

Professional Insights into Navigating Support for LGBTI Children in Spain

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Abstract

Introduction: LGBTI children face situations of injustice, inequality and targeted violence by health, education, social services and other providers. Moreover, these situations of violence and lack of support were exacerbated by the COVID-19 pandemic, although not many post-pandemic studies have been done to date. This study analyses the tools, skills and needs of professionals in Spain in order to adequately support LGBTI children and adolescents.

Method: Qualitative research was conducted through semi-structured interviews with 35 professionals working with LGBTI children and adolescents.

Results: Our analysis found that professionals often lack accurate knowledge about gender identity, sexual characteristics, and relevant legislation for LGBTI children. Support services are deemed precarious, run by unstable or underfunded NGOs and public services.

Discrimination against LGBTI children is acknowledged, exacerbated during the pandemic.

The crisis negatively impacted their well-being but provided an opportunity for self-

exploration. Professionals recognize competencies, training needs, and address the impact of

adulthood, aiming to enhance support for these children. Disparities exist between experienced professionals and those lacking exposure, revealing competency gaps.

Conclusion: This study sheds new light on the realities faced by LGBTI child service professionals, revealing alliance or avoidance factors in the type of support they provide.

Policy implications: On a macro level, the findings offer a framework for future policies to improve professional competencies, while on a more micro level, they provide a perspective on shortcomings in daily professional performance.

Keywords: professionals, LGBTI, adolescents, Spain

Introduction

In February 2023, the Spanish government passed Law 4/2024 on the real and effective equality of transgender people and ensuring LGBTI rights (Government of Spain, 2023). With this law, LGBTI individuals in Spain gained access to rights that had already been recognized in Denmark, Ireland, Malta, Belgium, Portugal and Luxembourg. These include the right to legally change their gender identity without medical-psychological guardianship after the age of 14; the prohibition of genital mutilation practices on intersex individuals and conversion therapies; the establishment of parentage for minors with non-gestational parents; and access to assisted reproduction for lesbian and bisexual women. However, the law does not cover individuals under 14, recognize non-binary individuals, specify treatments for transgender individuals in the healthcare system or address violence within same-sex relationships.

The process behind the passage of Law 4/2023 was rife with misinformation, fake news and opposition from more conservative sectors from when it was initially drafted in February 2021. The political process instigated by the new law brought to light the existence of positions that opposed the rights of LGBTI individuals amongst the Spanish Catholic hierarchy, right-

wing and far-right parliamentary parties and certain anti-trans feminist groups. These reactionary social actors advocated for the need to initiate a social and political debate that reintroduced LGBTI-phobia as a respectable opinion within the democratic political framework (Willem et al., 2022; López-Sáez et al., 2023). Furthermore, in Spain, anti-trans campaigns strategically employed an argument based on protecting children and youth from content related to sexual and gender diversity, a tactic also observed in other European countries (Kuhar and Paternotte, 2017).

These campaigns argue an interest using the figure of the minor, but assuming that minors are not subjects to be considered (Langarita et al., 2023a) and that families who do so are promoting dangerous gender indoctrination (de Cordova et al., 2023). According TERFS views, Law 4/2023 places minors at extreme risk.

While it is true that the data on the mental health of Spanish adolescents and youth is not very promising, these consequences are not due to the recent law passed. The impact of the coronavirus pandemic has tripled the number of mental disorders suffered by minors between the ages of 4 and 14 and has highlighted the precariousness of the Spanish healthcare system to attend to them (Save de Children, 2021). In 2020, 314 suicides of minors occurred in Spain (INE, 2020) and according to the ANAR Foundation (2022), after the pandemic, there has been a growth of suicide behaviors among minors by almost 180%, with 906 minors attempting suicide throughout 2022. This is especially serious among LGBTI minors, who have up to 10% more suicide attempts and request help up to 15% more than their cisgender heterosexual counterparts (ANAR Foundation, 2022).

The telephone support service Arcoiris, operated by the LGBTI State Federation, recorded a 136% increase in calls during the lockdown compared to the same period the previous year. These calls centred around requests for assistance resources, psychological support, legal advice, help with family conflicts, cyberbullying and a variety of other

manifestations of hate (FELGTBI, 2020). Some of the calls came from professionals in childhood and youth care who did not know how to handle certain cyberbullying situations affecting their LGBTI students (FELGTBI, 2020).

The student population in Spain is diverse, reflecting the country's society in general. With particular regard to sexual and gender diversity, according to the latest report on LGBTI-phobia in classrooms in Madrid (COGAM, 2023), one in four teenagers is not heterosexual. However, despite this data, LGBTI adolescents still perceive that teachers do not respond to instances of violence like insults, and that they do not end up being engaged or allies (COGAM, 2023). Data from the European Union Agency for Fundamental Rights (FRA, 2020) indicate that 47% of Spanish LGBTI adolescents aged 15 to 17 have experienced anxiety or depression as a result of violence inflicted upon them during hate incidents. However, 84% of these adolescents have never openly identified as LGBTI to healthcare professionals, and 10% report having heard inappropriate comments in the healthcare services. The situation is not much better in school settings, where only 6% of LGBTI adolescents have openly identified as such; 74% say that LGBTI topics are never addressed in their school, and 38% have experienced discrimination in their school in the last 12 months.

And when we delve into specific populations, trans individuals appear to encounter these violences more frequently. The recent study *Transgender People and their Relationship with the Healthcare System* (FELGTBI, 2019) reported that half its sample claimed to have experienced discriminatory treatment from healthcare professionals, with 75.3% acknowledging that the professionals working with them lacked preparation regarding the trans reality. Other studies highlight that professionals have significant gaps regarding legislation, LGBTI policies, local care services and the practical competencies required to meet the needs of LGBTI individuals (Langarita et al., 2023b). Even among professionals who maintain a positive attitude towards sexual and gender diversity, their cis-heteronormative assumptions

can influence their professional practice (McGlynn et al., 2020; Stewart & O'Reilly, 2017). Therefore, it is imperative to explore the relationship between the perceptions of service users and providers in terms of accepting sexual and gender diversity, and specifically, to map the attitudes of professionals working with LGBTI children and youth.

