

Increasingly lesbian and gay youth are coming out during adolescence, while they are still living at home. Nevertheless, little attention has focused on their families and family adaptation after an adolescent self-identifies as lesbian, gay or bisexual. Prior generations of lesbians and gay men were much more likely to self-identify as lesbian or gay during adulthood when they were independent and lived on their own. Coming out is very different for teens today who may become aware of same-sex attractions around ages 9 or 10, and who often identify as lesbian or gay during high school – on average, between ages 14 and 16 (D’Augelli & Herschberger, 1993; Herdt & Boxer, 1993; McClintock & Herdt, 1996; Rosario, Meyer-Bahlburg, Hunter, Exner, Gwadz, & Keller, 1996). These youth are dealing with their sexual orientation at a time when they are dependent emotionally and financially on their families. In addition, peers and adults are more aware of homosexuality than were the families and friends of earlier generations of lesbian and gay adults.

Coming out during adolescence and the response of family and friends affects an adolescent’s development and future life course, impacting risk and resiliency, help-seeking behaviors and self-care. This section will discuss family reactions to learning that an adolescent is lesbian, gay or bisexual, parents’ needs for information and support, and the opportunity for family-inclusive care and anticipatory guidance for the families of LGB youth.

This section is based on qualitative data from the first phase of the Family Acceptance Project, a study of the impact of family acceptance and rejection on health outcomes and development of white and Latino lesbian, gay and bisexual (LGB) youth and transgender youth who identify as LGB conducted by Caitlin Ryan and Rafael Díaz at San Francisco State University. The qualitative phase includes in-depth individual interviews with youth and family members that explore child development and family life, sexual and gender identity, religious beliefs and practices, sexual orientation, ethnicity and culture, coming out, family response and adaptation over time, school-based experiences and victimization, resiliency and sources of support. Participants include white and Latino youth, ages 13-18 who identify as lesbian, gay or bisexual, and their families, from a wide range of backgrounds and levels of acculturation who live in urban, suburban and rural communities. This is the first major study of the families of LGB youth, and includes out-of-home youth and youth in foster care.

The study is ongoing and this section reports on preliminary findings from the first 40 families interviewed who live in a wide range of communities

throughout California. Families were recruited statewide through their LGB children through schools (including students, teachers, counselors and school nurses), youth service organizations (mainstream agencies and programs for LGBT youth), health and mental health practitioners, foster care agencies and programs that serve out-of-home youth, and peer recruiters. Semi-structured individual interviews were conducted in English and Spanish with youth and at least two adult family members, including siblings, grandparents or extended family members, focusing on a wide range of issues and lasting from 2-4 hours.

One in five families interviewed live in rural areas or on a farm, while others are fairly evenly balanced between urban families and those living in suburban communities and smaller cities or towns. Slightly more than half are white. Nearly half are middle class, about 15% are upper-middle class or high income, while the rest (about two-fifths) are low income or poor. Some families were extremely low income, living in a storefront or tenement, with 15 children. Nearly two-thirds of Latino families were immigrants; some were newly arrived while some had lived in the U.S. for long periods of time. Most came from Mexico while others emigrated from various countries in Central or Latin America, some making arduous journeys, walking across Mexico and crossing undocumented into the U.S. Immigrant families were fragmented by the separation from important family members, such as grandparents and siblings, who had been left behind. This has resulted in a loss of confidants, child care providers, and emotional and financial support which has made it more challenging for immigrant parents to respond to their child’s emerging sexual or gender identity in a new and different cultural environment. A majority of all families were divorced or blended. About one in four adolescents had been removed or ejected from their homes. They lived in foster care or residential programs and several had been homeless.

