



Helping diverse families learn to support their LGBTQ children to reduce health and mental health risks and promote well-being.

San Francisco State University • <https://familyproject.sfsu.edu> • fap@sfsu.edu

The Family Acceptance Project (FAP) is a research, education, intervention and policy initiative to help diverse families learn to support their lesbian, gay, bisexual, transgender and queer-identified (LGBTQ) children to reduce health and mental health risks and promote well-being. Affiliated with San Francisco State University, FAP was founded in 2002 by Dr. Caitlin Ryan and Dr. Rafael Diaz to address a major gap in knowledge, practice and policy related to prevention, wellness and care for LGBTQ children, youth and young adults—family engagement and support.

Lack of Research & Knowledge on the Critical Role of Families

Although LGBTQ young people have been self-identifying at increasingly younger ages compared with earlier generations of LGBTQ adults, prior to the launch of the Family Acceptance Project, little was known about how families respond to their children's LGBTQ identity and how this affects their children's risk and well-being. Until 2002 when FAP launched the first comprehensive research on LGBTQ young people and families, no one had studied the families of LGBTQ children and adolescents, and families were seen as rejecting, unwilling and incapable of supporting their LGBTQ children. As a result, LGBTQ youth were served alone both in mainstream and LGBTQ services, without an understanding of the importance of engaging and working with their families to reduce risk and promote well-being. Providers had little guidance on how to engage and work with diverse parents, families and caregivers with LGBTQ children, and families had little information on how to support their LGBTQ children. When family conflict erupted, LGBTQ youth were typically removed from their homes

and were placed in the child welfare system which separated them from their families. This contributed to multiple health and social problems and impaired life chances. Family rejection of LGBTQ young people is still a primary reason for placement in foster care and juvenile justice settings and for becoming homeless.

CHILD & ADOLESCENT DEVELOPMENT

Earlier ages of self-identifying as LGBTQ and greater awareness of sexual orientation and gender identity among adults and peers increase opportunities for positive development for LGBTQ young people but also increase the likelihood of rejection, victimization and abuse related to the young person's sexual orientation, gender identity and expression. These earlier ages of coming out—and high levels of health disparities—call for providing family-based services and training for providers on working with diverse families with LGBTQ children in all settings where children, youth and families are served. Since the 1970s, ages of coming out have dropped dramatically from young adulthood in the 1970s to childhood and early adolescence today, with children, on average, developing their internal sense of gender at around age 3 and making parents aware of their gender identity in childhood. Increasingly, children are self-identifying as lesbian, gay or bisexual regardless of the language they use in elementary school. This includes children at ages 5, 6 or 7 and in pre-teen years.

Nevertheless, services for families with LGBTQ children remain limited, especially for families of color. Family support services are particularly limited for socially and religiously conservative families who are more likely to engage in rejecting behaviors and who lack accurate information and guidance on how to support their LGBTQ children.

Without family support for LGBTQ children who are coming out at much younger ages, health and mental health risks are increasing. This occurs despite greater access to information, more positive images and greater visibility of LGBTQ lives. As a result of the information age, long-standing information barriers have been removed and for the first time in history, we are seeing normative development of sexual orientation and gender identity in the context of child development. However, this is not widely understood among providers and educators who work with children and adolescents and it is a major gap in awareness and caregiving among parents, families and religious and cultural leaders who typically nurture children and youth.

Impact of Covid-19

The Covid-19 pandemic has increased isolation for LGBTQ children and youth who are disconnected from peers and external sources of support, including school clubs, supportive teachers and other adults who provide connections to schools and community agencies and are often a lifeline for LGBTQ young people from rejecting and unsupportive families. Risks are exacerbated by being confined with limited privacy, having to hide their identity to avoid rejection and family violence, significant economic pressures on families, and the sudden illness and death of family members and key cultural leaders, especially in minority communities. Multiple losses, particularly for LGBTQ youth who are more vulnerable or who have lost positive external supports can increase risk for traumatic grief and loss. The need for family services has rapidly increased to prevent mental health risks and sustain LGBTQ children and families during ongoing challenges of the pandemic.