Some studies suggest that quantifying the current negative attitudes of professionals significantly predicts potential transphobic behaviours in the future (Kanamori and Cornelius-White, 2016). However, in Spain, few studies exist that shed light on this issue. Although some investigations suggest that doctors and psychologists tend to be more familiar with the trans universe and hold more favourable attitudes than other disciplines (Ozamiz-Etxebarria et al., 2020), this does not mean that they have the necessary training, provide adequate information or expedite care (Castillo and Cuadrado, 2019). Furthermore, some studies during the pandemic have highlighted the lack of public policies regarding support for cisheterodissident childhood and adolescence, where it is evident that administrations did not allocate professional resources or appropriate tools for them (Langarita et al., 2023c; Platero and López-Sáez, 2022).

LGBTI individuals find themselves at a crossroads, urgently requiring psychosociosanitary assistance while refraining from seeking it, unable to consider it a safe space. Spanish trans and non-binary adolescents endure more external stressors than their cisgender counterparts, including daily verbal and physical aggression (Aparicio-García et al., 2018; Langarita et al., 2023), and the consequences of this stigmatization pose a public health problem. The social support provided by professionals in childhood services not only constitutes part of their professional duties, but can also directly impact the health of the LGBTI individuals they serve.

Given the lack of studies exploring the perspectives of professionals serving LGBTI+ children and adolescents, there is a dire need to investigate and analyse the state of the issue.

In response to this deficiency, this study provides a qualitative assessment of the perceptions of professionals who work with LGBTI minors, examining their knowledge regarding the conceptualization of sexual and gender diversity, specific policies, professional and personal practices, the identification of needs and situations of violence, as well as the articulation of their responses.

Methodology

Procedure

The professionals were recruited between August and October 2022, following approval by the Ethics Committee of the University of Girona. The professionals were selected using snowball sampling in the regions of Madrid and Catalonia. The selection of professionals was made attempting to consider the different resources that serve minors in both regions. The focus was placed on recruiting professionals from the field of education (teachers, educational psychologists, leisure and recreational professionals) and other related sectors like childcare services (foster children, youth services, sex education teachers), health (psychologists, psychiatrists, doctors, nurses), LGBTI services catering to children (public services and NGOs), and violence against women points serving their children. Each of these potential interviewees was contacted and an interview was scheduled. The average length of the interviews was fifty minutes, with the longest lasting 1 hour and 20 minutes. Additionally, two ongoing seminars were organized in Catalonia and Madrid, involving 20 professionals who discussed our research project as it progressed. These sessions provided a platform for presenting the outcomes of the interviews and exchanging views about the results of the analyses.

Participants

A total of 19 professionals were recruited in Madrid and 16 in Catalonia, ranging in age from 20 to 62. Of the participants, 62.85% (22) identified as cisgender females, 25.7% (9) as cisgender males and 11.4% (4) as non-binary individuals. Regarding sexual orientation, 60% (21) identified as lesbians, followed by 28.5% (10) as heterosexuals, 17.1% (6) as gays, 11.4% (4) as bisexuals, 5% (2) as pansexuals and 5% (2) chose not to disclose their orientation. The majority of the participants, 37.1% (13) work in the education sector, while 17% (6) are employed in services for LGBTI individuals, another 17% (6) in childcare services, 17% (6) in health services and 11.4% (4) work for non-governmental organizations (NGOs).

Table 1. Professional Sociodemographic Information

Interview number	Age	Gender identity	Sexual orientation	Professional role	Field	Region
E1	42	Cis male	Gay	LGBTI service provider, social worker	LGBTI and gender-based violence services	Madrid
E2	41	Cis female	Lesbian	High school teacher	Education	Madrid
E3	42	Cis female	Lesbian	High school teacher	Education	Madrid
E4	52	Cis female	Heterosexual	Psychiatrist	Health	Madrid
E5	55	Non-binary	Lesbian	High school teacher, activist and visual artist	Education	Madrid
E6	36	Non-binary	Bisexual	High school teacher	Education	Madrid
E7	47	Cis female	Heterosexual	High school teacher	Education	Madrid
E8	56	Cis female	Lesbian	LGBTI service provider, social worker	LGBTI and gender-based violence services	Madrid

E9	43	Cis female	Heterosexual	High school teacher	Education	Madrid
E10	44	Cis male	Gay	LGBTI NGO youth and education provider	LGBTI and gender-based violence services	Madrid
E11	32	Cis female	Heterosexual	Associate professor and NGO head of training	Childcare services	Madrid
E12	44	Cis male	Gay	Director, Centre for Young Female Victims of Gender Violence	LGBTI and gender-based violence services	Madrid
E13	46	Cis male	Heterosexual	Coordinator, foster children's service	Childcare services	Madrid
E14	45	Cis female	Lesbian	Psychologist	Health	Madrid
E15	46	Cis female	Lesbian	Youth service provider	Childcare services	Madrid
E16	32	Cis female	Heterosexual	Youth service provider	Childcare services	Madrid
E17	30	Cis male	Bisexual	Youth service provider	Childcare services	Madrid
E18	55	Cis female	Lesbian	LGBTI service provider, psychologist	LGBTI and gender-based violence services	Madrid
E19	34	Non-binary	Pansexual	Children's leisure time instructor (also responsible for training)	Childcare services	Madrid
E20	31	Cis female	Lesbian	Nurse	Health	Catalonia
E21	52	Cis male	Heterosexual	Technical director, social work foundation	Childcare services	Catalonia