Coming Out: Family Responses and Adaptation

As in other studies of LGB youth, most youth come out to their friends and siblings before disclosing their sexual identity to parents, and many come out to their mothers before their fathers. Although many parents interviewed in the current study report gender non-conforming behavior when their children were younger, they did not necessarily equate this with having a lesbian or gay child. Not surprisingly, many parents react to learning about their child’s lesbian or gay identity with a great deal of ambivalence. Few are initially accepting and some are openly rejecting and may react with violence and hostility. Some youth are

ejected from their homes after their parents learn about their sexual orientation. It is not unusual for spouses to have different reactions, for example, one parent may be accepting while the other is rejecting or ambivalent.

Although it is difficult to compare the reactions of contemporary parents with those of lesbian and gay adults who came out more than a decade ago, increased awareness of homosexuality in the media and popular culture seems to have mediated the initial shock of learning about their child's sexual orientation. Research on the families of lesbian and gay adults has been limited and only a few studies have explored parents' reactions and experiences to disclosure of adult children. At the same time, however, many parents still react in familiar ways – by denying that their child is gay, or maintaining that they are too young to “foreclose” their sexual identity and should wait until they are older and have more experience. Equating sexual experience with sexual orientation, parents commonly encourage their child to wait until they have become sexually active with a heterosexual partner to “decide” about their sexual orientation. While these parents may not intend to promote sexual activity, this reaction may have the effect of prompting their child's sexual debut.

In the past, even youth who self-identified as lesbian or gay during adolescence generally waited until they had separated from their parents and moved out on their own to come out to them. Increasingly, adolescents who identify themselves as LGB disclose their sexual identity to their parents sooner--within a few years of coming out to themselves. Many youth want to share their lives with their parents and find that hiding their sexual identity, outside activities and relationships further separates them from their families and undermines the integration they are struggling to achieve in trying to consolidate multiple identities. Others find it difficult to pretend to be straight. Youth in low income families, often living in close quarters, find it difficult to hide their sexual orientation from siblings and parents. Regardless of their motivation, adolescents are more likely to come out to family members and peers at earlier ages than prior generations of lesbians and gay men, prompting a need for informed providers and for education and support for both adolescents and their families.

Parental Reactions

Parents' reactions to learning about their child's sexual orientation vary widely, ranging from very accepting to very rejecting. Most parents in our study were initially ambivalent and had mixed reactions to hearing or discovering that their child was lesbian, gay or bisexual. Practitioners who worked with parents and families of earlier generations of lesbians and gay men believed it was important to grieve the loss of that child's heterosexual identity and to ultimately reframe longstanding dreams for their child's future in terms of having successful employment or careers, having a committed primary relationship and having grandchildren. While learning about homosexuality and

reframing their child's life chances are still important approaches to helping parents and families adjust after a young person comes out, it appears that greater awareness of homosexuality, in general, has reduced the initial shock for many families.

Many parents of adolescents appear to adapt relatively quickly, although some may become more negative and some more accepting as they adapt to the reality of having a non-heterosexual child. Nevertheless, many parents particularly immigrants, still have very little understanding of LGB culture and do not know successful lesbian or gay role models who can dispel negative stereotypes and myths about gay people. Although a number of youth in our study had older gay family members, such as older siblings, uncles or aunts, few were openly accepted and several had died of AIDS, so their parents had little knowledge of how families accept and integrate gay family members into routine family life. Family members -- including siblings, aunts and uncles, parents and grandparents – rarely spoke of older adult gay family member's homosexuality, and their life partners rarely participated in family events.

A few parents were accepting when their children came out, and several had anticipated that their children might be gay, often based on gender non-conforming behavior at an early age. Some of these parents were uncertain how best to introduce the topic of their child's sexual identity – should they ask their children directly or wait until their child told them? When asked about this, adolescents had a variety of responses: some wanted the opportunity to tell their parents in their own time and resented having their disclosure preempted by a parental intervention, while others hoped their parents would figure it out by clues they left around the house, such as gay-related literature in their room or webpages bookmarked on the family computer. Even many youth from families that were accepting reported substantial anxiety and stress before coming out to their parents. Some reported depression that required medication and suicidal ideation as they struggled to understand their emerging sexual identity. In most cases, parents were unaware that their children were dealing with issues related to their sexual identity and instead observed only depression, withdrawal, or moodiness.

