



## The impact of children's services professionals on LGBTIQ youth: Knowledge, practices and needs

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### ABSTRACT

Since the 2010s, LGBTIQ children have become increasingly visible in Spain, a visibility reflected in their inclusion in public policies at both national and regional levels. Regions such as Catalonia and Madrid have passed legislation that creates specific services and protocols to protect these children. However, the actual impact of these laws and services has not yet been assessed. This article analyses the results of 35 interviews with stakeholders in addition to four focus groups containing 24 adolescents, focusing on the knowledge, practices, experiences and needs of the two groups. Despite the differences between the regions, the results are similar: although professionals can be supportive, they need both more knowledge and clearer directions regarding how to focus their interventions with LGBTIQ children, while adolescents need adults to listen to them and confront and combat their adultist biases.

### 1. Introduction

Through the concept of biopower, Michel Foucault (1976) demonstrated how the body and sexuality are central elements in the political management of everyday life. Since his seminal work, *The History of Sexuality*, other studies have delved into both the genealogies of sexualities in the Western context (Chitty, 2020; Boswell, 1980; Katz, 2007) and the genealogies of gender identities that do not conform to dominant norms (Stryker, 2008; Gill-Peterson, 2018). While Philippe Aries (1962) demonstrated in the mid-twentieth century how the narrative of childhood had been constructed as that of individuals without a history, it was not until well into the twenty-first century that works began to provide a historical dimension to childhood that did not conform to gender dichotomies or heterosexual mandates (Gill-Peterson, 2018; Bond Stockton, 2009).

The genealogies of gender and sexuality reveal that even though the public policies regarding sexual and gender diversity implemented in the last decade may appear novel, the real novelty lies in their orientation, which has shifted from persecution to the protection of these individuals. Still, as Jasbir Puar (2007) cautions, policies based on diversity discourses have a temporal dimension, and there is no reason why institutional persecution cannot recur, as recently seen in Brazil (Reis Brandão & Cabral, 2019) and Italy (Feo, 2022), where political

shifts towards ultraconservative positions have taken place). In Spain these fluctuations in public policy have been due to multiple factors, namely: an increase in the political engagement capacity of certain sexual and gender liberation movements (Ayoud, 2016; Calvo Borobia, 2017); a greater presence of trans-inclusive feminist claims that directly address the interests of adolescents (Missé & Parra-Abaúenza, 2023); the development of European equality policies based on sexual orientation and gender identity (Ammaturo, 2015; Ayoud & Paternotte, 2014; Sloopmaeckers, 2020), which are transferred to the national level (European Commission, 2020); the adoption of some depathologizing principles by leading international medical institutions (Suess Schwend, 2020) and regional policies (Mas Grau, 2022); an increase in the visibility of trans children in Spain and their emergence as a political subject (Missé, 2019; Platero, 2014); and the rise of associations for families of trans children (Castaño Gómez & Cáceres Fera, 2023; Mariotto, 2021).

In Spanish institutional policy, these transformations have also been influenced by international organizations such as the American Psychiatric Association (APA). The promulgation of a joint statement by the United Nations calling for an end to violence and discrimination against LGBTIQ people in 2015, as well as the pronouncement made by the European Union in Article 21 of the Charter of Fundamental Rights of the European Union, which urges member states to prohibit discrimination,

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have also prompted this shift in public policies. Other dynamics, such as the vested relationship between capitalism and the promotion of certain sexual identities (Hennessy, 2000; Lewis, 2016), and homonationalist narratives that have instrumentalized non-normative sexual orientations and trans identities to bolster the interests of nation-states (Puar, 2007; Sadurní & Pujol, 2016), have all played a role in this change of policy direction. It is impossible to pinpoint any one single reason to explain the change in sexual and gender policies without considering international dynamics and overall national social circumstances.

Improving the well-being of LGBTIQ children and youth requires committed public policies that acknowledge their intersectionality with other forms of oppression and break away from adult-centric logics (McCormick, Schmidt, & Terrazas, 2017; Sundhall, 2017). However, some voices caution against the problems inherent in a social movement that is solely focused on promoting ever more laws when the goal is to enhance the well-being of LGBTIQ individuals, emphasizing the need to consider their experiences in each specific context (Browne et al., 2021). Other works stress that LGBTIQ public policies must take an intersectional approach (Romero Bachiller & Montenegro Martínez, 2018). Some even question whether legal rationality can contribute to the construction of a state imaginary that operates within the framework of heterosexual and cis-gender logics (Arvin, Tuck, & Morrill, 2013; Lambie, 2014; Spade, 2015).

In any case, the implementation of LGBTIQ public policies has allowed for the inclusion of children and young people who had previously played a secondary role in the struggles for sexual and gender liberation. Nevertheless, the effectiveness of these public policies and their impact on the well-being of children remains to be seen.

### 1.1. LGBTIQ adolescents: Beyond adult categories

Adult centrality in shaping the social world constructs a hierarchical material and symbolic system in which children and young people are dispossessed of the power to make decisions about their lives (Flasher, 1978). This adultist configuration tends to view sexual and gender diversity in childhood as problematic (Platero, San Roman, Montenegro, & Pujol, 2023). Furthermore, gender is presented as an unequivocal category to which children must adhere and, if they recognize themselves outside the dominant norms, they must face corresponding sanctions (Davy, 2023). This is one of the reasons why it is imperative to determine, as suggested by Tey Meadow (2014), the way in which it is the responsibility of adults to answer questions about gender identity or sexual orientation during childhood. In short, adults must support children's processes of gender identification and the recognition of sexual orientation without passing judgment, thus providing an invaluable tool to contribute to their well-being. This is especially true considering that LGBTIQ youth tend to have a lower well-being index than their non-LGBTIQ peers, something significantly influenced by the backing they receive (Clark et al., 2014; Detrie & Lease, 2007; Garcia et al., 2020; Kosciw, Palmer, & Kull, 2015; Kutassi, Platero, Sadurní, 2023).

