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## The Significance of Parenting and Parent-Child Relationships for Sexual and Gender Minority Adolescents

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### Abstract

Adolescents in 21<sup>st</sup> century America are experiencing the emergence of their sexual and gender identities in a heteronormative society that is steadily adopting more progressive views and policies related to sexual orientation and gender. However, despite these sociocultural changes, parent–child relationships remain as one of the strongest predictors of LGBT adolescent adjustment. This article reviews the extant literature on this topic from family systems and attachment perspectives while highlighting the significance of family experiences within a minority stress framework. The presentation is oriented around the coming out process, including factors influencing this experience and how post-disclosure parenting affects the health and well-being of LGBT adolescents. We end by discussing future directions and the challenges inherent to this research.

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For human offspring, parental influence on development cannot be understated. Although the influences of peers, media, and school increase with age, they never fully supplant the role of parents in the lives of their children (Baumrind, 2005; Gray & Steinberg, 1999; Steinberg, 1990). Adolescent development is challenging for families, as the identities of both parents and youth are fluid and evolving during this developmental period (Galinsky, 1987). In addition, parent–adolescent relationships inevitably influence, for better or for worse, how adolescents navigate the journey into early adulthood. The importance of these relationships may be even more significant for sexual and gender minority youth, whose identities are developing in a highly heteronormative world and during a developmental period when their cognitive and emotional abilities are still growing and adapting. Although many children in the United States experience parental warmth and acceptance when they disclose their sexual or gender identities, many others experience traumatic hostility and maltreatment. Some may feel forced to remain “in the closet” and isolated from their families out of fear of judgement and potential rejection. Whereas parental acceptance can be a protective factor for sexual and gender minority youth (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010), psychological control, rejection, and fear of coming out increase risk for psychopathological development (Haas et al. 2011; King et al. 2008). This article highlights a small but growing literature on the developmental significance of parenting and parent–child relationships for LGBT<sup>1</sup> adolescent adjustment prior to, during, and following the coming out process, and situates that discussion within multiple complementary theoretical

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frameworks. Lastly, we discuss the need for future developmental and clinical research in this domain, as well as the complications that have limited research progress to date.

## Theoretical Frameworks Relevant to Parenting and LGBT Adolescents

Recognizing family units as systems of interconnected individuals and dyads that bidirectionally influence each other and the overall functioning of the system (Minuchin, 1985) is a necessary framework for understanding how an adolescent's LGBT identity can create ripple effects (and, for that matter, tidal waves) within the family. This theory also accounts for how these effects ultimately reverberate back to the child. Cox and Paley (2003) described the following three tenets of family system theory, each of which is relevant to families with LGBT adolescents: the principle of wholeness and order, the principle of hierarchical structure, and the principle of adaptive self-organization. The notion of "wholeness and order" presupposes that the family, as a unit, is more than the sum of its individual members and, thus, cannot be defined as simply an aggregate of individuals' characteristics. In addition, within the whole of a family the principle of "hierarchical structure" states that subsystems of relationships between persons are interconnected. Finally, the principle of "adaptive self-organization" posits that families should be viewed as organismic systems that respond to internal and external stimuli, forcing periods of disequilibrium and reorganization in response to new conditions. These principles are natural extensions of general systems theory and provide a framework for understanding how one event, such as an adolescent revealing their sexual or gender identity, triggers a cascade of events within a family, and how the reaction of parents to this information can have short- and long-term effects on the health and well-being of the child.

Given the countless interactions between children and parents that occur from birth to adulthood, why might parental reactions and subsequent behaviors following a child's revelation of their sexual or gender identity have such potency? The answer may reside in understanding the dynamic nature of parent-child attachment relationships and their influence on so many facets of children's functioning across the lifespan. This relationship between a child and their parent is one of social and emotional importance as much as it is biological necessity (Bowlby, 2008). As an altricial species, humans are born in a state of relative helplessness, needing a parent to survive. However, in the context of those interactions, children develop a sense of self, and sense of others, the ability to regulate emotions and behaviors, and the ability to forge relationships with others. Each of these developmental acquisitions are critical to physical and mental health throughout life (Cassidy, 2008). Attachment theory posits that felt security in a relationship enables children to seek comfort from, and be comforted by, parents in the face of negative arousal and distress. Furthermore, these experiences form children's internal working models of how close relationships function over time (see also Weinfield, Sroufe, Egeland, & Carlson, 2008). Bretherton and Munholland (2008) expanded on this concept to describe how such internal working models not only reflect the current nature of relationships with their parents

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<sup>1</sup>We will use the acronym LGBT, which stands for lesbian, gay, bisexual and transgender, as a broad umbrella term to represent all sexual and gender minority identities; however, we acknowledge that this is a limited term used to represent a heterogenous population of sexual and gender identities that have unique significance for individuals and are also bound in time and place (Russell et al., 2009). We also will use the pronoun "their" in place of "his" or "her".

(based on past experiences), but also reflect how children perceive parental behaviors and anticipate future encounters. This process is complex in early childhood and increases in complexity over time with adolescents' increasing need for autonomy, emerging identity development, and the cacophony of social, cognitive and emotional changes occurring during adolescence (Rosenblum & Lewis, 2006). Understanding the significance of the parent-child relationship, including its role in the development of self and social functioning, is essential for understanding how parents exert lasting influence on LGBT adolescents' adjustment.

Whereas family systems theory and attachment theory offer frameworks for understanding general relational processes, they do not address LGBT-specific influences on sexual and gender minority youth. To better understand the unique experiences of LGBT adolescents and the role of family and parenting in their development, theories and models that reflect the lived experiences of these youth must be utilized. For this purpose, we turn to minority stress theory, which provides a critical framework for examining how acute and ongoing social-based stresses are predictive of LGBT adolescent health and well-being (Meyer, 1995). Sexual and gender minority youth experience unique and ongoing stressors specific to their LGBT identities, including direct institutional discrimination and interpersonal victimization, expectations and fears of rejection and harm, and the internalization of homonegativity (DiPlacido, 1998; Meyer, 2003). These minority stressors have been associated with psychopathology via their effects on psychological processes involved in coping, resilience, and emotional functioning (Hatzenbuehler, 2009), as well as experiences within families (Ryan et al., 2010).

In addition, because of our focus on the emergence of adolescent LGBT identity and the coming out process, we utilize D'Augelli's (1994) life span model of sexual identity development. Although this is one of many models of LGBT identity, it is unique in that it is not bound by invariant "stages". Rather, it describes six identity processes that can proceed independently of one another, including (1) exiting heterosexuality, (2) developing a personal LGBT identity, (3) developing an LGBT social identity, (4) becoming an LGBT offspring, (5) developing an LGBT intimacy status, and (6) entering an LGBT community. Because these processes are not invariant stages, an LGBT adolescent can form a personal LGBT identity without having to reveal their identity to their family, or even develop social LGBT identities and LGBT intimate relationships while never coming out to their parents (Bilodeau & Renn, 2005). In this article, we utilize both D'Augelli's model and minority stress theory to examine how parenting behaviors within attachment relationships and within broader family systems can affect LGBT adolescent adjustment prior to, and following, the coming out experience.

