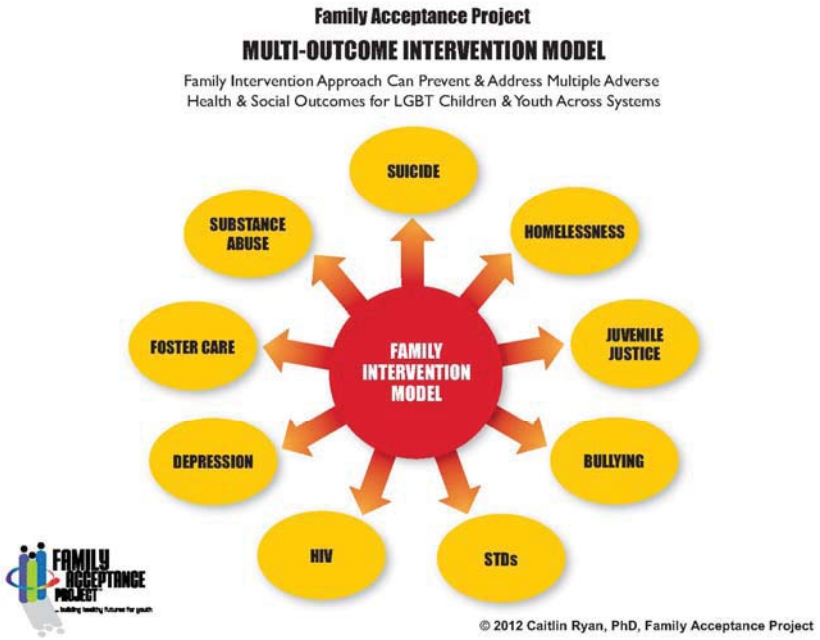
Ryan, C. (2014). Generating a revolution in prevention, wellness & care for LGBT children & youth, *Temple Political & Civil Rights Law Review*, 23(2):331-344.

GENERATING A REVOLUTION IN PREVENTION, WELLNESS & CARE FOR LGBT CHILDREN & YOUTH

CAITLIN RYAN[1]

I want to start by reimagining the future for LGBT youth. Let's start with what we know and what programs, policies and services continue to reinforce at the individual and systems level. We know a *great deal* about very negative health and social outcomes that LGBT young people face and have faced for decades. These include a range of serious negative outcomes that affect individuals, their families, and society, in general, through the health and social costs of stigma, restricted life chances and lost lives.



Then I want to talk about where we need to go. We have a framework through the work of the Family Acceptance Project (FAP) and the emergence of family-based services to change this for *so* many LGBT young people who have been separated

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from their families, their cultures and their communities. The Family Acceptance Project is a research, intervention, education, and policy initiative that was founded to help diverse families to support their LGBT children. Our research has shown that families do, indeed, have a compelling impact on their LGBT children's health, mental health, and well-being. Not just negatively, but also positively. That is a critical part of reimagining the future for LGBT children and adolescents. Society has focused for so long on the negatives. We must start thinking about the positives and start aligning public and private services and systems of care to promote the health and well-being of LGBT children and youth. This requires normalizing inclusion of the families of LGBT children and adolescents in education, services, care and support for their LGBT children as they are for children and adolescents, in general.

I. CHANGING THE DISCOURSE

Our team at the Family Acceptance Project has worked with very diverse families and foster families with LGBT children through our research and family intervention work for nearly fourteen years.[2] This includes working with very socially and religiously conservative families who believe that homosexuality is wrong and that gender diversity undermines their deeply held values and beliefs. We have found that families can learn to support their LGBT children when information is presented in ways that resonate with their values and beliefs—to protect their children and to help them have a good life, to strengthen and keep their families together. In essence, what we have done is to give families a different way of thinking about their LGBT children by shifting the discourse on homosexuality from morality to health and well-being, which had not happened prior to the work of the Family Acceptance Project. We have used our foundational research to develop a new evidence-based wellness, prevention and intervention model to change the way that LGBT youth are served by engaging in a family-oriented framework for prevention, services, and care that focuses on wellness as the outcome. This goes far beyond just protecting LGBT young people from harm, which has become the standard for serving LGBT youth in public settings.