Supporting children requires revisiting conceptions related to sexual orientation and gender identity, as they contain an adult perspective that views children as subjects of the future (Edelman, 2004). This sets up a relationship of oppression (Bourdieu, 1984) and enacts the paradigm of a 'passion for ignorance', the belief that a lack of knowledge and awareness about sexuality and gender in childhood is the best strategy for their protection (Flores, 2010). It also denies children agency in interpreting their own bodily experiences (Stockton, 2009). However, some perspectives have already questioned this trend, emphasizing the need to interpret gender in children as an exercise in creation, with its own language and narratives that disrupt linear adult concepts that project childhood experiences as predictors of an adult gender and sexual identity (Green & Friedman, 2013; Castañeda, 2014).

### 1.2. Knowledge, practices and the needs of professionals

If children are to flourish, they must receive backing for their

decisions about sexuality and gender. Fortunately, the analysis of professional practices to support LGBTIQ children and youth has intensified in recent years. Some studies focus on discourses and practices in the healthcare field (Baiocco et al., 2021; Campbell, 2021; McGlynn et al., 2020; Shapiro & Powell, 2017; Suess Schwend, 2023), others on education (Beasy, Grant, & Emery, 2023; Bragg, Renold, Ringrose, & Jackson, 2018; Davy & Cordoba, 2020; Jones et al., 2016; Pérez & Trujillo, 2020) and yet others on social services and child protection (Abramovich & Kimura, 2021; Baams, Wilson, & Russell, 2019; Dettlaff, Washburn, Carr, Christian & Nikki, 2018; González-Álvarez, ten Brummelaar, Orwa, & López López, 2022; López López, González-Álvarez, ten Brummelaar, van Mierlo, & Wieldraaijer-Vincent, 2021; Mallon, Paul, & López López, 2022; Paul, 2020; Schaub, Stander, & Montgomery, 2022). One common finding in all these studies is the need to improve the professional competencies required to provide LGBTIQ children and youth with assistance and advocacy, as well as to develop perspectives that recognize the specificity of gender and sexuality in children. Studies in Spain, while still limited, have also identified a need to solidify the competencies of professionals in primary social and education care, as well as to reconsider the *cis*-heterocentric logics that operate in the professional environment (Parra-Abaúza, 2022; Langarita et al., 2023; Platero, 2014; Sánchez Sáinz, 2019; Sánchez Torrejón, EscribanoVerde, & ÁlvarezBalbuena, 2022).

### 1.3. LGBTIQ public policies in Catalonia and Madrid

The sexual and gender diversity of children first became truly visible in Spain in 2010, echoing a similar development in other countries in Europe and the West about the rights and abilities of children to make decisions about their bodies (Missé, 2019). Spain has a multi-level political organization, in which a significant portion of the citizen service administration is regulated by the country's regional governments. Each region has jurisdiction over areas including education, health and social services, amongst others. Thus, even though national frameworks of reference do exist, the regions have room to legislate and implement public policies according to their specific context, available budget and the interests of each regional government. This results in significant regional heterogeneity in the regulation of specific services for LGBTIQ individuals. Moreover, the transformations in the last decade in Spain have been characterized by the resistance they have encountered, fuelled by campaigns promoted by ultraconservative religious groups, such as HazteOír (Platero et al., 2023), in addition to an anti-trans feminist faction (Romero Bachiller, 2022).

The concept of 'LGBTIQ public policies' refers to the set of policies and services that public administrations implement to address the specific needs of the LGBTIQ population according to the social context. In 2014 in Catalonia, Law 11/2014 of 10 October was passed to guarantee the rights of lesbian, gay, bisexual, transgender and intersex individuals and to eradicate homophobia, biphobia and transphobia. This particular law regulates policies related to sexual and gender diversity, addressing all elements of the life cycle of LGBTIQ individuals. It has direct implications for a range of services aimed at children (e.g. formal and informal education, healthcare, public spaces, the media, etc.), and extends its policies beyond the city of Barcelona. Although not all the resources envisaged by the law have been fully allocated nearly ten years after it was passed, programmes for training officials, violence prevention protocols, specialized services for transgender individuals in the healthcare sector and comprehensive LGBTIQ services (what is known as the SAI network) have been implemented in every municipality with a population of over 20,000 throughout the region.<sup>1</sup> In the field of

<sup>1</sup> According to data from the Department of Equality and Feminism, there are 107 LGBTIQ services in Catalonia. Source: <https://analisi.transparenciacatalunya.cat/Societat-benestar/Servei-d-Atenci-Integral-LGBTI-punts-SAI-/pfhf-24cr>.

children's services, in addition to SAI, action protocols have been established in schools to handle cases of anti-LGBTIQ bullying, with each Pedagogical Counselling and Guidance Team (EAP) establishing sexual and gender diversity reference points. Guidelines have also been created to incorporate the LGBTIQ perspective into child protection services and to provide the media with recommendations, amongst other actions.

In Madrid, the conservative party in power passed two laws regulating the protection of LGBTIQ people (Law 3/2016) and trans people (Law 2/2016) in 2016. In Catalonia, these same two antidiscrimination laws were promoted in a dialogue between the regional government and a number of social movements. Law 3/2016, providing protection against LGBTIQ-phobia, defends children from school bullying, bans reparative therapies, protects minors at risk and vulnerable to violence with specific measures, and offers training for professionals, amongst other provisions. The legislation also introduces the need to establish protocols against bullying, promote LGBTIQ content in school curricula and guarantee a centralized public service for LGBTIQ individuals. Law 2/2016 on identity and gender expression, in turn, includes specific measures to protect children, such as a protocol to facilitate gender transitions in schools, a ban on unnecessary surgeries for intersex children, protection for transgender youth and guardianship for minors expelled from their homes. However, this law does not promote widespread training for public officials or the creation of services similar to those in Catalonia, such as the SAI and EAP. What the two models have in common is that much of this legislation remains unimplemented. Moreover, the current president of the Region of Madrid has publicly committed to repealing these laws in the near future (Roces, 2023).