Other youth from accepting families reported a smooth transition from self-identifying as LGB to coming out to siblings and parents, grandparents and other family members. Accepting parents had a range of reactions that included concern for their child's future and lack of safety in a homophobic society. These parents, as well as many parents who were ambivalent about their child's sexual orientation, responded to their child's disclosure by telling them they loved them and often giving them a hug – a very important response for both parents and youth.

Parents who were accepting of their child's sexual orientation were more likely to have broader knowledge of lesbian and gay issues, to have gay friends or other gay family members, to report good

communication with their children and spouse, and to have healthy boundaries. Parents who were accepting, as well as a number of ambivalent parents, often had a close gay family member or friend who had died of AIDS which sensitized them to the importance of expressing their feelings and informing what might otherwise have been less supportive reactions when their children came out to them.

Accepting families were much more likely to talk about their child's sexual identity since they were also more open and knowledgeable about LGBT youth culture, their child's friends and related school and community activities than ambivalent or rejecting families. Families that accept their LGBT children are interested in all aspects of their child's development, including how their sexual identity is addressed at home, school and in the community. These families welcome their child's LGBT friends and are one of the few places where these youth are invited to socialize. In addition to being interested and concerned about their child's relationships and peer network, these parents also understand that their homes provide a safe place for LGBT youth to socialize, away from the streets or unsupervised events where they are at risk for violence or exploitation.

Accepting families were also more likely to support their child's same-sex romantic relationships, driving them to dates or supervised activities and participating in LGBT community and school events such as Gay Pride or Gay Straight Alliance (GSA) activities. These parents speak of their child's accomplishments with pride, including those related to LGBT issues, such as organizing GSAs in their schools or working as advocates for LGBT youth in their communities. One father of a 15-year old lesbian youth who was active in helping her rural school comply with a state law that prohibits discrimination based on sexual orientation said simply: "My daughter is my hero." Youth from accepting families have closer relationships with their parents and siblings, appear better adjusted and report high levels of self-worth. These youth appear more confident, are able to talk freely with their parents about their concerns, have a well-developed sense of their future and are more hopeful about their lives and options. Youth from accepting families report that their parents are especially supportive of their LGBT friends whose parents are ambivalent or rejecting. Their parents often provide counseling, guidance and a place to stay when their children's friends have problems at home. Parental acceptance of friends who were often alternative appearing and who were typically rejected by adults was especially meaningful to LGB youth in the study who perceived their parent's reactions as very validating, respectful and unusual given their experiences with other adults or families.

Most families were ambivalent when their child came out to them. Many had never thought about having an LGB child so they were unprepared to respond when their child came out. Ambivalence is expressed after disclosure by mixed reactions, notably reluctance to tell other family members or close friends

that their child is gay, concern about their child's religious well-being, and anger or disappointment. Ambivalent and rejecting families are likely to blame their child for negative experiences such as anti-gay victimization, while accepting families blame a largely hostile society for negative events their LGB children experience. Ambivalent families may have difficulty resolving their religious beliefs with having an openly gay child. Unlike rejecting families, however, ambivalent families are able to make adjustments and compromises that help keep their child in the home, such as making an effort to learn about homosexuality or deciding to attend a church that is less condemnatory or more tolerant of gay members. Ambivalent families typically report mixed reactions from parents, siblings or grandparents that provide both subtle and direct messages to youth that they will be tolerated *if* they act a certain way, which means behaving in ways that are more gender appropriate and less overtly "gay."

