

Engaging Families to Support Lesbian, Gay, Bisexual, and Transgender Youth

The Family Acceptance Project

By Caitlin Ryan, Ph.D., A.C.S.W.

During the past two decades, lesbian, gay, and bisexual—and more recently, transgender—young people have increasingly been coming out during adolescence. Although families provide much of the nurturing and socialization for children and adolescents, research on lesbian, gay, and bisexual (LGB) youth has focused on peers, school, and community experiences. Little research has explored the experiences of transgender youth in general, or of LGBT adolescents in the context of their families. Nevertheless, research on families of LGBT adolescents has important implications for child and adolescent development, health and mental health outcomes, services, and professional training.

RESEARCH ON LGBT YOUTH & FAMILIES

For adolescents in general, connections to family are protective against major health risk behaviors. In addition, families play a critical role in child and adolescent development and well-being. However, when researchers did the first developmental and ethnographic study of LGB adolescents starting in the late 1980s, families of these youth were not included (Herdt & Boxer, 1993).

We have found that even very rejecting families can learn to support their LGBT children.

Two early research studies on LGB young people included questions on the relationship between family disclosure and other outcomes and experiences, one of college age youth and another of LGB youth from community support groups. D'Augelli and colleagues (1998) found that LGB youth who came out to a parent or family member reported verbal and physical abuse by family members and higher levels of suicidality than youth who had not disclosed to their families.

At that time (and even today), perceptions were widespread that disclosure would precipitate conflict and potential homelessness—even though no one had studied parental and caregiver reactions from the perspective of both adolescents and their families. This prompted researchers to plan the first comprehensive study of LGBT adolescents and families in 2000. The Family Acceptance Project (FAP) began soon after with a focus on family reactions, adaptation, risks, strengths and resiliency.

Since this research and intervention work was started, three other studies have been published on issues related to LGB youth, young adults, and families. LaSala (2007) published a qualitative study of 30 gay male youth and young adults and 35 parents on issues related to HIV risk. Rosario and colleagues (2009) examined substance use among LGB youth and asked youth whether they perceived reactions to their LGB identity from a range of people (including family members, coaches, teachers, therapists, neighbors and friends) to be accepting, neutral, or rejecting. And Needham and Austin (2010) assessed the relationship between LGB young adults' perceived family support (defined as general closeness, warmth and enjoying time together) and depression, substance use, and suicidality, using data on young adults from wave 3 of

the National Longitudinal Study of Adolescent Health. In addition, D'Augelli's more recent study on victimization of LGBT adolescents includes adolescents' experiences with parents and siblings (e.g., D'Augelli et al., 2010; Grossman et al., 2006).

FAMILY ACCEPTANCE PROJECT: RATIONALE AND DESIGN

This article reports on the various phases of the Family Acceptance Project and discusses some of the findings, resources, and implications for practice. The FAP was designed as a research, education, intervention, and policy initiative that would: 1) strengthen and help ethnically and religiously diverse families support their LGBT children; 2) improve the health, mental health, and well-being of LGBT children and adolescents; 3) help LGBT youth stay in their familial homes to prevent homelessness and the need for custodial care in the foster care and juvenile justice systems; 4) inform public policy and family policy; and 5) develop a new evidence-based, family model of wellness, prevention, and care to promote well-being and decrease the high levels of risk for LGBT young people that restrict life chances and positive youth development.

A participatory research approach was used that included families, LGBT youth, pediatricians, nurses, social workers, teachers, community advocates, and other providers to inform the process and findings of the research. Research began with an in-depth qualitative study of 54 white and Latino LGBT adolescents, ages 13–18, and their families from across California who were accepting, ambivalent, or rejecting of their children's LGBT identity. Interviews were conducted in English, Spanish, or both languages. We studied families from rural, urban, and suburban communities; socially and religiously diverse families; immigrant families; families whose children had been placed in the foster care or the juvenile justice system, or who had thrown their children out of their homes; as well as intact, blended, foster, and single parent families. We studied LGBT youth and families from the two largest ethnic groups in California—white and Latino—since funding was not available at the beginning of the project to study all ethnic groups.