In 2023, despite significant conservative and anti-trans resistance, Law 4/2023 of 28 February was passed with the aim of achieving real and effective equality for transgender individuals and ensuring the rights of LGBTIQ people. This is the first specific national law of its kind. The new law allows for gender self-determination through the modification of gender on the civil registry without the need for a medical diagnosis. As a result, young people over the age of 16 can undergo a gender transition without the approval of a parent or guardian, while those aged 14 to 16 require the authorization of their parents or legal guardians. For adolescents between the ages of 12 and 14, judicial approval is necessary. Additionally, the new law prohibits both conversion therapies and surgical procedures for intersex minors under the age of 12, except in cases where their health is at risk, amongst other measures.

## 2. Objectives

This article analyses the impact of professional practices on the experiences and quality of care for LGBTIQ children through an examination of the knowledge and exigencies of Spanish professionals in social support, healthcare and education, as well as from the perspective of adolescents.

## 3. Methodology

This study is grounded in a phenomenological approach in order to capture the shared experiences of the research participants (Merleau-Ponty, 2013), in line with the idea that the social world is constructed in relation to space and time with the subject experiencing it (Eberle, 2014). In this sense, the queer phenomenology proposed by Sara Ahmed (2006) allows us to analyse the perspectives through which the queer subject appears as deviant, to be directed towards socially accepted behavior, while also helping us understand queer subjects' perceptions and agency processes in relation with space, time, and social relations. We must not forget, however, that experience does not in itself represent a unifying criterion for identities (Scott, 1991). To that end, the project research team conducted semi-structured interviews and discussion groups between June and November of 2022 in the regions of Catalonia

and Madrid, Spain. Additionally, a comparative analysis of public policies aimed at LGBTIQ children was conducted in both Catalonia and Madrid.

### 3.1. Sample and participants

The data were collected through interviews with stakeholders from various areas of intervention related to children and youth and focus groups with adolescents. For the professionals, a total of 35 stakeholders came from a variety of fields, including education, social services, healthcare, specialized services for LGBTIQ individuals and family associations. The adolescents were represented by four focus groups conducted with 24 teens aged from 12 to 17. In both cases, the participants were selected according to a convenience sampling (Savin-Baden & Major, 2013), with the participants being chosen not so for statistical representation as the significance of their experiences (See Table 1 and Table 2).

### 3.2. Instruments

#### 3.2.1. Semi-structured interviews with professionals

According to Arksey and Knight (1999), interviews provide an opportunity to understand perceptions, opinions, attitudes, practices and feelings, as well as to identify commonalities amongst people, all essential factors in this study. The investigation followed a semi-structured interview protocol created by [Ana Cristina Santos and Mafalda Esteves] as part of the methodology guide to implement in all the participant countries in the project. The semi-structured interview provides for more effectiveness in collecting data, since several researchers are involved in the project. The instrument used was developed to understand the knowledge, beliefs, opinions, practices and experiences of professionals working with children (Kning and Horrocks, 2010), with various open-ended questions being formulated within each of these axes. Some of the questions included were: Are there any regulations/policies in your professional sector and/or in your institution/department that support LGBTIQ children and youth in your country?; In your opinion, what are the main needs of LGBTIQ children and youth in your country?; In your experience, are there specific challenges inherent in working with LGBTIQ and/or gender non-conforming children and youth?; In your opinion, what could the role of professionals in your sector be in supporting LGBTIQ children and youth?

The interviewees were recruited using the snowball technique (Browne, 2005), as well as through the research team's previous contacts with professionals in the field. Selection criteria included experience, profession and access to the participants. The duration of the interviews was approximately one hour. Some were conducted in person, while others were held via video conference (using Microsoft Teams or Zoom platforms) by the authors of this article and paid assistant researchers. The interviewees and their organizations expressed an interest in the research and were willing to collaborate when we contacted them.

#### 3.2.2. Focus groups

The focus group provided insight into how participants think about gender identity and expression, sexual orientation and involvement with professionals, in addition to their experiences with violence. It also provided an opportunity to document the range of ideas and opinions held by members of the group and to highlight inconsistencies between the participants. This information was particularly useful for understanding shared experiences, beliefs and knowledge amongst the participants (Creswell, 1998). The structure of the focus groups followed the phenomenological focus group approach (Savin-Baden & Major, 2013) and the protocol was also part of the project's methodology guide. It revolved around three axes: knowledge; beliefs and assessments; and experiences of violence, with each focus group conducted by two