E22	46	Cis female	Polysexual	Sociologist working on feminist and sexuality education projects with youth	Childcare services	Catalonia
E23	20	Cis male	Gay	Scout group leader and university student (primary education teacher)	Education	Catalonia
E24	48	Cis female	Heteroromantic bisexual	Doctor	Health	Catalonia
E25	27	Cis female	Lesbian	High school teacher	Education	Catalonia
E26	42	Trans male	n/a	High school teacher	Education	Catalonia
E27	43	Cis female	Lesbian	Sex education technician (social worker)	Childcare services	Catalonia
E28	37	Non binary	Gay	Social educator	Childcare services	Catalonia
E29	27	Cis female	Lesbian	Social psychologist	Childcare services	Catalonia
E30	41	Cis female	Mostly heterosexual	Psychologist, technician, Comprehensive Attention Service (SAI) for LGBTI	LGBTI and gender-based violence services	Catalonia
E31	31	Cis female	Heterosexual (not only cis)	Educational psychologist	Education	Catalonia
E32	43	Cis female	Bisexual	Primary education teacher	Education	Catalonia
E33	62	Cis female	Heterosexual	Technical manager, LGBTI policies	LGBTI and gender-based violence services	Catalonia

E34	32	Cis female	Pansexual	Educational psychologist	Education	Catalonia
E35	43	Cis male	Gay	Technical manager, LGBTI policies	LGBTI and gender-based violence services	Catalonia

Data Analysis

The interviews were transcribed verbatim, and their accuracy was verified. Atlas.ti was applied to code (using dual coding) and analyse the information in the transcriptions. After a deductive thematic analysis was conducted to establish emergent categories based on the identified themes (Braun and Clarke, 2021), an inductive analysis was carried out based on the structure of the interviews (Braun and Clarke, 2006). This dual analysis produced the thematic framework, which served as the basis for grouping the information from the interviews. Based on this dual analysis, the thematic structure presented in Table 2 was established, around which the different excerpts of information from the narratives were grouped.

Table 2. Thematic structure refined after the dual analysis

Categories based on interview structure	Emerging categories based on identified themes
Professional Knowledge	<ul style="list-style-type: none"> - The importance of knowing the specific terminology - Knowledge gaps regarding policies - Existing social resources
Professional Practices	<ul style="list-style-type: none"> - Implementing a specific and idiosyncratic perspective - Good practices - The awareness of oppressions
Needs during and after the COVID-19 Pandemic: Challenges and Future Prospects	<ul style="list-style-type: none"> - Situations identified with LGBTI adolescents - The professional realization of a lack of training, resources and adultcentrism

Results

The results are organized according to the specified thematic framework, aligning the interview structure with the emerging categories.

Professional Knowledge

During the interviews, the participants were asked to provide their perspectives on four concepts: gender, gender identity, gender expression and sexual characteristics. They were then questioned about their awareness of specific laws, regulations and policies within their sector. Finally, participants were asked about their knowledge with regard to existing resources and tools for LGBTI adolescents. Three subthemes emerged from their responses: the significance of understanding specific terminology; gaps in knowledge regarding policies and resources; and the precariousness of existing resources.

The importance of knowing the specific terminology

The professionals who participated in this study stressed the complexity of the terms presented. Most who were experts in the field of LGBTI children knew how to define and conceptualize gender appropriately and even described it in pedagogical terms:

“Gender is an extremely complex concept (...) I personally find it more and more complex (...) it is a social system that in some way tries to put people into categories related, in point of fact, to their gender. It is understood as a framework, a profoundly cultural construct, and then the identities related to gender begin to become progressively more complex with their diversity”.
(E18)

“As for [our service], we define gender as something felt, that only each person knows what their identity is, and this is not open to question because it is the one the person feels. This is a non-pathologizing approach”. (E24)

“Gender is like theatre to me, it’s like learning a role, you arrive in the world and you begin to speak your script, and there’s a moment when you start to perform it, and it becomes more established during adolescence”. (E27)

However, the professionals who were not experts in the field tended to be more confused or find it more difficult to define gender than the experts in LGBTI.

“Gender? Ugh, it’s so difficult! Well, I think that it’s the cultural attributes that are materialized according to certain roles for people in this society”. (E4)

“Gender, well, it’s associated with those... I understand, sexuality, the genitals that they’re born with. Male or indeterminate gender, right?”. (E13)

If the concept of gender posed challenges for some of the interviewees, they found other concepts more closely connected to identity and gender expression, or sexual characteristics, even more complex. In fact, some professionals indicated that they could not define them, or they did so incorrectly:

“Gender identity... It’s kind of, like, gender, right? (...) You can see I’m a little lost, that’s because I’ve just got into all this”. (E7)

“Gender expression? I don’t know how to define it”. (E16)

“Every person identifies themselves in a way that makes them feel comfortable, I don’t know if I answered right”. (E23)

Once again, the professionals with more experience and specialization were able to identify the complexity of the concepts:

“Gender expression and identity to me are dimensions of gender that we need to explain in a very compartmentalized way: expression, orientation, role, etc. In the end it’s a social construction that incorporates and interweaves these dimensions”. (E31)

Knowledge gaps regarding policies

The knowledge related to LGBTI child protection policies amongst the professionals interviewed was inconsistent. Those with expertise in LGBTI issues were the most familiar with the autonomous community laws and specialized resources compared to their peers who lacked this expert knowledge. Having said that, none of the interviewees were able to fully explain what these laws contain and their implications.

“We’re not really up on protocols”. (E22)

“I know a little at the level of regulations, but in general, I understand that the law against LGBTI-phobia includes measures to protect children and adolescents... I don’t know if the law contains provisions for the specifics [of children and young people]”. (E27)

This regulation is particularly important for trans and non-binary adolescents and their families, since it allows them to make social transitions and use their chosen name at school, obtain a new ID card, have access to treatment and so forth. Despite the knowledge gaps mentioned, all the professionals agreed about the importance of being familiar with existing legislation, as well as their immediate surroundings, in order to provide advice and support LGBTI children.