## The Coming Out Experience for Adolescents

For most adolescents, sexual identity development is a continuous process, often starting before puberty, during which children form attitudes and preferences about sexual attractions and experiences (Graber & Archibald, 2001). For some youth, this involves engaging in sexual behaviors, whereas it can be a purely mental exercise for others. Regardless, these experiences result in a new conceptualization of self and how the self relates to others

(Troiden, 1984). This important period of identity development is challenging for all adolescents, but it can be markedly more so for LGBT youth who are confronted daily by a heteronormative society that explicitly and implicitly reinforces sexual and gender expectations that are incongruent with their emerging LGBT identities. Over time, as their sexual or gender identities are consolidated, LGBT youth must privately accept the distinction between their identities and what is culturally expected of them. At some point in this process, LGBT youth must also decide on whether to make this identity public, and with whom to share it. Note that this is not an issue for heterosexual adolescents; there is no need to “accept” their own identity or to “come out” to others because their identity conforms to heteronormative culture. For many LGBT adolescents, this is described as one of the most stressful periods of their young lives, and adults look back on this period as both profound and transformative (D’Augelli, 1996; Garnets & Kimmel, 1993).

In some way, the nature (and stress) of the coming out process may be changing generationally as the age of disclosure decreases. Data from the 1970s reported an average age of coming out being 20 years (Troiden, 1979), as compared to age 16 years in the 1990s (Rosario et al., 1996; Savin-Williams, 1998) and age 14 years in the 2000s (D’Augelli et al., 2010). Although, for some youth, the acknowledgement of their same-sex attraction or non-cisgender identity is gradual and positively incorporated into a secure sense of self (Eliason, 1996), the experience of being distinct from heteronormative expectations leads to a sense of deviancy for many, causing internalized homonegativity, maladaptive behaviors, and hiding their LGBT identities from family and friends (Branscombe, Ellemers, Spears, & Doosjes, 1999; Meyer, 1995). As such, LGBT adolescents’ decisions to come out to parents may be associated with an initial, and temporary or ongoing, disturbance within their families. Alternatively, the decision to conceal one’s identity can limit access to emotional social support, thus, each strategy comes at a potential cost and risk of long-term distress (Harrison, 2003).

As D’Augelli (1994) describes, coming out to family is one component of the developing LGBT identity (“becoming an LGBT offspring”), and this can occur at any point in the lifespan. However, when a youth discloses their sexual or gender identity to a parent during adolescence, it can be a particularly unique experience due to their age and position within the family. As discussed in the next section, the disclosure can be met with positive, negative, or delayed/neutral reactions, which may have immediate and ongoing effects on children, just as the subsequent treatment of adolescents (acceptance and support versus distance and rejection) is likely to directly influence their health and well-being. Beyond these direct effects are also indirect influences on youth, resulting from the ripple effects of their disclosures throughout their family systems. As a network of embedded relationships, any change in the dynamic of one relationship is likely to affect another relationship within a family. As Cox and Paley (2003) stated, “Changes can arise at any level of the family system, and a change at one level can stimulate further change in individuals, relationships, and the whole family system” (p. 195). For example, suppose that in a home with two co-residing parents, the mother is accepting and supportive of the adolescent’s LGBT identity, but the father is withdrawn and not accepting. The discordance between their attitudes and behaviors directed toward their child is likely to affect the relationship between the mother and father, creating instability and threatening the wholeness and order of the family. This

instability may reverberate back into parent–child relationships, creating new strain between the mother and adolescent, increased distance and hostility between the father and the adolescent, and a feeling of responsibility within the adolescent for the turbulence in the family. It may also lead to an establishment of alliances that further destabilize the family system and threaten the overall emotional security of the child (Cummings & Davies, 1995; Cummings & Wilson, 1999).

The immediate and ongoing responses of parents to their adolescents' LGBT identity disclosures, as well as adolescents' responses to parental reactions, determines how families adapt and reorganize in response to such disclosures. This may involve parents' acceptance and support, leading to a reorganization that is stronger as a function of this new co-construction; it may lead to incongruent parental attitudes and behaviors (one supportive and one rejecting) that leads to new structural configurations of families in which one parent leaves the household; or it may involve overt and ongoing parental rejection of adolescents, causing them to leave their family residences (as discussed below regarding LGBT teen homelessness).

The effects of the coming out process on LGBT adolescents must be considered both directly and indirectly via processes embedded within family systems. However, it is important to remember that the coming out experience occurs against backdrop of relationship histories, and the decision to come out to a parent is made in the context of an ongoing attachment relationship. Beaty (1999) reported that LGBT youth with prior positive relationships with their parents came out earlier and had more positive sexual identities than LGBT youth with prior negative parental relationships (for more recent similar findings see D'amico, Julien, Tremblay, & Chartrand, 2015). Why might that be the case? To answer this, consider the emotional function of attachment relationships for children, which is to provide a sense of security via a caregiver with whom (1) they feel safe, (2) they can trust, and (3) they can expect predictable reactions and behaviors across time and contexts. For LGBT youth, revealing their sexual or gender identity places them at heightened vulnerability for rejection because they are disclosing a core component of who they are as a person; sharing their identity is far more significant of an experience than sharing the details of a fight with a friend or a bad grade on a test. Experiencing rejection at that level is overwhelming because it is a rejection of *who an adolescent is*, not just a criticism of something that they have done. As such, the quality of parent–child relationships prior to coming out is likely to shape both the perception of how adolescents expect parents to react (positively or negatively) and the confidence that adolescents have in such expectations, given the consistencies or inconsistencies of parents' past behaviors.

Considering this relationship history, two decisions regarding coming out are possible: Adolescents can disclose their sexual or gender identities to their parents or they can choose not to disclose. Each has ramifications for parent–child relationships and adolescents' health and well-being. First, as discussed above, the action of coming out has the potential to be a significant perturbation to the family system and to dyadic relationships within that system. Although youth may have been preparing and rehearsing this revelation for some time, the moment of disclosure can come as a surprise to many parents. This may force them to quickly assimilate information that challenges their current perceptions of their child, their

expectations for their child's future, and their understanding of past experiences that they now must view through a new lens. This is a significant amount of information to process and, although some parents react with immediate support and warmth, many are faced with confusion, immobility, fear and trepidation, and sadness and/or anger. Some children may experience this as immediately negative, while others, who have been coached in how to disclose and manage this experience, may allow their parents time and space to process their feelings and not negatively judge their initial reactions. For many, the coming out process involves acceptance and support and is associated with positive LGBT adolescent adjustment as their feelings of security and trust are validated (either immediately or over time). However, for other LGBT youth, prior feelings of security and trust may be invalidated, leading them to feel emotionally abandoned and isolated from their families, an experience that has been associated with multiple negative outcomes (D'Augelli et al., 1998).

