Helping Diverse Families Learn to Support Their LGBTQ Children

to Prevent Health and Mental Health Risks and Promote Well-Being

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FAMILY ACCEPTANCE PROJECT®

... building healthy futures for youth

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The Family Acceptance Project® (FAP) is a research, education, intervention and policy initiative to help diverse families learn to support their lesbian, gay, bisexual, transgender and queer-identified (LGBTQ) children to prevent health and mental health risks and promote well-being. Affiliated with San Francisco State University, FAP was founded in 2002 by Dr. Caitlin Ryan and Dr. Rafael Diaz to address a major gap in knowledge, practice and policy related to prevention, wellness and care for LGBTQ children, youth and young adults—family engagement and support.

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Lack of Research & Knowledge on the Critical Role of Families

Although LGBTQ young people have been self-identifying at increasingly younger ages compared with earlier generations of LGBTQ adults, prior to the launch of the Family Acceptance Project® (FAP), little was known about how families respond to their children's LGBTQ identity and how this affects their children's risk and well-being. Until 2002 when FAP launched the first comprehensive research on LGBTQ young people and families, no one had studied the families of LGBTQ children and adolescents, and families were seen as rejecting, unwilling and incapable of supporting their LGBTQ children. As a result, LGBTQ youth were served alone both in mainstream and LGBTQ services, without an understanding of the importance of engaging and working with their families to reduce risk and promote well-being. Providers had little guidance on how to engage and work with diverse parents, families and caregivers with LGBTQ children, and families had little information on how to support their LGBTQ children. When family conflict erupted, LGBTQ youth were typically removed from their homes and were placed in the child welfare system which separated them from their families. This contributed to multiple health and social problems and impaired life chances. Family rejection of LGBTQ young people is still a primary reason for placement in foster care and juvenile justice settings and for becoming homeless.

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CHILD & ADOLESCENT DEVELOPMENT

Earlier ages of self-identifying as LGBTQ and greater awareness of sexual orientation and gender identity among adults and peers increase opportunities for positive development for LGBTQ young people but also increase the likelihood of rejection, victimization and abuse related to the young person's sexual orientation, gender identity and expression. These earlier ages of coming out—and high levels of health disparities—call for providing family-based services and training for providers on working with diverse families with LGBTQ children in all settings where children, youth and families are served. Since the 1970s, ages of coming out have dropped dramatically from young adulthood in

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the 1970s to childhood and early adolescence today, with children, on average, developing their internal sense of gender at around age 3 and making parents aware of their gender identity in childhood. Increasingly, children are self-identifying as lesbian, gay or bisexual regardless of the language they use in elementary school. This includes children at ages 5, 6 or 7 and in pre-teen years.

Nevertheless, services for families with LGBTQ children remain limited, especially for families of color. Family support services are particularly limited for socially and religiously conservative families who are more likely to engage in rejecting behaviors and who lack accurate information and guidance on how to support their LGBTQ children to reduce risk and increase well-being.

Without family support for LGBTQ children who are coming out at much younger ages, health and mental health risks are increasing. This occurs despite greater access to information, more positive images and greater visibility of LGBTQ lives. As a result of the information age, long-standing information barriers have been removed and for the first time in history, we are seeing normative development of sexual orientation and gender identity in the context of child development. However, this is not widely understood among providers and educators who work with children and adolescents and it is a major gap in awareness and caregiving among parents, families and religious and cultural leaders who nurture children and youth.

Impact of Covid-19

The Covid-19 pandemic has increased isolation for LGBTQ children and youth who are disconnected from peers and external sources of support, including school clubs, supportive teachers and other adults who provide connections to schools and community agencies and are often a lifeline for LGBTQ young people from rejecting and unsupportive families. Risks are exacerbated by being confined with limited privacy, having to hide their identity to avoid rejection and family violence, as well as significant economic pressures on families, and the sudden illness and death of family members and key cultural leaders, especially in minority communities. Multiple losses, particularly for LGBTQ youth who are more vulnerable or who have lost positive external supports can increase risk for traumatic grief and loss. The need for family services has rapidly increased to prevent mental health risks and sustain LGBTQ children and families during ongoing challenges of the pandemic.