“What parents want to know is if they have the right to demand specific attention to LGBTI diversity, to demand that the chosen name be used (...) I print it out and I underline it, I go directly to the page where it says what they have to do”. (E10)

“All this part of Law 11/2024, the law that guarantees the rights of lesbians, gays, bisexuals... The law calls for the incorporation of a more cross-sectional view of all trans persons in the health system. It began in 2017, the healthcare model for trans people, which was the model established in Catalonia as valid, revoking the earlier model for hospital gender units”. (E24)

Some professionals also emphasized the importance of these laws and regulations when conferring more legitimacy and protecting their professional practice to support LGBTI children in resistant school environments. Many interviewees mentioned this resistance:

“I went to a school where they said, “this is what’s best for the child”, but you had tools to say, “no, this is what you have to do”. This is what the law says... it’s a very positive tool”. (E8)

“If the families scowl, or even other colleagues in the department, you have to bring up the legislation that covers this: we have to teach this and we have an obligation, too”. (E9)

Existing social resources

In Madrid, the professionals were aware of some of the available resources in their fields. However, they noted that the resources are not always specialized, they change and are sometimes unreliable, depending on the political will of the moment and the available funding, which is often not directly managed by the public administration. They also indicated that many resources are general in nature, and do not provide a safe space for these minors.

“In the Community of Madrid, there are some resources where, if you are the target of LGBTI-phobic aggression... you can turn to them, but little more”. (E15)

“They’re almost all outsourced. (There’s) a lot of instability. (They are) projects that appear and disappear according to the political will”. (E13)

“The policy of whoever designed the youth centre was clearly not to discriminate, but it did not envision diversity or protect nonnormative people, and in practice that means that they don’t have a place where they are understood and recognized”. (E10)

In Catalonia, Law 11/2014 provides for the creation of a specialist service for the LGBTI population, the Integral LGBTI Care Service Network (SAI Network). Since its implementation in 2017, it has expanded to the point that there is an SAI in all the counties and towns with more than 20,000 inhabitants in Catalonia. This is accompanied by specialized local plans that make it possible to orient policies aimed at the LGBTI population from a perspective of proximity, with specific actions for LGBTI children and adolescents. The existence of a specialized resource with professionals responsible for providing assistance helps other professionals in the sector know who to turn to when specialized attention is required. However, this has occasionally resulted in a person who could have been treated by a non-specialist service being referred, simply because they come from the LGBTI community.

Professional Practices

The participants were asked to explain how they work with LGBTI children and adolescents to assess their degree of involvement. In their responses, the interviewees described different issues related to their job performance, with three subthemes emerging: the implementation of a specific and idiosyncratic perspective; good practices; and engagement as allies in situations of discrimination.

Implementing a specific and idiosyncratic perspective

Generally speaking, most of the professionals remarked on the importance of considering the specific facets of LGBTI adolescents. They emphasized that this perspective must take an affirmative approach to sexuality and gender that begins with listening and not challenging the development of subjectivity around sexual and gender identities.

“During teaching processes, I always include the perspective of gender identity or sexual orientation, explaining the difference (...) incorporating it into what we’re going to be working on”. (E5)

“Generally, children are not listened to, but when this child also departs from the normative model, they are listened to even less, because I think that there’s no idea about how to even continue”. (E27)

“[LGBTI children] are not listened to enough. And when they are listened to, they aren’t validated. It’s seen as a joke, some people have even said to me, “Look at how they’re confusing reality and fiction” or “check out the lies they’re telling, because they introduced themselves using a name that isn’t their name” (...), instead of seeing that this is a person who really wanted to say what they wanted to say, and that’s that”. (E34)

Moreover, this approach also tries to incorporate a queer perspective into support, an intersectional point of view when required, and an attitude that promotes critical thinking about sexuality and gender:

“When we talk about migration processes, we always say that LGBTI individuals are involved in a migration process in an extremely high percentage of the cases, because if you don’t live in a city like Madrid, Barcelona or some place like that, you move, and who’s going to keep the little town going?” (E15)

“We advocate mixing. Clearly, each person has a space that they need, but what characterizes us and our commitment to what we do, and what we believe creates cool spaces, is the value of engaging with other people... So we talk using plural forms. Feminisms in the plural, sexual-emotional diversities in the plural, antiracisms in the plural, and then we’ll see what this means, always from the plural, without the plural meaning that we avoid conflict”. (E22)

“[It’s all about] denormalizing heterosexuality or gender binarism, all the time. This results in questions being asked”. (E25)

Only two professionals stated that there was no need to incorporate a specific perspective to work with LGBTI adolescents, taking for granted that, as adolescents, they are already included in general programmes and they do not have specific needs, saying:

“I think that this is just another group, that it’s reasonably included in general. They don’t have specific things as a group”. (E16)

On the other hand, some institutions have launched specific programmes to coordinate support for LGBTI children and address sexual and gender diversity with young people. In Catalonia, for instance, the existence of a directorate-general in charge of questions related to sexual and gender diversity has made it possible to roll out specific policies, organize coordination spaces and promote the training of professionals.

“The programme [a specific accompaniment programme for trans health] collaborates with us, and the Generalitat Coeducation Programme trained us with [a centre specializing in sexual abuse] all about the subject of preventing sexual violence towards children. All this has allowed us to construct a narrative that goes from the first year of elementary school until the last, we’ve been doing it for four years”. (E32)

Despite the majority support for incorporating an LGBTI perspective into professional practice, when it comes to implementing this support, some professionals are resistant.

“There are some professionals who, in the hallway, say “Sheesh, there are a lot of cases, it’s all the rage right now”. (E30)

In this respect, the professionals recognize that LGBTI children are more visible, but they are also aware that arguments are used in their workplace related to this being fashionable or to the enforcement of a parental veto, as proposed by the far right (there are no regulations in Madrid or Catalonia that ban classes on gender equality or sexuality; rather specific legislation supports the contrary). The result is an environment that discourages action in the absence of legislation to that end.

Good practices

The professionals as a group spoke about different practices to work with this population in the best way possible as part of their jobs. Most of them stressed the importance of listening and the creation of spaces for reflection as key parts of appropriate intervention.