**Table 1**  
Stakeholder Sociodemographic Data.

Interview code	Age	Gender identity	Sexual orientation	Professional role	Region
INT1	42	Cis man	Gay	LGBTIQ service provider, social worker	Madrid
INT2	41	Cis woman	Lesbian	High school teacher	Madrid
INT3	42	Cis woman	Lesbian	High school teacher	Madrid
INT4	52	Cis woman	Heterosexual	Psychiatrist	Madrid
INT5	55	Non-binary	Lesbian	High school teacher, activist and visual artist	Madrid
INT6	36	Non-binary	Bisexual	High school teacher	Madrid
INT7	47	Cis woman	Heterosexual	High school teacher	Madrid
INT8	56	Cis woman	Lesbian	LGBTIQ service provider, social worker	Madrid
INT9	43	Cis woman	Heterosexual	High school teacher	Madrid
INT10	44	Cis man	Gay	LGBTIQ NGO youth and education provider	Madrid
INT11	32	Cis woman	Heterosexual	Associate professor and NGO head of training	Madrid
INT12	44	Cis man	Gay	Director, Centre for Young Female Victims of Gender Violence	Madrid
INT13	46	Cis man	Heterosexual	Coordinator, foster children's service	Madrid
INT14	45	Cis woman	Lesbian	Psychologist	Madrid
INT15	46	Cis woman	Lesbian	Youth service provider	Madrid
INT16	32	Cis woman	Heterosexual	Youth service provider	Madrid
INT17	30	Cis man	Bisexual	Youth service provider	Madrid
INT18	55	Cis woman	Lesbian	LGBTI service provider, psychologist	Madrid
INT19	34	Non-binary	Pansexual	Children's leisure time instructor (also responsible for training)	Madrid
INT20	31	Cis woman	Lesbian	Nurse	Catalonia
INT21	52	Cis man	Heterosexual	Technical director, social work foundation	Catalonia
INT22	46	Cis woman	Polysexual	Sociologist working on feminist and sexuality education projects with youth	Catalonia
INT23	20	Cis man	Gay	Scout group leader and university student (Primary Education teacher)	Catalonia
INT24	48	Cis woman	Heteroromantic bisexual	Doctor	Catalonia
INT25	27	Cis woman	Lesbian	High school teacher (Geography and History; Catalan Language and Literature)	Catalonia
INT26		Trans man	n/a	High school teacher	Catalonia
INT27	43	Cis woman	Lesbian	Sex Education technician (social worker)	Catalonia
INT28	37	Non binary	Gay	Social educator	Catalonia
INT29	27	Cis woman	Lesbian	Social psychologist	Catalonia
INT30	41	Cis woman	Mostly heterosexual	Psychologist, technician, Comprehensive Attention Service (SAI) for LGBTIQ	Catalonia
INT31	31	Cis woman	Heterosexual (not only cis)	Educational psychologist	Catalonia
INT32		Cis woman	No data given	Primary education teacher	Catalonia
INT33	62	Cis woman	Heterosexual	Technical manager, LGBTIQ policies	Catalonia
INT34	32	Cis woman	Bisexual	Educational psychologist	Catalonia
INT35	43	Cis man	Gay	Technical manager, LGBTIQ policies	Catalonia

**Table 2**  
Sociodemographic Data, Focus Group Participants.

Interview code	Average age	Gender identity	Sexual orientation	Region
FG1	14.4	1 trans girl, 2 trans boys, 3 non-binary, 1 cis boy	1 bisexual, 1 gay, 1 heterosexual, 1 asexual, 3 undefined	Catalonia
FG2	15	1 trans boy, 1 non-binary, 5 cis girls, 1 cis boy	3 bisexual, 1 pansexual, 1 bisexual/pansexual, 1 gay, 1 lesbian, 1 undefined	Madrid
FG3	15,7	1 trans boy, 1 trans girl, 2 non-binary, 2 cis girls	1 heterosexual, 1 gay, 1 between bisexual and lesbian, 1 bisexual, 2 undefined	Madrid
FG4	17	1 cis girl, 2 cis boys	1 gay, 2 bisexual	Catalonia

researchers who had different roles (moderator and observer). Some of the questions included in the focus group protocol were: When you hear the word “gender”, what comes to your mind? How can you explain to someone what gender is?; (during lockdown) What did you do to make it less difficult and minimize the distance from these important people [friends, partner] for you?; or When a child is harassed or insulted by someone, do you think adults can help to stop the situation?

Recruiting participants for the focus groups was the most challenging task, as the study concerned minors, who were difficult to locate and often reluctant to collaborate. They were recruited through family organizations, as well as through professionals who work with children or specialized services for the LGBTIQ population in Catalonia and Madrid.

### 3.3. Data analysis

A thematic content analysis was conducted for this study (Braun & Clarke, 2006), which, through triangulation, revealed codifications that were agreed upon between the research team members. After transcribing the interviews and focus group, the analysis continued with a holistic reading of the transcriptions, segmenting the data into meaningful units according to six themes: knowledge, beliefs, practices, needs, violence experiences and resistance practices, which were then specifically coded.

Theme	Codes
Knowledge	Terminology, regulations and policies, resources and tools
Beliefs	Children's opinion (ignored/heard), SOGIGE discrimination, urgent actions, adults' beliefs, adults' actions
Practices	Integration/non-integration of SOGIGE, reactions to discrimination, good practices
Needs	LGBTIQ children's needs (who, what, when, where, how), training needs, organizational/political needs
Violence experiences	Perpetrator-family member, perpetrator-peer, perpetrator-stranger person, perpetrator-professional, space-online, space-home, space-educational centre, space-public space, space-other, adult reaction
Resistance practices	Strategies, effects

The qualitative analysis was performed using ATLAS.ti software.

### 3.4. Ethical considerations

The study received ethical approval from the Universitat de Girona ethics committee [Reference number CEBRU00022-22]. It obtained informed consent from all the participants, as well as from the parents of

the participants under 14 years of age, following the university's protocol for child protection and in accordance with existing law. The study maintained the confidentiality of all the cases and complied with Law 3/2018 on the Protection of Personal Data and Guarantee of Digital Rights.

#### 4. Results

The following section analyses the knowledge, practices and needs of professionals in social, healthcare and educational support as divulged in the interviews, along with the perspective of the adolescents who participated in the focus groups.

