minorities have several sources of stress that affect their psychosocial health (Meyer, 2003) and report a disproportionate quantity of mental health problems (Wainberg et al., 2017) – health services still do not pay sufficient attention to these children and overlook how they can play a significant role in guaranteeing their welfare. Indeed, cases of discrimination were reported during interviews with professionals as part of the Colourful Childhoods project: 'The doctors kept saying the boy's deadname in the waiting room, despite the fact we told them she was a trans girl' (youth service provider, 32). **Yet health services play an extremely important role in the lives of nonbinary and trans children (who are also at a higher risk of depression, suicide, substance use and anxiety)** (Orminston and Williams, 2021). Intersex children in particular



often experience unnecessary and harmful surgical interventions – commonly done during early childhood – performed in a culture of shame that produces an institutionalised silence around intersex conditions (Davis and Murphy, 2013; Kerry, 2011; Travis, 2015).

Some of these LGBTIQ children need the support of health services to access puberty blockers or/and hormones to affirm their gender or medication for HIV treatment. Moreover, intersex children would like to have a say in their own medical treatment. Their voices are often absent from decision-making and their ability to understand their own identities questioned, with the age at which they are allowed to decide their own medical procedures increasingly postponed. In this situation, families and professionals can either facilitate or act as an unsurpassable obstacle to accessing necessary treatments and support.

## e) Cisgenderism and heterosexism in society

Most Western societies are ruled by rigid gender norms that promote heterosexuality and cisgenderism as the natural expression of humankind, silencing gender and sexual expressions that are categorised as ‘other’ and often as a disorder (Platero, 2014). Accordingly, when a child challenges these norms, they are exposed to different forms of violence that include a lack of positive representation, being stigmatised and labelled as less than the others and discrimination in basic areas like education, health, schooling, healthcare, social service provision and children’s services.

Institutions regularly fail to recognize the identities of these children, putting up systemic barriers to bodily autonomy, personality development and the free expression of their gender and sexuality. ***This is especially important for children; they need not only supportive family members, teachers, paediatricians and***

*children's services professionals, but also the representation of a diverse world in textbooks, cartoons and children's movies, video games, children's literature and all the other materials that target children.*

### **3.3. Experiences of LGBTIQ children during and after the pandemic**

The COVID-19 pandemic had a negative impact on populations that were already vulnerable (Johnson et al., 2020), increasing existing social divides related to age, gender, sexuality, social class and race, amongst other factors (Hankivsky and Kapilashrami, 2020; Liem et al., 2020; Wenham et al., 2020). LGBTIQ children in situations of vulnerability were significantly impacted by the pandemic, in ways different to their cis and heterosexual peers and even LGBTIQ adults (DeMulder et al., 2020; Silliman Cohen and Adlin Bosk, 2020; Hawke et al., 2021). The negative impact of the pandemic was not only related to the health consequences for children and their families, but also due to the restrictions imposed, such as the lockdown, social distancing measures, time away from schools and peers and the intense amount of time spent with family members (Fish et al, 2020).

***For many LGBTIQ children, these restrictions required staying at home in potentially hostile environments, away from people who supported their gender identity and sexuality, and at times with a greater exposure to different forms of violence and, accordingly, an increase in anxiety and depression*** (López-Saéz and Plate-ro, 2022; ACNUDH, 2020, Green et al., 2020). In this respect, one gay boy who participated in the Colourful Childhoods focus groups summarised his experience: 'I spent the lockdown in my room, I only talked online 24/7 to two female friends of mine'. (M., 16 years old).

In some countries, children were also stigmatised as contagious and responsible for spreading the virus to the elderly, suffering harsher restrictions in comparison to adults (Platero and López-Sáez, 2020a). Additionally, vulnerable children encountered intersectional barriers when accessing all sorts of services during the pandemic due to their age, race, social class, gender, nationality, health status and other relevant circumstances (Abreu et al., 2023; López-Sáez and Platero, 2022; Schumacher et al., 2022).

In 2021, Jorge Gato et al. observed that in Portugal, the United Kingdom, Italy, Brazil, Chile and Sweden, LGBTIQ youth confined with their parents had higher levels of depression and anxiety than their cis and heterosexual peers. The study highlighted not being able to work or attend classes, exposure to the daily adversity of the pandemic and living in a negative family environment as being particularly influential. Intersectional LGBTIQ children in situations ranging from homelessness to a low socioeconomic status or non-white were especially vulnerable and faced barriers when accessing services due to the violence resulting from that intersectionality (Ormison and Williams, 2021).

In their analysis of the LGBTIQ population in this age group, Lucas Platero Méndez and Miguel Ángel López Sáez (2020) identified a series of factors that posed a risk to their psychosocial health. These included an increase in negative social interactions with respect to their identity, which can produce feelings of loneliness. Moreover, as stressful situations multiplied, the growing unease had negative consequences for mental health. At the same time, schools were paying insufficient attention to issues related to sex education. Living in families whose economic and social situations became precarious also intensified stress for children and youth. Finally, the sudden halt in the usual administrative activity created delays that affected document changes (Platero Méndez

and López Sáez, 2020). **However, the lockdown and pandemic also provided LGBTIQ children with the time to reflect on their sexuality and identity, along with offering them some relief from the harmful effects of discriminatory bullying in onsite schools** (Gill and Mc-Quillan, 2022; Platero and López-Sáez 2022a and 2022b).

**As the goal of the Colourful Childhoods project is to approach the experiences of the younger LGBTIQ population with a perspective that listens to and involves children**, the focus groups run by the project provided first-hand information about their needs and discomfort in many areas, including the pandemic. Talking about the lockdown confinement, some spoke about the chance to have time to explore their identity: 'The lockdown taught me a lot, in other words, it was a stage of self-discovery and self-teaching' (J., nonbinary, bisexual, 15 years old); '... it's a time that I spent focusing on what I wanted to know by myself, basically by, I mean, discovering it myself and from different places. At least that's how I've discovered a lot of things about LGBTIQ' (Y., nonbinary, bisexual, 13 years old). Others stressed the lack of privacy due to the restrictions: '... having a girlfriend and talking to each other only by message was pretty hard. (...) If I had a fight with her, if I wasn't in a lockdown, I could go the next day to talk about it face to face, and see if she was ok.' (L., trans boy, 14 years old).

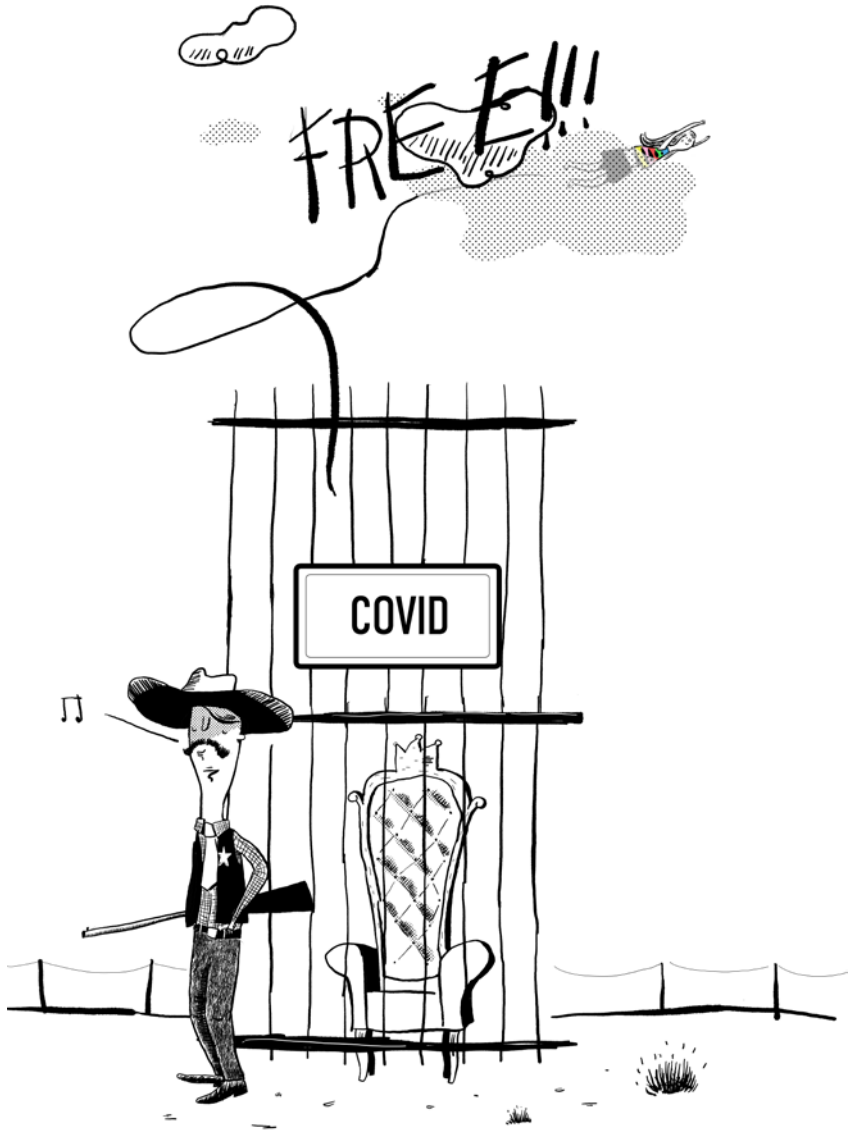
The intersection with socioeconomic class in each case conditioned the family context surrounding the lockdown: '... there were six people at home. I slept on the sofa. Where do I go to get away? (...) Do I hide out in the bathroom? I can't go in the bathroom; they will scold me. So, like... I needed to go out' (S., cis girl, lesbian, 17 years old). Finally, the oral testimonies reveal a difficulty connected with this period, and perhaps a wish to forget and leave the pandemic behind and enjoy what they consider a better time: 'I don't talk about the pandemic. It's like an empty box. (J., bisexual, nonbinary person, 15 years old).