Conversely, there are also many reasons why adolescents choose not to disclose their sexual or gender identities to parents, and the results of these decisions may vary depending on the adolescent and their life circumstances (Potoczniak, Crosbie-Burnett, & Saltzburg, 2009, Savin-Williams & Ream 2003). Fears of revealing sexual or gender identity to family include expectations of parental confusion, withdrawal, dismissal, and rejection (Bonet, Wells, & Parsons, 2007; Harrison, 2003), any one of which may motivate adolescents to conceal their identities. Children may fear rejection based on their knowledge of parental attitudes towards LGBT persons, or they may fear the unpredictability of parental reaction or their parent's inability to cope with a major life event that is out of their control. If they are accurate in their prediction, it may serve them well to postpone disclosure until they reach a point in development where they can function independently, have a safe and secure residence, and a non-familial social support network to compensate for may be compromised within their family. Although this may prevent, or at least postpone, negative reactions from parents, such a strategy may increase LGBT adolescents' experiences of stress and limit their ability to use parents as sources of support and comfort during a developmental period when their identity remains fragile and susceptible to the social demands of heteronormative conformity (DiPlacido, 1998; Miller & Major, 2000; Ragins, 2008). It also impedes adolescents' abilities to be public with their sexual or gender identities outside of their homes (out of fear of detection by family) and, thus, limits their abilities to access social support resources from peers, organizations, or other services for LGBT youth (Beals & Peplau, 2005; Cohen & Garcia, 2005; Frable, Platt, & Hoey, 1998). Furthermore, because parents remain unaware of their children's sexual or gender identities, they may continue to espouse heterosexist, homophobic or transphobic beliefs that adolescents may internalize as homonegativity, which may in turn compromise the consolidation of their LGBT identity and undermine their mental and physical health and well-being.

Finally, from an attachment perspective, one must wonder if it is possible for a child who fears parental rejection of their sexual or gender identity to ever utilize that parent as a supportive and reliable attachment figure. To the casual observer, the relationship may appear to be well-functioning, but an adolescent's underlying attachment representation may be tainted by a fundamental fear and, as such, may be partially or fully compromised. In



such a case, an LGBT adolescent who remains “in the closet” is clearly unable to access parental support for stressors related to their LGBT identity, but also may be unable to utilize their parent as a source of security and comfort for general life stress. To our knowledge there is no empirical research on this topic, to date, and it is an important area for future investigation.

### **After Coming Out: The Role of Parenting in LGBT Adolescent Adjustment**

Following an LGBT adolescent coming out to their family, their parent’s initial reaction is slowly replaced with the day-to-day interactions common to any family and relationship. Family and parenting researchers have identified and operationalized multiple parenting constructs over the past several decades, but two of the most commonly studied are parental acceptance and psychological control (Schaefer 1959), which may have added meaning for LGBT youth. Parental acceptance is generally operationalized as warmth, affection, approval, support, and positive engagement with children (Gray & Steinberg, 1999; Khaleque & Rohner, 2002). Parental psychological control refers to parents’ attempts to impose their agenda, beliefs and desires on children, undermining their individuality and autonomy (Barber, 1996; Barber, Stolz, Olsen, Collins, & Burchinal, 2005). In general, parental acceptance is positively associated with child self-esteem and self-regulation (Barber et al., 2005; Bean & Northrup, 2009; Finkenauer, Engels, & Baumeister, 2005), and negatively associated with externalizing and internalizing behaviors, including depression, self-injury, and suicidal ideation (Baumrind, 1991; Fergusson, Woodward, & Horwood, 2000; Finkenauer et al., 2005; Garber, Robinson, & Valentiner, 1997). Parental control is often inversely associated with these same outcomes (Barber, Olsen, & Shagle, 1994; Lansford et al., this issue). These associations also have been reported within samples of LGBT adolescents (Floyd, Stein, Harter, Allison, & Nye, 1999; Ryan, Huebner, Diaz, & Sanchez, 2009), for whom they may have more profound developmental impact.

The absence of parental acceptance and presence of parental psychological control can independently and additively contribute to LGBT adolescents’ experiences of rejection. Although parental acceptance negatively correlates with parental rejection, Perrin and colleagues (2004) have argued that these two dimensions of parenting represent unique constructs and can be experienced simultaneously, or in alternating sequence, within a short period of time. It is possible that such co-occurrence is due to parents’ use of psychological control. For example, if a parent gently, or even lovingly, tries to persuade an LGBT adolescent into adopting a heteronormative identity, that behavior is more in line with the parent’s wishes and expectations, and it is likely that the adolescent will perceive this as rejection. In fact, parents may believe that they are making a simple and logical request, such as “wait until you are older to decide [about your sexual identity]”, but this communicates that the adolescent’s feelings are invalid or unacceptable and undermines a normative developmental process by imposing heteronormative expectations in an implicit, yet coercive, manner. Whether these experiences of rejection are direct or indirect, they are particularly salient for LGBT youth. Studies report that more than fifty percent of parents react negatively to their LGBT children’s initial identity disclosures (D’Augelli et al., 2010; Heatherington & Lavner, 2008). In addition to undermining self-confidence and self-esteem, as well as promoting more externalizing and internalizing behaviors and cognitions, parental

rejection of LGBT youth has been associated with significantly higher levels of suicide ideation, suicide attempts, and self-injurious behaviors (D'Augelli et al., 2005; Remafedi, Farrow, & Deisher, 1991). Ryan and colleagues report that LGBT adolescents who experience parental rejection are eight times more likely to attempt suicide, six times more likely to experience clinical depression, and three times more likely to use illicit drugs than LGBT adolescents from more accepting families (Ryan et al., 2009; Ryan et al., 2010). Furthermore, analyses from the National Longitudinal Study of Adolescent Health report that the association between LGBT identity and suicidal thoughts in youth are partially mediated by parental acceptance (Needham, 2012; see also Eisenberg & Resnick, 2006).