“This year we decided to hold some workshops and the young girls put them together and we did it at the end of the school year. It was a kind of role-play for working with LGBTI-phobia in the classroom”. (E2)

“Regarding spaces set aside for talking in private, we have personalized mentoring. We work with the Escúchame [Listen to Me] project, where each student meets for 15 or 30 minutes a week alone with their mentor (...) We have a room with sofas and you can arrange to go there because you want a consultation or the mentor’s been calling you, and the chats aren’t led by any adults”. (E32)

Some professionals even went so far as to examine their own heteronormative biases and reflect on how their job performance was initially inadequate when it came to supporting LGBTI adolescents and how that served as a learning experience for later improvement. As the coordinator of a foster children's service remarked.

"Sometimes, from our hetero position, because of ignorance or prejudice, we didn't do our work as diligently as we could have. But not deliberately, not in bad faith. At one point, I didn't provide the best possible support, and I learned from that" (E13).

In this respect, they recognized that they may have made mistakes in their actions, but *"We try not to make assumptions about a person's identity without asking" (E10).*

They examined their professional practices and tried to make changes in their dealings with LGBTI children and the activities they proposed, as well as to use role models.

"With everything that's related to reviewing games, with the professionals who are paired with the children, if we have visible LGBTI role models, I mean, that's guaranteed protection from a lot of types of violence". (E27)

Other professionals stressed the importance of coordinating actions to better defend LGBTI adolescents from discrimination. Specifically, they spoke about creating networks amongst adolescents where the allied support of other teens can change the atmosphere in the classroom and show how homophobic attitudes can be rebuffed.

"However much you talk, homophobia is definitely not going to change, but the attitude of others towards homophobia can. And that's important". (E8)

"When they eventually give me grief, because they think I'm going to give them my feminist opinion from out of who knows where. And I'm like, look, I'm here to explain a struggle from

many years ago, and what's more, I'm not saying that it was recognized in a lot of international and national instruments. And then you do push through [the law] and the duty to intervene, and I bring this up, because when you are facing a situation of LGBTI-phobia, you have to intervene as a public professional". (E27)

The awareness of oppressions

All the professionals interviewed described different situations of discrimination that they had personally observed, demonstrating that discrimination is not hypothetical, but rather a reality faced by LGBTI adolescents on a daily basis.

"I have seen medical records, emergency records and things like that, where they include the orientation or identity of the patient as part of the pathology". (E14)

"When we had to talk with the school (...) The headmaster told a young person who was gender fluid that he was very tired of all this foolishness. That they should make up their mind if they were a guy or a girl, and that he was going to call him by his male name". (E11)

"There's a very serious problem with violence, it varies by public school. There's a majority with aggressive, toxic masculinity, this form of behaviour in the world that's very (...) A lot of homophobia, tension (...) 'Travelo', those are still the main insults in the school playground". (E26)

As a result of this discrimination, adolescents need to seek out a place of refuge, as noted by one interviewee:

"Some of the children built a safe space in their room". (E28)

Moreover, a few professionals had also been exposed to different forms of violence in the form of spillover stigma, either because of their support for the minors or because of their own sexual orientation or gender expression/identity.

“One of my colleagues, an ethics teacher, he knew that I worked on these issues with my students, he grabbed me and made some allusive gestures to my sexual orientation, laughing. And he called me a dyke”. (E2)

“One time a colleague said to me, “You must be so interested in this because you’re a fairy, is that it?” (E13)

At the end of the following excerpt, the professional recognized that she was forced to face discriminatory comments so often that she did not always have the strength to deal with them:

“We were talking about life [with a colleague] and I explained that I had become a mother, but that my partner had carried the baby. And she says to me, “Uggh, I’m really in favour, I totally really respect gays and lesbians, but what I can’t handle are these effeminate boys who look like girls”. And I was flabbergasted. Sometimes I have the energy to respond in these situations, but sometimes I just don’t answer”. (E20)

When the professionals themselves are LGBTI, they are exposed to LGBTI-phobic violence from both their colleagues and students and, at times, even from the institutions where they work. When a teacher who been assaulted does not receive support from their school, it contributes to a general feeling that the institution is not a safe space for LGBTI individuals, whether teachers or students, as seen in the following excerpt.

“[When a student] shouts insults at a teacher in the hallway and another teacher just tells them, “Come on, calm down, calm down” (...) It’s the same as when they say ‘faggot’ or ‘crossdresser’ to other kids in the playground and the teachers act as if it were nothing. They

don't seem able to make the connection, that there's a risk involved, that there are statistics, that minors have killed themselves, and that there's a real risk involved in being part of the LGBTI community". (E26)

Needs during and after the COVID-19 Pandemic: Challenges and Future Prospects

The participants were asked about the needs they detected in their work with LGBTI adolescents and children. Although the question was open, they were asked to emphasize the period during and immediately after the COVID-19 pandemic and today. Their responses revealed two subthemes: the situations identified and their own professional realizations related to the pandemic.

Situations identified with LGBTI adolescents

All the professionals agreed that the pandemic constituted an additional source of stress for these adolescents, many of whom already lived in socially disadvantaged circumstances. Most of the professionals cited examples in which an adolescent lacked family support, had no contact with their peers, was socially isolated, had hostile neighbours or used social networks, where they saw hateful reactions to the parliamentary debates around the LGBTI law.

"The hate speech during the pandemic put the focus on blaming the LGBTI population. Pride was blocked, there was talk about promiscuity... After the pandemic, TERF [trans-exclusionary radical feminist] hate in the debate around the trans law". (E12)

"I saw really, really bad situations involving kids with their parents at home, because they had just begun to come out of the closet". (E5)

More than half the professionals interviewed stressed the importance of feeling listened to for these adolescents. One teacher detected this need both during and after the lockdown:

“I think they needed and need to be listened to and heard. And they need to be given information, because these boys and girls are often extremely lost”. (E2)

In this respect, the professionals emphasized the after-effects of the COVID-19 pandemic and lockdown that produced and/or aggravated discomfort related to anxiety, depression, body image and suicide.