Historically, most research on LGBT adolescents concentrated on schools and focused primarily on protecting LGBT youth from harm which was urgently needed. Research surprisingly ignored the other two key institutions (in addition to schools) that socialize children and adolescents: families and faith communities. These institutions were left out, not only in research, but also in programs and community services. It may seem startling, but when we initiated the first comprehensive study of what happens in families when LGBT young people come out, are forced out, or found to be LGBT during adolescence, research had only taken place from the perspective of the adolescent and not from the perspective of both LGBT youth and their families.

2. *See* FAMILY ACCEPTANCE PROJECT, http://familyproject.sfsu.edu/overview (last visited Apr. 19, 2014).

A. Lack of Family-Oriented Research & Accurate Information

When we started the Family Acceptance Project, research related to LGB adolescents and families was extremely limited, and the concept of transgender identity was still emerging. Only one or two studies had asked LGB youth about their family experiences and almost all of those studies used closed-ended survey questions that gave a few multiple choice answers to describe interactions and experiences with their parents.[3]

Research, at the time, did little to inform or change the prevailing perception among LGBT youth, adults, and providers that families were unsupportive at best and toxic at worst, and that families were unable to support their LGBT children. Perceptions of family reactions drove the way that services developed and evolved within LGBT youth support programs and mainstream health and mental health services. Providers saw part of their role in rendering services and care as protecting LGBT youth from harm, which included protecting them from their parents and families. Few providers asked LGBT youth about family support, and the primary means of helping LGBT adolescents was referring them to peer support groups that may or may not have been available in their communities.

Historically, across a range of domains—from mental health to primary care—HIV and cancer support, quality care, and culturally competent services for LGBT people emerged first within the LGBT community. But across mainstream and LGBT services, the lack of research on other key aspects of LGBT adolescents' lives beyond school settings led to a lack of family-oriented services, family approaches to care, and even limited understanding of how to talk with diverse parents and caregivers about their children's sexual orientation and gender identity.

As a social worker who has worked on LGBT health and mental health for 40 years, including with LGBT young people living with HIV/AIDS and their families, I knew that family dynamics and reactions to LGBT youth were far more varied and complex. I also knew that research with adolescents, in general, had shown that family support was protective against major health risks. And I saw that some LGB adolescents, even during the 1980s, had accepting parents, while many parents were ambivalent—so not all were rejecting.

I saw these developments in the field, and my team documented them empirically over time. In addition, every three years, starting in 2003, we conducted a statewide telephone survey of all of the LGBT-related services in California, as part of the impact evaluation for our work. When we started this work, we found no services, or even outreach activities among LGBT programs or support groups to help provide education and support to help parents and caregivers to support their LGBT children. By 2007, when we routinely provided training on our research findings and our family support strategies, the perception from one of oldest and

3. See, e.g., Anthony R. D'Augelli et al., *Lesbian, Gay, and Bisexual Youth and Their Families: Disclosure of Sexual Orientation and its Consequences, 68(3). Am. J. Orthopsychiatry 362 (1998).*

largest LGBT youth programs in the country was to not talk about families at the program. Agency staff believed that families were too painful for the youth to discuss.

The silence around these issues has had serious consequences because families are seen as adversaries by many providers and advocates who work with LGBT youth. We have to change that frame for a number of reasons. The most powerful of these is the young age of awareness and coming out among LGBT youth. We have known beginning with research in the late 1980s that, on average, young people report awareness of sexual attraction at about age ten.[4] We have seen in key studies of LGB youth since the early 1990s that, on average, young people were self-identifying as lesbian, gay or bisexual between ages fourteen and sixteen,[5] and, through our research with FAP we found that the average age of self-identifying as lesbian gay or bisexual was a little over age thirteen.[6] Our understanding of gender identity has been evolving, in research and practice, to inform how we guide families in supporting their gender diverse children. Children usually develop a sense of gender identity by about age three, and express this in a variety of ways.[7] For example, very young children express gender through their preferences for clothes, colors, hairstyles and toys. They have a personal sense of gender, even though the people around them may not understand that, and may try to push or force them in a different direction.[8] We have seen, not only through our research but also through the family intervention work we have done for the past ten years with LGBT children, youth and families that young people have a deep sense of who they are from very early ages. Increasingly, we have seen children identify as gay between ages seven and twelve.[9] Yet so many adults, including parents, families, providers

4. *See, e.g.*, ANDREW BOXER, CHILDREN OF HORIZONS: HOW GAY AND LESBIAN TEENS ARE LEADING A NEW WAY OUT OF THE CLOSET (1993); *See* D'Augelli et al., *supra* note 3, at 363 (reporting that awareness of sexual attraction typically occurred at age ten); Ryan et al., *Family Acceptance in Adolescence and the Health of LGBT Young Adults*, 23 J. CHILD & ADOLESCENT PSYCHIATRIC NURSING 205, 212 (2010) [hereinafter Ryan et al., *Family Acceptance*] (stating that researchers have observed that the average age of sexual attraction is about age 10 for heterosexual and homosexually identified youth).