Each individual interview lasted 2–4 hours and was audio taped, translated if necessary, transcribed, and coded. Through these



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Families want the best for their children—even if the way they express their care and concern is experienced as rejection by their LGBT children.

interviews, we identified more than 100 specific ways that parents and caregivers, including foster parents and guardians, react to their child's LGBT identity. Fifty-five of these behaviors were accepting and 51 were rejecting. The interviews also collected data on religious and cultural values, school and peer experiences, family life, gender expression and LGBT identity development, social support, and adjustment or disruption after the parents, caregivers and other family members learned about the adolescent's LGBT identity.

The 106 family accepting and rejecting behaviors identified in the qualitative study were used to develop scales to measure retrospectively each family behavior in a survey of 245 white and Latino LGBT young adults, ages 21–25. These young adults had the same characteristics as the adolescents in the first part of the study and were open about their LGBT identity with at least one parent or key caregiver during adolescence.

This approach was designed to assess whether or not a specific experience of family acceptance or rejection related to the adolescent's LGBT identity happened (e.g., Did your parent or caregiver prevent you from having an LGBT friend? Did your parent or caregiver support your gender expression?). This approach of qualitatively identifying specific, objective family reactions of acceptance and rejection related to LGBT adolescents' identity and then measuring these reactions in a follow up survey was designed to minimize the potential for adolescents to inaccurately recall or characterize their relationship with their parents or caregivers when using more diffuse measures. This behavioral framework was important since the Family Acceptance Project was always intended to develop family interventions.

KEY FINDINGS

Through our interactions with parents, caregivers, and other family members in the qualitative study, we learned that families whose behaviors were rejecting (See Box 3.1 for examples) were acting out of care and concern to help their children “fit in,” be respected by others, and have a good life. We saw many missed opportunities where an informed provider could have made a critical difference

in providing accurate information and support that could have prevented adolescents from being forced out of their homes or placed in custodial care, or prevented families from fracturing in other ways. Throughout the qualitative study, we learned a great deal about interacting with many different kinds of families and about how to present and discuss these often sensitive and emotionally-charged issues.

The quantitative results indicated that families and caregivers have a compelling impact on their LGBT children's health, mental health, and well-being. As providers and others have known intuitively for years, the results showed that LGBT young adults whose parents and caregivers reject them during adolescence are at high risk for depression, illegal drug use, suicide, and unsafe sex (Ryan et al., 2009). Conversely, those whose parents support them show greater well-being and decreased risk (Ryan, in press).

More specifically, those who reported high levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse, compared with peers from families that reported no or low levels of family rejection (Ryan et al., 2009). This should come as no surprise, since other research on adolescents, in general, has shown that families play an important role in adolescent health. For example, Resnick and others (1997) found that connections to family are protective against major health risk behaviors, including alcohol and other drug use, emotional distress, suicidality, and unsafe sex.

FAMILY INTERVENTION STRATEGIES

We took the findings back to many of the families who participated in the qualitative study and also shared them with families from very ethnically diverse backgrounds in briefing sessions conducted in English, Spanish, and Chinese. These sessions included pre- and post-test assessments of parent's and caregiver's knowledge, attitudes, and willingness to modify behavior, plus a 3-month follow up interview on family dynamics. These interactions helped us

Box 3.1

Some Family Behaviors that Increase LGBT Youth's Health Risk Behaviors

- Hitting, slapping, or physically hurting the youth because of his or her LGBT identity
- Verbal harassment or name-calling because of the youth's LGBT identity
- Excluding LGBT youth from family events and family activities
- Blocking the youth's access to LGBT friends, events, and resources
- Blaming LGBT youth for discrimination experienced because of his or her LGBT identity
- Pressuring the youth to be more (or less) masculine or feminine
- Telling an LGBT youth that God will punish him or her because he or she is gay
- Telling an LGBT youth that you are ashamed of him or her or that how he or she looks or acts will shame the family

From: *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* by Caitlin Ryan, 2009, Family Acceptance Project, San Francisco State University. Copyright 2009 by Caitlin Ryan. Reprinted with permission.