“During and after the pandemic, we detected an extremely high level of help-seeking related to suicide attempts, self-harm, eating problems, etc. They lacked safe socialization spaces where they could be themselves (...) And then you add the lack of daily role models”. (E10)

“It wasn’t just that trans students didn’t want to go back to school, they didn’t think they had the strength to go back into the ‘whirlwind’ of the crowd and the tension they might experience in a space like that, because they felt more protected at home. When school isn’t a pleasant and comfortable place for you, you end up becoming depressed”. (E26)

The teachers interviewed also stressed the repercussions of discrimination on LGBTI students in academic settings, particularly in the development of learning processes: ‘We have to look at the dropout rate for trans and queer students. The reason is clear, isn’t it? But it continues to be overlooked’. (INT5). At the same time, many professionals highlighted the fact that the pandemic had provided an opportunity for LGBTI children and adolescents to stop and think about their own sexual and/or gender identity. This newly acquired awareness often led them to tell their parents, who reacted in different way to their coming out of the closet:

“Many people are coming out of the closet now, because during the pandemic a whole lot of issues came up related to orientation, but especially identity (...) In some cases, COVID-19 allowed fathers and mothers who work and couldn’t spend much time with their children, to spend time with their kids and get to know them better”. (E19)

“We’ve got some people where lockdown gave them a chance to grow their hair long, to make changes to their bodies. They were allowed to come out of the closet because they were at home and in a safe space. And after this experience at home, they came out socially, after six months at home. But I also saw the opposite, a lot of fear, a lot of social phobia, and the lockdown meant peace of mind, and going outside with their mask on helped them.” (E24)

Finally, the professionals noted that after the pandemic ended, there was awareness and public discussion about the mental health of young people, which became less stigmatized, and this allowed LGBTI youth to be more open about their own discomfort.

“Something positive that I think is being applied since the pandemic is that, since we focused so much on mental health, many more LGBTI adolescents are able to talk about it, to express what happened to them and find escape routes that they didn’t have before”. (E19)

The professional realization of a lack of training, resources and adultcentrism

Almost all the professionals mentioned feeling frustrated at not being able to do enough during the lockdown period. They discussed the number of limitations they faced as they tried to perform their duties, whether due to a lack of training in a situation of such magnitude or the lack of resources.

“When the pandemic began, the few public services for adolescents that our LGBTI kids used closed. They were abandoned”. (E17)

“Our experience was one of adaptation, pure and simple. We adapted and we took our telephones home to be able to do something, at least to be able to call them once in a while”. (E16)

All the professionals interviewed mentioned the dire problems – beyond the pandemic – that stemmed from a lack of awareness-raising, training and keeping their colleagues and schools up to date.

“Sometimes, your colleagues downplay the importance. They don’t think it matters that a kid is called a sissy or a faggot. And they don’t even think to call you about it. Most of them only call you when it’s related to trans”. (E8)

“With my colleagues, the same. Professional people, this is happening. Snap out of it! Let’s get up to date!” (E15)

“I’ve seen female colleagues who, while very well intentioned (...) make mistakes (...) Teachers in general, more than training and all that, I think they need to be politically engaged, politically committed, to have a feminist commitment, a commitment to having this structure my teaching practice, facing up to whoever I must, the families, the school, the administration”. (E25)

Additionally, education professionals highlighted the impact of adultism and how their teams at school use the argument of the right of parents over their children to limit their access to sex education or their right to openly express themselves as LGBTI. These narratives echo the ultraconservative resistance, which is calling for a parental veto over classes on gender equality and sexuality.

“We’re getting it wrong, not viewing children as people... The main goal is for adults to understand not only the more technical parts, like the basic concepts of sexuality and gender, but also the human part”. (E6)

“The headmaster says that “the parents will decide”. We leave it all with the families until the child is of age. What happens with minors whose families don’t support them?” (E8)

Some teachers took it upon themselves to criticize their schools for using LGBTI groups when they wanted to look good and show that they were doing something in the area, even though they did not always provide active support. In a clear example of pinkwashing (Puar, 2007), the schools use these groups to avoid having to take more action. As one interviewee explained:

“They bring them out, like, Three cheers for our school’s LGBTI group! And with that we get to wear the “queer school medal”. It’s not a case of getting them together; they respect each other. But, what about the other people who make up the education community?” (E17)

Discussion and conclusion

The results of this study show, above all else, that interventions with LGBTI children and adolescents are divided between professionals who have advanced skills and expertise and those who exhibit resistance, deficiencies and/or a lack of knowledge. It also found that having an ‘ally attitude’ regarding the rights of LGBTI children is associated with the quality of the professional practice and a commitment to children’s rights (López-Sáez et al., 2022). According to the model established by Jones et al. (2014), an individual is considered an ally to LGBTI+ individuals when: they have knowledge about the topic; critically examine their attitudes and practices; actively promote rights through various practices; and understand and recognize the existence of everyday injustices that mark LGBTI+ realities.

Therefore, firstly, following this model and considering our results, we can say that professionals working with LGBTI+ minors have knowledge about the terminology, legislation, and resources available in their localities. This knowledge serves to understand the issues faced by LGBTI children and adolescents, their culture, their context, and to guide or advise them when needed. However, the fact that cisgender and heterosexual professionals encounter difficulties with certain terms is consistent with the privilege of inhabiting

cisheteronormativity, which may not have allowed them to confront and respond to certain issues. The norm does not typically pause to examine what it embodies or how to navigate it (Ahmed, 2006, 2017).

A second finding concerns the connection between knowledge and praxis. During the study, the professionals discussed how they apply what they know to their approaches to supporting LGBTI children. They emphasized the importance of an affirmative professional perspective, one that avoids pathologizing or challenging the children, which aligns with the guidelines set by groups like the American Psychological Association (APA, 2012, 2015; Nakamura et al., 2021). When differences related to the sexual orientation or identity of individuals are disregarded, incomplete perspectives and ineffective, counterproductive support are adopted (Biaggio et al., 2003). As a third point, the discussion of best practices divulged a number of key observations regarding proactivity in educating and raising awareness, self-visibility and identifying role models, in refusing to ignore ongoing discrimination and acknowledging mistakes. A lack of involvement and deliberate neglect deny the violence experienced by many LGBTI children and adolescents (Cowan et al., 2005). Thus, the fourth consideration: a lack of professional support is tantamount to perpetuating violence and casting a blind eye. Nevertheless, all the interviewees said that they were aware of the violence, having personally experienced it, even the professionals characterized as more deficient and resistant.