Establishing the Field of LGBTQ Family-Related Care

The framework for the Family Acceptance Project® is grounded in Dr. Ryan's work in LGBTQ health and mental health with culturally diverse LGBTQ young people and their families over 45 years. Dr. Ryan identified a major gap in knowledge and care of LGBTQ children and youth during the AIDS epidemic in the early 1980s, and in the mid-1990s, started planning the first evidence-based family intervention model that could be applied across disciplines and systems of care.

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Dr. Ryan received funding from The California Endowment, the Robert Wood Johnson Foundation, state agencies and other funders to conduct the first comprehensive research on LGBTQ youth and families and to study how family response to LGBTQ youth during adolescence contributes to risk and well-being in young adulthood. This work was done with families who were accepting, ambivalent and rejecting of their LGBTQ children from diverse socioeconomic and religious backgrounds who lived in urban, rural, suburban, farmworker and coastal communities, bilingually, biculturally in English and Spanish. FAP was conceptualized as the first research-to-practice intervention model to be integrated into multiple practice settings and implemented widely. A core component of FAP's model is supporting families from

diverse ethnic, racial, cultural, linguistic and religious backgrounds. FAP's family support framework helps culturally and religiously diverse families—including very conservative families—learn to support their LGBTQ children, even when they believe that being gay or transgender is wrong.

PARADIGM-CHANGING RESEARCH

FAP's research shows for the first time that families play a critical role in contributing to their LGBTQ children's risk and well-being. In linked studies, Dr. Ryan and her team identified more than 100 specific family rejecting and accepting behaviors that parents and caregivers use to respond to their children's LGBTQ identity and gender expression. They then measured these behaviors to show how specific experiences of family rejection during adolescence contribute to suicidal behavior, substance use, clinical depression and sexual health risks, including sexually transmitted infections and HIV, while specific family accepting and supportive behaviors help protect against suicide, substance abuse and depression, and promote self-esteem, overall health and well-being.

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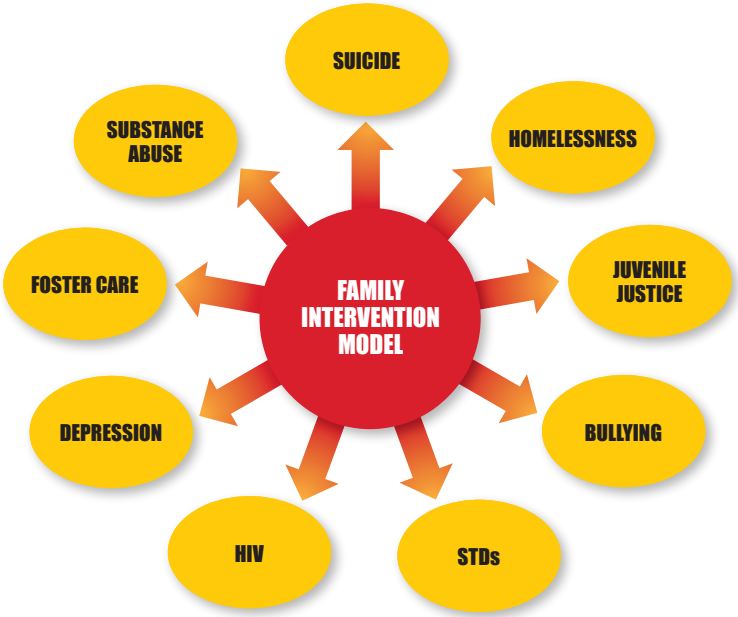
A singular aspect of FAP's family support framework is the potential to address multiple negative health and social outcomes with a low cost, culturally congruent and readily available resource—parents, families, and caregivers. FAP's family support approach enables providers and agencies to prevent and address serious health problems, including suicide, depression, substance abuse, HIV, victimization, homelessness and placement in foster care and juvenile justice programs by using FAP's culturally grounded family intervention approach that respects the family's values and is acceptable to LGBTQ children, youth and families from diverse ethnic, cultural and religious backgrounds. Beyond focusing on reducing significant health disparities and promoting positive outcomes with an at risk, vulnerable population, FAP's approach has important implications for decreasing fiscal costs for care and related services across the life course.