##### 4.1. Knowledge about sexual and gender diversity

###### 4.1.1. Professionals' perspectives

The interviews with the professionals discovered a significant heterogeneity in their knowledge related to sexual and gender diversity. Particularly, the participants share a conception of sexuality and gender articulated through the perspective of social construction. The depth of analysis of these conceptions varies depending on the specific training of each professional, their personal interest and their ideological positioning about gender and sexuality. In this respect, INT31 expressed doubts regarding terminological precision: 'I find it hard to define gender identity. It's like how a person feels, but that can also be problematized'. This is also evident in INT11's uncertainty about what gender is: 'It makes me wonder... it's a characteristic that can be biological and/or social, which can differentiate someone in society... You're making me think a lot. I need to educate myself more on this'. Meanwhile, INT27 constructed their discourse based on more developed theoretical propositions:

We work on sexual education from a feminist perspective. That means the bases of all our work relies heavily on the sex/gender system (...) For me, gender is like theatre, it's like learning a role. You come into the world, and your script begins. There comes a point when you start to perform it, and in adolescence, it becomes clearer (INT27).

This more profound understanding was also found with other interviewees, who demonstrated a theoretical mastery of the discussion on sexuality and gender, a more expert level of knowledge possessed by some of the professionals interviewed:

I always work with situated knowledge, and one of my pedagogical foundations is bell hooks, and Foucault is also one of my fundamental references (...) these would be my most important reference points (INT32).

However, when the conversation turned to their familiarity with the legal frameworks, policies and services related to LGBTIQ children, the participants' knowledge was rather poor, even amongst those with a stronger theoretical background and more developed feminist and LGBTIQ positions. For instance, despite the existence of regulations in Catalonia since 2014, with specific services throughout the region and various training initiatives for social care professionals, a significant portion of the individuals interviewed were unaware of both the regulations and the specific policies and services designed for the LGBTIQ population. This was also found with the interviews conducted in Madrid, where there was a significant lack of knowledge amongst professionals regarding the 2016 LGBTIQ and trans laws, as well as the existing specific services. While there were varying degrees of unfamiliarity, in general, it tended to be much lower than expected, despite the resources invested for this purpose. For example, INT20, who identifies as a lesbian, revealed her lack of knowledge about this subject:

Interviewer: Is there any policy, regulation or legal framework in your professional field or in the Catalan healthcare system that supports LGBTIQ children?

INT20: No, the only reference is related to the conflicts between professionals who are LGBTIQ, the one that happened three or four months ago.

Similarly, INT17, who identifies as bisexual and works with LGBTIQ

children, also acknowledged not being well-versed in Madrid's legislation, although they were aware of some specific resources: 'I don't know the legislation, to be honest, you caught me completely off guard. But I know that the family support service has a specific section for LGBTIQ support'.

At other times, the professionals only demonstrated a nominal amount of knowledge, referring to the existing protocols but acknowledging that they were not knowledgeable about their everyday implementation. INT22, for example, was aware of the existence of both protocols that address anti-LGBTIQ violence in educational institutions and those that support gender identity transitions. However, they noted the lack of protocol implementation: 'Everyone says it's like a piece of paper that no one actually puts into practice. In any case, it's only activated when a very serious problem has occurred, but by that point, it has already escalated significantly. They're not real'. This idea was also reinforced by INT25, who asserted that 'the existing protocols look good on paper, but they're not applied and aren't even a priority'.

###### 4.1.2. Adolescents' perspectives

The teenagers who participated in all the focus groups had a broad understanding of the terminology. They explained significant concepts in their own words and related them to their experiences. For example: 'The most basic would be male and female, and then there's non-binary, gender fluid, etc. I could give more examples. If you don't know what they are, I could explain them a bit more' (FG1). Another participant stated that 'it's a social construct because many people, especially in high school, still confuse [gender] with sex, and they are different things' (FG1). They were also aware of stereotypes related to sexuality and gender: 'When we think of an asexual person, we believe that they can't love anyone, for example, they can be panromantic, they can fall in love with anyone, but sex isn't their priority or it doesn't attract them' (FG1). Most of the difficulties they encounter are related to intersexuality: 'They told me it meant that a person is born with two different genitals, but I don't know if it was something about X and Y, and all that' (FG1). Participants in FG2 and FG3 also identified these difficulties: 'I think you are born with both male and female genital characteristics, or something like that. It's kind of undefined; I don't know how to explain it' (FG2); 'I've heard of it, but I'm not sure if I have the right words' (FG3).

These teenagers critically examined concepts related to sexuality and gender and shared some of the more complex elements: 'I don't like the idea of being classified in a box, finding your place. I, as someone who has gone through a transition, know what that's like' (FG1); and 'Sometimes you have to create new [concepts] because you don't fit into any, you have to build your own space' (FG1). Furthermore, they expressed where they stood ideologically:

P1- There used to be people who would say the typical...

P2- I don't fall in love with genitals; I fall in love with souls.

P1- Exactly! But that's going to generate controversy because it was very transphobic. It gave the impression that bisexuality didn't include trans people, when it's not like that. I don't think so in my case. But when someone defines themselves as pansexual, it means you don't look at gender; we're no longer talking about genitals (FG2).

In FG3, participant P5 demonstrated an awareness of her privileged position under the LGBTIQ umbrella:

I have never experienced that type of violence, of any kind, for being bisexual and cisgender. People, they don't see it, so to speak. They don't say anything to you, they don't ask either. They assume you're straight, that you're a girl, and that's it. I know I'm privileged (FG3).

In the same line, one of the interviewed professionals stated, 'Adolescents outsmart us; in fifth and sixth grade, they draw the sex-gender system on the board. They know all the concepts, and they can explain them perfectly. In contrast, the adults who support them have no clue' (INT27).