In addition to the direct effects of parental behaviors and attitudes on LGBT adolescent health and well-being, data indicate that family acceptance can also buffer youth from the negative effects of minority stresses experienced outside of the home. This may be particularly important in the 21<sup>st</sup> century as children come out earlier in life, during a developmental period when they report more experiences of homophobia (Poteat & Anderson, 2012) and may be more susceptible to negative peer behaviors and victimization (D'Augelli et al., 2002; Horn, 2006; Pilkington & D'Augelli, 1995). All of this is happening against a cultural backdrop that is gradually becoming more accepting of LGBT persons and issues, but still lacks adequate support and protection for LGBT youth, as evidenced by only 19 states currently providing and enforcing anti-bullying laws for LGBT youth in schools (GLSEN, 2015). As such, the experience of parental support goes far beyond just being a "lack of rejection". Parental support attenuates the negative effects of LGBT-related experiences of victimization on children's psychopathology (Evans, Hawton, & Rodham, 2004; Shilo & Mor, 2014). This is consistent with a tenet of attachment theory stating that secure relationships can buffer against the effects of negative life experiences (Aspelmeier, Elliott, & Smith, 2007; Greenberg, Siegel, & Leitch, 1983). Secure attachment relationships provide children with (1) a resource for social support in the aftermath of negative life events, (2) a consolidated sense of self and identity that is resilient to experiences of bigotry, and (3) a lens for accurately detecting the positive and negative intentions of others and processing those experiences independently of their own self-worth. In a world in which LGBT adolescents will face multiple life stressors related to their sexual or gender minority status- including but not limited to discrimination, harassment, violence, and sexual abuse (Faulkner & Cranston, 1998; Russell, Franz, & Driscoll, 2001)- parental acceptance and support can be critical to children's health and well-being. It may also be the difference between life and death (Ryan et al., 2009; Ryan et al., 2010).

With regard to acceptance and support, another very interesting (and largely unstudied) topic regards the definitions and operationalizations of these constructs and whether they should be limited to interpersonal parent-child relationship or whether they should be expanded to include their manifestation in the broader social context as parents serve as public advocates for their children's rights and safety. For example, one of the largest LGBT organizations in the United States is PFLAG (originally referred to as "Parents, Families, and Friends of Lesbians and Gays", but changed its title in 2014 to reflect the diversity and inclusiveness of its community). The origin of PFLAG dates to 1972 when a mother walked with her gay son during a public event that would later evolve into the modern-day Pride Parade. Although the organization evolved over time, a core and consistent tenet of its mission is for families



to provide support, education, and *public advocacy* for LGBT persons. We can speculate about the additive positive effects of parental support in the privacy of their own home and parental support out in the public space of their community regarding a child's sense of self, identity, and health and well-being. However, to date that is merely speculation and specific research on the nature of private versus public acceptance and support of LGBT children is sorely needed.

Fortunately, retrospective reports of the coming out experiences of LGBT youth suggest that many of the parents who initially are not accepting of their child's LGBT identity often demonstrate positive changes in attitudes and behaviors over time (Beals & Peplau, 2006; Cramer & Roach, 1988; Savin-Williams & Ream, 2003). However, this is not the case for many LGBT adolescents, and due to their family system being unable to positively adapt and reorganize around their LGBT identities, many of these youths will leave home either voluntarily by running away or involuntarily by being kicked out of the house. Consequently, the number of homeless LGBT adolescents in the United States is staggering. Although population estimates place the LGBT percentage of the United States population at between 3 to 5% (Gates, 2011), estimates of homeless LGBT adolescents range from 15% (Gangamma, Slesnick, Toviessi, & Serovich, 2008; Milburn, Ayala, Rice, Batterham, & Rotheram-Borus, 2006;), to 20% (Tyler, 2008; Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004), to 30% (Corliss, Goodenow, Nichols, & Austin, 2011; Hein, 2011), to over 40% of overall homeless youth (Gattis, 2013; Durso & Gates, 2012).

LGBT youth appear to face similar risks for homelessness as compared to the general adolescent population, including maltreatment (Cochran et al., 2002; Gangamma et al., 2008; Rew, Whittaker, Taylor-Seehafter, & Smith, 2005; Rosario, Schrimshaw, & Hunter, 2012), familial conflict (Cochran et al., 2002; Gangamma et al., 2008; Rew et al., 2005), strained familial relationships (Gattis, 2013), and parental substance use (Cochran, Stewart, Ginzler, & Cauce, 2002; Gangamma et al., 2008). However, the rate of these risks may be disproportionately higher for LGBT adolescents (Russell, 2003). Cochran and colleagues (2002) found that LGBT adolescents were significantly more likely than their heteronormative and cis-gendered counterparts to become homeless due to physical abuse, and Rew and colleagues (2005) reported comparable findings related to experiences of sexual abuse. Furthermore, LGBT adolescents are more likely to become homeless due to relationship and family disruption specifically related to their sexual or gender identity (Cochran et al., 2002; Rew et al., 2005). For insecure attachment relationships that were fragile prior to youth coming out, or for those relationships that fell apart upon parents learning of their adolescents' LGBT identities, the ongoing rejection and hostility from parents may be so unbearable that leaving home may be the only way to physically and emotionally survive.

## Implications and Future Directions

Although much of the extant research focuses on the negative effects of parental rejection and hostility for LGBT adolescent health and well-being, it is very important to remember that parental support and acceptance consistently predict positive outcomes for LGBT youth (Russell & Fish, 2016; Sheets & Mohr, 2009; Shilo & Savaya, 2011), and that studies of

resilience are as important as studies of risk (Russell, 2005). In fact, in a study of sexuality-specific social supports from parents, peers, and the community, researchers reported that parental support exerted the strongest positive impact on LGBT youth adjustment (Snapp, Watson, Russell, Diaz, & Ryan, 2015). Despite this, there are relatively few empirically-based resources for parents and family clinical practitioners to foster optimal parenting behaviors and relational and family functioning (for exceptions see Fisher, Poirier, & Blau, 2012 and Lazear, Pires, Forssell, & Mallery, 2012). This void of clinical support for families of LGBT adolescents is particularly surprising given the proliferation of state-, community-, and school-level policies directed towards the health and well-being of LGBT youth (Russell & Fish, 2016). Whereas many clinical intervention studies have evidenced positive effects for LGBT young adults (e.g., Pachankis & Goldfried, 2010, Pachankis, Hatzenbuehler, Rendina, Safren, & Parsons, 2015; Walsh & Hope, 2010), many of these interventions have not been extended into younger ages and incorporated parental or family components, although such an approach has been called for by the Substance Abuse and Mental Health Service Administration (SAMHSA, 2014). An example of the benefit of such an approach is the preliminary findings by Diamond and colleagues (2012), who found that a family-based treatment (adapted specifically for suicidal LGBT adolescents from a general attachment-based therapy) resulted in decreased suicidal ideation and depressive symptoms in LGBT youth.