MULTI-OUTCOME PREVENTION & INTERVENTION IMPACT

FAP's family intervention approach can help to prevent and address multiple adverse health and social outcomes for LGBTQ children and youth across systems



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PARTICIPATORY APPROACH

FAP's research is participatory. After initial family studies were completed where families and LGBTQ youth provided ongoing guidance, Dr. Ryan and her team spent two years working with diverse families, LGBTQ youth and young adults who provided direction on how to message FAP's findings; to increase support among families from diverse cultural and religious communities; to identify the kinds of resources and materials needed to communicate FAP's key messages and findings; and to engage diverse families—including very socially and religiously conservative families—to help decease rejection and increase family acceptance and support for LGBTQ children and youth. FAP did this work in several languages.

As with ACEs (Adverse Childhood Experiences), FAP's research shows how earlier experiences with adverse—and in FAP's research, affirmative—experiences contribute to health problems and well-being in

adulthood. In addition, family rejecting experiences—such as preventing a child from having an LGBTQ friend, making them pray or attend religious services to prevent non-heterosexual identities and gender diversity or excluding them from family events and activities because they are LGBTQ—are traumatic for LGBTQ young people, especially for those who have limited external support. For LGBTQ young people who have other traumatic experiences, family rejection adds additional trauma that must be addressed to support recovery.

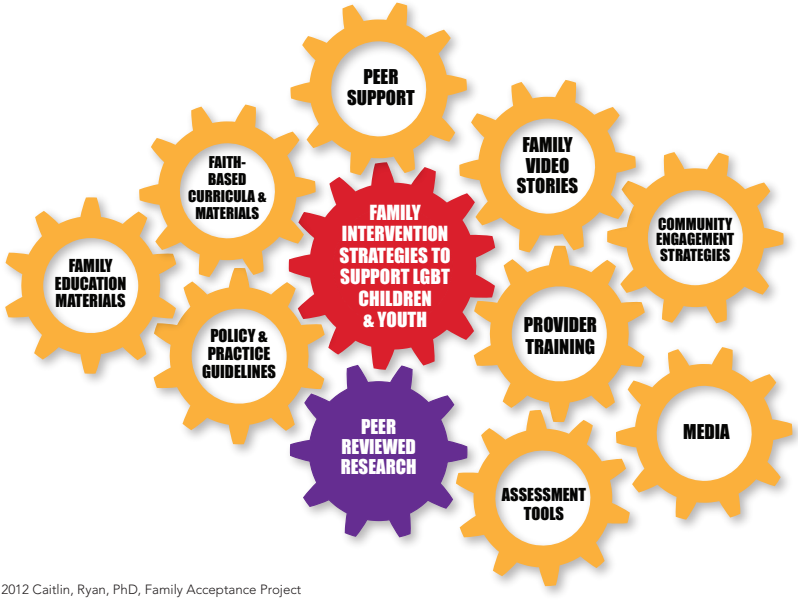
Building an Empirical Foundation for Prevention, Wellness & Care

The journal, *Pediatrics*, published FAP's initial study on family rejection in 2009 which Dr. Ryan and her team followed with other peer-reviewed studies and multiple research-based publications, assessment tools and family education materials. These include: a series of multicultural, multilingual resources and an emerging faith-based series of family education booklets that were the first Best Practice resources for suicide prevention for LGBTQ young people and the first faith-based Best Practice resources for LGBTQ youth in the Best Practices Registry for Suicide Prevention; award-winning family education, intervention and training videos based on FAP's research and supported by social learning theory to model family acceptance for ethnically and religiously diverse families with LGBTQ children; a *Healthy Futures* poster series that shows how family rejecting and accepting behaviors contribute to risk and well-

being for use in public spaces at home and in all settings where children, youth and families are served; a research-based clinical assessment screening tool to enable practitioners to quickly identify LGBTQ young people experiencing family rejection and to engage families to reduce risk and prevent suicide and other serious health outcomes; and research-based clinical assessment measures to document changes in family accepting and rejecting behaviors to guide intervention services.