### **What can organisations do?**

- Explore the barriers LGBTIQ children may encounter in children's services or other organisations that work with children.
- Include LGBTIQ children in programs with specific actions that recognize their gender and sexuality, ask for their pronouns and respect their specific needs.
- Invite LGBTIQ children to talk about their needs and how to improve the services they receive and follow their advice.
- Articulate participatory actions in which LGBTIQ children can contribute to the organisation.

### **Best practices**

- Create a safe space during school recess, where children can gather and hang out with their peers.
- Offer professional online support for LGBTIQ children.
- Celebrate Pride activities with rainbow and LGBTIQ-friendly posters and materials.
- Offer LGBTIQ books and materials in the library.
- Be visible as a LGBTIQ or ally professional/parent.
- Promote the organisation as LGBTIQ-friendly.



# 4

## The consequences of violence for LGBTIQ children

Children are not yet part of the adult world and they depend on adults in many ways. In particular, LGBTIQ youth are at the crossroads of many intersectional identities, including age, gender, race, social class and disability, which determines their sexual rights. In today's society, LGBTIQ youth are growing up in a context of a number of social and political changes that allow a greater representation of their experiences. At the same time, however, they are also experiencing violence and a backlash against sexual rights that is impacting their lives in significant ways (Gayles and Garofalo, 2019).

***LGBTIQ in and of itself is not pathological. The discomfort felt by some LGBTIQ youth is a consequence of discrimination*** (Goldfried and Bell, 2003) and the minority stress they are under (Meyer, 2003). The anti-LGBTIQ stigma is linked to 'family non-acceptance; peer bullying; employment or housing discrimination; criminalization of same-sex or transgender experiences; reality-based identity concealment and rejection anticipation; and exposure to discriminatory laws, policies and societal norms' (Lothwell et al., 2020: 271).

In the case of LGBTIQ children, adult-centric dynamics can also delegitimize their experiences in relation to sexuality and gender identity (Castañeda, 2014). ***Discrimination and a***

***lack of acceptance cause LGBTIQ children to have greater mental health problems than the rest of the population of the same age.***

The following sections explore the impact this has on feelings of rejection and isolation, anxiety and depression, suicidal ideation, substance use, eating disorders and children's development.

## **4.1. Feelings of rejection and isolation**

Being a LGBTIQ child or questioning one's gender identity or sexual orientation, as well as having a gender expression that diverges from heteronormativity, has several consequences. These experiences can result in rejection from family, peers or social circles, which is one of the main sources of concern for LGBTIQ children and adolescents (Platero and Ceto, 2007; Coll, Bustamante and Missé, 2009; Puche, Moreno and Pichardo, 2013; Missé, 2018). A lack of support and feelings of loneliness are some of the predictors of the consequences stemming from minority stress. In fact, recent studies in Spain have found that a lack of support correlates positively with greater self-perceived burden and loneliness (Platero and López-Sáez, 2022a and 2022b).

The risk of feeling rejected is intertwined with other intersectional experiences and can also negatively affect self-esteem, one of the main precursors to other mental health disorders (Wilson and Cariola, 2020). ***Although many adolescents and young adults turn to social networks and online communities to cope with experiences of discrimination, they can also encounter cybervictimization*** (Tortajada et al., 2021), intensifying the sense of rejection and isolation and having a subsequent negative impact on mental health (Fisher et al., 2016).

Rejection was discussed in the focus groups conducted by the Colourful Childhoods project, as exemplified by this observa-



tion: 'When people talk about trans people on TikTok, it has become trendy to make a joke about it, like – oh, I'm a trans person... – Oh, I'm an Apache helicopter gunship. When I tell little kids that I'm a trans person and they reply: 'Oh, so you feel like an animal, like a dog or something', it is because of TikTok's influence' (O, trans girl, 14 years old).

## 4.2. Anxiety and depression

***One of the main consequences of the experience of discrimination in LGBTIQ children is the development of anxiety disorders and depression.*** The negative reactions from significant people like family, peers or society in general increase this discomfort (Lothwell et al., 2020). Families play an important role in anti-LGBTIQ stigma, particularly when parents have a hard time accepting their LGBTIQ children. When these complicated relationships develop, they may produce depressive episodes, irritability and conflicting social interactions (Lothwell et al., 2020). Finally, trans and nonbinary children may face more stress and anxiety in this regard as a result of having to make decisions about social and gender interventions to affirm their gender identity (Lothwell et al., 2020).

According to Philip Hammack's study (2022), nearly half of the LGBTIQ adolescents sampled showed clinically significant symptoms of depression and suffered high levels of victimisation. The participants explained that homophobia, victimisation and stress related to concealment/disclosure increased in cis and heteronormative societies, producing high levels of anxiety and depression (Hammack et al., 2022). David Frost et al. (2016), in turn, stress the importance of support networks, as their absence can increase the negative consequences of LGBTIQ-phobic violence.

### 4.3. Suicidal ideation

A study by Vasanti Jadva et al. (2021) found that the risk of self-harm and suicide attempts is higher in the LGBTIQ population. There are several factors that increase the risk of suicide among LGBTIQ children, and stigmatization by others is one of the main problems, for instance through peer bullying or family rejection (Lothwell et al., 2020). Other factors include having few LGBTIQ friendships or having experienced physical or sexual abuse, variables that are related to suicidal ideation and/or suicide attempts among LGBTIQ youth (de Lange et al., 2022; Xu Wang et al., 2023). The experiences gathered by the Colourful Childhoods project are consistent with these findings, as seen in this commentary by a pansexual cis girl: 'I was never diagnosed with anything, but my paediatrician told me at the age of ten that I might need to go to a psychiatrist. I was always playing suicidal pranks, hiding in the bathroom, hurting myself. Then, one doctor told people behind my back that she thought I was bitter and that if I kept it up, I was going to lose all my friends. And that hurt me a lot (J, cis girl, pansexual, 13 years old).

However, it was found that intervention programs in schools improve the experiences of these youth and, subsequently, their mental health (Jadva et al., 2021). ***Specifically, factors that protect against suicide attempts among LGBTIQ adolescents include: 1) perceiving the school as a safe environment; 2) social support from teachers and other adults; and 3) an anti-bullying policy at school*** (Xu Wang et al., 2023).

## 4.4. Substance abuse

Research shows that LGBTIQ adolescents run a higher risk of both experimental and heavy substance use, as well as tobacco and alcohol use, than their cis and heterosexual peers (Fish et al, 2019; Kann et al., 2018; Fish et al., 2017). Consistent with minority stress, LGBTIQ adolescents are exposed to higher levels of discrimination due to their sexual orientation and gender identity which, in turn, leads to substance use as a coping strategy, with important consequences for their health (Pascoe and Smart Richman, 2009).

In a review study, Jeremy Goldbach et al. (2014) found that the risk factors that have the greatest impact on the consumption of drugs in LGBTIQ adolescents were gender and sexuality-based harassment; a negative reaction to disclosure; a longer time without coming out about their sexual orientation; low levels of perceived support from parents or other adults at school; homelessness and running away from home. Additionally, substance use is more common amongst trans and nonbinary adolescents, who experience more bullying and harassment than their cis peers, both online and onsite (Reisner et al. 2014).

From a healthcare perspective, LGBTIQ adolescents who attend schools with LGBTIQ support programs showed lower substance consumption rates than those who do not attend these programs (Eisenberg et al., 2020). ***LGBTIQ adolescents living in communities with higher levels of LGBTIQ supportive climates also report lower odds of lifetime substance use than their peers who live in communities with lower levels*** (Watson et al., 2020), suggesting that community intervention can play an important role in substance abuse prevention.

## 4.5. Eating disorders

A review of the academic literature by Lacie Parker and Jennifer Harringer (2020) indicates that ***LGBTIQ youth and adolescents have a higher incidence of eating disorders compared to their heterosexual and cis counterparts***. Individual risk factors in conjunction with minority stress risk factors may account for the increased risk of developing an eating pathology amongst LGBTIQ adolescents (Parker et al., 2020).

In particular, body self-monitoring, attempting to fit in with the gender norms and ideal images of masculine/feminine beauty standards, trying to pass in one's chosen sex and hyper-awareness of one's self-presentation are some of the specific characteristics of the LGBTIQ individuals who have eating disorders (Nagata et al, 2020; Goldhammer et al., 2018). For trans and nonbinary youth and adolescents, specifically, eating disorder behaviours can be linked to the desire to suppress menstruation and secondary sex features (Avila et al, 2019), using weight loss to obtain female/male characteristics (Diemer et al, 2018).

For trans youth, body dissatisfaction, perfectionism, anxiety symptoms and low self-esteem are the key risk factors for an eating disorder (Jones et al., 2018). Kamody et al. (2020) have highlighted the role of gender dysphoria and body dissatisfaction in the development of eating disorders and how they can be used as tools to affirm one's gender identity. Finally, Jason Nagata et al. (2020) have found that for trans youth with eating disorders, protocols must be updated to be more inclusive, adjusting sex-based growth charts and establishing appropriate treatment goal weights.

## 4.6. Development

According to a study by Anthony D'Augelli (1994), the identity of LGBTIQ children is shaped by relationships between sociocultural contexts, their particular perception of safety and their identity development. Recognizing and accepting a non-normative sexual orientation or a gender identity other than the sex assigned at birth are key parts of adolescent development and the formation of one's identity (Goldfried and Bell, 2003). Engaged in an ongoing process of sexual development, adolescents are exploring their gender identity and sexual orientation (Rosario et al., 2008). It is often the case that LGBTIQ adolescents come out during a sensitive time in their development, when peer influence is important (Giletta, 2021; Brechwald and Prinstein 2011). If they are subjected to discrimination from their own peers, it can have an impact on their school adjustment and well-being (Russell et al, 2014; D'Augelli et al. 2002;).