The Diamond and colleagues' intervention was based on the foundational work by the Family Acceptance Project that examined the benefits of parental acceptance on LGBT youth adjustment (Ryan et al., 2009, 2010). In addition to more empirically-based clinical intervention work and dissemination of these programs to families and practitioners, more developmentally-informed prospective studies of LGBT adolescent-parent relationships are needed. To date, much of the extant literature on this topic is retrospective with adult samples limited in size and diversity. This often results in limited statistical power to test models of mediation, moderation, and/or intersectionality hypotheses, such as the outcomes and experiences of LGBT youth of color (Russell & Fish, 2016). Admittedly, the lack of large longitudinal studies is not due to a lack of interest, but rather to the logistic complexities of this type of research. As outlined in detail by Mustanski (2011), there are ethical and regulatory issues that complicate the prospective study of LGBT adolescents, particularly with respect to recruitment. Many LGBT youth are unwilling to participate in studies that could potentially reveal their sexual or gender identities to the public. Furthermore, since the target sample is composed of minors, researchers must often obtain parental consent (which may be an unacceptable condition for some participant youth) or obtain IRB permission to bypass parental consent. By only recruiting a sample for whom parental consent is an acceptable condition, it is likely that the sample will largely reflect children who are out to their parents and who likely experienced some degree of with parental acceptance, thus, creating a selection effect within the sample. Alternatively, receiving IRB permission to bypass parental consent requirements can reduce potential selection effects, but it may also limit the ability to ask children sensitive questions (such as those related to depression, suicidal thoughts and behaviors, and experiences of abuse). One potential solution to this dilemma is designing research studies that examine outcomes related to both cis-gendered heterosexual youth as well as LGBT youth to avoid having

participation in the study equate to a specific sexual or gender identity. A researcher using a multi-phased recruitment design for sample/subsample selection can maximize inclusion of individuals already self-identifying as LGBT as well as randomly sample youth who may self-identify as LGBT at later ages.

There are multiple other ways to address these issues in service of advancing research on LGBT adolescents, but here we offer two broad suggestions. First, there is a critical need for increased targeted funding for integrated studies of LGBT youth and family functioning that would include coordinated expertise across domains of research and professional support. The many small-scale studies to-date have significantly contributed to theory formation and early testing of intervention and prevention protocols; however, large-scale advancements in science often require large-scale purposeful studies. These should include interdisciplinary collaborators with sampling expertise from family demography, parenting and family functioning expertise from family science, longitudinal methodologies from developmental science, and support for family and individual health and well-being from social work and clinical science. Such collaborations would allow researchers to tackle complex scientific and ethical issues related to age and measurement that have perplexed many studies to date. For example, although it may be preferable to sample and collect data as early in life as possible to prospectively capture demographic changes across age and developmental transitions, the ability to ask valid and ethical questions about gender identity and sexual behaviors of young children is challenging and contentious. Rather than asking sensitive or confusing questions of individuals in middle childhood, experts could utilize combinations of prospective and retrospective data collection beginning in early adolescence to avoid such ethical and methodological pitfalls. Repeating prospective/retrospective protocols across time could capture the fluidity of sexual and gender identity development and ameliorate the potential discomfort that some children may have in reporting these cognitions and behaviors at earlier ages. As such, using later retrospective report to enhance prior prospective data protocols may best capture the true lived experiences of these individuals.

Second, in addition to recommending large-scale targeted research on LGBT youth and families, we strongly encourage all existing and new studies of adolescent health and well-being (especially those with population-based recruiting protocols), to include multi-item and repeated measurements of sexual and gender identities. Today there are numerous, large-sample studies of adolescents, most of which will include subsamples of LGBT youth that likely go undetected and therefore unstudied. Identifying these subsamples and harmonizing data across studies may be one way to expedite this research because such large population studies are likely to be adequately powered to study measures of gender and sexual identities- but only if such questions are included in research protocols. This requires proactive and developmentally appropriate measurement of each construct, which historically has not been characteristic of most developmental or epidemiological studies. As documented extensively by Gates and Badgett (2017), a measurement of sexual identity that triangulates across self-reports of individual self-identification, sexual behavior, and sexual attraction can help identify sexual minority youth even during the identity-fluid years of adolescent development. In addition, it is important to disaggregate the measurement of sex and gender by moving beyond binary measures of biological sex and separately inquiring about gender identity and gender expression. Most importantly, it is critical to provide

adolescents with adequate response options that reflect their experiences and identities and to be sensitive to sociocultural context, such as race, ethnicity, and geographic region (Gates & Badgett, 2017). It is also important to remember that sexual and gender identities are evolving at a cultural level and that labels (and their meanings) are often bound by generation. New terms enter the lexicon (e.g., pansexual) as old words leave (e.g., homosexual) or change in meaning or usage (e.g., queer). This is even more important when studying LGBT youth, who often are at the cutting edge of this cultural evolution, and thus our sensitivity to these terms and their meanings are paramount for inclusive studies. It may also require that we expand definitions of family to include both “families of origin” as well as “families of choice” to reflect the significance of non-familial relationships as sources of profound attachment and support for LGBT adolescents. These “families of choice” may replace family networks that are disrupted due to rejection or abuse; alternatively, they may supplement in-tact families with networks and relationships built around shared experiences that only other LGBT individuals may provide. Thus, as definitions of self-identities may evolve, so may definitions of family and parenting. Whenever possible, studies should be sensitive to these changes and inclusive in their measurement.

Lastly, it is important for future research to be sensitive to sociocultural context of the child and family. Sexual and gender identities are informed by cultural variation due to geographic location, race and ethnicity, religiosity, and socioeconomic class among other social forces. Similarly, the nature of parent-child relationship dynamics as well as the expectations that parents have of their children are also influenced by these social forces. As highlighted by other papers in this special issue, the unique and joint effects of parental acceptance and rejections on youth development are likely to vary across these sociocultural influences, and perhaps even more so for LGBT youth. Future work must consider the implications of a one-size-fits-all model of parenting intervention and perhaps customize education and intervention materials to the culturally-bound values and histories of specific populations. Research should also consider other domains of parenting that may be uniquely challenging for parents who do not share their children’s LGBT identities, such as the socialization of norms and expectations regarding dating and sexual activity as well as parental knowledge-seeking, child information disclosure, and parental monitoring of peer and romantic relationships. These are often difficult discussions for every parent and adolescent but may be even more so for parents and LGBT adolescents and may be complicated further by sociocultural characteristics of the family. To date, there is very limited research on this topic and it clearly represents a void in LGBT family science.

In summation, research on LGBT adolescents suggest that they are influenced by family processes in ways that all adolescents experience; however, research also identifies unique family experiences related to their sexual and gender identities that may have positive effects (via warmth and support) or negative effects (via rejection and psychological control) on their health and well-being. We now find ourselves at a critical junction where we have the necessary scientific theory, the trained and passionate researchers and health professionals, and the cultural and societal motivation to advance this important inquiry of study. We know that LGBT youth are at heightened risk for multiple negative physical and mental health outcomes, but we also know that LGBT youth can thrive when provided the support that all children need. We are beginning to understand the complex and profound influence of

parenting on these disparate outcomes, as well as our roles as basic and applied researchers in understanding and optimizing these developmental processes and outcomes. We must take advantage of every opportunity to ask important questions about LGBT adolescents and their parents, to constantly innovate our designs and improve our dissemination, and to support the the children and families whose experiences and lives constitute the data in our studies. Future generations of LGBT youth are depending on it.