FAMILY ACCEPTANCE PROJECT® COMPONENTS

FAP's evidence-based family support approach to wellness, prevention & care for LGBTQ children & youth



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Integrating FAP's Family Support Model into Prevention & Care

FAP's family support model was designed to be implemented across systems of care: in mental health and behavioral health, primary care, school-based care, out-of-home care and pastoral care and by parents and families themselves. Given the lack of family services and the enormous level of need, Dr. Ryan began to collaborate with other agencies to apply FAP's family support approach in specific domains

to build local capacity and to advance the emerging field of family-based care for LGBTQ and gender diverse children, youth and young adults. As a pioneer in developing and implementing LGBTQ and AIDS-related services, Dr. Ryan knew that it was essential to develop a roadmap to show practitioners and administrators how to apply FAP's family support model in specific practice domains so this approach could be implemented in multiple settings. Consequently, she has been working to integrate FAP's family support approach in several communities in specific practice areas. These include family preservation and integrating FAP's approach in the foster care system to reduce risk and promote well-being and permanency for LGBTQ children and youth; in behavioral health and school-based care; and in pastoral care and faith-based based mental health services.

Dr. Ryan knew that it was essential to develop a roadmap to show practitioners and administrators how to apply FAP's family support model in specific practice domains so this approach could be implemented in multiple settings.

FAP's family support model was developed to be applied across systems so that prevention, intervention and postvention services can be connected to provide a continuum of services, care and social support for ethnically, racially and culturally diverse families and their LGBTQ and gender diverse children from early childhood into adulthood. Studies of LGBTQ adults and adolescents show high rates of health disparities, including homelessness and placement in foster care and juvenile justice facilities. High levels of stigma contribute to minority stress that is internalized and externalized which increases risk for victimization, discrimination, rejection, and risky behaviors that cause great suffering and constrict life chances.