This overall lack of knowledge amongst adults led to discussions with the adolescents interviewed, as seen in the comments made by this

participant, who has taken on a pedagogical role within her family:

There's always an argument because they use terms that I don't like, because I find them insulting. If they say something like "faggot", or something like that, I say, "What are you saying?" They have to understand it; I won't stop arguing until they get it (FG3).

When probing terms and their meanings, social media, the traditional media and famous personalities all play a key role. Although professional references had some influence, there was a widespread consensus about the importance of social media influencers: 'Interviewer: Is diversity in sexuality discussed at school? -Honestly, I learned about it from Lady Gaga. I swear! (...) Not at school, but I learned about it through the Internet' (FG2). Other participants described similar experiences:

When I really started looking into issues of sexual and gender diversity was when they brought back *Operación Triunfo* [a popular Spanish television show]. There were many bisexual, gay, lesbian icons, all sorts. And it was like, wow! They are role models, they're on TV, they have visibility, and that's how I began to educate myself (FG2).

When the pandemic started, I already knew there was something wrong with me, something didn't add up. So, I used to stay up very late because I got stressed about not going out. I spent my time watching YouTube until late, and I came across a video by someone named Penélope Guerrero, who is an influencer and talked about her transition and what it means to be trans, and all that. Of course, I'm quite curious and like to learn things, so I clicked on it because I didn't have anything better to do. I watched videos, and I thought, "wow, here's something I can relate to". The next day, I went on Google and started looking for information, and many things made sense to me. I also knew I wanted to start hormone therapy to change my path (FG1).

Like the professionals, the adolescents were generally unaware of the specifics of public policies, protocols and regulations. However, in the case of issues related to their gender identity or sexual orientation, if they had a trusted, close adult figure in their lives, they tended to turn to them for help.

#### 4.2. Practices and experiences about LGBTIQ children in services

##### 4.2.1. Professionals' perspectives

Neither the different professional sectors nor the disciplines of the individuals interviewed offered a clear strategy to address sexual and gender diversity in direct work with young people.

Interviewer: How do you take into account sexual and gender diversity in the context of the consultation?

INT20: Oh my goodness! That's quite a topic. From the moment the child enters the consultation, many points are discussed, for example, if they are happy at school, if they have good relationships. Then, in the early stages of adolescence, the topic of sexuality may be addressed, but of course, maybe one year you ask one question, another year a different one, or you take advantage of a specific situation.

For INT17, this approach involves 'creating safe spaces', which they described as 'spaces where people can develop as individuals, where they can generate social participation to propose things and make them happen'. Thus, she associates creating a safe space with actively participating in the youth spaces offered by the Madrid City Council and promoting concrete actions.

The interviews suggest that interventions with young people are not guided by a clear theoretical understanding of sexuality and gender. Instead, they often stem from the interviewees' own perceptions – which may not necessarily be well-founded – about sexuality and gender. They can also be motivated by specific events during interactions with young people. Consequently, professionals with a deeper theoretical knowledge and greater commitment are better equipped to conduct more inclusive interventions that address specificity. They are capable of implementing mechanisms to raise awareness about issues related to sexual and gender diversity, as well as strategies to prevent potential situations of violence.

We give a lot of space for each kid to express how they experience gender, identity or their body, or what it means to them, from a first-person perspective. What we do emphasize is that this can change, that it's dynamic, that there's a structure that makes it easier or harder for us to live, but we also have room to resist or contradict the rest [...] When you open up a range, it's cool because everyone talks about their own experiences, and we can see how some things affect us more than others, but from a perspective where we are all constructing together. What happens to us in the first person helps us take responsibility for what happens to others; it's not just about what happens to you. It's something more (INT22).

More committed and highly-educated professionals tend to seek strategies to address sexual and gender diversity in their direct work, even when their professional mandate is different:

I always look for strategies to be able to talk about feminism, about what the sex-gender system is, about how we identify ourselves, about all of this. So, my framework in the classroom is "gender is what you individually decide it to be". I try to show that there is absolute freedom when it comes to...I mean, that there are other ways of being in the world that are not just being a man or a woman. And that there are other ways of being a man and a woman than the stereotypically known ones (INT25).

Well-trained and committed professionals sometimes feel that they are perceived as having biased positions. In this regard, INT27 stated that 'there are educational teams where there are very polarized positions, where it may be that only one person sees a situation of rights violation and cannot do anything because there is a team that is inhibiting them'.

Families play a fundamental role in the possibilities of professional action. In this regard, family reactions vary widely, and can be expressed as rejection, a lack of reaction or non-recognition. However, some families provide support, and as they gain more knowledge and a deeper understanding, their standpoints and attitudes change. In this respect, INT30 emphasized that:

Families need time. But once they connect with their son or daughter, can see the suffering they are experiencing and say, "Let's help," and make the change, they are fully committed. It doesn't matter where they come from or their socioeconomic status; if they empathize with their child, they step up to help.

Professionals have identified good practices in both Catalonia and Madrid, such as diverse and inclusive recess environments at school and childcare services that organize activities like LGBTIQ pride events. However, these are mostly individual initiatives organized by the professionals themselves rather than activities driven by public policies or service guidelines. In this regard, in Catalonia, despite the implementation of the Comprehensive Care Service for LGBTIQ individuals that contain municipalities with more than 20,000 inhabitants, some professionals do not fully acknowledge this policy, viewing matters related to sexual and gender diversity as less important than other issues. In the case of Madrid, these actions are centralized within a single service, which is publicly funded but privately managed and must cater to a larger population.