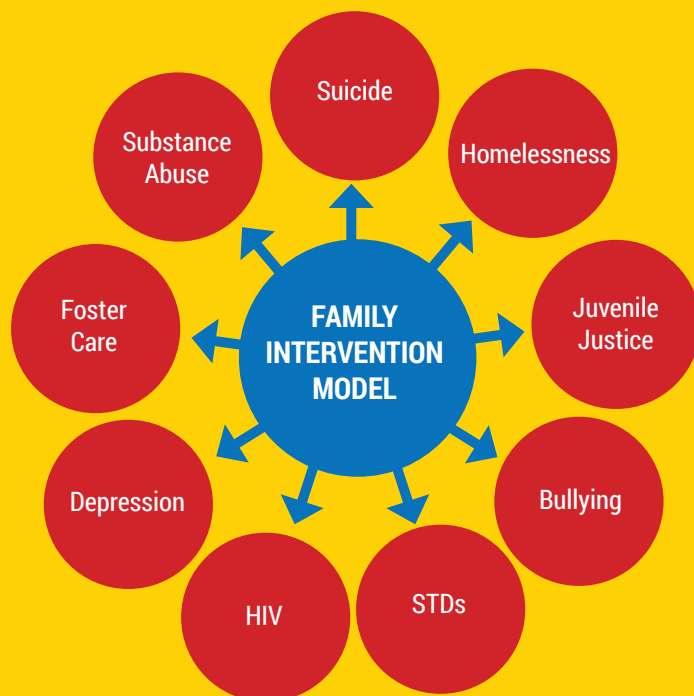
Establishing the Field of LGBTQ Family-Related Care

The framework for the Family Acceptance Project is grounded in Dr. Ryan's work in LGBTQ health and mental health with culturally diverse LGBTQ young people and their families over nearly 45 years. Dr. Ryan identified a major gap in knowledge and care of LGBTQ children and youth during the early AIDS epidemic, and in the mid-1990s, started planning the first evidence-based family intervention model that could be applied across disciplines and systems of care.

Dr. Ryan received funding from The California Endowment, the Robert Wood Johnson Foundation, state agencies and other funders to conduct the first comprehensive research on LGBTQ youth and families and to study how family response to LGBTQ youth during adolescence contributes to risk and well-being in young

FAP PROVIDES MULTI-OUTCOME INTERVENTION MODEL

The family intervention approach can help to prevent and address multiple adverse health and social outcomes for LGBTQ children and youth across systems



adulthood. This work was done with families who were accepting, ambivalent and rejecting of their LGBTQ children from diverse socioeconomic and religious backgrounds who lived in urban, rural, suburban, farmworker and coastal communities, bilingually, biculturally in English and Spanish. FAP was conceptualized as the first research-to-practice intervention model to be integrated into multiple practice areas and implemented widely. A core component of FAP's model is supporting families from diverse ethnic, racial, cultural, linguistic and religious backgrounds. FAP's family support framework helps culturally and religiously diverse families—including very conservative families—learn to support their LGBTQ children even when they believe that being gay or transgender is wrong.

PARADIGM-CHANGING RESEARCH

FAP's research shows for the first time that families play a critical role in contributing to their LGBTQ children's risk and well-being. In linked studies, Dr. Ryan and her team identified more than 100 specific family rejecting and accepting behaviors that parents and caregivers use to respond to their children's LGBTQ identity and gender expression. They then measured these behaviors to show how specific experiences of family rejection during adolescence contribute to significantly higher levels of suicidality, substance use, clinical depression and sexual health risks, including sexually transmitted infections and HIV, while specific family accepting and supportive behaviors help protect against suicide, substance abuse and depression, and promote self-esteem and overall health.

A singular aspect of FAP's family support framework is the potential to address multiple negative health and social outcomes, using a low cost, culturally congruent and readily available resource—parents, families, and caregivers. FAP's family support approach enables providers and agencies to prevent and address serious and costly health problems, including suicide, depression, substance abuse, HIV, victimization, homelessness and placement in foster care and juvenile justice programs by using FAP's culturally grounded family intervention approach that respects the family's values and is acceptable to LGBTQ children, youth and families from diverse ethnic, cultural and religious backgrounds.

Beyond focusing on reducing significant health disparities and promoting positive outcomes with a high risk, vulnerable population, FAP's approach has important implications for decreasing fiscal costs for care and related services across the life course.

