

The Family Acceptance Project: Understanding the Experiences of LGBT Youth

Lesbian, gay, bisexual, and transgender (LGBT) adolescents face the same social and developmental challenges as their peers. Yet most grow up in environments where families, parents and other adults, and institutions that nurture children and adolescents have limited or no information about supporting a child's sexual orientation and gender identity. Even providers who help families with child and adolescent development are often unable to answer questions and concerns on how to support the positive development of LGBT young people.

Social stigmatization remains a primary barrier to helping families and communities support and ultimately accept LGBT children and youth. Family members, peers and the media typically convey very negative messages about children who are "different" in this way. These messages are internalized and contribute to feelings of shame and low self-worth, leaving children fearful of revealing their real feelings and identities to others as they age.

LGBT youth must learn to manage this stigmatization (a complex task regardless of age) and to cope with social, educational and community environments where victimization and harassment are normative. This stigma has social, health and behavioral consequences. Internalized as self-stigmatization or in the extreme as self-hate, stigma can be acted out behaviorally and contribute to high risk behavior.⁵

Overall, the literature on LGB (there is little research of any sort on transgender youth) adolescents emphasizes the increased risks these youth face. Most of what is known about LGB youth focuses on victimization, substance use, depression, attempted suicide, sexual health risks, and overrepresentation of LGB youth



among out-of-home youth, with little attention to positive youth development, strengths, and well-being. The purpose of our research, therefore, was to study how families adjust and adapt to their children's LGBT identity and to examine how family acceptance and rejection affects LGBT young people's health, mental health and well-being.

Protective Role of Families

Parents and key caregivers play a vital role in an adolescent's health and well-being and have a central, enduring influence on a child's life. Research has shown that connection to families is protective against major health risk behaviors, including alcohol and other drug use, emotional distress, suicidality, unsafe sex, and violence towards others.²

However, a significant gap in the research literature and in community and professional practice on helping families support their LGBT children led us to develop the Family Acceptance Project (FAP) in 2002, with funding from The California Endowment. Our experience working with LGBT youth over a period of years showed that even though LGB youth were coming out at younger ages compared with adults from prior generations (The latest research shows that LGB adolescents are becoming

aware of sexual attraction at an average age of 10 and coming out, on average, between ages 14 -16,^{1,3} few providers or community agencies offered any services or support for families with LGBT youth. And surprisingly, the research literature included few studies that explored family reactions to disclosure of sexual orientation, and only from the perspective of the adolescent.

So we started FAP to conduct high level, community-based research to develop effective interventions, educational materials and approaches to: 1) strengthen families to increase support for their LGBT children; 2) improve the health, mental health and well-being of LGBT children and adolescents; 3) help maintain LGBT youth in their 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 model of family-related care to promote well-being and to decrease the high levels of risk for LGBT young people that restrict life chances, positive youth development and full participation in society.

Our research is participatory so we partnered with key community organizations that focus on adolescents and included the "end users" of our work—pediatricians, nurses, social workers, teachers, families and youth—who provided guidance on all aspects of our research and resource development. We started with an in-depth qualitative study of white and Latino LGBT adolescents, ages 13-18, from diverse families that were accepting, ambivalent and rejecting of their child's LGBT identity. Our goal was to learn how families adjust and adapt after their youth come out or are "found out." We recruited adolescents and families from all over California and interviewed them in

English or Spanish. We interviewed the adolescent, at least one parent or guardian, and another key family member with knowledge of the child's experiences and family reactions—usually a grandparent, or older relative.

Our interviewers asked about child development and family life, sexual orientation and gender identity, religious beliefs and practices, ethnicity and culture, coming out, family response and adaptation over time, school-based experiences and victimization, resiliency, coping and sources of support. The youth and family interviews helped us identify more than 100 specific behaviors that families and caregivers use to express acceptance and rejection of their LGBT children. These include negative reactions such as excluding the youth from family events or activities because they look too “gay” and positive efforts such as finding LGBT adult role models to give the youth positive reinforcement and options for the future.

We realized that few families had an opportunity to talk about their child's LGBT identity, so our research interview provided a kind of narrative therapy. It became apparent that early intervention could have made a critical difference in helping maintain many adolescents in their homes. Instead, they ended up in foster care or on the streets because of family conflict related to their LGBT identity. Most poignant were families who did not understand that strategies they used to discourage or try to change their child's sexual identity or gender expression were experienced as rejection by their children. Parents perceived these behaviors (such as blocking access to LGBT resources and peers or expressing shame related to their child's LGBT identity) as ways of caring for their children—socializing them to live in an unaccepting or homophobic world.

These accepting and rejecting behaviors form the basis of our quantitative research, educational and skill building interventions and assessment tool (FAPrisk). We developed measures to assess the presence and frequency of each accepting and rejecting parental/caregiver reaction to the young person's sexual identity

and gender expression during adolescence. We then measured each family reaction in a survey of LGBT young adults, ages 21-25, with the same characteristics as adolescents in our qualitative study. LGBT young adults were recruited from social, political, recreational and health-related venues that serve this population within 100 miles of our research office.

The results are highly intuitive and compelling, particularly in demonstrating the serious negative impact of family rejection. For example, in our first research paper, we found that LGB young adults who reported higher levels of family rejection dur-



ing 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 (which puts them at high risk for HIV and STDs), compared with peers from families that reported no or low levels of family rejection.⁴

Because families play such a critical role in child and adolescent development, it is not surprising that adverse, punitive, and traumatic reactions from parents and caregivers would have such a negative influence on risk behaviors and health status among LGBT young adults. Conversely, we also found in subsequent analyses that LGBT young people whose parents support them show much higher rates of self-esteem and greater well-being, with lower rates of health and mental health problems than young people from rejecting families.

We are using these behavioral out-

comes, which predict risk and well-being, to help parents and caregivers of LGBT youth decrease rejecting and stigmatizing behaviors and increase supportive behaviors, thereby reducing their children's risk and promoting their well-being. In our work with ethnically diverse families with LGBT children, we have found that families are eager for information and guidance to help their LGBT children, and some families even change rejecting behavior overnight when they realize how negatively it affects their LGBT children.

References

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