##### 4.2.2. Adolescents' perspectives

The experiences of most of the adolescents who participated in the discussion groups are marked by various forms of violence and discrimination based on their sexual orientation, gender identity or gender expression in various areas of life: within their family environment, online, at school or in public spaces. This violence is often inflicted by their peers: 'They were all there, and there weren't just four, you know! There were also kids from the third grade. They positioned themselves on both sides, making a corridor for us, and they started saying things like "you're disgusting" and who knows what else' (FG1). In this context, the role of professionals is crucial:

One day I told them what they were doing to me, what was happening at school. And they said, "Okay! That's not nonsense; it's

bullying!’ The process was also funny because the school didn’t handle it well. They sided with the others because there were more of them. And of course, maybe from someone who always gets high marks, who is the pretty girl, you wouldn’t think she’s bullying someone who used to be her best friend. I remember talking to the school psychologist, with the head teacher I had at that time, and they would say, “Do you think you might have done something to annoy them, and that’s why they’re doing this to you? Don’t you think you should go talk to them?” (FG2).

However, the experiences of adolescents cannot be reduced to the various forms of discrimination. Nor are professional actions always negative. Nevertheless, once again, professionals with specific knowledge have more strategies and skills to address potential conflicts. The ways in which young people respond are highly diverse. The most common reaction involves reaching out to a trusted adult, such as a family member or professional: ‘Seeking psychological support. Not everyone helps, but some do it well’ (FG1); ‘There are things you can do, like going to the local youth centre, talking to your parents or going to a public hospital’ (FG1). They also highlight the importance of professionals being LGBTIQ: ‘A teacher told me he was gay and that he had also been through tough times. He tried to help me with various things, and it means a lot to me...’ (FG3). This issue also arose in FG4, where a gay teenager added that he liked how naturally an adult could forthrightly identify as LGBTIQ, as his teacher ‘openly mentioned that she’s part of the community, without explaining anything, she just said “I have a girlfriend”. That’s it.’

In short, the focus group discussions revealed that while some adolescents turn to humour to cope with violent situations, the most common strategies include browsing the Internet for information, turning to social media or seeking support from friends.

### 4.3. Needs: support, training, competencies and policies

#### 4.3.1. Professionals’ perspectives

The professionals in the study identified the need to improve their competencies when addressing issues of sexuality and gender: ‘There has been a significant change; it’s obvious in both secondary and primary schools. There has been a clear shift. We need to work on this. We need to understand it’ (INT27). They readily acknowledged the training needs related to recognizing and raising awareness about children’s sexual and gender diversity and identified technical needs to provide appropriate support that genuinely addresses the requirements of the LGBTIQ children they serve:

The children’s services involved in intervention need to know how to support families that do not accept the child or young person’s situation. If the family is not involved, the professional must guide them through this process, but people are afraid (INT26).

To support LGBTIQ adolescents, it’s crucial to take into account issues related to sexual health, and to exercise great caution when addressing self-esteem, identity, self-conception, which are not issues that arise with a cis-hetero person (INT17).

In addition, the professionals identified methodological needs: ‘We should start by listening to the children... Adapt the protocols to explain things to them in a way they can understand’ (INT20). However, their requirements are not limited to training and methodological aspects; these stakeholders also identified needs related to the organization of and political approach to working with young people. These demands were directed towards educational institutions, healthcare centres and long-term policymaking:

It can’t be left up to the goodwill of school administrations to decide whether they are interested in a genuine anti-bullying project... and for me, either you connect the school to feminism, or you connect the school to LGBTIQ and anti-racist policies and diversity support in respectful conditions, or we won’t get anywhere. From my point of view, since we can’t rely on the goodwill of school administrations or their interest, or lack thereof, this should be a mandatory issue (INT26).

However, other professionals understand that institutions that work

with children are often part of the patriarchal system, making it difficult to implement significant modifications:

Changes are happening in some areas, but it’s challenging, because these are also highly hierarchical and patriarchal structures. Of course, we’re talking about justice and the DGAIA [public body responsible for child protection in Catalonia]. So, even if the teams try to make changes, they have to work within systems that have been operating like this for years. That’s why I believe that, despite the changes that have occurred, there is still a lot of work to be done (INT27).

#### 4.3.2. Adolescents’ perspectives

The adolescent participants in this study made it clear that they require greater recognition from the adult population around them. They repeatedly emphasized that what they need from adults is for them to ‘listen, understand and not judge’ (FG1). These adolescents are not hindered by an inability to identify or articulate their needs and share their experiences, but rather by the scarcity of adults willing to listen. For example, one participant in FG3 highlighted the need for safe spaces:

I find it offensive that not all schools have a safe space to talk, not just about the LGBTIQ community but about things in general. And there are, like, only a few, at least in Madrid.

This kind of listening requires the family members and professionals around them to have more information: ‘No matter how willing they are, they should inform themselves before speaking. Many times, they want to help and say things with the intention of helping, but they mess up a lot’ (FG1). Along these lines, they demand more training for professionals:

It all comes down to teacher training. Because if a teacher comes to class with a closed mind, with LGBTIQ-phobic, racist or sexist thoughts, or negative comments, the classroom atmosphere becomes entirely negative for the whole class... If these issues were addressed by the teachers themselves in a normal way and integrated into their classes, relating them to students’ everyday lives, it would be much easier. But that should come from their education, from the university or wherever they studied (FG2).

They also highlighted the need for clearer adult condemnation of the everyday discrimination that occurs in their contexts, where professionals often downplay the incidents. They would like professionals to have a more approachable and receptive attitude: ‘They shouldn’t abuse their power, they shouldn’t treat you like an 11 year old, telling you what you have to do, this, this and this. They should put themselves more in your age range and try to listen, understand. And if they don’t understand something, they should ask’ (FG4).