PARTICIPATORY APPROACH

FAP's research is participatory. After initial family studies were completed, Dr. Ryan and her team spent two years working with diverse families, LGBTQ youth and young adults who provided guidance on how to message FAP's findings; to increase support among families from diverse cultural and religious communities; to identify the kinds of resources and materials needed to communicate FAP's key messages and findings; and to engage diverse families—including very socially and religiously conservative families—to help decrease rejection and increase family acceptance and support for LGBTQ children and youth. FAP did this work in several languages.

As with ACEs (Adverse Childhood Experiences), FAP's research shows how earlier experiences with adverse—and in FAP's research, affirmative—experiences contribute to health problems and well-being in adulthood. In addition, family rejecting experiences—such as preventing a child from learning about their LGBTQ identity, making them pray or attend religious services to prevent non-heterosexual identities and gender diversity or excluding them from family events and activities because they are LGBTQ—are traumatic for LGBTQ young people, especially for those from social and cultural worlds where family and social connectedness provide core social and emotional support. For LGBTQ young people who have other traumatic experiences, family rejection adds additional trauma that must be addressed to support recovery.

Building an Empirical Foundation for Prevention, Wellness & Care

The journal, *Pediatrics*, expedited publication of FAP's initial study on family rejection in 2009 which Dr. Ryan and her team followed with 9 other peer-reviewed studies and multiple research-based publications, assessment tools and family education materials. These include: a series of multicultural, multilingual resources and an emerging faith-based series of family education booklets that were the first Best Practice resources for suicide prevention for LGBTQ young people, and the only faith-based Best Practice resources for LGBTQ youth in the Best Practices Registry for Suicide Prevention; award-winning family education, intervention and training videos based on FAP's research and supported by social learning theory to model family acceptance for ethnically and religiously diverse families with LGBTQ children; a Healthy Futures poster series that shows how family rejecting and accepting behaviors contribute to risk and well-being for use in public spaces and all settings where children, youth and families are served; a research-based clinical assessment screening tool to enable practitioners to quickly identify LGBTQ young people experiencing family rejection and to engage families to reduce risk and prevent suicide and other serious health outcomes; and research-based clinical assessment measures to document changes in family accepting and rejecting behaviors to guide intervention services.

POSTERS TO BUILD HEALTHY FUTURES FOR LGBTQ YOUTH

Family Behaviors that Increase Your LGBTQ Child's Health & Well-Being

Research from the Family Acceptance Project* found more than 50 family accepting behaviors that help protect your lesbian, gay, bisexual, transgender and queer identified (LGBTQ) child against health risks like depression, suicide and illegal drug use and help to increase your LGBTQ child's self-esteem, health and well-being. A little change makes a difference in decreasing your child's risk of serious health and mental health problems.

BEHAVIORS THAT HELP...

- Tell your LGBTQ / gender diverse child that you love them
- Support your child's gender expression
- Ask your child if - and how - you can help them tell other people about their LGBTQ identity
- Welcome your child's LGBTQ friends to your home
- Participate in family support groups and activities with LGBTQ and gender diverse children to get support for yourself and your family and guidance for supporting your LGBTQ child
- Find a congregation that welcomes your LGBTQ / gender diverse child and family
- Tell your LGBTQ / gender diverse child that you will be there for them - even if you don't fully understand
- Speak up when others make negative comments about LGBTQ people
- Connect your child with LGBTQ adult role models
- Volunteer with organizations that support LGBTQ people
- Talk with your child or foster child about their LGBTQ identity and listen respectfully - even when you feel uncomfortable or think that being gay or transgender is wrong
- Bring your child to LGBTQ groups and events
- Use your child's chosen name and the pronoun that matches their gender identity
- Talk with your religious leaders to help your congregation become supportive of LGBTQ people
- Stand up for your child when others mistreat them because of their LGBTQ identity or gender expression - at home, at school, in your congregation and in the community
- Require other family members to treat your child with respect
- Show affection when your child tells you or when you learn that your child is LGBTQ
- Get accurate information to educate yourself about your child's sexual orientation, gender identity and expression
- Don't talk about your child's LGBTQ identity
- Blame your child when others mistreat them because of their LGBTQ identity / gender expression
- Try to change your child's LGBTQ identity or gender expression
- Exclude your LGBTQ child from family events & activities
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life
- Don't use the name or pronoun that matches your child's gender identity
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life

Family Behaviors that Increase Your LGBTQ Child's Risk for Serious Health & Mental Health Problems

The Family Acceptance Project* shows that more than 50 family rejecting behaviors contribute to serious health risks for lesbian, gay, bisexual and queer (LGBTQ) youth. These include depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities. Family rejection increases risk for depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities. Family rejection increases risk for depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities.

