

**FAMILY ACCEPTANCE PROJECT: PROYECTO EN FAMILIA**  
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<http://familyproject.sfsu.edu>

The Family Acceptance Project (FAP) is a community research and provider training initiative that was created in 2002 to develop a new model of care for LGBT adolescents who are at high risk for a wide range of negative health and mental health outcomes, including suicide, HIV infection and ejection from their homes. The project was funded under a Special Opportunities grant from The California Endowment to support culturally competent evidence-based provider training and interventions to improve the quality of care and health outcomes for these marginalized and underserved adolescents. The project uses a participatory research approach that engages community members, health and mental health providers, teachers, parents and youth in planning and implementation. Other funders include the Evelyn & Walter Haas, Jr. Fund, with small support grants from Casey Family Programs, the Annie E. Casey Foundation and the Walter J. Mossier Foundation.

**Project Rationale:** Even though the family is the primary support for children and youth, and family involvement helps reduce adolescent risk, no prior study has been conducted on how family response to an adolescent's lesbian, gay, bisexual (LGB) identity affects their risk and resiliency. At the same time, important studies of adolescent development have shown that young people become aware of sexual attraction at about age 10, and come out as LGB, on average, between ages 14-16. LGB adolescents are also coming out to their families at younger ages which increases family conflict and the need for education, services and support. Yet, our study has found that LGB youth are served as adolescents alone, without any understanding of the importance of engaging and working with their families to strengthen families and increase support for these marginalized and underserved adolescents. Even LGBT-related organizations do not provide targeted services for families of LGBT youth, and LGBT youth programs often have an adversarial relationship with parents, as we found in a recent statewide survey in California. As the first major study of LGB and queer adolescents and their families, and the first comprehensive study of sexual orientation and ethnic minority families, the Family Acceptance Project was designed to link high level, community-based research with effective interventions and informed youth and family policy to change the way that systems of care address the needs of LGBQ adolescents, to strengthen families and to improve health and mental health outcomes.

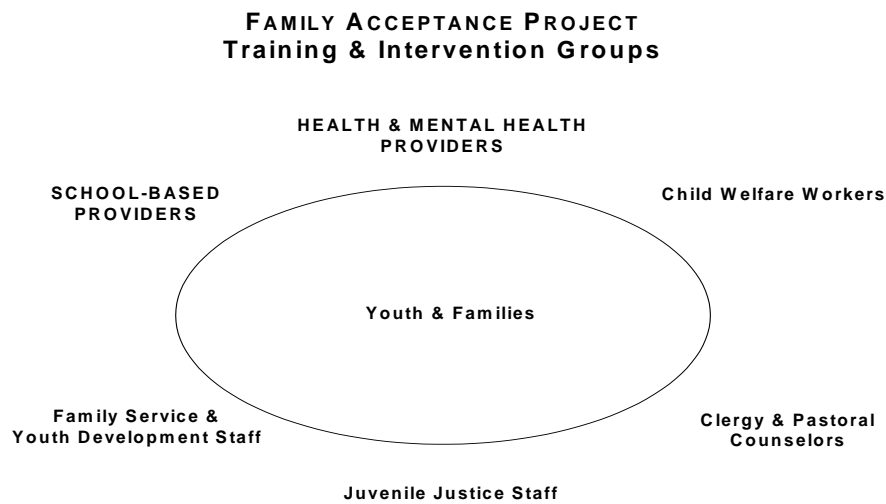
**Project Components:** The first part of the project (2002-04) includes in-depth individual interviews with youth and families throughout California in English and Spanish to assess family reactions to a young person's sexual identity, from accepting, ambivalent and rejecting families. To date, the project has already collected an enormous amount of data on underserved populations about whom little was previously known, including the families of LGBT youth in foster care and adjudicated youth, immigrant families, rural and resource-poor families. During the second phase (2004-05) we are using a survey of young LGBT adults (ages 21-25) to assess how family acceptance and rejection of their sexual orientation during adolescence affects health and mental health outcomes (e.g., HIV, substance abuse, suicide, depression, access to care). During the third phase (7/05-7/08) – for which we are currently seeking funds – we will develop evidence-based provider training and intervention materials for use in a range of health and mental health settings. We will then adapt these components for use in other key settings where appropriate and informed services for LGBT youth are urgently needed, including child welfare and juvenile justice agencies, faith communities and pastoral counseling, family service agencies and youth development programs.

**Outcomes:** Major challenges in providing appropriate services and care for LGBT adolescents include: 1) lack of provider knowledge and training about their development and care-related needs; 2) lack of understanding of sexual orientation and



gender identity, and negative bias among family members; 3) lack of understanding of family dynamics and adjustment following disclosure of an adolescent’s sexual orientation, including the needs of families living in poverty, ethnic minority and immigrant families, and families engaged in the child welfare and juvenile justice systems; and 4) lack of understanding among LGBT services and community programs of the role and needs of families of LGBT adolescents.

The Family Acceptance Project is generating the basic research findings to address these multiple challenges by developing evidence-based training and interventions to change how these youth are served. This includes the development of: 1) a new paradigm of family-related care for LGBT youth to promote systems change in training health and mental health providers, and in the approach of health and social service systems and community agencies that serve adolescents; 2) a risk-resiliency assessment tool to help providers identify risk and resiliency based on family response to a young person’s sexual orientation and to guide assessment, treatment and referral; and 3) provider training materials and strategies to help health and mental health providers deliver effective, high quality and culturally competent care to these adolescents and their families to improve health and mental health outcomes.



The health services implementation phase will be carried out in the San Francisco Bay Area in collaboration with different types of health service agencies that serve a wide range of diverse populations of adolescents. This includes a community-based adolescent health clinic; 1-2 school-based clinics and health programs; and once protocols are developed, a large primary care service agency. The modules, assessment and training materials developed in this phase of the project will be disseminated throughout the Bay Area, and in California, and made available through our webpage to other parts of the country and Latin America. Materials will be developed in English and Spanish.

*Timeline – Health Services Implementation (July 2005-July 2008)*

July 2005	Implementation phase begins
7/05 - 12/06	Develop intervention and training materials
1/07 - 1/08	Implement and evaluate
1/08 - 7/08	Revise and disseminate materials