## 5. Discussion and conclusions

The correlation between the level of professional knowledge and professional practice has been clearly demonstrated throughout this study. Professionals with a higher level of training or stronger commitment to sexual and gender diversity were found to be better equipped with the tools and skills necessary to provide support to LGBTIQ adolescents. However, the personal willingness and interest of professionals cannot be the sole criterion to ensure adequate care, particularly regarding public policies. The implementation of LGBTIQ policies during childhood involves actively engaging professionals working in the field and ensuring their professional competencies. While the need to enhance cultural competencies amongst professionals to address sexual and gender diversity has been previously demonstrated (Baiocco et al., 2021), our study also reveals that specific technical knowledge associated with each field of intervention and discipline is required. This entails establishing agreements and consensus within each discipline to better articulate training and intervention strategies. As with other research (McGlynn et al., 2020, López López, González-Álvarez, ten Brummelaar, van Mierlo, & Wieldraaijer-Vincent, 2021), the results of the study indicate that professionals are open to incorporating sexual and gender diversity perspectives in childhood, but they

are often confused and uncertain about how to do so. Specialized public policies aimed at LGBTIQ youth need, therefore, to concentrate their efforts on raising awareness and training frontline professionals. This challenges not only active but also pre-service professionals, meaning that universities must incorporate these contents into their education curricula. Even though its significance is acknowledged, this information is not integrated into university education, as also observed in the United Kingdom (Davy, Amsler, and Duncombe, 2015). Furthermore, postgraduate training does not adequately integrate training in sexual and gender diversity amongst professionals (Langarita, Albertín Carbó & Mas Grau, 2023). The results of our study show that generically training frontline professionals is not sufficient, as the well-being of LGBTIQ children is influenced by the context. To maximize the effectiveness of professional training, it is necessary to take into consideration the fact that knowledge and professional competencies must be connected to specific contexts and places. Additionally, it is essential to bear in mind that these experiences are intersectional (Romero Bachiller & Montenegro Martínez, 2018). Therefore, although legal changes can provide support, generating local strategies that allow for the implementation of broad political guidelines, such as the EU LGBTIQ Strategy or the EU Strategy on the Rights of the Child and the European Child Guarantee is essential, even at the national level. This inevitably involves engaging local political actors. Moreover, it could provide a path to begin reconfiguring the legal rationality articulated through the cis-gender and heterosexual logics highlighted by Arvin, Tuck & Morrill (2013) and Lamble (2014).

The research results reveal a fracture: adults and adolescents are experiencing these social processes at different rates and are, therefore, increasingly disconnected from each other. The tensions between adults and young people identified by Bourdieu (1984) also emerge specifically in the realm of sexuality and gender, where languages, practices and aspirations differ between adolescents, not only based on their social context but also on their identity or gender expression and sexual orientation. For this reason, understanding the perspectives, expectations and experiences of LGBTIQ adolescents is crucial to provide quality support. This study reaffirms *Tey Meadow's proposal* (2014), as it acknowledges the need to create a space where adolescents can pose any questions they may have about sexuality and gender with the assurance of adult understanding. It is not sufficient to have specific knowledge about sexual and gender diversity; professionals also need skills and strategies to redirect adult-centric relationships that concentrate power exclusively in the adults. When adults are unable to listen to and/or understand adolescents' needs, this can seriously affect the supportive relationship. Adolescents may also react by seeking information in unverified and unreliable sources or search out support in other socialization spaces, such as social media. Given this reality, it is critical to ensure that the information posted on social media can be fact-checked and verified by adolescents, providing them with a more reliable secondary source of information. Indeed, developing LGBTIQ policies in digital spaces has become a key strategy to enhance the knowledge, tools and skills of adolescents.

Professional practices are heterogeneous and tend to develop in an unmethodological way. At times they run parallel to public policy guidelines and at times contradict them. As other works such as those done by Baiocco et al. (2021), López López, González-Álvarez, ten Brummelaar, van Mierlo, & Wieldraaijer-Vincent (2021) and Missé and Parra-Abaúnza (2023), amongst others, have found, the results of this study show that as professionals gain more knowledge and receive explicit support from their organizations to assist LGBTIQ youth, the outcome is more successful experiences. Therefore, once again, organizational training and support is a key element in promoting the well-being of LGBTIQ adolescents. In this respect, it is essential that professionals recognize the need to improve their skills related to supporting LGBTIQ children, and are offered the opportunity to work alongside more experienced professionals to achieve these competencies. Adolescents, for their part, express the need for spaces in their

everyday lives where they feel safe and can express their sexual concerns and gender identity without worrying about being judged, stereotyped or threatened by violence.

This article begins with a consideration of Michel Foucault's theories on the regulation of sexuality and the body, regulations that mediate the relationship between children's services professionals and the LGBTIQ adolescents we studied. These professionals wield authority that mediates their relationship with LGBTIQ adolescents to the extent that they significantly influence the development of these teenagers' sexuality and gender identity. Simultaneously, their authority is constructed upon a concept that often goes unnoticed – adulthood – which represents a means of governing these adolescents' bodies and sexuality in daily life. Once there is a general acceptance of Foucault's theory that sexuality and the body are central elements of political management, it will be impossible to ignore the way in which the exercise of biopower organizes sexuality and gender during adolescence. For that reason, a truly transformative commitment will not be satisfied only by better public policies, better professionals and an increased acceptance of diversity, but will also comprise a new approach to the social management of sex and gender.

### 5.1. Limitations

For this research project, we contacted adolescents through organizations and support services for LGBTIQ individuals. Therefore, the sample contains more young people with support than without it, which biases it. Having a more diverse sample in terms of support, socioeconomic background and other factors would further enrich the results. Additionally, the professionals interviewed come from various childhood services and hold diverse positions, but they do not represent the entire spectrum of professionals in the regions included in the study or in Spain. One final factor to consider is the role of families. Although some of them have been interviewed, they deserve a directed study that focuses on the particular characteristics of their influence.

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### Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### Data availability

The data that has been used is confidential.

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