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## References

- Aspelmeier JE, Elliott AN, & Smith CH (2007). Childhood sexual abuse, attachment, and trauma symptoms in college females: The moderating role of attachment. *Child abuse & neglect*, 31(5), 549–566. [PubMed: 17391758]
- Barber BK (1996). Parental psychological control: Revisiting a neglected construct. *Child Development*, 67, 3296–3319. [PubMed: 9071782]
- Barber BK, Olsen JE, & Shagle SC (1994). Associations between parental psychological and behavioral control and youth internalized and externalized. *Child Development*, 65(4), 1120–1136. [PubMed: 7956469]
- Barber BK, Stolz HE, Olson JA, Collins WA, & Burchinal M (2005). Parental support, psychological control, and behavioral control: Assessing relevance across time, culture, and method. *Monographs of the Society for Research in Child Development*, 70, 1–151.
- Baumrind D (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*, 11, 56–95.
- Baumrind D (2005). Patterns of parental authority and adolescent autonomy. *New Directions for Child and Adolescent Development*, 108, 61–69.
- Bears KP, & Peplau LA (2005). Identity support, identity devaluation and wellbeing among lesbians. *Psychology of Women Quarterly*, 29, 140–148.
- Bears KP, & Peplau LA (2006). Disclosure patterns within social networks of gay men and lesbians. *Journal of Homosexuality*, 51, 101–120. [PubMed: 16901869]
- Bean RA, & Northrup JC (2009). Parental psychological control, psychological autonomy, and acceptance as predictors of self-esteem in Latino adolescents. *Journal of Family Issues*, 30, 1486–1504.
- Beatty LA (1999). Identity development of homosexual youth and parental and familial influences on the coming out process. *Adolescence*, 34(135), 597. [PubMed: 10658867]
- Bilodeau BL, & Renn KA (2005). Analysis of LGBT identity development models and implications for practice. *New directions for student services*, 111, 25–39.
- Bonet LB, Wells E, & Parsons JT (2007). A positive look at a difficult time: A strength based examination of coming out for lesbian and bisexual women. *Journal of LGBT Health Research*, 3, 7–15. [PubMed: 18029311]
- Bowlby J (2008). *A secure base: Parent-child attachment and healthy human development*. Basic books.
- Branscombe NR, Ellemers N, Spears R, & Doosje B (1999). The context and content of social identity threat In Ellemers N, Spears R, & Doosje B (Eds.), *Social identity: Context, commitment, content* (pp. 35–58). Oxford: Blackwell.
- Bretherton I, & Munholland KA (2008). Internal working models in attachment relationships: Elaborating a central construct in attachment theory In Cassidy J, & Shaver PR (Eds.), *Handbook of Attachment Second Edition: Theory, Research, and Clinical Applications* (pp. 102–127). New York: The Guilford Press.

- Cassidy J (2008). The nature of the child's ties In Cassidy J & Shaver PR (Eds.), *Handbook of Attachment: Theory, Research, and Clinical Applications*, (pp. 3–22). New York: The Guilford Press.
- Cochran BN, Stewart AJ, Ginzler JA, & Cauce AM (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health*, 92, 773–777. [PubMed: 11988446]
- Cohen GL, & Garcia J (2005). "I am us": Negative stereotypes as collective threats. *Journal of Personality and Social Psychology*, 89, 566–582. [PubMed: 16287419]
- Corliss HL, Goodenow CS, Nichols L, & Austin SB (2011). High burden of homelessness among sexual-minority adolescents: Findings from a representative Massachusetts high school sample. *American Journal of Public Health*, 101, 1683–1689. doi: 10.2105/AJPH.2011.300155 [PubMed: 21778481]
- Cox MJ, & Paley B (2003). Understanding families as systems. *Current Directions in Psychological Science*, 12(5), 193–196.
- Cramer D, & Roach A (1988). Coming out to mom and dad: A study of gay males and their relationships with their parents. *Journal of Homosexuality*, 15, 79–91. [PubMed: 3235830]
- Cummings EM, & Davies PT (1995). The impact of parents on their children: An emotional security perspective. *Annals of Child Development*, 10, 167–208.
- Cummings EM, & Wilson A (1999). Contexts of marital conflict and children's emotional security: Exploring the distinction between constructive and destructive conflict from the children's perspective In Cox M & Brooks-Gunn J (Eds.), *Conflict and closeness in families: Causes and consequences* (pp. 105–129). Mahwah, NJ: Erlbaum.
- D'amico E, Julien D, Tremblay N, & Chartrand E (2015). Gay, lesbian, and bisexual youths coming out to their parents: Parental reactions and youths' outcomes. *Journal of GLBT Family Studies*, 11(5), 411–437.
- D'Augelli AR (1994). Identity Development and Sexual Orientation: Toward a Model of Lesbian, Gay, and Bisexual Development In Trickett EJ, Watts RJ, & Birman D (Eds.), *Human Diversity: Perspectives on People in Context*. San Francisco: Jossey-Bass.
- D'Augelli AR (1996). Lesbian, gay and bisexual development during adolescence and young adulthood In Cjajab RP & Stein TS (Eds.), *Textbook of homosexuality and mental health* (pp. 267–288). Washington, DC: American Psychiatric Press.
- D'Augelli AR, Grossman AH, Salter NP, Vasey JJ, Starks MT, & Sinclair KO (2005). Predicting the suicide attempts of lesbian, gay, and bisexual youth. *Suicide and Life Threatening Behavior*, 35(6), 646–660. [PubMed: 16552980]
- D'Augelli AR, Grossman AH, Starks MT, & Sinclair KO (2010). Factors associated with parents' knowledge of lesbian, gay, and bisexual youth' sexual orientation. *Journal of GLBT Family Studies*, 6, 1–21.
- D'Augelli AR, Hershberger SL, & Pilkington NW (1998). Lesbian, gay, and bisexual youth and their families: Disclosure of sexual orientation and its consequences. *American Journal of Orthopsychiatry*, 68, 361–371.
- D'Augelli AR, Pilkington NW, & Hershberger SL (2002). Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youth in high school. *School Psychology Quarterly*, 17, 148–167.
- Diamond GM, Diamond GS, Levy S, Closs C, Ladipo T, & Siqueland L (2012). Attachment-based family therapy for suicidal lesbian, gay, and bisexual adolescents: A treatment development study and open trial with preliminary findings. *Psychotherapy*, 49, 62–71. [PubMed: 22181026]
- DiPlacido J (1998). Minority stress among lesbians, gay men and bisexuals: A consequence of heterosexism, homophobia and stigmatization In Herek GM (Ed.), *Stigma and sexual orientation* (pp. 138–159). Thousand Oaks, CA: Sage.
- Durso LE, & Gates GJ (2012). *Serving our youth: Findings from a national survey of service providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless*. Los Angeles, CA: The Williams Institute with True Colors Fund and The Palette Fund.