***LGBTIQ adolescents often challenge stable concepts about adult experiences, including the ways that adults conceptualise gender and sexuality*** (Missé and Parra, 2022; Castañeda, 2014; Saewyc et al., 2004). After disobeying the gendered expectations for their lives, LGBTIQ youth must often deconstruct previously internalised heterosexual and cisgender expectations and find new future possibilities for their own lives (Platero, 2014; Boxer and Cohler, 1989). These processes are interrupted when adults do not support or penalise their efforts to make sense of their own experiences, imposing adult-centric ideas about children's innocence and promoting what has been termed a 'passion for ignorance' around gender and sexuality (Britzman and Gilbert 2004).

The significant adults in a young person's life, like parents and family members, professionals in children's services and teachers, are affected not only by contextual factors, but also cog-

nitive-affective factors (such as cognitive flexibility and emotional regulation), religious-value based factors (religious fundamentalism, parental sanctification) and demographic characteristics (the parent's gender, parent's sexual identity, child's gender and number of years out) (Rosenkrantz et al, 2020). In their study, Dani Rosenkrantz et al. (2020) found that higher levels of cognitive flexibility, lower religious fundamentalism, higher parental sanctification, the parent's gender (female), and the parent's sexual identity (non-heterosexual) were significantly associated with higher levels of parental acceptance.

**Accordingly, LGBTIQ children who have family acceptance and support show positive health outcomes (using self-esteem, social support and general health as the indicators), and are more protected against negative outcomes (including depression, substance abuse and suicidal ideation and attempts)** (Ryan et al., 2010).

Having access to safe spaces, both onsite and online, is essential for LGBTIQ children, who can find encouragement and acceptance, experiment and explore their feelings and experiences related to being LGBTIQ (Tortajada et al, 2021; Platero and López-Sáez, 2020a).

Lastly, schools play a fundamental role in the development and well-being of LGBTIQ children. Some of the affirmative actions that schools can take include offering LGBTIQ support groups, gender-inclusive bathrooms and changing rooms, gender-neutral school uniforms and even gender-inclusive sports (in which all children can play regardless of their gender), extra-curricular events and celebrating 17 May against LGBTIQ-phobia and 28 June in honour of LGBTIQ rights, among other special dates (Wilson and Cariola, 2020; Platero, 2014).

### **What can organisations do?**

- Create protocols for the early detection of mental health distress, offering specific support programs at children's services.
- Raise awareness among families and children's services professionals on the importance of family acceptance of their LGBTIQ children, even for those that just question gender or sexuality norms.
- Support both LGBTIQ children and their families.
- Reach out to mental health professionals who will not stigmatise LGBTIQ adolescents.
- Provide supportive counselling and connect children and their families with LGBTIQ community programs.
- Develop inclusive policies (such as allowing the use of names of their choice in children's services, providing gender-inclusive restrooms, gender-neutral uniforms or gender-inclusive sports and extracurricular events).

### **Best practices**

- Create a safe space during school recess, where they can talk out their mental health and problems.
- Offer a tutoring/student support space once a week, where students can talk about their problems, creating a safe space where children can express their ideas about gender and sexuality.
- Offer professional online or onsite support for LGBTIQ children.
- Celebrate mental health activities at children's services with rainbows and LGBTIQ friendly posters and materials.
- Create mental health awareness days.
- Have visible LGBTIQ-friendly policies and information at children's services.
- Offer support groups for parents, as well as training on sensitive topics such as the challenges that adolescence poses, sexuality and gender, children's rights, positive discipline, etc.





# 5 Organisations

## 5.1. The significance of child services providers in preventing and combating anti-LGBTIQ violence

Children who identify as LGBTIQ are vulnerable to being at the receiving end of anti-LGBTIQ violence. Protection against this kind of violence can come from numerous fronts, and organisations play a very important role in preventing and combating this kind of violence. In fact, the United Nations Convention on the Rights of the Child (1989) dictates that all children have the right to protection from all forms of violence, abuse and exploitation. Professionals who work with children hold a unique position with regard to preventing and combating anti-LGBTIQ violence towards children because of their proximity.

***Child services providers in particular play a key role in preventing and combating anti-LGBTIQ violence because they often act as the first line of defence for vulnerable children who may be at risk of violence and discrimination.*** As LGBTIQ children are more likely to experience both discrimination and violence than non-LGBTIQ children, child services providers have a responsibility and a duty to ensure that these children can develop in the safest and most supportive environment possible.

Child services providers can employ a variety of strategies to prevent and combat anti-LGBTIQ violence. One basic plan of action is to create a safe and inclusive environment for LGBTIQ

children, which includes implementing policies and practices that promote inclusion and diversity. This involves building trust with children so that they can express themselves without fear of discrimination or violence, empowering them and helping them to be stronger and more informed if they ever find themselves in a situation of discrimination when interacting with another organisation or institution.

Another useful strategy involves connecting families with peer support groups. Parents and caregivers of LGBTIQ children may need advocacy and guidance to better understand their child's experiences and develop plans to protect their child from discrimination and violence. Support groups can also provide LGBTIQ youth with a sense of community and a space to connect with others who share their experiences.

Educating communities about the needs and experiences of LGBTIQ youth is also a critical part of preventing and combating anti-LGBTIQ violence. This consists of educating parents, caregivers, teachers and other community members about the importance of respecting and backing LGBTIQ youngsters. Harmful stereotypes and prejudices that contribute to anti-LGBTIQ violence also need to be addressed and challenged in order to provide a safer space for LGBTIQ children.

***Training service staff is particularly essential to ensure that an organisation is working on behalf of LGBTIQ children.*** When service staff are given the necessary knowledge and skills to effectively support LGBTIQ children, they can become involved in nurturing a child's welfare. Training should include learning to understand the specific challenges that LGBTIQ children and teenagers face, as well as knowing how to identify and address instances of discrimination and violence.

Giving LGBTIQ its space means recognizing the particular experiences of LGBTIQ children and teenagers and creating spac-

es that are safe and inclusive for them, where they can become strong and learn how to manage other spaces, which may not be so safe. To that end, it is important that child services providers understand how cisheteronormativity informs the attitudes and discourses of the service staff and structure. If not, the service will continue to reproduce the same LGBTIQ-phobic structures that make LGBTIQ children's lives difficult. Child services providers should strive to promote diversity and inclusion in all aspects of their work, including language, policies and practices.

## **5.2. Guidelines and protocols to prevent violence against LGBTIQ children in vulnerable situations**

One useful tool to ensure the prevention of violence against LGBTIQ children is the creation of guidelines and protocols. These provide a framework for child services providers, educators and other professionals to ensure the safety and prosperity of LGBTIQ children. These guidelines and protocols need to address the specific requirements and experiences of LGBTIQ children, who may be at increased risk of violence and discrimination due to their sexual orientation, gender identity or gender expression.

Guidelines and protocols address these disparities by providing specific recommendations for child services providers, educators and other professionals to create safe and inclusive environments. The recommendations may include providing gender-neutral restrooms, using the correct name and pronouns for LGBTIQ children and providing training for staff on issues related to sexual orientation and gender identity.

***The most important part of guidelines and protocols are the directives on how to respond to situations of discrimination of vio-***

**lence against LGBTIQ children. This may include providing guidance on how to report incidents of violence or discrimination, how to give appropriate support and resources to LGBTIQ children who have experienced violence or discrimination and how to work with families and communities to prevent future incidents.** These directives equip child services providers, educators and other professionals to provide safe and affirming services to LGBTIQ children and help them prosper.

One good model for organisational guidelines and protocols is Guidelines for an LGBTQ-Inclusive Education, published by the International Lesbian, Gay, Bisexual, Transgender, Queer & Intersex Youth and Student Organisation (IGLYO, 2007). This document provides specific recommendations for schools and educational staff to create safe and inclusive environments for LGBTIQ students. Additionally, the Human Rights Campaign Foundation has created the All Children-All Families initiative,<sup>1</sup> which provides guidance to child welfare agencies on how to provide safe and affirming services to LGBTIQ children and their families. This initiative offers a set of indicators for agencies that can be used to assess their policies and practices. It also includes resources for training staff and working with LGBTIQ children and their families.

Other entities offer materials and resources to prevent health difficulties derived from the constant stress LGBTIQ children and adolescents are subjected to, such as The Trevor Project (<https://www.thetrevorproject.org/>). This organisation provides conceptual guidelines for professionals, provides prevalence studies and creates an online space to explore identity, ask for advice, find support or make friends.

By following guidelines and creating safe and affirming environments, child services providers and other professionals can help prevent violence and support the well-being of LGBTIQ children.

<sup>1</sup> Further information on these guidelines is available at <https://www.thehrcfoundation.org/>





# 6

## Recommendations for organisations on how to create inclusive environments for LGBTIQ children

According to a 2019 study by the European Union Agency for Fundamental Rights, LGBTIQ people face high levels of discrimination both in school and at work, with 60% of the survey respondents experiencing harassment in the form of abusive or threatening situations in the five years prior to the survey. Across the EU, adolescents aged 15 to 17 experienced more harassment than older age groups, and only 13% of school-age respondents felt that LGBTIQ issues were positively addressed in their schools (FRA 2019).

The studies show that harassment and bullying is a very real problem faced by LGBTIQ children in a variety of situations, from educational institutions to health and mental health providers, recreational organisations for youth, child protection agencies or any other type of stakeholder that works with children. ***Bias-motivated violence has a wide range of impacts on LGBTIQ children and young people. Victims of bullying are more likely to miss class***

*and avoid school or other social activities, often resulting in a poor academic performance or leaving the education system altogether. The experience also has a severe impact on their welfare and mental health, resulting in low self-esteem and isolation in their school communities* (UNESCO 2016; Háttér 2019).