As a fifth point, an awareness of oppressions facilitates the recognition and understanding of the needs of these minors, as established in previous studies on the COVID-19 lockdown and LGBTI childhood and adolescence in Spain (Platero and López-Saéz, 2022, 2023; Langarita et al., 2023c), which highlight both the exposure to situations of violence and opportunities to explore gender experiences and sexuality. Specifically, family-based violence

led many adolescents to either assert or suppress significant aspects of themselves at the same time that institutional violence in education, leisure or social service institutions manifested itself in the form of neglect and abandonment, and violence from strangers shifted to social media and neighbourhoods. On the other hand, the lockdown provided a period for self-reflection and self-discovery, with LGBTI children demonstrating a significant level of agency and seeking support to help them navigate their processes related to sexuality and gender.

Similarly, cultivating awareness of oppressions empowers professionals to effectively confront misinformation and propaganda targeting the LGBTI community. By recognizing and understanding the systemic discrimination and marginalization faced by LGBTI individuals, professionals are better equipped to challenge and debunk false narratives and harmful stereotypes. This heightened awareness not only enables them to advocate for accurate and affirming representations of LGBTI experiences but also equips them to engage in constructive dialogue with families and educational institutions that may deny or invalidate LGBTI identities.

Lastly, the results expose challenges in the services and organizations where the interviewees work or collaborate. Specifically, this study showed 1) the need to improve specific training related to sexuality and gender amongst professionals working with children and adolescents; 2) the persistence of adultcentric perspectives that often fail to acknowledge the capacity of children and adolescents to express their own sexuality and gender; and 3) the need for organizations and services to incorporate a perspective on sexuality and gender into institutional support dynamics in order to make a significantly greater contribution to the well-being of LGBTI children and adolescents. Conversely, organizations that struggle or refuse to understand the importance of specific services and activities for LGBTI children and youth

tend to perpetuate cis-heterocentric logics that constrain the young people's agency, autonomy and well-being.

Limitations and future considerations

As this study recruited professionals who had a positive predisposition towards our research, a next step would entail interviewing professionals from childhood services who have less accepting attitudes towards LGBTI children and a more diverse range of childhood resources. By including professionals with varying levels of acceptance, future studies can provide a more comprehensive understanding of the challenges and barriers faced by LGBTI youth in accessing support and resources. This holistic approach to research can inform the development of targeted interventions and training programs aimed at addressing the specific needs of professionals who may require additional support in navigating and supporting LGBTI realities.

Furthermore, our findings underscore the importance of establishing public policies that prioritize the ongoing education and training of professionals, emphasizing the need for curriculum development that equips them with the knowledge and skills necessary to effectively engage with and support LGBTI individuals. By investing in comprehensive training initiatives, policymakers can ensure that professionals are equipped to provide affirming and inclusive care that addresses the unique needs and experiences of LGBTI youth.

References

- Ahmed, S. (2006). *Queer phenomenology: Orientations, objects, others*. Duke University Press. <https://www.dukeupress.edu/queer-phenomenology>
- Ahmed, S. (2017). *Living a feminist life*. Duke University Press.
- Aparicio-García, M. E., Díaz-Ramiro, E. M., Rubio-Valdehita, S., López-Núñez, M. I., & García-Nieto, I. (2018). Health and well-being of cisgender, transgender and non-binary young people. *International Journal of Environmental Research and Public Health*, 15(10), 1-11. <https://doi.org/10.3390/ijerph15102133>
- Association, A. P. & others. (2012). Guidelines for psychological practice with lesbian, gay, and bisexual clients. *The American Psychologist*, 67(1), 10-42. <https://doi.org/10.1037/a0024659>

- Association, A. P. & others. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American psychologist*, 70(9), 832-864. <https://doi.org/10.1037/a0039906>
- Boletín Oficial del Estado (2023) Ley 4/2023, de 28 de febrero, para la igualdad real y efectiva de las personas trans y para la garantía de los derechos de las personas LGTBI. *BOE*, 51 March 1st BOE-A-2023-5366 <https://www.boe.es/buscar/pdf/2023/BOE-A-2023-5366-consolidado.pdf>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and psychotherapy research*, 21(1), 37-47. <https://doi.org/10.1002/capr.12360>
- Castillo Muñoz, L., & Cuadrado, F. (2020). Percepción de las personas transexuales sobre la atención sanitaria. *Index de enfermería*, 29(1-2), 13-17.
- COGAM. (2023). Informe LGTBfobia en las aulas 2021-2022. <https://cogam.es/wp-content/uploads/2023/04/LGTBfobia-en-las-Aulas-2022.pdf>
- Cowan, G., Heiple, B., Marquez, C., Khatchadourian, D., & McNevin, M. (2005). Heterosexuals' attitudes toward hate crimes and hate speech against gays and lesbians: Old-fashioned and modern heterosexism. *Journal of Homosexuality*, 49(2), 67-82. https://doi.org/10.1300/J082v49n02_04