5. *See* Caitlin Ryan, *LGBT Youth: Health Concerns, Services and Care.* CLINICAL RESEARCH AND REGULATORY AFFAIRS, 20, 141, (2003).

6. *See* CAITLIN RYAN ET AL., FAMILY ACCEPTANCE PROJECT, SAN FRANCISCO STATE UNIVERSITY, SUPPORTIVE FAMILIES, HEALTHY CHILDREN: HELPING FAMILIES WITH LESBIAN, GAY, BISEXUAL & TRANSGENDER CHILDREN 1 (2009), *available at* http://familyproject.sfsu.edu/publications [hereinafter RYAN ET AL., SUPPORTIVE FAMILIES] (finding "that the average age that youth realized they were gay was a little over age 13"); *see also* SHANNAN WILBER ET AL., SERVING LGBT YOUTH IN OUT-OF-HOME CARE: BEST PRACTICES GUIDELINES. Child Welfare League of America 16 (2006).

7. *See* Scott F. Leibowitz & Norman P. Spack, *The Development of a Gender Identity Psychosocial Clinic: Treatment Issues, Logistical Considerations, Interdisciplinary Cooperation, and Future Initiatives*, 20 CHILD & ADOLESCENT PSYCHIATRIC CLINICS N. AM., 701, 702 (indicating that gender identity generally usually develops by age three).

8. *Id*. at 712.

9. *See* RYAN ET AL., *supra* note 6, at 1.

and religious leaders have a misperception that sexual orientation is only about sex and is not consolidated until late teens, or adulthood. However, *sexual orientation* is about human relationships and connectedness, including social and emotional relatedness. Moreover, young people know who they are LGBT at much younger ages than prior generations of LGBT adults largely as a result of widespread access to information, more accurate and positive images of LGBT people in the media and public life and knowing others who are LGBT. In addition, as social stigma continues to decrease, we are starting to see – for the first time – normative development of sexual orientation and gender identity which means that families, and institutions, including schools, faith communities, health and social service systems and policymakers, urgently need accurate information about these core aspects of human development.

In particular, parents and caregivers need accurate information and guidance to parent, nurture and care for their LGBT children. Without education *accurate* information and support for families from all backgrounds, how will they learn to help their children? And how can families ask providers for accurate information and guidance when providers do not understand this either? This key knowledge and service gap becomes more serious every day since few services are currently available to help diverse families to support their LGBT children and adolescents.

B. Family-Based Research, Interventions and Policy

These developments led my colleague, Rafael Diaz, and I to start planning the Family Acceptance Project years ago to begin to lay a rigorous empirical foundation to understand the family dynamics of multicultural families with LGBT children. This project was initiated to develop a new family intervention approach for prevention, wellness, and care across disciplines and systems of care to decrease risk and promote well-being for LGBT children and adolescents.

Our findings show for the first time that the way that parents, foster parents, caregivers and families react to their LGBT children has a powerful relationship to their LGBT children's health, mental health and well-being as a young adult.[10] As Shannon Minter, Legal Director for the National Center for Lesbian Rights has noted, our findings call for a paradigm shift and a "revolution in public policy" for LGBT children and youth.[11] Implementing FAP's new approach to educate, guide, and engage diverse families with LGBT children and adolescents as allies—not

10. *See* Caitlin Ryan et al., *Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults*, 123 PEDIATRICS 346-52 (2009), [hereinafter Ryan et al., *Family Rejection*] (acknowledging that parents and caregivers play a significant role in the health and wellbeing of adolescents); see also Caitlin Ryan et al., *Family Acceptance*.