Box 3.2

Some Family Behaviors That Reduce LGBT Youth's Risk and Promote Well-Being

- Talk with the youth about his or her LGBT identity
- Support youth's LGBT identity even though you may feel uncomfortable
- Require that other family members respect the LGBT youth
- Connect youth with an LGBT adult role model
- Work to make your religious congregation supportive of LGBT members or find a supportive faith community that welcomes your family and LGBT child
- Welcome your child's LGBT friends and partner to your home and to family events and activities
- Support your child's gender expression
- Believe that your child can have a happy future as an LGBT adult

From: *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* by Caitlin Ryan, 2009, Family Acceptance Project, San Francisco State University. Copyright 2009 by Caitlin Ryan. Reprinted with permission.

learn how to present the findings to families from very different backgrounds, including those at diverse literacy levels. The sessions also helped us understand how the findings affected a wide range of families with LGBT children. Families guided us in developing family education materials and framing family interventions to decrease rejection and increase support for their LGBT children.

With a matching grant from the Robert Wood Johnson Foundation, we have been developing interventions based on this research to help ethnically, religiously, and socially diverse families increase support for their LGBT children to decrease their children's risk and promote their children's well-being (see Box 3.2 for examples of supportive behaviors). We are developing this new family-related model of wellness, prevention, and care in collaboration with Child and Adolescent Services at San Francisco General Hospital/University of California, San Francisco.

FAMILY RESOURCES, ASSESSMENT TOOLS & PROVIDER GUIDES

We have and are continuing to develop a series of family education materials and assessment tools to help identify LGBT young people who are at risk, to help families self-reflect on their reactions to their children's LGBT identity, and to help families make the connections between specific reactions to their children's sexual orientation and gender expression and their children's emotional and physical well-being.

FAP materials are either currently available or will become available online as more funding is identified (see <http://familyproject.sfsu.edu/publications>).

These include:

- Family education materials that were developed with guidance and advice from diverse families with LGBT children, including: *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual and Transgender Children*. This booklet is currently available at a 10th grade reading level in English and Spanish. (Additionally, versions written at the 5th–6th grade and 3rd–4th grade reading levels are planned.)
- FAPrisk assessment tool: a rapid risk screening tool that has been developed to help providers quickly identify LGBT youth at risk for family rejection and related health and mental health risks. This tool will help providers determine which youth need increased support and immediate family engagement. It will be available online in the near future.
- Family video stories: short documentaries that show the journey of diverse families with LGBT children. These videos are used in our work with families with LGBT children to show how other families from their own ethnic and religious

backgrounds have learned to support their LGBT children and to educate about behaviors that put youth at risk and promote well-being. They are also used to help providers understand how families learn to support their LGBT children. Once videos have been completed that show a range of family diversity, they will be posted online.

- Our Web site also includes copies of published research articles and other resources that our research has helped frame, such as guidelines for working with LGBT out-of-home youth that we helped develop as part of the Model Standards Project.

SHIFTING THE PARADIGM

Since most providers do not routinely ask LGBT youth about their families, the opportunity to assess the level of family knowledge and support is not a routine part of assessment and care. Findings from this research show the powerful impact that families have on their LGBT children's well-being. The aim of the Family Acceptance Project is to shift the paradigm from serving LGBT adolescents alone to serving them in the context of their families. We have found that even very rejecting families can learn to support their LGBT children. At the same time, many families that feel they are supportive can benefit from learning about research that specifically promotes their LGBT children's well-being. For example, some families who believe they are supportive do not openly talk about their child's gay or transgender identity, or welcome their child's openly LGBT friends and partners to family events and activities. Not speaking openly about their child's LGBT identity or not inviting their child's openly LGBT friends or partner to family events is experienced as rejection by their LGBT child and increases their child's risk for health and mental health problems.

Working specifically with LGBT youth and families on these issues for nearly a decade has helped us understand how deeply adolescents want their parents' and caregivers' love and support, and that families want the best for their children—even if the way they express their care and concern is experienced as rejection by their LGBT children. This new family approach can begin to open dialogue; to increase understanding between adolescents and their parents and caregivers; to promote family respect; to decrease serious risk behaviors; and to help build healthy futures for LGBT youth. ↪



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