
Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay and Bisexual Young Adults

This Summary Report was prepared by Fortunate Families, Inc. to help inform interested parties about this important study. Results of the study were presented in the January, 2009 issue of "Pediatrics," the official journal of the American Academy of Pediatrics. The study was authored by Caitlin Ryan, PhD, ACSW, David Huebner, PHD, MPH, Rafael M. Diaz, PhD and Jorge Sanchez, BA. The portions of this summary that appear in quotations are taken directly from the study.*

Objective:

To examine "specific family rejecting reactions to sexual orientation and gender expression during adolescence as predictors of current health problems in a sample of lesbian, gay and bisexual young adults." The survey included measures of nine negative health indicators, organized in the areas of mental health, substance abuse and sexual risk. "The survey was administered to a sample of 224 white and Latino self-identified lesbian, gay and bisexual young adults, aged 21 to 25, recruited through diverse venues and organizations."

Results:

"Higher rates of family rejection were significantly associated with poorer health outcomes." Compared with their peers who reported no or low levels of family rejection, lesbian, gay and bisexual young adults who reported higher levels of family rejection during adolescence were:

- 8.4 times more likely to report attempted suicide
- 5.9 times more likely to report high levels of depression
- 3.4 times more likely to use illegal drugs
- 3.4 times more likely to engage in unprotected sexual intercourse

"Latino men reported the highest number of negative family reactions to their sexual orientation in adolescence."

Conclusions:

"This study establishes a clear link between specific parental and caregiver rejecting behaviors and negative health problems in young lesbian, gay and bisexual adults. Providers who serve this population should assess and help educate families about the impact of rejecting behaviors. Counseling families, providing anticipatory guidance and referring families for counseling and support can help make a critical difference in helping decrease risk and increasing well-being for lesbian, gay and bisexual youth. . . . **Both practitioners and researchers have noted that risks to physical, emotional and social health for sexual minority adolescents are primarily related to social stigma and negative societal responses, particularly in schools.**"

Recommendations for practice:

“Pediatric providers can help decrease family rejection and increase support for LGB young people in several ways:

1. Ask LGB adolescents about family reactions to their sexual orientation and gender expression and refer to LGB community support programs and for supportive counseling as needed.
2. Identify LGB support programs in the community and online resources to educate parents about how to help their LGB children. Parents need access to positive parental role models to help decrease rejection and increase family support for their LGB children.
3. Advise parents that negative reactions to their adolescent’s LGB identity may negatively influence their child’s health and mental health.
4. Recommend that parents and caregivers modify highly rejecting behaviors that have the most negative influence on health concerns, such as suicidality.
5. Expand anticipatory guidance to include information on the need for support and the link between family rejection and negative health problems in LGB young people.”

The authors conclude their study:

“Unlike children and adolescents in general, who receive services and care in the context of their families, LGB adolescents are typically served as adults as if they have no families, across a wide range of settings. These findings indicate that providers serving LGB young people must begin to assess family dynamics and consider the role of families when assessing an LGB adolescent’s risk and making decisions about their care. Counseling families, providing anticipatory guidance, and referring families for counseling and support can help make a critical difference in decreasing risk and increasing well-being for many LGB youth who have limited support.”

*For the complete abstract go to: <http://pediatrics.aappublications.org/cgi/content/abstract/123/1/346>

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