The experiences of and data collected by stakeholders and service providers clearly show that organisations that work with children need to evaluate and manage discriminatory practices and situations using a systematic approach in order to create safe services for all the young people who come in contact with them. There are specific steps that every professional and organisation can take to create more inclusive environments and practices.

The following sections offer some specific recommendations for organisations and services that work with children and young people.

## 6.1. Education

As children spend most of their time in school, the educational environment around them has a pronounced impact on their well-being. To assist teachers and educators, Colourful Childhoods have created some recommendations based on project research in addition to other sources (such as Welcoming Schools; Kutassy and Könnnyü 2022; Béres-Deák et. al. 2016).

### **Specific measures to create safe and inclusive school environments for LGBTIQ children include:**

- Introduce appropriate guidelines and procedures against discrimination and harassment, including harassment and violence based on sexual orientation, gender identity and gender expression.



- Record and document all incidents of bullying. Designate one or more people in the school to be responsible for registering and monitoring bullying cases.
- Create a welcoming, positive atmosphere in the school based on mutual respect.
- Ask LGBTIQ students what they need to feel safe and welcome in the school environment.
- Use inclusive language during and outside classes, and encourage children to do the same. Examine forms and other types of communication to see if they are sufficiently inclusive.
- Respect the preferred names and gender identities of students and others. Ensure that transgender children and staff can use the changing rooms and toilets appropriate to their gender identity.
- Make it clear to students that they have an ally, so that they feel comfortable asking for help if they need it.
- Organise classes and events about anti-discrimination, anti-bullying and minorities, including LGBTIQ people and their history.
- Do not assume a student's sexual orientation or gender identity; let them come out on their own terms, if they want to. Respect their decision if they choose not to come out.
- Student safety always comes first, nothing shared in confidence should ever be revealed.
- Conduct regular anonymous surveys with students on the prevalence of bullying and violence in the school, including children's needs and recommendations.
- Any mockery, verbal abuse, negative comments or physical assault of LGBTIQ students must be interrupted and opposed. In situations where the correct approach is not clear, initiate a dialogue with other professionals working with young people

- and seek advice. Involve school psychologists or school social workers if they are available.
- When dealing with cases of bullying, use non-violent, positive, restorative methods. Involve parents, student bodies or other possible partners.
  - Support initiatives to create GSAs<sup>2</sup> and encourage young people to find LGBTIQ support groups.
  - If needed, help students access mental health services, and make sure they know their rights and how to report discrimination.
  - During group work, do not separate children by gender.
  - Use a diversity of materials for classes that represent the experiences of different groups of students, so that no one feels left out.
  - During sex and health education classes include materials and subject matter that are inclusive of the experiences of different groups of students, so that no one feels left out.
  - Stay up to date with professional development; take part in training sessions about gender, gender diversity and bullying prevention.

## 6.2. Healthcare

LGBTIQ children in vulnerable situations may require the help of general health and mental health professionals. If they encounter non-inclusive or unsafe environments in those practices, it can alienate them and deter them from asking for further help, with potentially dire consequences for their well-being. To assist health and mental health professionals, Colourful Childhoods have created some recommendations based on project research in addition to other sources (Bálint and Dombos 2021; Háttér Society et. al. 2022; APA 2012).

<sup>2</sup> Gender and Sexuality Alliances, formerly known as Gay Straight Alliances

**Specific measures to create safe and inclusive health and mental health environments for LGBTIQ children include:**

- Create a welcoming, positive atmosphere in the practice based on mutual respect.
- Create, distribute and publicise guidelines and procedures against patient discrimination.
- Only ask questions that are necessary to treat a patient or client. The child's welfare is more important than professional curiosity.
- Use gender-neutral forms and practices whenever possible. For example, use numbers to call patients or clients instead of names.
- Respect the preferred names and gender identities of clients and others. Ensure that transgender children and staff can use the changing rooms and toilets appropriate to their gender identity. When referring to body parts, use the words preferred by the patient.
- Patient safety always comes first; nothing shared in confidence should ever be revealed. This rule can only be broken if the child's safety is in danger.
- Ask LGBTIQ patients what they need to feel safe and welcome in the practice.
- Be aware of the potential challenges children might face in their home or school environment.
- Recognise that LGBTIQ youth are a heterogenous group, each one with their own lives and experiences.
- Encourage questions and refrain from judgmental behaviour. Acknowledge the client's current attitudes, possible inhibitions and ambivalences about their own sexual orientation and/or gender identity.
- Conduct patient satisfaction surveys including questions on sexual orientation, gender identity and intersex status.

- If the patient or client has questions that require additional information, refer them to another professional.
- Stay up to date with professional development; take part in training sessions about gender, gender diversity and bullying prevention, affirmative psychology and minority stress.
- Be alert to burnout prevention in order to develop professional and communicational skills.
- Do not treat a child's gender identity or sexual orientation as an illness and do not try to 'cure' them. Conversion therapy has been proven to be highly dangerous to mental health, especially for children in vulnerable situations.
- In therapy, support the client's coping, development and identity based on the client's own individual experiences and needs.
- Reflect on and check biases, perceptions, attitudes and knowledge in the practice. No one is free of prejudice, but a conscious effort can be made to control them. If being of objective assistance to a client is impossible, refer them to another professional.

### **6.3. Non-formal education, sports, leisure activities**

Taking part in leisure activities, sports or other clubs can have a beneficial impact on the well-being and mental health of LGBTIQ youth in vulnerable situations. To assist professionals working in non-formal education, Colourful Childhoods have created some recommendations based on project research in addition to other sources (Welcoming Schools; Stonewall 2019; Stonewall 2020).

**Specific measures to create safe and inclusive clubs and communities for LGBTIQ children include:**

- Create a welcoming, positive atmosphere during activities based on mutual respect. Show support for LGBTIQ causes in visible ways
- Create, distribute and publicise guidelines and procedures against minority discrimination, including LGBTIQ children.
- Create a code of conduct, so all staff and volunteers are aware of what behaviour is acceptable and what is not.
- Ask the LGBTIQ children what they need to feel safe and welcome in the organisation.
- Respect the preferred names and gender identities of the children. Ensure that transgender children and staff can use the changing rooms and toilets appropriate to their gender identity.
- Stay up to date with professional development; take part in training sessions about gender, gender diversity and bullying prevention.
- Do not stay silent in the face of LGBTIQ-phobic language or behaviour. When dealing with cases of bullying, use non-violent, positive, restorative methods.
- When possible, refrain from separating children based on their gender. In sports clubs, let trans children participate in activities that match their gender identity.

## 6.4. Child protection agencies and social services

If an LGBTIQ child comes into contact with child protection agencies or social services, they are already in a vulnerable situation. This can be further aggravated by professionals if they treat these children with bias or simply a lack of knowledge, which can, in turn, produce secondary victimisation. In addition, social justice advocacy for marginalised groups is a central part of the code of ethics jointly created by the International Federation of Social Workers and the International Association of Schools of Social Work in 2004, then revised in 2018 (IFSW and IASSW 2018). To assist professionals working in child protection and social services, Colourful Childhoods have created some recommendations based on project research in addition to other sources (such as Differenza Donna et. al. 2019, Háttér Society et. al. 2022).

### **Specific measures to create safe and inclusive child protection and social services for LGBTIQ children include:**

- Create, distribute and publicise guidelines and procedures against minority discrimination, including LGBTIQ children.
- LGBTIQ children are often 'invisible' to professionals working with them due to prevailing social stigma and a fear of coming out. Create safe and welcoming environments based on mutual respect so that clients feel comfortable opening up about their difficulties.
- Ask LGBTIQ children what they need to feel safe and welcome in the organisation.
- Use or create informational materials to educate staff and clients on a variety of topics concerning LGBTIQ children and adults. Distribute these materials in easily accessible places.
- If a person's sexual orientation, gender identity and expres-

sion or sex characteristics are unclear, and it is necessary for the communication process, ask them about it, and do not make assumptions.

- Respect the preferred names and gender identities of clients and others. Ensure that transgender children and staff can use the changing rooms and toilets appropriate to their gender identity.
- Stay up to date with professional development, take part in training sessions about gender, gender diversity and minorities.
- Learn more about national legislation to better support clients.
- Identify organisations and services that support LGBTIQ people as client references for specific services.
- Try to understand the client's context holistically, considering their economic situation, family, personal history, community and so forth. Use an intersectional approach and try to understand the different facets of the client's identities, focusing on children with multiple vulnerabilities.
- Recognise the impact of stigma, prejudice, discrimination and violence on the health and well-being of LGBTIQ individuals, and the systemic disadvantages they must deal with on a regular basis.
- When working with victims of abuse, avoid behaviour that can lead to re-traumatisation and re-victimisation, like judgmental attitudes or victim blaming.
- Recognise that LGBTIQ youth are a heterogenous group, each one with their own lives and experiences.
- Make leisure activities accessible to all clients regardless of gender.
- Encourage and help clients to create LGBTIQ support groups.
- Any information about the sexual orientation and gender identity of clients is confidential, similar to other aspects of

all work with them. Most LGBTIQ children are not completely out in all aspects of their lives. Do not take away their right to choose when and to whom to come out.

- Some LGBTIQ children in vulnerable situations do not come from supportive environments. Do not push them to come out to their families or friends – this may put them in danger.
- Reflect on and check biases, perceptions, attitudes and knowledge in the practice. No one is free of prejudice, but a conscious effort can be made to control them. If being of objective assistance to a client is impossible, refer them to another professional.