Parents who are ambivalent about their child's sexual orientation need time to adjust to their new status, including access to accurate information about homosexuality. Although these parents would benefit from an opportunity to talk with other parents of LGB youth, many are reluctant to disclose that their child is gay, including discussing their experiences with other family members and close confidants with whom they generally share key aspects of their lives. Many parents of LGB youth talk about how isolated they feel when their peers talk about their own children, normative experiences such as dating, and hopes for their children's future. Many of these parents will ultimately become more accepting with time, however, finding support and having an opportunity to talk about their experiences with an informed practitioner are especially important when their child comes out.

Some parents reject their children when they learn that they are not heterosexual, at times reacting violently and forcing their child to leave home after a fight. Rejecting parents had deep philosophical or religious beliefs that made it difficult to reconcile love for their child with his or her LGB identity. These families were more likely to practice religions that had very judgmental and condemnatory beliefs about homosexuality. While all parents interviewed—even rejecting ones—loved their children, these parents generally lacked the flexibility or coping skills to figure out how to adapt their belief systems to incorporate their child's sexual orientation. Rejecting families were also the most isolated, with little access to accurate information about sexual orientation.

These families were also much more likely to be dysfunctional, and to include addicted or mentally ill parents. Predictably, youth from rejecting families were much more likely to become homeless or to live in foster care or residential programs for out-of-home youth than youth from families with other types of reactions. At the same time, however, some parents were able to adapt when they understood the serious risks their child would face without family support, including risk for homelessness, violence and suicide. More than half of

out-of-home youth in the study maintained some family involvement and these families had the potential to strengthen these relationships – an important outcome for both adolescents and their families.

Impact on Siblings & Other Family Members

Siblings in accepting and ambivalent families experienced a range of reactions to their sister or brother's coming out. Some were immediately supportive and were often the first person in the family who knew about their sibling's LGB identity. In some accepting families, older siblings helped their younger sister or brother come out, by sounding out how their parents might react or letting them know the best time to tell their parents. Siblings in ambivalent families were more likely to report mixed reactions. While they loved their LGB sister or brother, many were uncomfortable being seen with siblings who were gender atypical, while at the same time fearing for their sibling's safety in unsafe neighborhoods and communities.

Younger siblings, who generally have little information about homosexuality need time to process their feelings, information about homosexuality and support to think about how this new and still stigmatized status will affect them. Siblings have often been overlooked as parents struggle to figure out how to respond to a gay child's coming out. Some report being harassed or ridiculed in school after their sister or brother came out, and having to figure out how to deal with bullies. Siblings of youth who have been victimized in schools may become secondary victims through harassment in school and lack of attention at home once parents become aware of the severity of victimization targeting their LGB sister or brother. Family counseling can be especially valuable in helping families adjust after a young person comes out and in dealing with the aftermath of anti-gay victimization that affects the entire family.

Compared with young adults today, lesbians and gay men in prior generations were less likely to come out to their parents, and much less open about their personal lives with grandparents and other extended family members. Although LGB adolescents are still figuring out how to share their sexual identity with other family members, many are open with at least some grandparents, uncles, aunts and cousins. Adolescents from accepting families are more likely to be open with other family members than other youth. Historically, lesbians and gay men have often regretted the lack of intimacy with family members that resulted from their inability to be honest with them about the reality of their lives. Adolescents who are open with grandparents and other family members about their sexual identity, community involvement, and relationships with same-sex partners are able to deepen those relationships and increase intimacy, enriching family life over time. In the context of a supportive family, these relationships have the potential to mediate risks for LGB youth who are exposed to negative life experiences from society at large.

In many families, grandparents, aunts and uncles can help buffer difficulties in relationships between parents and their children. Several grandparents participated in the study hoping to learn how best to provide support for their LGB grandchildren. This includes families in which youth had not explicitly talked with their grandparents about their sexual orientation, but grandparents were aware that the youth were lesbian, gay or bisexual. Deciding not to come out to extended family members which was commonplace only a few years ago presents a barrier to family members who are more aware of homosexuality, in general, and who want to provide support for LGB youth. Practitioners are in a position to help youth and parents rethink these patterns and thus to expand their immediate support network.