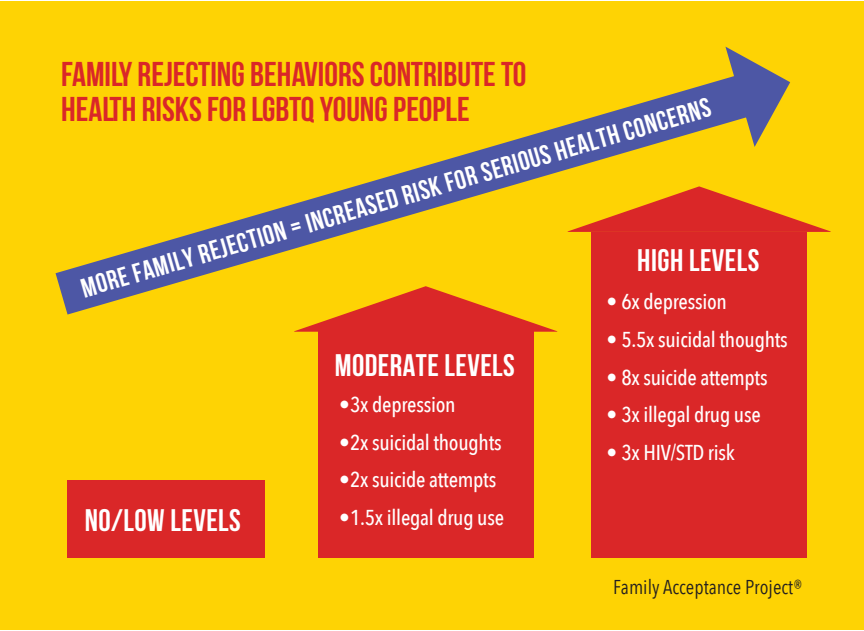
Family Rejection & Trauma

Family rejecting behaviors are traumatic and have lifelong implications for health and functioning for LGBTQ people. The negative impact of family rejection is shown empirically in FAP's research and in multiple studies that document disproportionate risk and significantly higher use of mental health services among LGBTQ people. Family rejecting behaviors and other LGBTQ-related victimization experiences are themselves traumatic—and in conjunction with non-LGBTQ traumatic experiences—contribute to complex trauma.

FAP's research also showed, for the first time, the relationship between family rejection and lower socioeconomic status in adulthood which impairs capacity for self-care. FAP's research found that parental and caregiver efforts to change an LGBTQ youth's sexual orientation during adolescence within the family and by taking their child to a therapist or religious leader to change their identity were linked with significantly lower educational and income levels in adulthood, in addition to higher levels of mental health problems. This finding was documented in a follow up study of gender identity change efforts among transgender adults.

FAMILY REJECTING BEHAVIORS CONTRIBUTE TO HEALTH RISKS IN LGBTQ YOUNG PEOPLE

Although conversion therapy is typically perceived as the most risk-inducing behavior that parents can engage in, sending a child to mental health providers or religious leaders to try to change their LGBTQ identity or gender expression is just one of the many family rejecting and risk-generating behaviors that FAP identified and measured. All of these rejecting behaviors contribute to risk. In addition, family rejecting behaviors are motivated by trying to change, deny, minimize, discourage or prevent a child's LGBTQ identity. This includes ridiculing or demeaning a child's LGBTQ identity or gender expression; not letting



them participate in LGBTQ activities, including supportive school clubs and LGBTQ youth groups; refusing to use the child's chosen name and pronouns; and blaming them when others mistreat them because they are LGBTQ.

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As a result of the Covid-19 pandemic, LGBTQ youth in rejecting families are exposed more frequently and consistently to higher levels of family rejecting behaviors which increase health risks and the need for affirmative mental health services, especially family-based care. FAP's research and studies from other FAP research team members show the importance and protective nature of accepting and affirming behaviors. For example, in addition to reducing health risks among LGBTQ youth, simply being able to use their chosen names at home, school, work and with friends contributes to a 71% decrease in symptoms of severe depression and a 65% decrease in suicide attempts for transgender youth.

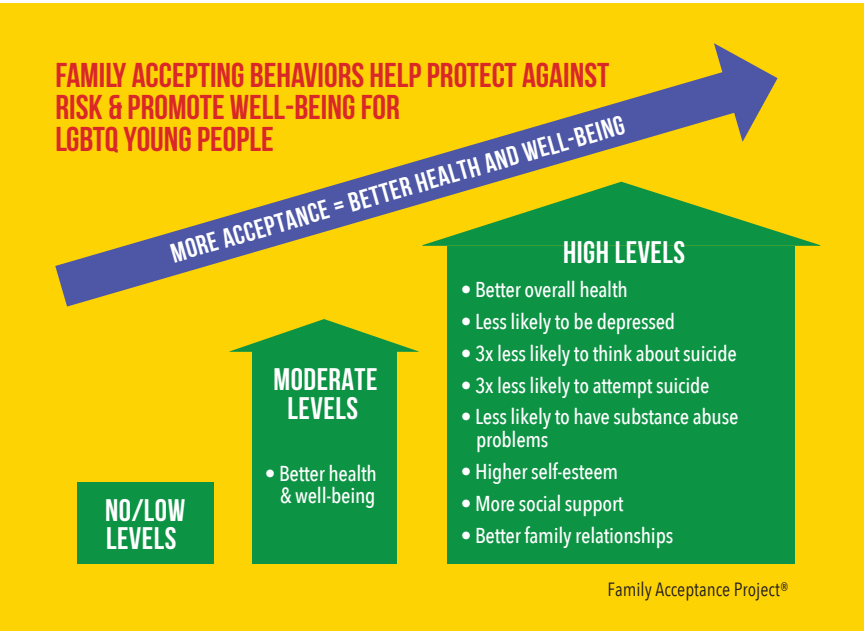
Although these behaviors may be seen as hurtful by those who don't work with LGBTQ children and youth and who are unfamiliar with the impact of traumatic experiences—or minimized by others who see them merely as expressions of disapproval for unacceptable identities—these behaviors are intended to pressure the child to forgo or repress their core sense of self in exchange for love and acceptance by their families. Family rejecting behaviors deepen isolation and shame, erode self-esteem and feelings of self-worth and undermine family bonds. Most distressing is that parents and family members who believe that being LGBTQ is wrong are motivated by wanting to help their LGBTQ children fit in and protect them from harm by engaging in socially sanctioned behaviors to try to change, minimize and deny their child's core identities that cannot be changed. Given the early ages of self-identifying as LGBTQ that increase vulnerability and need for support, the lack of accurate information and guidance for diverse families about sexual orientation, gender identity and expression remains a significant barrier to well-being for LGBTQ children and youth.