## 6.5. The media

An increased positive representation of LGBTIQ people in the media can have a huge positive effect on the well-being of LGBTIQ children. If they see and read about people with similar experiences and identities as themselves, it can help them develop a sense of belonging and self-worth. On the contrary, if the media and general public discourse is laced with anti-LGBTIQ sentiments and intolerance, this can produce feelings of alienation, anxiety and a lack of security. To assist professionals working in the media, Colourful Childhoods have created some recommendations based on project research in addition to other sources (Karsay and Virág 2015; GLAAD 2019).

### **Specific measures to create precise and sensitive materials related to LGBTIQ individuals include:**

- Learn the correct definitions and language using materials provided by LGBTIQ organisations.
- Activists at times use complicated, less known terms. If there



are any unfamiliar terms in an article or report, explain them to the audience.

- Never out anyone without their consent and knowledge. Even if this is done unintentionally, it can potentially put the person in harm's way. Especially if the interviewee is a child, focus on their safety and inform them of the potential consequences of their comments.
- Only use LGBTIQ children in media materials if what they say is an integral part of the report. Do not use them as props.
- If slurs or pejorative terms are used to illustrate a point, they must always be put in quotation marks. If an LGBTIQ person uses a slur to describe themselves, do not change the word. However, negative words can only be used by the people who are the object of those terms in society (in this case, LGBTIQ people).
- Stories about LGBTIQ young people should use the phrases and terms that they themselves are using. Misgendering trans people can be very hurtful. When in doubt of a person's SOGI-ESC, ask them about it and do not make assumptions. If they are willing to do an interview, they will not have a problem talking about this issue.
- Always clarify beforehand what subjects are appropriate to discuss.
- Do not ask unnecessarily intimate questions, such as what type of sex characteristics a person has, unless it is the main theme of the article and this was established as an acceptable topic with the interviewee beforehand.
- Refrain from stereotypical representations of LGBTIQ people and check personal prejudices.
- Stereotypical questions can do more harm than good. There are ways to dispel misconceptions in articles and reports, like providing a brief glossary.

- It is not always possible to know what is hurtful to LGBTIQ individuals. Any feedback from LGBTIQ activists and organisations that an article contains offensive, stereotypical elements should be heeded and the criticism incorporated into future work.
- If a hateful LGBTIQ-phobic speaker appears in the material, use counter arguments and give space to LGBTIQ individuals or organisations to voice their opinions.
- Do not draw far-reaching conclusions from one person's experience; try to speak to as many different people as possible.



# 7 Resources

## **GATE**

<https://transactivists.org>

Global Action for Trans Equality (GATE) is an international advocacy and expert organisation focused on gender identity, gender expression, and sex characteristics. We work towards justice and equality for trans, gender diverse, and intersex (TGDI) communities.

## **Human Rights Campaign Foundation: Welcoming Schools**

<https://www.welcomingschools.org/resources/school-tips/lgbtq-inclusive-schools-what/>

Human Rights Campaign Foundation's Welcoming Schools is a professional development program providing training and resources to elementary school educators to:

- embrace all families
- create LGBTIQ and gender inclusive schools
- prevent bias-based bullying
- support transgender and nonbinary students

## **IIO**

[www.iioeurope.org](http://www.iioeurope.org)

OII Europe (Organisation Intersex International Europe) is the umbrella organisation of European human rights based and intersex-led organisations.

## **IGLYO**

[www.iglyo.com](http://www.iglyo.com)

The International Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) Youth and Student Organisation is the world's largest LGBTQI youth and student network, with more than 100 member organisations in over 40 countries across the Council of Europe region.

## **ILGA - Europe**

<https://www.ilga-europe.org/>

ILGA-Europe is an independent, international non-governmental umbrella organisation uniting over 600 organisations from 54 countries across Europe and Central Asia.

## **Stonewall: Schools and Colleges**

<https://www.stonewall.org.uk/schools-colleges>

While Britain has made huge strides towards LGBTIQ equality in recent decades, anti-LGBTIQ bullying and language unfortunately remain commonplace in Britain's schools. Nearly half of all LGBTIQ pupils still face bullying for their identity. A crucial part of tackling this problem is delivering a curriculum that includes LGBTIQ people and their experiences. LGBTIQ-inclusive teaching ensures that LGBTIQ children and young people, and children and young people with LGBTIQ families, see themselves reflected in what they learn. It also encourages all young people to grow up with inclusive and accepting attitudes.

## **Transgender Europe**

[www.tgeu.org](http://www.tgeu.org)

Transgender Europe – TGEU is a European third sector, umbrella organisation, which works towards the full equality and inclusion of all trans people in Europe.

## **UNESCO**

<https://en.unesco.org/themes/homophobic-and-transphobic-violence-education>

Publications on homo- and transphobic violence in the education sector, including *Out in the open: education sector responses to violence based on sexual orientation or gender identity/expression: summary report* (2016), *Global guidance on addressing school-related gender-based violence* (2016) and *Bringing it out in the open: monitoring school violence based on sexual orientation, gender identity or gender expression in national and international surveys* (2019).





# References

Abreu Roberto L, Barrita Aldo M, Martin Julio A, Sostre Jules and Kirsten A Gonzalez (2023). Latinx LGBTQ Youth, COVID-19, and Psychological Well-Being: A Systematic Review. *Journal of Clinical Child & Adolescent Psychology*, DOI: [10.1080/15374416.2022.2158839](https://doi.org/10.1080/15374416.2022.2158839)

American Psychological Association (2012). *Guidelines for psychological practice with lesbian, gay, and bisexual clients*. American Psychologist

Andrejcsik, Lujza (2023). *LMBTQI fiatalok iskolai befogadása*. Háttér Society.

Arora, Shilpa K, Shah, Dheeraj, Chaturvedi Sanjay, and Piyush Gupta (2015). Defining and Measuring Vulnerability in Young People. *Indian Journal of Community Medicine*, 40(3):193-7. doi: 10.4103/0970-0218.158868.

Avila Jonathan T, Golden Neville H, and Tandy Aye (2019). Eating Disorder Screening in Transgender Youth. *Journal of Adolescence Health*, 65(6):815-817. doi: 10.1016/j.jadohealth.2019.06.011

Bagattini, Alexander (2019). Children's well-being and vulnerability. *Ethics and Social Welfare*, 13(3): 211-215, DOI: [10.1080/17496535.2019.1647973](https://doi.org/10.1080/17496535.2019.1647973)

Bálint, Eszter and Tamás Dombos (2021). *Uneasy silences: LGBTI people in the Hungarian healthcare system*. Háttér Society.

Béres-Deák, Rita; Bognár, Zoltán; Boros, Ilona; Daróczi, Gábor; Dombos, Tamás; Liska, Márton; Majoros, Kata (2016). *Útmutató az előítéletes alapú iskolai zaklatás megelőzéséhez és kezeléséhez*. Háttér Társaság, Romaversitas Alapítvány, Társaság a Szabadságjogokért (TASZ), Tett és Védelem Alapítvány (TEV)

Bourdieu, Pierre. (1984). *Questions de sociologie*. Paris: Minuit.

Bouris Alida, Everett Bethany G, Heath Ryan D, Elsaesser Caitlin E and Torsten B Neilands (2016). Effects of Victimization and Violence on Suicidal Ideation and Behaviors Among Sexual Minority and Heterosexual Adolescents. *LGBT Health*, 3(2): 153-161. <http://doi.org/10.1089/lgbt.2015.0037>

Boxer Andrew M and Bertram J Cohler (1989). The life course of gay and lesbian youth: An immodest proposal for the study of lives. *Journal of Homosexuality*, 17(3-4), 315-355. doi: [10.1300/J082v17n03\\_07](https://doi.org/10.1300/J082v17n03_07)

Brechwald Whitney A and Mitchell J Prinstein (2011). Beyond homophily: a decade of advances in understanding peer influence processes. *Journal of Research on Adolescence*, 21(1):166-79.

Britzman Deborah P and Jen Gilbert (2004). What will Have Been Said About Gayness in Teacher Education. *Teaching Education*, 15(1): 81-96.

Butler, Judith (2009). *Frames of War When is Life Grievable?* London: Verso Books.

Cacioppo Stephanie, Grippo Angela J, London Sarah, Goossens Luc, and John T Cacioppo (2015). Loneliness: Clinical import and interventions. *Perspectives on Psychological Science*, 10(2): 238-249. doi: [10.1177/1745691615570616](https://doi.org/10.1177/1745691615570616)

Campbell, Sydney. (2021). The Ethics of Adultcentrism in the Context of COVID-19: Whose Voice Matters?. *Journal of Bioethical Inquiry* 18, pg 569-572.



Carman M, Fairchild J, Parsons M, Farrugia C, Power J and A Bourne (2020). *Pride in Prevention. A guide to primary prevention of family violence experiences by LGBTIQ communities*. Australia: La Trobe University.

Castañeda, Claudia (2014). Childhood. *Transgender Studies Quarterly*, 1 (1-2): 59–61, doi: [10.1215/23289252-2399605](https://doi.org/10.1215/23289252-2399605)

Coll Gerard, Bustamante Gemma and Miquel Missé (2009). *Transitant per les fronteres del gènere: Estratègies, trajectòries i aportacions de joves trans, lesbianes i gais*. Barcelona: Secretaria de Joventut, Generalitat de Catalunya.

Crenshaw, Kimberly (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6):1241-1299.

D'Augelli Anthony R, Pilkington Neil W and Scott L Hershberger (2002). Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school. *School Psychology Quarterly*, 17(2), 148–167. Doi [10.1521/scpq.17.2.148.20854](https://doi.org/10.1521/scpq.17.2.148.20854)

D'Augelli, Anthony R. (1994). Identity development and sexual orientation: Toward a model of lesbian, gay, and bisexual development. In Edison J. Trickett, Roderick J. Watts and Dina Birman (Eds.), *Human diversity: Perspectives on people in context*, pp. 312-333. San Francisco: Jossey-Bass.