BEHAVIORS THAT HURT...

- Blame your child when others mistreat them because of their LGBTQ identity / gender expression
- Try to change your child's LGBTQ identity or gender expression
- Exclude your LGBTQ child from family events & activities
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life
- Don't use the name or pronoun that matches your child's gender identity
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life

Family Behaviors that Increase Your LGBTQ Child's Risk for Serious Health & Mental Health Problems

The Family Acceptance Project* shows that more than 50 family rejecting behaviors contribute to serious health risks for lesbian, gay, bisexual and queer (LGBTQ) youth. These include depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities. Family rejection increases risk for depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities. Family rejection increases risk for depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities.

BEHAVIORS THAT HURT...

- Blame your child when others mistreat them because of their LGBTQ identity / gender expression
- Try to change your child's LGBTQ identity or gender expression
- Exclude your LGBTQ child from family events & activities
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life
- Don't use the name or pronoun that matches your child's gender identity
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life

Family Behaviors that Increase Your LGBTQ Child's Risk for Serious Health & Mental Health Problems

The Family Acceptance Project* shows that more than 50 family rejecting behaviors contribute to serious health risks for lesbian, gay, bisexual and queer (LGBTQ) youth. These include depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities. Family rejection increases risk for depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities. Family rejection increases risk for depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities.

BEHAVIORS THAT HURT...

- Blame your child when others mistreat them because of their LGBTQ identity / gender expression
- Try to change your child's LGBTQ identity or gender expression
- Exclude your LGBTQ child from family events & activities
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life
- Don't use the name or pronoun that matches your child's gender identity
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life

Family Behaviors that Increase Your LGBTQ Child's Risk for Serious Health & Mental Health Problems

The Family Acceptance Project* shows that more than 50 family rejecting behaviors contribute to serious health risks for lesbian, gay, bisexual and queer (LGBTQ) youth. These include depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities. Family rejection increases risk for depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities. Family rejection increases risk for depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities.

BEHAVIORS THAT HURT...

- Blame your child when others mistreat them because of their LGBTQ identity / gender expression
- Try to change your child's LGBTQ identity or gender expression
- Exclude your LGBTQ child from family events & activities
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life
- Don't use the name or pronoun that matches your child's gender identity
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life

Family Behaviors that Increase Your LGBTQ Child's Risk for Serious Health & Mental Health Problems

The Family Acceptance Project* shows that more than 50 family rejecting behaviors contribute to serious health risks for lesbian, gay, bisexual and queer (LGBTQ) youth. These include depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities. Family rejection increases risk for depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities. Family rejection increases risk for depression, suicidal behavior, illegal drug use, HIV and sexually transmitted infections (STIs). Family rejection increases risk for homelessness and placement in foster care and juvenile justice facilities.

BEHAVIORS THAT HURT...