Gender Non-Conforming Youth

For most parents, dealing with gender non-conformity in their child's dress, mannerisms and behaviors was particularly challenging. This was especially difficult during adolescence, although parents and grandparents of young gender atypical boys were often embarrassed and concerned with their child's preference for dolls or dressing up. For parents of girls, concerns with gender atypical presentation and dress increased with age, becoming a concern when girls entered high school and were expected to take an interest in their appearance and dating boys. Tension between gender non-conforming girls and mothers and grandmothers from ambivalent and rejecting families was ongoing, and provided a persistent source of conflict and stress in many of these families. Gender non-conformity often caused distress among siblings, particularly for gender congruent Latino brothers who were involved with sports and interested in girls and were embarrassed by having an effeminate, artistic brother. Family members' discomfort and disapproval with gender atypical behavior also affected interaction with the extended family and participation in community cultural events, including, for example, family visits to Latin America. Fathers from less ambivalent families were less concerned with their son's interested in art or such traditionally female crafts as sewing and crocheting and more concerned with how their peers would perceive their son's hobbies. They feared potential ridicule or humiliation for their son, rather than experiencing distress themselves.

Parents of transgender youth felt even more distress since they had very little information about normative development and how best to provide support for their child. They also had great difficulty finding practitioners or resources to help them understand and address their child's needs and concerns, and lacked peer support from other parents. Some found themselves wishing their child were lesbian or gay since they found this less distressing and stigmatizing and easier to explain to other family members and friends.

Fear of Anti-Gay Violence

Regardless of their socioeconomic status, educational background or level of acceptance, all parents interviewed feared anti-gay violence. Even the most accepting parents reported feeling a great deal of ambivalence when talking about the potential violence and victimization their gay children might experience because of their sexual orientation. And even rejecting parents expressed fear of anti-gay violence. Many parents were deeply affected by Matthew Shepard's murder and the death of local gay or transgender youth from hate-motivated crimes. They feared for their child's safety from society, in general, and in poor families, from the gang activity and street violence that pervades their neighborhoods, and increases risk for LGB youth who do not meet cultural norms. Many parents had discussed these concerns with their children but their lack of awareness of gay-related groups and activities made it difficult for them to provide specific guidance on how to help their children protect themselves.

School Victimization

Negative school experiences were widespread among youth in the study, ranging from teasing to assault. Some youth who participated in our study reported experiencing years of victimization that negatively affected their health and mental health and culminated in posttraumatic stress disorder. Parents were generally unaware of school victimization until it had escalated, sometimes years after it began. Regardless of their families' socioeconomic background or access to resources, few parents understood their advocacy role. As a group, they were quite uninformed about their child's rights, state law, or how to intervene. Latino families, especially immigrants, had difficulty advocating for their child in dealing with school victimization since confronting authority is culturally incongruent and many did not understand how to negotiate the school system or feared making the situation worse by calling attention to their child. Anti-gay harassment starts early, generally in elementary and middle school, and escalates in high school. Several parents and youth reported that somatic complaints were early indicators of school victimization that had been misidentified by parents and practitioners as being unrelated to anti-gay victimization. Had these complaints been correctly identified, parents might have been able to intervene earlier, preventing negative health outcomes and severe emotional and psychological distress related to school victimization.

Isolation and Need for Support

A surprising finding that affected all families in the study, regardless of their socioeconomic background, was their isolation and general lack of support in dealing with their child's sexual orientation. Few resources are available for families of LGB youth that meet their specific needs for access to accurate information about their child's health, development and safety issues. Although increasingly programs have

targeted lesbian, gay, bisexual and transgender (LGBT) youth, these programs do not provide services for their families. Awareness has increased about the needs of LGBT families and their pre-school and adolescent children, but most LGBT family service organizations do not provide services for heterosexual parents who have LGBT children. Similarly, few mainstream family service agencies provide services for families of LGBT youth. PFLAG (a national support and advocacy organization for Parents, Families and Friends of Lesbians and Gay Men) with chapters throughout the U.S. provides education and support for families and a range of referrals to supportive practitioners, counselors and LGBT youth service organizations.