Davis Georgiann and Erin L Murphy (2013). Intersex Bodies as States of Exception: An Empirical Explanation for Unnecessary Surgical Modification. *Feminist Formations*, 25(2):129–152.

de Cordova, Federica; Selmi, Giulia; and Sità, Chiara. (2023). The rhetoric of child well-being in the Italian public debate on same-sex parenting and gender equality education. In Langarita, Jose Antonio; Santos, Ana Cristina; Montenegro, Marisela; and Urek, Mojca. *Child Friendly Perspectives on Gender and Sexual Diversity* (pp.118-134). Abingdon, UK and New York: Routledge.

de Lange Jennifer, Baams Laura, van Bergen Diana D, Bos Henny MW and Roel J Bosker (2022). Minority Stress and Suicidal Ideation and Suicide Attempts Among LGBT Adolescents and Young Adults: A Meta-Analysis. *LGBT Health*, 9(4):222-237, doi: [10.1089/lgbt.2021.0106](https://doi.org/10.1089/lgbt.2021.0106)

Diemer Elizabeth W, White Hughto Jaclyn M, Gordon Allegra R, Guss Carly, Austin S Bryn, and Sari L Reisner (2018). Beyond the Binary: Differences in Eating Disorder Prevalence by Gender Identity in a Transgender Sample. *Transgender Health*, 1;3(1):17-23. doi: 10.1089/trgh.2017.0043.

Differenza Donna, Dissens, Háttér Társaság, KMOP and Fundáció Surt (2019). *Légy képbem! Útmutató LMBTQI kliensekkel dolgozó áldozatsegítő szakemberek számára*. Háttér Society.

DiFulvio Gloria T (2015). Experiencing Violence and Enacting Resilience. *Violence Against Women*, 21(11):1385–1405, DOI 10.1177/1077801214545022

Eisenberg Marla E, Erickson Darin J, Gower Amy L, et al. (2020). Supportive Community Resources Are Associated with Lower Risk of Substance Use among Lesbian, Gay, Bisexual, and Questioning Adolescents in Minnesota. *Journal Youth Adolescence*, 49: 836–848, doi: [10.1007/s10964-019-01100-4](https://doi.org/10.1007/s10964-019-01100-4)

Eres Robert, Postolovski Natasha, Thielking Monica and Michelle H. Lim (2021). Loneliness, mental health, and social health indicators in LGBTIQ+A+ Australians. *The American Journal of Orthopsychiatry*, 91(3): 358–366. <https://doi.org/10.1037/orto000531>

EU (2021). *EU Strategy on the Rights of the Child*. [EUR-Lex - 52021DC0142 - EN - EUR-Lex \(europa.eu\)](https://eur-lex.europa.eu/52021DC0142-EN-EUR-Lex(europa.eu))

Feijóo Sandraz, and Raquel Rodríguez-Fernández (2021). A Meta-Analytical Review of Gender-Based School Bullying in Spain. *International Journal of Environmental Research in Public Health*, 18(23):12687. doi: 10.3390/ijerph182312687.

- Feixa, Carles. (1998). *De jóvenes, bandas y tribus. Antropología de la juventud*. Barcelona: Ariel.
- Fischer, Susanne, Nater, Urs M and Johannes Laferton (2016). Negative Stress Beliefs Predict Somatic Symptoms in Students Under Academic Stress. *International Journal of Behavioral Medicine*, 23(6): 746-751. doi: 10.1007/s12529-016-9562-y.
- Fish Jessica N, McInroy Lauren B, Pacey Megan S, Williams Natasha D, Henderson Sara, Levine Deborah S, and Rachel N Edsall (2020). "I'm kinda stuck at home with unsupportive parents right now": LGBTQ youths' experiences with Covid-19 and the importance of online support. *Journal of Adolescent Health*, 67(3), 450-452, doi: [10.1016/j.jadohealth.2020.06.002](https://doi.org/10.1016/j.jadohealth.2020.06.002)
- Fish Jessica N, Watson Ryan J, Gahagan Jacqueline, Porta Carolyn M, Beaulieu-Prévost Dominique and Stephen T Russell (2019). Smoking behaviours among heterosexual and sexual minority youth? Findings from 15 years of provincially representative data. *Drug Alcohol Review*. 38(1):101-110, doi: 10.1111/dar.12880.
- Fish Jessica N, Watson Ryan J, Porta Carolyn M, et al. (2017). Are alcohol-related disparities between sexual minority and heterosexual youth decreasing? *Addiction*, 112(1):1931-1941
- Flasher, Jack. (1978). Adultism. *Adolescence*, 13(51), pg. 517-523.
- Florio, Eleanora; Letizia, Caso and Castelli, Ileanora. (2020). The Adultcentrism Scale in the educational relationship: Instrument development and preliminary validation. *New Ideas in Psychology*, 57, pg 1-10.
- FRA (2019). *LGBTI Survey Data Explorer* FRA. Retrieved April 14, 2023. <https://fra.europa.eu/en/data-and-maps/2020/lgbti-survey-data-explorer>
- Friedman, M Reuel, Dodge, Brian, Schick, Vanessa, Herbenick, Debby, Hubach, Randolph D, Bowling, Jessamin, Goncalves, Gabriel, Krier, Sarah, and Michael Reece (2014). From bias to

bisexual health disparities: Attitudes toward bisexual men and women in the United States. *LGBT Health*, 1(4): 309-318. <https://doi.org/10.1089/lgbt.2014.0005>

Frost, David M, Meyer Ilan H and Sharon Schwartz (2016). Social support networks among diverse sexual minority populations. *American Journal of Orthopsychiatry*, 86(1): 91, doi: 10.1037/orto000117

Furioso, Filippo. (2000). Pedagogia, maltrattamento invisibile e teoria dei bisogni. In Foti, Claudio; Bosetto, Claudio, and Maltese, Anna. (Eds.) *Il maltrattamento invisibile : Scuola, famiglia, istituzioni*. Milan: Franco Angeli.

Gayles, Travis A. and Robert Garofalo (2019). Exploring the Health Issues of LGBT Adolescents. En Jason Schneider, Vincent Silenzio, Laura Erickson-Schroth (Eds.), *The GLMA Handbook on LGBT Health* (pp. 133-154). California: Praeger.

Gato Jorge, Barrientos Jaime, Tasker Fiona, Miscioscia Marina, Cerqueira-Santos Elder, and Anna Malquist (2021). Psychosocial effects of the COVID-19 pandemic and mental health among LGBTQ+ young adults: A cross-cultural comparison across six nations. *Journal of Homosexuality*, 68(4): 612–630.

Giletta Matteo, Choukas-Bradley Sophia, Maes Marlies, Linthicum Kathryn .P, Card Noel A and Mitchell J Prinstein (2021). A meta-analysis of longitudinal peer influence effects in childhood and adolescence. *Psychological Bulletin*, 147(7): 719-747, doi:[10.1037/bul0000329](https://doi.org/10.1037/bul0000329)

Gill Erin K and Mollie T McQuillan (2022). LGBTQ+ Students' Peer Victimization and Mental Health before and during the COVID-19 Pandemic. *International Journal of Environmental Research in Public Health*, 19(18):11537. doi: 10.3390/ijerph191811537.

GLAAD (2019). *LGBTQ Inclusion in advertising and media*. GLAAD.

- Goldbach Jeremy T, Tanner-Smith Emily E, Bagwell Meredith and Shanon Dunlap (2014). Minority Stress and Substance Use in Sexual Minority Adolescents: A Meta-analysis. *Prevention Science Journal*, 15(3):350–363, doi: 10.1007/s11121-013-0393-7.
- Goldfried Marvin R and Alissa C Bell (2003). Extending the Boundaries of Research on Adolescent Development. *Journal of Clinical Child & Adolescent Psychology*, 32(4), 531–535. doi:10.1207/s15374424jccp3204\_5
- Goldhammer Hilary B., Maston Essence D and Alex S Keuroghlian (2018). *Addressing Eating Disorders and Body Dissatisfaction in Sexual and Gender Minority Youth*. *American Journal of Preventive Medicine*, 56(2):318–322 doi:10.1016/j.amepre.2018.09.011
- Green Amy, Dorison Samuel and Mieshia Price-Feeny (2020). *Implications of COVID-19 for LGBTQ Youth Mental Health and Suicide Prevention*, Trevor Project, New York, NY.
- Hammack Philip L, Pletta David R, Hughes Sam D, Cohen Elliot, Atwood Julianne, and Richard C Clark (2022). Community Support for Sexual and Gender Diversity, Minority Stress, and Mental Health: A Mixed-Methods Study of Adolescents With Minoritized Sexual and Gender Identities. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication, doi: [10.1037/sgd0000591](https://doi.org/10.1037/sgd0000591)
- Hankivsky Olena and Anuj Kapilashrami (2020). Beyond sex and gender analysis: an intersectional view of the COVID-19 pandemic outbreak and response. UK, March. Available at: <https://www.qmul.ac.uk/media/global-policy-institute/Policy-brief-COVID-19-and-intersectionality.pdf>
- Háttér Society (2019). *Supportive friends, unprepared Institutions: The experience of LGBTQI students in Hungarian schools based on the National School Climate Survey*. Háttér Society.
- (<https://en.hatter.hu/publications/supportive-friends-unprepared-institutions>)

Háttér Society, Lesbian Organisation Rijeka - LORI; Prague Pride z.s. and Single Step Foundation (2022). *Innovative approaches to training mental health service providers for the quality support of LGBTIQ+ people*. Háttér Society.

Hawke Lisa D, Hayes Em, Darnay Karleigh and Joanna Henderson (2021). Mental health among transgender and gender diverse youth: An exploration of effects during the Covid-19 pandemic. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication.