- de Cordova, F., Selmi, G., & Sità, C. (2023). The rhetoric of child well-being in the Italian public debate on same-sex parenting and gender equality education 1. In *Child-Friendly Perspectives on Gender and Sexual Diversity* (pp. 118-134). Routledge.
- FELGTBI. (2019). *Las personas trans y su relación con el sistema sanitario* (pp. 1-20). https://felgtbi.org/wp-content/uploads/2020/03/PersonaTransSistemaSanitario_informe2019.pdf
- FELGTBI. (2020). *Informe actividad Línea Arcoiris-confinamiento* (pp. 1-19). <https://felgtbi.org/wp-content/uploads/2020/09/Informe-actividad-L%C3%ADnea-Arcoiris-confinamiento.pdf>
- FRA. (2020). *A long way to go for LGBTI equality*. <http://fra.europa.eu/en/publication/2020/eu-lgbti-survey-results>
- Fundación Anar. (2022). *Conducta suicida y salud mental, en la Infancia y Adolescencia en España (2012-2022), según su propio testimonio* (pp. 1-196). <https://www.anar.org/la-fundacion-anar-presenta-su-estudio-sobre-conducta-suicida-y-salud-mental-en-la-infancia-y-la-adolescencia-en-espana-2012-2022/>
- INE. (2020). *Estadística de defunciones según la causa de muerte (2015-2020)* [dataset]. https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_Cycid=1254736176780ymenu=resultadosyidp=1254735573175#!tabs-1254736194710
- Jones, K. N., Brewster, M. E., & Jones, J. A. (2014). The creation and validation of the LGBT Ally Identity Measure. *Psychology of Sexual Orientation and Gender Diversity*, 1(2), 181. <https://doi.org/10.1037/sgd0000033>

- Kanamori, Y., & Cornelius-White, J. H. (2017). Counselors' and counseling students' attitudes toward transgender persons. *Journal of LGBT Issues in Counseling*, 11(1), 36-51.
<https://doi.org/10.1080/15538605.2017.1273163>
- Kuhar, R. & Paternotte, D. (eds.) (2017). *Anti-Gender. Mobilizing against equality campaigns in Europe*. Rowman and Littlefield.
- Langarita, J. A., Santos, A. C., Montenegro, M., & Urek, M. (2023a). Child-friendly perspectives on gender and sexual diversity: Beyond adultcentrism. Routledge.
<https://doi.org/10.4324/9781003294719>
- Langarita, J.A., Palomar, N. & Dorado, A. (2023b), Professional care for LGBTI people in rural areas: Knowledge, beliefs and practices. A case study in the La Selva region, Spain, *Journal of Gay & Lesbian Social Services*.
<https://doi.org/10.1080/10538720.2023.2244902>.
- Langarita, J.A., Trull-Oliva, C., Villá, M., & Montserrat C. (2023c). "It wasn't the priority": Non-binary Children Experiences Wave of COVID-19. *Sexuality Research and Social Policy*, <https://doi.org/10.1007/s13178-023-00893-1>
- López-Sáez, M. Á., Angulo-Brunet, A., Platero, L. R., Bochicchio, V., & Lecuona, O. (2023). Attitudes towards trans men and women in Spain: An adaptation of the ATTMW Scale. *International journal of environmental research and public health*, 20(3), 1-16.
<https://doi.org/10.3390/ijerph20031872>
- López-Sáez, M.-Á., García-Dauder, D., Montero, I., & Lecuona, Ó. (2022). Adaptation and validation of the LGBQ ally identity measure (Adaptación y validación de la Medida de Identificación Aliada LGBQ). *Studies in Psychology*, 43(2), 229-258.
<https://doi.org/10.1080/02109395.2021.198988>

- McGlynn, N., Browne, K., Sherriff, N., Zeeman, L., Mirandola, M., Gios, L., Davis, R., Donisi, V., Farinella, F., Rosińska, M., Niedzwiedzka-Stadnik, M., Pierson, A., Pinto, N., & Hugendubel, K. (2020). Healthcare professionals' assumptions as barriers to LGBTI healthcare. *Culture, Health & Sexuality*, 22(8), 954–970. <https://doi.org/10.1080/13691058.2019.1643499>
- Nakamura, N., Dispenza, F., Abreu, R. L., Ollen, E. W., Pantalone, D. W., Canillas, G., Gormley, B., & Vencill, J. A. (2022). The APA Guidelines for Psychological Practice With Sexual Minority Persons: An executive summary of the 2021 revision. *American Psychologist*. <https://doi.org/10.1037/amp0000939>
- Ozamiz-Etxebarria, N., Picaza, M., Jiménez-Etxebarria, E., & Cornelius-White, J. H. (2020). Measuring discrimination against transgender people at the University of the Basque Country and in a non-university sample in Spain. *International Journal of Environmental Research and Public Health*, 17(7), 1-10. <https://doi.org/10.3390/ijerph17072374>
- Platero, L., & López-Sáez, M. Á. (2023). Community responses to LGBT+ adults with intellectual and developmental disabilities during the COVID-19 confinement in Madrid. *International Social Work*, 66(1), 107-116. <https://doi.org/10.1177/00208728211044741>
- Platero, R. L., & López-Sáez, M. Á. (2022). Spanish LGBTQ+ youth and the role of online networks during the first wave of Covid-19. *Social Inclusion*, 10(2), 185-194. <https://doi.org/10.17645/si.v10i2.4950>
- Puar, J. (2007). *Terrorist Assemblages. Homonationalism in Queer Times*. Duke University Press.

Save the Children. (2021). *Crecer Saludable(mente). Un análisis sobre la salud mental y el suicidio en la infancia y la adolescencia* (pp. 1-76).

[https://www.savethechildren.es/sites/default/files/2021-](https://www.savethechildren.es/sites/default/files/2021-12/Informe_Creer_saludablemente_DIC_2021.pdf?utm_source=NotaPrensa&utm_medium=referral&utm_campaign=SaludMental)

[12/Informe_Creer_saludablemente_DIC_2021.pdf?utm_source=NotaPrensa&utm_medium=referral&utm_campaign=SaludMental](https://www.savethechildren.es/sites/default/files/2021-12/Informe_Creer_saludablemente_DIC_2021.pdf?utm_source=NotaPrensa&utm_medium=referral&utm_campaign=SaludMental)

Stewart, K., & O'Reilly, P. (2017). Exploring the attitudes, knowledge and beliefs of nurses and midwives of the healthcare needs of the LGBTQ population: An integrative review.

Nurse Education Today, 53, 67–77. <https://doi.org/10.1016/j.nedt.2017.04.008>

Willem, C., Platero, L., & Tortajada, I. (2022). Trans-Exclusionary Discourses on Social Media in Spain. En *Identities and Intimacies on Social Media* (pp. 185-200). Routledge.

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