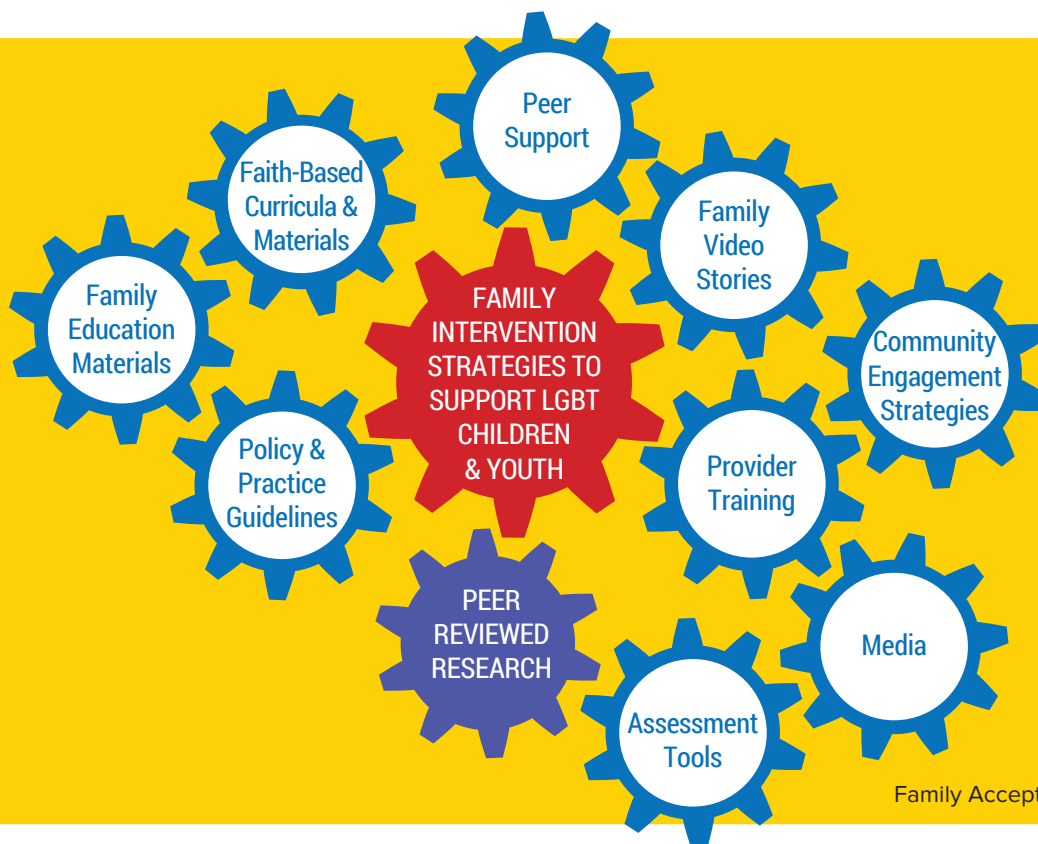
- Blame your child when others mistreat them because of their LGBTQ identity / gender expression
- Try to change your child's LGBTQ identity or gender expression
- Exclude your LGBTQ child from family events & activities
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life
- Don't use the name or pronoun that matches your child's gender identity
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life
- Don't let your child participate in LGBTQ support groups or services
- Don't let your child talk about their LGBTQ identity
- Let others speak badly about LGBTQ / gender diverse people in front of your child
- Don't let your child wear clothes or hairstyles that express their gender identity
- Tell your child that God will punish them because of their sexual orientation or gender identity
- Believe that your child can be a happy LGBTQ adult - and tell them they will have a good life

Integrating FAP's Family Support Model into Prevention & Care

FAP's evidence-informed family support model was designed to be implemented across systems of care: in mental health and behavioral health, primary care, school-based care, out-of-home care and pastoral care and by parents and families themselves. Given the lack of family services and the enormous level of need, Dr. Ryan began to collaborate with colleagues in other agencies to apply FAP's family support approach in specific domains to build local capacity and to advance the emerging field of family-based care for LGBTQ and gender diverse children, youth and young adults. As a pioneer in developing and implementing LGBTQ and AIDS-related services, Dr. Ryan knew that it was essential to develop a roadmap to show practitioners and administrators how to apply FAP's family support model in specific practice domains so this approach could be implemented in multiple settings. Consequently, she has been working to integrate FAP's family support approach in several communities in specific practice areas. These include family preservation and integrating FAP's

approach in the foster care system to reduce risk and promote well-being and permanency for LGBTQ children and youth; in behavioral health and school-based care; and in pastoral care and faith-based based mental health services to reduce family rejection, depression and suicidality (religiously conservative families have been found to be the most rejecting of their LGBTQ children).

FAP's family support model was developed to be applied across systems so that prevention, intervention and postvention services can be connected to provide a continuum of services, care and social support for multicultural families and their LGBTQ and gender diverse children from early childhood into adulthood. Studies of LGBTQ adults and adolescents show high rates of health disparities, including homelessness and placement in foster care and juvenile justice facilities. High levels of stigma contribute to minority stress that is internalized and externalized which increases risk for victimization, discrimination, rejection, and risky behaviors that cause great suffering and constrict life chances.



Family Rejection & Trauma

Family rejecting behaviors are traumatic and have lifelong implications for health and functioning for LGBTQ people. The negative impact of family rejection is shown empirically in FAP's research and in multiple studies that document disproportionate risk and significantly higher use of mental health services among LGBTQ people. Family rejecting behaviors and other LGBTQ-related victimization experiences are themselves traumatic—and in conjunction with non-LGBTQ traumatic experiences—contribute to complex trauma.