Herrmann Wolfram J, Oeser Philip, Buspavanich Pichit, Lech Sonia, Berger Maximilian, and Paul Gellert (2023). Loneliness and depressive symptoms differ by sexual orientation and gender identity during physical distancing measures in response to COVID-19 pandemic in Germany. *Applied Psychology: Health and Well-Being*, 15(1): 80-96, doi: [10.1111/aphw.12376](https://doi.org/10.1111/aphw.12376)

Hill Collins, Patricia. (2019). *Intersectionality as Social Theory*. Durham: Duke University Press.

Huebner David M, Thoma Brian C and Torsten B Neilands (2015). School victimization and substance use among lesbian, gay, bisexual, and transgender adolescents. *Prevention Science*, 16(5):734-43. doi: 10.1007/s11121-014-0507-x.

Human Rights Campaign Foundation Welcoming Schools. *Checklist for a welcoming LGBTQ and gender inclusive school environment*. Retrieved April 14, 2023. <https://www.welcomingschools.org/pages/checklist-for-a-welcoming-and-inclusive-school-environment>

IGLYO. 2007. Guidelines for an LGBTQ-Inclusive Education. Retrieved May 11, 2023. [https://issuu.com/iglyo/docs/iglyo\\_educational-guidelines/1](https://issuu.com/iglyo/docs/iglyo_educational-guidelines/1)

ILGA-Europe 2014. *Glossary*. Retrieved April 21, 2023. (<https://www.ilga-europe.org/about-us/who-we-are/glossary/>)

International Federation of Social Workers and International Association of Schools of Social Work. 2018. *Global social work statement of ethical principles*. International Federation of Social Workers.

Irwin Jay A, Coleman Jason D, Fisher Christopher M and Vincent Marasco (2014). Correlates of Suicide Ideation Among LGBT Nebraskans, *Journal of Homosexuality*, 61(8): 1172-1191, doi: [10.1080/00918369.2014.872521](https://doi.org/10.1080/00918369.2014.872521)

Jadva Vasanti, Guasp April, Bradlow Josh H, Bower-Brown Susie and Sarah Foley (2021). Predictors of self-harm and suicide in LGBT youth: The role of gender, socio-economic status, bullying and school experience. *Journal of Public Health*, 45(1): 102-108, doi:10.1093/pubmed/fdab383

Johnson Brandon, Leibowitz Scott, Chavez Alexis and Sarah E Herbert (2019). *Risk Versus Resiliency*. *Child and Adolescent Psychiatric Clinics of North America*, 28(3), 509-521, doi:10.1016/j.chc.2019.02.016

Johnson Courtney, Ferno Joshua and Scot Keeter (2020). Few U.S. adults say they have been diagnosed with coronavirus, but more than a quarter know someone who has. Available at: <https://www.pewresearch.org/fact-tank/2020/05/26/few-u-s-adults-say-theyve-been-diagnosed-with-coronavirus-but-more-than-a-quarter-know-someone-who-has/>

Jones Bethany A, Haycraft Emma, Bouman Walter P, Brewin Nicola, Claes Laurence, and Jon Arcelus (2018). Risk Factors for Eating Disorder Psychopathology within the Treatment Seeking Transgender Population: The Role of Cross-Sex Hormone Treatment. *European Eating Disorders Review*, 26(2):120-128.

Jones Tiffany (2018) Intersex studies: A systematic review of international health literature. *SAGE Open*, 8(2). DOI: 10.1177/2158244017745577

Kaasbøll Janike and Veronika Paulsen (2021). What is known about the LGBTQ perspective in child welfare services: A scoping review, *Child & Family Social Work*, 27(1):358–369.

Kamody Rebecca C, Yonkers Kimberly, Pluhar Emily and Christy L Olezeski (2020). Disordered Eating Among Trans-Masculine Youth: Considerations Through a Developmental Lens. *LGBT Health*, 7(4):170-173, doi: 10.1089/lgbt.2019.0354

Kann Laura, Olsen Emily O, Mcmanus Tim, Harris William A, Shanklin Shari L, Flint Katherine H, Queen Barbara, Lowry Richard, Chyen David, Whittle Lisa, Thornton Jemekia, Lim Connie, Yamakawa Yoshimi, Brener Nancy and Stephanie Zaza (2018). Sexual identity, sex of sexual contacts, and health-related behaviors among students in grades 9-12—United States and selected sites, 2017. *MMWR Surveill Summ*, 67(SS-8):1–114.

Karsay, Dodó and Virág, Tamás (2015). *Kérdőjelek helyett - LMBTQI-kisokos a médiának*. Magyar LMBT Szövetség

Katz-Wise Sabra L, Rosario Margaret and Michael Tsappis (2016). Lesbian, gay, bisexual, and transgender youth and family acceptance. *Paediatric Clinics of North America*. 63(6):1011-25.

Kerry Stephen (2011). Representation of intersex in news media: The case of Kathleen Worrall. *Journal of Gender Studies* 20(3): 263–277.

Kosciw Joseph G and Oren Pizmony-Levy (2016). *International perspectives on homophobic and transphobic bullying in schools*. *Journal of LGBT Youth*, 13(1-2), 1–5. doi:10.1080/19361653.2015.1101730

Kutassy, Dorottya and Könnyü, Hella (2022). *LMBTQI diákok támogatása az iskolában a propaganda törvény után*. Háttér Társaság

Liem Adrian, Wang Cheng, Wariyanti Yosa, Latkin Carl and Brian J Hall (2020). The neglected health of international migrant workers in the COVID-19 epidemic. *The Lancet Psychiatry* 7(4): e20.



- Lombardi Emilia, Wilchins, Riki A, Priesing Esq Dana and Diana Malouf (2002). Gender Violence. *Journal of Homosexuality*, 42(1):89-101, doi: [10.1300/J082v42n01\\_05](https://doi.org/10.1300/J082v42n01_05)
- López López, Mónica; González Álvarez, Rodrigo; ten Brummelaar, Mijntje, van Mierlo Kevin R.O. and Leo Wielddraajer-Vicent (2021). *Working with LGBTQIA+ youth in the child welfare system: Perspectives from youth and professionals*. Groningen: University of Groeningen Press.
- López-Sáez Miguel Á, Angulo-Brunet Andrea, Platero Lucas, Bochicchio Vincenzo and Oscar Lecuona (2023). Attitudes towards Trans Men and Women in Spain: An Adaptation of the ATTMW Scale. *International Journal of Environmental Research and Public Health*, 19-20(3):1872. doi: 10.3390/ijerph20031872.
- López-Sáez, Miguel A and Lucas Platero (2022). Spanish youth at the crossroads of gender and sexuality during the COVID-19 pandemic. *European Journal of Women's Studies*, 29(1\_ suppl), 90S-104S, doi: [10.1177/13505068221076319](https://doi.org/10.1177/13505068221076319)
- Lothwe Lorraine E, Libby Naomi and Steward L Aldelson (2020). Mental Health Care for LGBT Youths. *Focus*, 18(3): 268-276. <https://doi.org/10.1176/appi.focus.20200018>
- Mackenzie Catriona, Rogers Wendy, and Susan Dodds (2014). *Vulnerability. New Essays in Ethics and Feminist Philosophy*. Oxford: Oxford University Press.
- Marre, Diana and San Román, Beatriz. (2012). El 'interés superior' de la niñez en la adopción en España: entre la protección, los derechos y las interpretaciones. *Scripta Nova, Revista electrónica de Geografía y Ciencias Sociales*, 395(16).
- McConnell Elizabeth A, Birkett Michelle A and Briam Mustanski B. (2015). Typologies of social support and associations with mental health outcomes among LGBT youth. *LGBT health*, 2(1):55-61.

McDonald Kari (2018). Social Support and Mental Health in LGBTQ Adolescents: A review of the literature. *Issues Mental Health Nursery*, 39(1):16-29. doi: 10.1080/01612840.2017.1398283

McKay Tasseli, Lindquist Christine H, and Shilpi Misra (2019). Understanding (and acting on) 20 years of research on violence and LGBTQ+ communities. *Trauma, Violence, & Abuse*, 20(5):665-678.

McGuire, Jennifer K., Anderson, Charles R., Toomey, Russel B. and Stephen T. Russell (2010). School climate for transgender youth: A mixed method investigation of student experiences and school responses. *Journal of Youth and Adolescence*, 39(10): 1175-1188.

Meyer Ilan H (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129 (5): 674–697,doi: 10.1037/0033-2909.129.5.674

Missé Miquel and Noemí Parra (2022). *Adolescencias trans. Acompañar la exploración de género en tiempos de incertidumbre*. City Hall of Barcelona. Retrived from [informe\\_adolescencia\\_trans\\_esp\\_web.pdf\(barcelona.cat\)](#)

Missé Miquel (2018). *A la conquista del cuerpo equivocado*. Barcelona y Madrid: Egalés.

Nagata Jason M, Ganson Kyle T, and S Bryn Austin (2020). Emerging trends in eating disorders among sexual and gender minorities. *Current Opinion in Psychiatry*, 33(6):562-567, doi: 10.1097/YCO.0000000000000645.

O'Donoghue Kate and Suzanne Guerin (2017). Homophobic and transphobic bullying: barriers and supports to school intervention. *Sex Education*,17(2):220-234, doi:[10.1080/14681811.2016.1267003](#)

Ormiston Cameron Kate and Faustine Williams (2021). LGBTQ youth mental health during COVID-19: unmet needs in

public health and policy. *The Lancet*, 339 (10324): 501-503.

■ Pacheco-Salazar, Berenice. (2018). Las voces del estudiantado en la investigación socio-educativa: Trascendiendo el adultocentrismo. *Ciencia y Educación*, 2(2), pg 43-51.