Family Acceptance

FAP's research also identified and measured more than 50 accepting and supportive behaviors that parents and families use to support their child's LGBTQ identity. These behaviors help protect against suicidality and other health risks, increase self-esteem and help promote health and well-being. They include: supporting their child's gender expression; requiring that other family members treat their LGBTQ child with respect; standing up for their LGBTQ child when others mistreat them because of their LGBTQ identity or gender expression; connecting their child with an LGBTQ role model to show them options for the future; and helping their congregation become more supportive of LGBTQ people.

FAP's research and intervention work has generated a new behavioral language that—together with the messaging, educational materials and intervention strategies that FAP developed with guidance from LGBTQ young people and families—provide a foundation for FAP's family support model.

FAMILY ACCEPTING BEHAVIORS PROTECT AGAINST RISK & PROMOTE WELL-BEING FOR LGBTQ YOUNG PEOPLE



Aligning FAP & TF-CBT Intervention Models

The developers of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)—the most widely used treatment model for children and adolescents impacted by trauma—followed FAP's research and intervention work and as a result of FAP's research, they modified TF-CBT's treatment model for caring for LGBTQ youth. They subsequently did a pilot study of their modified treatment model and found that when FAP components were included with TF-CBT, LGBTQ youth reported a significant decrease in post-traumatic stress symptoms. With TF-CBT developers, Dr. Ryan integrated core components of FAP's family support model into TF-CBT and helped to incorporate the newly aligned treatment models into TF-CBT's LGBTQ treatment manual which was released in late 2019. These efforts have helped to increase understanding of the traumatic impact of family rejection and the critical role of family acceptance in helping diverse families learn to support and affirm their LGBTQ children.

Framework for Prevention, Intervention & Postvention

FAP's family support framework provides a critical opportunity for agencies, care systems and practitioners to engage in public education, upstream prevention, early intervention, crisis intervention and postvention to address and ameliorate a range of serious health and mental health concerns that impact LGBTQ young people. Family support can make a critical difference to build healthy futures for LGBTQ children and youth. In addition to integrating this model into specific care settings, FAP provides ongoing consultation and training for families, providers and religious leaders across the U.S. and in other countries. Tens of thousands of families, providers and religious leaders use FAP's research-based resources in print and online and core strategies to reduce their LGBTQ children's risk and promote well-being and positive development. This work is changing how families nurture their LGBTQ children and how services are provided across systems of care.

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Dr. Caitlin Ryan launching the Family Acceptance Project's *Healthy Futures* posters with Yaaj in Mexico City

The Family Acceptance Project® is affiliated with San Francisco State University (SFSU) and SFSU's Marian Wright Edelman Institute.

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