Very few parents in our study had talked in any detail before about their LGB child, the impact on their family, concerns for their child's safety and specific experiences related to their child's sexual orientation. Immigrant families especially were likely never to have talked about these issues and have had few opportunities to do so since trusted confidants, such as siblings, often live far away. All families interviewed, including grandparents, were grateful for the opportunity to talk in detail about their LGB adolescent. Many used the interview to seek referrals for mental health and community support services. Parents were interested in finding resources that would connect them with other parents of gay or transgender youth to seek information and guidance on dealing with everything from dating to school safety. Access to resources is especially important since we learned that family members, in general, rarely talk about their child's sexual orientation with other family members, including their gay child.

Coming Out – a Key Milestone

Coming out is a key developmental milestone for LGB youth, particularly since youth increasingly self-identify as LGB and come out to family members and peers when their social and financial resources are still defined by their families. Clinicians have typically been advised to caution youth about coming out to their parents impulsively without thinking about the consequences. Instead, adolescents should take time to think through how their parents or guardians might react and prepare ahead by obtaining resources on coming out (materials are available online from PFLAG), referral information for a knowledgeable family counselor, and information on community resources to help families of LGBT youth.

Clinicians can help adolescents determine whether it is safe to come out and how best to do so:

- After asking adolescents about their sexual orientation, practitioners should ask who knows about their sexual identity in their family and peer network and how these individuals have responded. Many youth are only open about their sexual identity with a friend or sibling. Yet they may also have a close relationship with a specific family member, such as a grandparent, with whom they would like to share their sexual orientation, who can provide guidance and support to

negotiate these issues within the family.

- Clinicians should help youth determine their motives for coming out to their families. Some are unclear about why they should do so and are prompted largely by what they hear from other youth. For example, some may think that coming out to their family is an expectation of participating in an LGBT youth group. Others may feel that keeping a secret from their parents or siblings is causing distress and restricting those relationships.
- Safety and well-being are primary concerns and for many youth, waiting until they leave home to tell parents or other family members is the most prudent decision. Youth from families that have very negative beliefs about homosexuality, including negative religious beliefs, are at greater risk of being ejected from their homes and becoming homeless.
- Youth who decide to tell a parent, sibling or other family members should find a time when they will not be interrupted and can talk openly with that person. Some parents will not be surprised, but others will have many questions and will need time to process their feelings.
- Youth should think about what they want to say and what words to use before coming out to family members. Some PFLAG chapters help adolescents role play coming out to parents or other family members. For parents, it is important to hear that youth want to be honest with them and do not want to hide this important aspect of their lives. Expressing affection and letting family members know how important they are to the adolescent helps reinforce the reason for coming out and why this new information can ultimately help strengthen their relationship.
- Parents, particularly of younger adolescents, typically perceive their child's LGB identity as a phase. Many react to their child's disclosure as if it is a stage that will eventually resolve itself. Parents need info and support. Rather than arguing with their parents, providing resources and referrals to a knowledgeable practitioner or family support group such as PFLAG is a more effective response for youth and can create space to help parents sort out their feelings.

Clinicians can also help by assessing parents'/ guardians' level of knowledge about LGB issues and their access to accurate information. Many parents still have outmoded ideas and misconceptions about homosexuality. Many have never talked with a health or mental health clinician about their concerns and would find talking with a knowledgeable professional reassuring. Some parents still think that homosexuality can be "cured" and seek counseling from mental health practitioners in an effort to change their child's sexual orientation, and should be told that this effort is disavowed by professional associations as ineffective and potentially harmful. In many cases clinicians may be the only resource to help parents dispel myths,

clarify concerns and identify the best way to help their child. For a variety of reasons, many parents are reluctant to reach out to community programs and are more comfortable talking with a clinician whom they perceive as an authority figure.