- Eisenberg ME, & Resnick MD (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health, 39*, 662–668. [PubMed: 17046502]
- Eliason MJ (1996). Identity formation for lesbian, bisexual and gay persons: Beyond a “minoritizing” view. *Journal of Homosexuality, 30*, 31–58.
- Evans E, Hawton K, & Rodham K (2004). Factors associated with suicidal phenomena in adolescents: A systematic review of population-based studies. *Clinical Psychology Review, 24*, 957–979. [PubMed: 15533280]
- Faulkner AH, & Cranston K (1998). Correlates of same-sex sexual behavior in a random sample of Massachusetts high school students. *American Journal of Public Health, 88*, 262–266. [PubMed: 9491018]
- Fergusson DM, Woodward LJ, & Horwood LJ (2000). Risk factors and life processes associated with the onset of suicidal behavior during adolescence and early adulthood. *Psychological Medicine, 30*, 23–39. [PubMed: 10722173]
- Finkenauer C, Engels RCME, & Baumeister RF (2005). Parenting and adolescent externalizing and internalizing problems: The role of self-control. *International Journal of Behavioral Development, 29*, 58–69.
- Fisher SK, Poirier JM, & Blau GM (Eds.). (2012). *Improving emotional and behavioral outcomes for LGBT youth: A guide for professionals*. Baltimore, MD: Paul Brookes Publishing Company.
- Floyd FJ, Stein TS, Harter KS, Allison A, & Nye CL (1999). Gay, lesbian, and bisexual youth: Separation-individuation, parental attitudes, identity consolidation, and well-being. *Journal of Youth and Adolescence, 28*(6), 719–739.
- Frable DES, Platt L, & Hoey S (1998). Concealable stigmas and positive self-perceptions: Feeling better around similar others. *Journal of Personality and Social Psychology, 74*, 909–922. [PubMed: 9569651]
- Galinsky E (1987). *The six stages of parenthood*. Reading, MA: Addison-Wesley Publishing Company.
- Gangamma R, Slesnick N, Toviss P, & Serovich J (2008). Comparison of HIV risks among gay, lesbian, bisexual and heterosexual homeless youth. *Journal of Youth and Adolescence, 37*, 456–464. doi:10.1007/s10964-007-9171-9 [PubMed: 18607514]
- Garber J, Robinson NS, & Valentiner D (1997). The relation between parenting and adolescent depression: Self-worth as a mediator. *Journal of Adolescent Research, 12*, 12–33.
- Gates GJ (2011). How many people are lesbian, gay, bisexual and transgender? [White Paper]. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>
- Gates GJ, & Badgett L (2017). *Best Practices for Asking Questions about Sexual Orientation on Surveys*. UCLA CCPR Population Working Papers.
- Garnets L, & Kimmel DC (1993). *Psychological perspectives on lesbian and gay male experiences*. New York: Columbia University Press.
- Gattis MN (2013). An ecological systems comparison between homeless sexual minority youth and homeless heterosexual youth. *Journal of Social Service Research, 39*, 38–49. doi:10.1080/01488376.2011.633814 [PubMed: 23687399]
- GLSEN (Gay Lesbian Straight Education Network). (2015). *State Maps*. New York: GLSEN Retrieved from <http://www.glsen.org/article/state-maps>
- Graber JA, & Archibald AB (2001). Psychosocial change at puberty and beyond, understanding adolescent sexuality and sexual orientation In D’Augelli AR & Patterson CJ (Eds.), *Lesbian, gay and bisexual identities and youth; psychological perspectives* (pp. 3–26). Oxford: Oxford University Press.
- Gray MR, & Steinberg L (1999). Unpacking authoritative parenting: Reassessing a multidimensional construct. *Journal of Marriage and the Family, 61*(3), 574–587.
- Greenberg MT, Siegel JM, & Leitch CJ (1983). The nature and importance of attachment relationships to parents and peers during adolescence. *Journal of Youth and Adolescence, 12*(5), 373–386. [PubMed: 24306358]
- Haas A, Eliason M, Mays V, Mathy R, Cochran S, D’Angelli A, ... Clayton PJ (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality, 58*(1), 10–51. [PubMed: 21213174]

- Harrison TW (2003). Adolescent homosexuality and concerns regarding disclosure. *Journal of School Health*, 73, 107–112. [PubMed: 12677729]
- Hatzenbuehler ML (2009). How does sexual minority stigma “get under the skin?” A psychological mediation framework. *Psychological Bulletin*, 135, 707–730. [PubMed: 19702379]
- Heatherington L, & Lavner JA (2008). Coming to terms with coming out: Review and recommendations for family systems focused research. *Journal of Family Psychology*, 22, 329–343. [PubMed: 18540762]
- Hein LC (2011). Survival strategies of male homeless adolescents. *Journal of the American Psychiatric Nurses Association*, 17, 274–282. doi:10.1177/1078390311407913 [PubMed: 21653486]
- Horn SS (2006). Heterosexual adolescents’ and young adults’ beliefs and attitudes about homosexuality and gay and lesbian peers. *Cognitive Development*, 21, 420–440.
- Khaleque A, & Rohner RP (2002). Perceived parental acceptance-rejection and psychological adjustment: A meta-analysis of cross-cultural and intracultural studies. *Journal of Marriage and the Family*, 64, 54–64. doi: 10.1111/j.1741-3737.2002.00054.x
- King M, Semlyen J, Tai SS, Killaspy H, Osborn D, & Popelyuk D (2008). A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay, and bisexual people. *BMC Psychiatry*, 8, 70. [PubMed: 18706118]
- Lazar KJ, Pires SA, Forssell SL, & Mallery CJ (2012). Building systems of care to support effective therapeutic and programmatic interventions and resources for LGBT youth and their families In Fisher SK, Poirier JM, & Blau GM (Eds.), *Improving emotional and behavioural outcomes for LGBT youth: A guide for professionals*(pp. 127–140). Baltimore, MD: Paul H. Brookes.
- Meyer IH (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behaviour*, 36, 38–56.
- Meyer IH (2003). Prejudice as stress: Conceptual and measurement problems. *American Journal of Public Health*, 93, 262–265. [PubMed: 12554580]
- Milburn NG, Ayala G, Rice E, Batterham P, & Rotheram-Borus MJ (2006). Discrimination and exiting homelessness among homeless adolescents. *Cultural Diversity and Ethnic Minority Psychology*, 12, 658–672. doi:10.1037/1099-9809.12.4.658 [PubMed: 17087527]
- Miller CT, & Major B (2000). Coping with stigma and prejudice In Heatherington TF, Kleck RE, Hebl MR, & Hull JG (Eds.), *The social psychology of stigma* (pp. 243–272). New York: Guilford Press.
- Minuchin P (1985). Families and individual development: Provocations from the field of family therapy. *Child Development*, 54, 289–302.
- Mustanski B (2011). Ethical and regulatory issues with conducting sexuality research with LGBT adolescents: A call to action for a scientifically informed approach. *Archives of Sexual Behavior*, 40, 673–686. [PubMed: 21528402]
- Needham BL (2012). Sexual attraction and trajectories of mental health and substance use during the transition from adolescence to adulthood. *Journal of Youth and Adolescence*, 41, 179–190. [PubMed: 22076077]
- Pachankis JE, & Goldfried MR (2010). Expressive writing for gay-related stress: psychosocial benefits and mechanisms underlying improvement. *Journal of Consulting and Clinical Psychology*, 78, 98–110. [PubMed: 20099955]
- Pachankis JE, Hatzenbuehler ML, Rendina HJ, Safren SA, & Parsons JT (2015). LGB-affirmative cognitive behavioral therapy for young adult gay and bisexual men: A randomized controlled trial of a transdiagnostic minority stress approach. *Journal of Consulting and Clinical Psychology*, 83, 875–89 [PubMed: 26147563]
- Perrin EC, Cohen K, Gold M, Ryan C, Savin-Williams R, & Schorzman C (2004). Gay and lesbian issues in pediatric health care. *Current Problems in Pediatric and Adolescent Health Care*, 34, 355–398. [PubMed: 15570222]
- Pilkington NW, & D’Augelli AR (1995). Victimization of lesbian, gay, and bisexual youth in community settings. *Journal of Community Psychology*, 23, 34–56.
- Potat VP, & Anderson CJ (2012). Developmental changes in sexual prejudice from early to late adolescence: The effects of gender, race, and ideology on different patterns of change. *Developmental Psychology*, 48, 1403–1415. [PubMed: 22250998]