11. Shannon Minter & Jeff Krehely, *Families Matter: New Research Calls for a Revolution in Public Policy for LGBT Children and Youth*, CENTER FOR AMERICAN PROGRESS (Feb. 07, 2011), http://www.americanprogress.org/issues/lgbt/report/2011/02/07/9117/families-matter/ ("[The findings of FAP] have profound implications for virtually every public policy issue affecting LGBT youth and their families, and call for a revolution in the way public and private agencies serve this population.").

enemies—to support their LGBT children has major implications for public policy. These implications include reinforcing the rationale to fund and support programs and interventions that go "upstream" to prevent so many debilitating, life constricting, and tragic outcomes that disproportionately affect a very vulnerable population of children and adolescents and to promote health and wellness. This means providing education and intervening at multiple points, including educating parents as part of well-baby care, early childhood development, and after LGBT young people end up out-of-home. It also means helping families, foster families, guardians, and caregivers understand how to nurture, support, and promote their LGBT child's well-being, not just protect them from harm.

II. EVIDENCE-BASED APPROACH TO WELLNESS, PREVENTION, AND CARE

In undertaking our research with LGBT youth and families, we wanted to understand not just the dynamics of how families respond, adjust, and adapt to their LGBT children, but the actual specifics of how they interact with their LGBT children. In other words, we wanted to document and measure how families, foster families, caregivers, and guardians express acceptance and rejection of LGBT adolescents, and how those specific accepting and rejecting behaviors relate to their LGBT child's health and well-being in young adulthood. Having these findings has ultimately enabled us to empirically unpack *acceptance* and *rejection*, to create a new language—a behavioral language—to show families how their reactions affect their LGBT children. This helps families change the way they interact with their LGBT children and helps them understand how to nurture and support their LGBT children—even in rejecting and ambivalent families.

We started this research the way practitioners approach their work; by understanding the lived experiences of LGBT young people and their families. We did this research all over California; in urban, rural, suburban, in farmworker, and coastal communities.[12] We wanted to go deep into their lives and experiences. When we started, I wanted to study LGBT youth and families from all ethnic groups and many languages. Even though I have been able to raise considerable funding to do this work over time, we did not have the funds to study every ethnic group. So our plan was to start bilingually and biculturally with Latino and Anglo LGBT youth and families, and to expand our focus as we went along.

We started with in-depth individual interviews ranging from two to four hours each with LGBT youth and key family members who were accepting, ambivalent, and rejecting of their adolescents' LGBT identities. Our research explored family, school and peer experiences, gender expression and related experiences, cultural and religious values and experiences related to the adolescent's sexual orientation and

12. Ryan et al., *Family Rejection* at 347 (describing the qualitative study conducted on LGBT adolescents and families throughout California); *see also* Caitlin Ryan, *Engaging Families to Support Lesbian, Gay, Bisexual and Transgender (LGBT) Youth: The Family Acceptance Project*, 17 THE PREVENTION RESEARCHER, 11, 12 (2010).

gender identity, the development of their LGBT identity, specific family reactions to their LGBT identity, victimization, social support, and future hopes and dreams. We ended up with thousands of pages of transcripts of these amazing journeys. These narratives included moving and hopeful family journeys where families responded to try to care for their LGBT children, even without resources, accurate information, or support in creative and heartfelt ways. And we saw many poignant and painful experiences of families who struggled and would have done things differently, had they only known how to help their LGBT children and themselves.

This research included LGBT young people who had been thrown out of their homes and who ran away from home, as well as those who had been removed from their homes and placed in custodial care. What we found, despite what many people believed, was that so many of these families wanted to have a relationship with their child, and wished they did things differently but did not know what to do.

Because her story was so poignant, I often think of a mother who fully rejected her lesbian daughter. She was devoutly religious and believed that being gay was deeply morally wrong. When she found out that her teenage daughter was a lesbian she reacted out of anger, threw her daughter out of the house, and has had no contact with her since. During our interview she said, "You know, when I put my head on the pillow at night I think of my daughter. I don't know where she is in the world. But I hope she's safe. I wish I didn't do that. I just didn't know what to do. I wish it could be different." Many people, including providers and advocates, perceive that parents and families who reject their LGBT children want to hurt them, do not want their children back, and do not want to have anything to do with them. But what we learned was that families can change over time a and can grow and learn to support their LGBT children when information and guidance are provided to help them care for their LGBT children in ways that resonate for them, in the context of their culture, values, and beliefs.