■ Parker Lacie L and Jennifer Harriger (2020). Eating disorders and disordered eating behaviors in the LGBT population: a review of the literature. *Journal of Eat Disorders*, 8(1): 51, doi: 10.1186/s40337-020-00327-y

■ Pascoe Elizabeth A and Laura Smart Richman (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*, 135(1): 531-554, doi: [10.1037/a0016059](https://doi.org/10.1037/a0016059)

■ Platero Lucas (2014). *Transexualidades. Acompañamientos, factores de salud y recursos educativos*. Barcelona: Bellaterra.

■ Platero Lucas and Emilio Gómez (2007). *Herramientas para Combatir el Bullying Homofóbico*. Madrid: Talasa.

■ Platero Lucas and Miguel López-Sáez (2022a). Spanish LGBTQ+ Youth and their Online Networks During the First Wave of Covid-19. *Social Inclusion*, 9(4):185-194. DOI: 10.17645/si.v10i2.4950

■ Platero Lucas and Miguel A López-Sáez (2022b). Spanish youth at the crossroads of gender and sexuality during the COVID-19 pandemic. *European Journal of Women's Studies*, 9(1S) 90S-104S. 10.1177/13505068221076319

■ Platero Lucas and Miguel A López-Sáez (2020a). Support, cohabitation and burden perception correlations among LGBTQA+ youth in Spain in times of COVID-19. *Journal of Children's Services* 15(4): 221-228.

■ Platero Lucas and Miguel A López Sáez (2020b). "Perder la propia identidad". La adolescencia LGTBQA+ frente a la pandemia por COVID-19 y las medidas del estado de alarma en España. *Sociedad e Infancias*, 4, 195-198. <http://dx.doi.org/10.5209/soci.69358>

-

Poteat V Paul, Berger Christian, and Julio Dantas (2017) How victimization, climate, and safety around sexual orientation and gender expression relate to truancy, *Journal of LGBT Youth*, 14(4): 424-435, doi: [10.1080/19361653.2017.1365037](https://doi.org/10.1080/19361653.2017.1365037)

Price Maggi, Polk Whitney, Hill Nancy E, Liang Bell and John Perella (2019). The intersectionality of identity-based victimization in Adolescence: A person-centered examination of mental health and academic achievement in a U.S. high school. *Journal of Adolescence*, 76: 185-196, doi: [10.1016/j.adolescence.2019.09.002](https://doi.org/10.1016/j.adolescence.2019.09.002)

Puche Luis, Moreno Elena, and José I Pichardo (2013). Adolescentes transexuales en las aulas. Aproximación cualitativa y propuestas de intervención desde la perspectiva antropológica. In Octavio Moreno and Luis Puche, (Eds.), *Transexualidad, adolescencias y educación. Miradas multidisciplinares*, pp. 189-265. Barcelona: Egalés.

Rosario Margaret, Schrimshaw Erik W and Joyce Hunter (2008). Predicting different patterns of sexual identity development over time among lesbian, gay, and bisexual youths: a cluster analytic approach. *American Journal of Community Psychology*, 42(3-4):266-82, doi: 10.1007/s10464-008-9207-7

Rosenkrantz Dani E, Rostosky Sharon S, Toland Michael D, and David M Dueber (2020). Cognitive-affective and religious values associated with parental acceptance of an LGBT child. *Psychology of Sexual Orientation and Gender Diversity*, 7(1), 55-65, doi: [10.1037/sgd0000355](https://doi.org/10.1037/sgd0000355)

Russell Stephen T, Toomey Russell B, Ryan Caitlin and Rafael M Diaz (2014). Being out at school: the implications for school victimization and young adult adjustment. *American Journal of Orthopsychiatry*, 24(1):635-43.

Ryan Caitlin (2013). Generating a revolution in prevention, wellness, and care for LGBT children and youth. *Temple Political & Civil Rights Law Review*, 23(1): 331.

Ryan Caitlin, Russell Stephen T, Huebner David, Diaz Rafael and Jorge Sánchez (2010). Family acceptance in adolescence and the health of TGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23 (4), 205-213, doi: [10.1111/j.1744-6171.2010.00246.x](https://doi.org/10.1111/j.1744-6171.2010.00246.x)

Saewyc Elizabeth M, Bauer Greta R, Skay Carol L, Bearinger Linda H, Resnick Michael D, Reis Elizabeth and Aileen Murphy (2004). Measuring sexual orientation in adolescent health surveys: Evaluation of eight school-based surveys. *Journal of Adolescent Health*, 35(4):345 e1–e15.

Schumacher Kayden J, Candelario-Pérez Leonardo E, Avilés Faría Leonardo and G Nic Rider (2022). Intersectionality, Culturally Sensitive Care, and LGTBQ+ Youth. In Cristina Magalhaes, Richard Sprot and G Nic Rider, *Mental Health Practice with LGTBQ+ Children, Adolescents, and Emerging Adults in Multiple Systems of Care*, pp.31-40. London: Rowman and Littlefield.

Silliman Cohen Rachel I and Emily Adlin Bosk (2020). Vulnerable youth and the COVID-19 pandemic. *Pediatrics*, 146(1): e20201306.

Stonewall (2019). *Top tips for LGBTQ+ inclusion in sport* Retrieved April 14, 2023. (<https://www.stonewall.org.uk/our-work/campaigns/rainbow-laces/top-tips-lgbtq-inclusion-sport>)

Stonewall (2020). *An introduction to supporting LGBTQ+ children and young people*. Stonewall.

Stotzer Rebecca L (2009). Violence against transgender people: A review of United States data. *Aggression and Violent Behavior*, 14(3):170-9.

Taywaditep, Kittiwut J. (2001). Marginalization among the marginalized: Gay men's anti-effeminacy attitudes. *Journal of Homosexuality*, 42(1): 1-28. [https://doi.org/10.1300/J082v42n01\\_01](https://doi.org/10.1300/J082v42n01_01)

Tortajada Iolanda, Willem Cilia, Platero Lucas and Nùria Araüna (2021). Lost in Transition? Digital trans activism on You-

tube, *Information, Communication & Society*, 24:8, 1091-1107, doi: 10.1080/1369118X.2020.1797850

Travis Mitchell (2015). Accommodating intersexuality in European Union anti-discrimination law. *European Law Journal* 21(2): 180–199.

UNESCO (2016). *Out In the Open: Education sector responses to violence based on sexual orientation and gender identity/expression*. UNESCO

van der Star Arjan, Pachankis John and Richard Bränström (2018). LGBT bullying at school across 28 European countries: the impact of bullying and structural stigma on later life satisfaction. *European Journal of Public Health*, 28(suppl\_4.): cky213.054, doi: 10.1093/eurpub/cky213.054

Wainberg Milton L, Scorza Pamela, Shultz James M, Helpman Liat, Mootz Jennifer J, Johnson Karen A, Neria Yuval, Bradford Jean Marie, Oquendo María A, Arbuckle Melissa R (2017). Challenges and opportunities in global mental health: a research-to-practice perspective. *Current Psychiatry Report*, 19(5): 28.

Watson Ryan J, Park Minjeon, Taylor Ashley B, Fish Jessica, Corliss Heather L, Eisenberg Marla E and Elizabeth M Saewyn (2020). Associations Between Community-Level LGBTQ-Supportive Factors and Substance Use Among Sexual Minority Adolescents. *LGBT Health*, 7(2): 82-89, doi: 10.1089/lgbt.2019.0205.

Wenham Clare, Smith Julia and Rosemary Morgan (2020). COVID-19: The gendered impacts of the outbreak. *The Lancet* 95(10227): 846–848.

White Caroline and Joshua Goldberg (2006). Expanding our understanding of gendered violence: violence against trans people and their loved ones. *Canadian Women's Studies*, 1-2(25):124-127.

Weiss, Jillian T (2003). GL vs. BT: The Archaeology of Biphobia and Transphobia Within the U.S. Gay and Lesbian Commu-

nity. *Journal of Bisexuality*, 3(3-4): 25–55. [https://doi.org/10.1300/J159v03n03\\_02](https://doi.org/10.1300/J159v03n03_02)

Williams Trish, Connolly Jennifer, Pepler Debra and Wendy Craig (2005). Peer victimization, social support, and psychosocial adjustment of sexual minority adolescents. *Journal of Youth and Adolescence*, 34(5): 471–482, doi:10.1007/s10964-005-7264-x

Wilson Clare and Laura A Cariola (2020). LGBTQ+ youth and mental health: A systematic review of qualitative research. *Adolescent Research Review*, 5(1): 187–211, doi: [10.1007/s40894-019-00118-w](https://doi.org/10.1007/s40894-019-00118-w)

Xu Wang Xavier, Gan Quan, Zhou Junwen, Cosquer Mireille, Falissard Bruno, Corruble Emmanuelle, Jousset Catherine and Florence Gressier (2023). A systematic review of the factors associated with suicide attempts among sexual-minority youth. *The European Journal of Psychiatry*. <https://doi.org/10.1016/j.ejpsy.2022.09.003>.

Ybarra Michele L, Mitchell Kimberly J, Kosciw Joseph G and Josephine D Korchmaros (2015). Understanding Linkages Between Bullying and Suicidal Ideation in a National Sample of LGB and Heterosexual Youth in the United States. *Prevention Science Journal*, 16:451–462, doi: [10.1007/s11121-014-0510-2](https://doi.org/10.1007/s11121-014-0510-2)







COLOUR  
CHILDREN

# URGENT HOODS



**Colourful  
Childhoods**



This project has received funding from the European Union's Rights, Equality and Citizenship Programme under agreement No. 101049251.

This publication reflects the views only of the authors, and neither the European Union institutions and bodies nor any person acting on their behalf may be held responsible for the use which may be made of the information contained therein.