- Potoczniak D, Crosbie-Burnett M, & Saltzburg N (2009). Experiences regarding coming out to parents among African American, Hispanic, and white gay, lesbian, bisexual, transgender, and questioning adolescents. *Journal of Gay and Lesbian Social Services*, 21, 189–205.
- Ragins BR (2008). Disclosure disconnects: Antecedents and consequences of disclosing invisible stigmas across life domains. *Academy of Management Review*, 33, 194–215.
- Rew L, Whittaker TA, Taylor-Seehafter MA, & Smith LR (2005). Sexual health risks and protective resources in gay, lesbian, bisexual, and heterosexual homeless youth. *Journal for Specialists in Pediatric Nursing*, 10, 11–19. [PubMed: 15673425]
- Remafedi G, Farrow JA, & Deisher RW (1991). Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics*, 87, 869–875. [PubMed: 2034492]
- Rosario M, Meyer-Bahlburg HFL, Hunter J, Exner TM, Gwadz M, & Keller AM (1996). The psychosexual development of urban lesbian, gay, and bisexual youth. *Journal of Sex Research*, 33, 113–126.
- Rosario M, Schrimshaw EW, & Hunter J (2012). Homelessness among lesbian, gay, and bisexual youth: Implications for subsequent internalizing and externalizing symptoms. *Journal of Youth and Adolescence*, 41, 544–560. [PubMed: 21656284]
- Rosenblum GD, & Lewis M (2006). Emotional development in adolescence In Adams GR & Berzonsky MD (Eds), *Blackwell Handbook of Adolescence*. Malden, MA: Blackwell Publishing.
- Russell ST (2003). Sexual minority youth and suicide risk. *American Behavioral Scientist*, 46, 1241–1257.
- Russell ST (2005). Beyond risk: resilience in the lives of sexual minority youth. *Journal of Gay and Lesbian Issues in Education*, 2, 5–18.
- Russell ST, Franz BT, & Driscoll AK (2001). Same-sex romantic attraction and experiences of violence in adolescence. *American Journal of Public Health*, 91, 903–906. [PubMed: 11392932]
- Russell ST, & Fish JN (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology*, 12, 465–487.
- Ryan C, Huebner D, Diaz R, & Sanchez J (2009). Family rejection as a predictor of negative health outcomes in White and Latino LGB young adults. *Pediatrics*, 123, 346–352. [PubMed: 19117902]
- Ryan C, Russell ST, Huebner D, Diaz R, & Sanchez J (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23, 205–213. [PubMed: 21073595]
- Savin-Williams RC (1998). “...And Then I Became Gay”: Young Men’s Stories. London: Routledge.
- Savin-Williams RC, & Ream GL (2003). Suicide attempts among sexual-minority male youth. *Journal of Clinical Child and Adolescent Psychology*, 32, 509–522. [PubMed: 14710459]
- Schaefer ES (1959). A circumplex model for maternal behavior. *Journal of Abnormal and Social Psychology*, 59, 226–335. doi: 10.1037/h0041114 [PubMed: 14442320]
- Sheets RL, & Mohr JJ (2009). Perceived social support from friends and family and psychosocial functioning in bisexual young adult college students. *Journal of Counseling Psychology*, 56, 152–163.
- Shilo G, & Mor Z (2014). The impact of minority stressors on the mental and physical health of lesbian, gay, and bisexual youth and young adults. *Health & Social Work*, 39, 161–171. [PubMed: 25095629]
- Shilo G, & Savaya R (2011). Effects of family and friend support on LGB youth’ mental health and sexual orientation milestones. *Family Relations*, 60, 318–330.
- Snapp SD, Watson RJ, Russell ST, Diaz RM, & Ryan C (2015). Social support networks for LGBT young adults: Low cost strategies for positive adjustment. *Family Relations*, 64, 420–30.
- Steinberg L (1990). Autonomy, conflict, and harmony in family relationships In Feldman SS & Elliot GR (Eds.), *At the threshold: The developing adolescent* (pp. 255–276). Cambridge, MA: Harvard University Press.
- Substance Abuse and Mental Health Service Administration (2014). *A Practitioner’s Resource Guide: Helping Families to Support Their LGBT Children* HHS Publ. No. PEP14-LGBTKIDS. Rockville, MD: SAMHSA.

- Troiden RR (1979). Becoming homosexual: A model of gay identity acquisition. *Psychiatry*, 41, 362–373.
- Troiden RR (1984). Self, self-concept, identity, and homosexual identity— constructs in need of definition and differentiation. *Journal of Homosexuality*, 10, 97–109. [PubMed: 6533182]
- Tyler KA (2008). A comparison of risk factors for sexual victimization among gay, lesbian, bisexual, and heterosexual homeless young adults. *Violence and Victims*, 23, 586–602. doi:10.1891/0886-6708.23.5.586 [PubMed: 18958987]
- Walsh K, & Hope DA (2010). LGB-affirmative cognitive behavioral treatment for social anxiety: A case study applying evidence-based practice principles. *Cognitive and Behavior Practice*, 17, 56–65
- Weinfield NS, Sroufe LA, Egeland B, & Carlson EA (2008). Individual differences in infant-caregiver attachment: Conceptual and empirical aspects of security In Cassidy J & Shaver PR (Eds.), *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York, NY: The Guilford Press.
- Whitbeck LB, Chen X, Hoyt DR, Tyler KA, & Johnson KD (2004). Mental disorder, subsistence strategies, and victimization among gay, lesbian, and bisexual homeless and runaway adolescents. *Journal of Sex Research*, 41, 329–342. [PubMed: 15765273]