III. MEASURING ACCEPTANCE & REJECTION

In our study of LGBT youth and families, we identified more than 100 specific behaviors that parents, foster parents, caregivers, and guardians use to express acceptance and rejection of their LGBT adolescents.[13] These include rejecting behaviors—like trying to change the adolescent's sexual orientation or gender identity or preventing them from having an LGBT friend—versus advocating for them when others mistreat them because of their LGBT identity, requiring respect for them within the family, and helping their congregation become more welcoming of LGBT people to keep their child connected with their faith.[14] We found that there was a compelling relationship between experiences of family acceptance and rejection during adolescence and the LGBT adolescent's health status and adjustment

13. See Ryan et al., *Family Acceptance* at 210; Ryan et al., *Family Rejection* at 347.

14. See Ryan et al., *Family Acceptance* at 211; Ryan et al., *Family Rejection* at 347; see also Ryan et al., SUPPORTIVE FAMILIES at 8, 9.

as a young adult.[15] Not surprisingly, we found that higher levels of acceptance and rejection were related to higher levels of well-being and risk.[16] For example, LGBT youth who were highly rejected by their families and caregivers were:

> (1) More than eight times as likely to have attempted suicide;
> (2) Nearly six times as likely to report high levels of depression;
> (3) More than three times as likely to use illegal drugs; and
> (4) More than three times as likely to be at high risk for HIV and sexually transmitted diseases.[17]

We also found that high levels of parental pressure to try to change an adolescent's gender expression to enforce gender conformity is related to high levels of depression, a nearly four times greater likelihood of attempted suicide and illegal drug use, and being more than twice as likely to put oneself at high risk for HIV. Parents and caregivers don't understand how their LGBT children experience family reactions to their LGBT identity. Many are shocked to learn that behaviors they thought were helping their LGBT children—that are motivated by care and concern, and trying to help their children have a "good life" and be accepted by others—are instead related to high levels of serious and life threatening health problems.

We also identified and measured common behaviors that are not thought of as rejection, such as not talking about or discouraging an adolescent from talking about their LGBT identity or denying and minimizing an adolescent's LGBT identity. These behaviors are commonly expressed by reactions such as, "It's just a phase," "he'll grow out of it," "how could he possibly know?," or "he's just confused."[18] These reactions are experienced as rejection by LGBT adolescents, and are related, as our research indicates, to health and mental health problems, including depression, illegal drug use, suicidality and sexually transmitted diseases.

Our research also identified and measured more than fifty supportive behaviors such as supporting a child's gender expression, welcoming their LGBT friends and partners to family events and activities and finding a positive role model to show them options for the future.[19] Our research indicates that family acceptance helps protects against suicidal behavior, depression, and substance abuse and helps promote self-esteem, well-being, and overall health for LGBT young people.[20]

IV. FAP FAMILY INTERVENTION APPROACH

We shared our findings in briefing sessions with many ethnically and religiously diverse families with LGBT children, with LGBT youth and with diverse providers

15. *Id*.
16. *See* Ryan et al., *Family Rejection* at 350. See Ryan et al., *Family Acceptance* at 208.
17. *See* Ryan et al., *Family Rejection* at 350.
18. *Id*.
19. Ryan et al., *Family Acceptance* at 211.
20. *Id*.

who serve them to learn how these findings impact behavior and effective ways to present this information to diverse populations. We asked them to teach us what our research meant to them, how to frame it and message it, and how to share this information with people from their cultural backgrounds. We did this part of our research in three major languages. All of this work has informed the family interventions that we have developed.

A couple of core messages from this work are particularly useful in engaging and helping families to support their LGBT children. The first is that a little change in how families respond to their LGBT children can make a difference in their child's health, mental health, and well-being – so their responses don't have to be all or nothing and they don't have to choose between their child or their faith. The second is that families and caregivers' words, actions, and behaviors have a physical and emotional impact on their LGBT children. A little change opens the door for many things, including greater connectedness, and hope. Hope is in short supply for many LGBT young people who get very negative messages about their families not only from the media, but also from people around them who have told them that their families will not support them and won't be there for them.

What our research shows, for the first time, is that family rejection is linked with serious health and mental health problems, and that family acceptance is an important protective factor that helps promote well-being. [21] We also found that nearly half of LGBT out-of-home youth ended up out of home because of family rejection. For these adolescents, this has led to placement in foster care, juvenile justice facilities, and living on the streets.