Many parents also have limited awareness of the broader LGB community with which their child interacts and perceive a bleak future for their child. It is helpful to reassure them about their child's potential for having a rewarding career and a committed relationship. Many parents are encouraged by information about the increasing opportunities for lesbians and gay men to have children. Parents should understand that expressing their love and acceptance to their child and finding ways to show their support are especially important when the youth is struggling to define his or her identity and may be dealing with rejection from others. Support is essential to build self-esteem and promote self-care, as well as to decrease risk behaviors. Among adult gay men, for example, family acceptance has been found to reduce risk for HIV infection and to foster resiliency in adulthood (Diaz & Ayala, 2001).

Although some families may initially feel that homosexuality is at odds with their religious or personal beliefs, finding ways to support the youth and reinforce their natural bonds are especially important after the youth comes out or is found out. Families can potentially adapt their religious practice to incorporate their gay child into the family. Through pastoral and family counseling, they may find options for growth and change not previously available to them. Youth who are rejected by their families are likely to end up on the street where they are at high risk for exploitation and serious health and mental health problems. Homeless youth, in general, are at high risk for victimization, STDs, HIV, alcohol and drug abuse, suicide and mental disorders, but LGBT youth who are homeless are even more vulnerable (Cochran, Angela, Stewart, Ginzler, & Cauce, 2002). In a random sample of street youth in San Francisco—nearly two-thirds of whom had been ejected from their homes—youth who reported that they could not go home were at highest risk for intravenous drug use, sexual coercion, and unprotected sex (Moon, Binson, Page-Shafer, & Diaz, 2001). Pediatricians and other child health professionals can help by alerting families to these risks, and by providing referrals to knowledgeable and supportive family therapists and pastoral counselors to help families mediate their differences.

Providing Family-Inclusive Care

Many child health practitioners have been uncertain how to approach families of gay youth, and how best to engage them as allies in providing quality care. Historically, lesbians and gay men who did not come out to their families compartmentalized a core aspect of their lives. They were seen as individuals, apart from their families of origin, without children or long-term relationships. Although public awareness of lesbian and gay youth has steadily increased, adolescents, like lesbian and gay adults have consistently been perceived

and served as individuals, independent and apart from their families. When services have been developed for LGBT youth, they rarely include services or support for their families. However, the increasing frequency with which youth are coming out to peers and family members during adolescence underscores the importance of developing a family-inclusive approach to caring for LGBT youth. Guidelines for anticipatory guidance for families of lesbian and gay youth have been published (Ryan & Futterman, 1997).

Clearly, family support generates protective factors that can promote resiliency and enhance healthy adolescent development for LGB youth. The current study has shown that many different types of families are aware of and capable of providing more support for LGB youth, when families understand the importance of actively addressing these issues. Clinicians can play an important role by not being afraid to engage the family in the adolescent's care, and by helping parents and other family members understand these concerns.

In particular, clinicians can play an essential role in helping parents understand the health and mental health consequences of school victimization and the importance of advocating for their children, referring them to appropriate community advocacy and legal services, and helping them address the needs of siblings. Immigrant families who are unfamiliar with community resources and who may be reluctant to seek help because of undocumented status are particularly disadvantaged in dealing with school victimization and other crises since key family members who provide emotional and financial support often live in their country of origin. Yet these families are often aware of their child's homosexuality and are struggling to provide support for them. Assistance and guidance from clinicians is particularly important since they may be the only external link for these families to the child's emerging sexual identity and related health and social services.

Clinicians can help by providing referrals to deal with family conflict such as marital and family counseling, and to knowledgeable and sensitive clergy and pastoral counselors who can help families balance religious beliefs with their child's well-being. Many families are unaware of where to turn for support and child health practitioners are in a position to make a substantial difference for these families by making appropriate referrals and by providing information and guidance for families that they are unlikely to receive from any other source.

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