A cornerstone of our work is meeting families "where they are." We have more research to publish, including protocols on specific family intervention strategies. All of this information needs to be integrated into practice across disciplines and systems of care so that providers can engage and work with families early on to do "upstream prevention," skill building, and education during early childhood, and to respond directly with families and their LGBT children at any point when crisis occurs. Nearly every family in our study has said that "We needed to know this information when our child was little." Or… "Why didn't the nurse tell me this could happen in our family when I took my baby home from the hospital?" I think of a Chinese dad who was monolingual Mandarin-speaking who said, "Why doesn't every Chinese newspaper have this information? Why don't they tell us how to help our gay children? We need to know this information before we know who our children will become."

Early intervention can make a profound difference. In addition, intervention is important at *any* point, including when crisis occurs and after families are fractured and LGBT youth have been ejected from their homes. Intervening early when conflict starts to occur enables us to help families to build healthy futures, and to change the life course for LGBT young people who have been left largely to fend for themselves. But this requires a conceptual shift in our framework, in how we think of families. We cannot approach families in a range of settings with resistance or as an

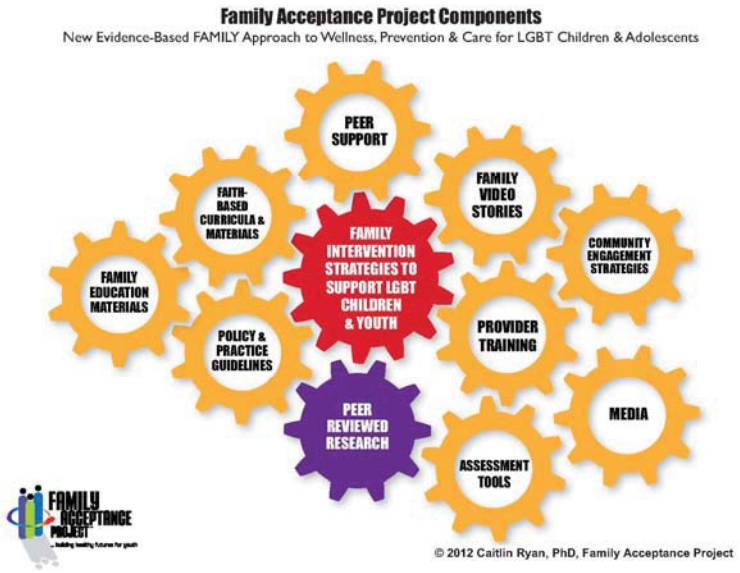
21. *See* Ryan et al., *Family Rejection* at 350*;* see Ryan et al., *Family Acceptance* at 208, 209.

adversary. This continues to happen today. Many providers have written families off, have made assumptions or judgments: "They don't really want to know," or, "They're not willing to support that child," or, "They're not capable of understanding."

We found that family rejecting behaviors are actually motivated by care and concern. The reactions of families who respond negatively or say hurtful things to their child are often mediated by fear and anxiety and exacerbated by misinformation: "What's going to happen to my child in the world? How do I deal with this in my own family? How do I reconcile conflicting beliefs?" We saw in our work that families want, in essence, the best for their child, but they did not know what to do. We need to think of them as potential allies rather than as adversaries in engaging and involving them, and change the way we interact with them across systems of care.

We have done a lot of work in communities across the U.S., and even outside the U.S., to help providers understand that families can be a resource and how to change the framework for the way they think about and integrate families and caregivers into services, even at a basic level. For example, LGBT youth programs that do not currently provide a way for families to interact with or learn to support their LGBT children can start by inviting families to participate in recreational activities. These interactions can change the way that youth and agency staff perceive families and give LGBT youth a sense of hope for a better relationship with their own families.

V. RESEARCH-BASED RESOURCES



Doing this work requires developing new resources, tools, materials, and a completely different approach than currently exists. We have been applying our findings to develop these resources with the help of the families and caregivers with LGBT children, LGBT youth, religious leaders and the providers who serve them. Undergirding all of our work is an empirical foundation that guides and directs the way that we have approached our interventions. We have developed a series of intervention strategies to help families to support their LGBT children that can be used across disciplines by a wide range of providers. We have been developing a range of family education materials; for example, our family education booklets that are available in several languages, faith-based family education materials, assessment tools, extensive provider training, and family education videos.[22] We found that it is essential for families to see other parents and families, like themselves, who come from their background, speak their language, and share their values. This helps them understand what it means to support their LGBT child, to show how families move from struggle to support, even when their values and beliefs are in conflict with having an LGBT child.

Our family education booklets are the first "best practice" resources for suicide prevention for LGBT young people in the Best Practices Registry for Suicide Prevention.[23] We have been developing lower literacy materials, and a faith-based series, starting with a version for Mormon families with LGBT children.[24] Faith is a culture as well as a belief system. People of deep faith live their lives grounded by their religious beliefs and need to understand how they can support their LGBT child in the context of their deeply-held values. An important aspect of our work is helping parents and families understand that they can support their LGBT child even if they believe that being gay or transgender is wrong. They don't have to accept that a child is LGBT to stop or decrease rejecting behaviors that significantly increase their child's risk for suicide. They can respond with supportive behaviors that our research shows help protect against risk, such as requiring that other family members respect their LGBT child even if they disagree, and standing up for their LGBT child when

22. *Publications*, FAMILY ACCEPTANCE PROJECT, http://familyproject.sfsu.edu/publications (last visited Apr. 30, 2014); *Family Videos*, FAMILY ACCEPTANCE PROJECT, http://familyproject.sfsu.edu/family-videos (last visited Apr. 30, 2014).

23. *See generally* RYAN ET AL., SUPPORTIVE FAMILIES; *see also* Theresa Nolan, *Family Acceptance: Groundbreaking 'Best Practice' for Reducing Suicide Risk for LGBT Youth*, HUFFINGTON POST (May, 17, 2012, 12:04PM), http://www.huffingtonpost.com/theresa-nolan/family-acceptance-lgbt-youth-suicide-risk_b_1518197.html (explaining that "the Suicide Prevention Resource Center has designated [FAP's Supportive Families report] its Best Practices designation" making the document "the first of its kind . . . suicide-prevention tool aimed specifically at LGBT youth.").

24. CAITLIN RYAN & ROBERT REES, FAMILY ACCEPTANCE PROJECT, SAN FRANCISCO STATE U., SUPPORTIVE FAMILIES, HEALTHY CHILDREN: HELPING LATTER-DAY SAINT FAMILIES WITH LESBIAN, GAY, BISEXUAL & TRANSGENDER CHILDREN 1 (2012) *available at* http://familyproject.sfsu.edu/family-education-booklet-lds.

others mistreat them because of who they are. This gives LGBT youth hope, increases parent-child connectedness and builds that child's sense of self-worth, helping them understand that, "even if my family disagrees with me, they still care about me; they're going to help me and they're not going to abandon me."

We have also developed a risk assessment screener that has enabled us to quickly identify LGBT adolescents in diverse settings who are experiencing family rejecting behaviors that are highly predictive of serious health risks and to guide immediate referrals and interventions.[25] Our hands-on training for using the screener provides guidance on asking adolescents about their sexual orientation and gender identity, and on developing a brief family intervention plan and follow up care to prevent many negative outcomes, including homelessness and placement in custodial care.[26] Many providers do not know how to talk about sexual orientation and gender identity with young people. They are surprised to learn that in 1994 the American Medical Association published guidelines for adolescent preventive services that called for all physicians to ask adolescents about their sexual orientation.[27] Is that being done by all physicians today? No. Is it routinely being done by providers from other disciplines? No, because the perception is, "Why do we need that information? That's inappropriate. Clients and patients will be offended if I ask."

VI. FROM PREVENTING HARM TO PROMOTING WELL-BEING

Many providers and institutional administrators are still uncomfortable with non-heterosexual and gender diverse identities and see this as something that is shameful, or should be prevented and certainly not encouraged in adolescents. So, even though they may protect LGBT youth from victimization or harm—since that has increasingly become required by law and standards of care—they will not go further to promote their well-being. Yet, our research provides a roadmap for how families, caregivers, schools, health, and mental health and custodial care programs should foster the well-being of LGBT children and adolescents. Why do we tolerate a two-class system of care for LGBT children and adolescents? Why is the best that we can do for LGBT children and youth to protect them from harm while we promote the well-being of children and youth, in general? We must promote the well-being of *all* of our children and adolescents—especially those who are more vulnerable as a result of rejection and social stigma. *All* families—not just those that are rejecting—need to learn how to promote their LGBT children's well-being.

Not surprisingly, we have found that many parents and caregivers who don't know about FAP's research and family intervention work see themselves as

25. C. RYAN & E. MONASTERIO, SAN FRANCISCO STATE U., PROVIDER'S GUIDE FOR USING THE FAPRISK SCREENER FOR FAMILY REJECTION & RELATED HEALTH RISKS IN LGBT YOUTH (2011).

26. *Id*.

27. Arthur B. Elster & Naomi J. Kuznets, AMA GUIDELINES FOR ADOLESCENT PREVENTIVE SERVICES: RECOMMENDATIONS AND RATIONALE 70-71 (1994) (recommending that physicians ask questions about adolescent patient's sexual orientation).

supportive and accepting. But if you ask their adolescent about whether their parents and caregivers are accepting they would say, "Well, I think they care about me, but we never talk about who I am. They never ask me to bring any of my LGBT friends to family events, and they never ask me about my work on LGBT events at school and the community." Our research shows that moderate levels of rejection still confer risk and also constrict family relationships, and decrease intimacy and connectedness.[28]

The family intervention strategies that we have developed through FAP shift the frame from focusing on preventing harm to promoting well-being, full inclusion, and positive development of LGBT adolescents in the context of their families, cultures and faith traditions. This includes teaching parents, caregivers, guardians, and all adults who work with children, youth and families what acceptance and rejection mean for LGBT youth, and how they and others can express support for their LGBT children, even if they believe that being gay or transgender is wrong.[29] Our approach is low cost, low tech, culturally-based, and rooted in the lives of LGBT young people and their families. It offers a systems approach for change at the family level by helping strengthen families, and it increases community engagement as families learn many new ways to support their LGBT children that include helping create safer, more welcoming environments in schools, congregations, and communities.

Promoting family support as a critical modality for prevention, wellness, and care for LGBT children and youth will have a significant impact beyond individuals and families. If we revisit the many negative outcomes we discussed at the beginning of this presentation and we think about what we could do if we change how we interact with LGBT young people across all the disciplines and systems of care, including faith communities, how we educate and inform providers in every service delivery arena, including educators, to think of families as resources; of interaction as an opportunity for education, for information, and for building communication skills and connectedness--we can change the future for LGBT children, youth, and families.

One of the most important things we are learning about suicide prevention is the critical role of connectedness. Connectedness helps these young people understand that they are valued, that someone cares about them, and that they are not alone. I want us to consider for a moment the opportunity costs of assuming that family rejection is the norm and writing families off. For LGBT young people, this has meant losing an innate family buffer to help protect them from stigma, victimization, and bias-related health risks. Families have different strengths; but, in general, family connectedness helps protect children and adolescents from major health risks.[30] One of the outcomes of failure to provide informed family support for

28. Ryan et al., *Supportive Families* at 6-8.
29. *See* Ryan et al., *Family Acceptance* at 211-12 (Providing information for nurses on educating parents and family of LGBT youth about the impact of acceptance and rejection on youth).
30. *Id.* at 211 (citing Eisenberg, M. E., & Resnick, M. D., "Suicidality among gay,

LGBT youth has been disproportionately, unacceptably, and untenably high levels of health disparities, including suicidal behavior, HIV, substance abuse, homelessness, and removal and ejection from the home.[31] As the age of coming out continues to drop to normative ages of sexual orientation and gender identity development—primarily due to widespread access to information about LGBT lives—the human cost will mount.

The Family Acceptance Project has provided a road map to navigate a seemingly intractable terrain. We know what helps parents and families to modify rejecting behaviors that our research shows are related to serious health risks for their LGBT children. We know what helps promote well-being. And we know how to create alliances with socially and religiously conservative families to help them learn to support their LGBT children. The cost of family rejection to individuals, families and society is enormous. But the cost of failing to systematically integrate family-oriented services to provide accurate information, guidance and support to families and caregivers with LGBT children is far greater.

lesbian and bisexual youth: The role of protective factors." *Journal of Adolescent Health*, 39, 662–668 (2006).

31. RYAN ET AL., *Supportive Families*.