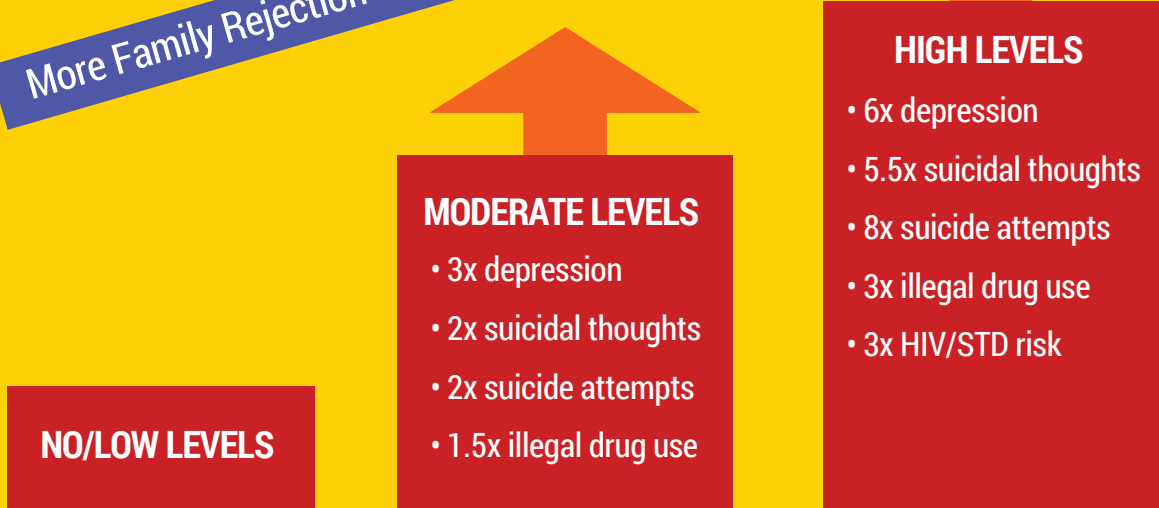
FAP's research also showed, for the first time, the relationship between family rejection and lower socioeconomic status in adulthood which impairs capacity for self-care. FAP's research found that parental and caregiver efforts to change an LGBTQ youth's sexual orientation during adolescence within the family and by taking their child to a therapist or religious leader to change their identity were linked with significantly lower educational and income levels in adulthood, in addition to higher levels of mental health

problems. This finding was documented in a follow up study of gender identity change efforts among transgender adults.

Although conversion therapy is typically perceived as the most risk-inducing behavior that parents can engage in, sending a child to mental health providers or religious leaders to try to change their LGBTQ identity or gender expression is just one of the many family rejecting and risk-generating behaviors that FAP identified and measured. All of these rejecting behaviors contribute to health problems. And all family rejecting behaviors are motivated by trying to change, deny, minimize, discourage or prevent a child's LGBTQ identity. This includes ridiculing or demeaning a child's LGBTQ identity or gender expression; not letting them have an LGBTQ friend; preventing them from participating in LGBTQ activities, including supportive school clubs and LGBTQ youth groups; refusing to use the child's chosen name and pronouns; and blaming them when others mistreat them because they are LGBTQ.

FAMILY REJECTING BEHAVIORS CONTRIBUTE TO HEALTH RISKS FOR LGBTQ YOUNG PEOPLE

More Family Rejection = Increased Risk for Serious Health Concerns



Although these behaviors may be seen as hurtful by those who don't work with LGBTQ children and youth and who are unfamiliar with the impact of traumatic experiences—or perceived as microaggressions by others who see them merely as expressions of disapproval for unacceptable identities—these behaviors are intended to pressure the child to forgo or repress their core sense of self in exchange for love and acceptance by their families. Family rejecting behaviors deepen isolation and shame, erode self-esteem and feelings of worth and undermine family bonds. Most distressing is that parents and family members who believe that being LGBTQ is wrong are motivated by wanting to help their LGBTQ children fit in and protect them from harm by engaging in socially sanctioned behaviors to try to change, minimize and deny their child's core identities that cannot be changed. Given the early ages of self-identifying as LGBTQ that increase vulnerability and need for support, the lack of accurate information and guidance for diverse families about sexual orientation, gender identity and expression and remains a significant gap in prevention and care.

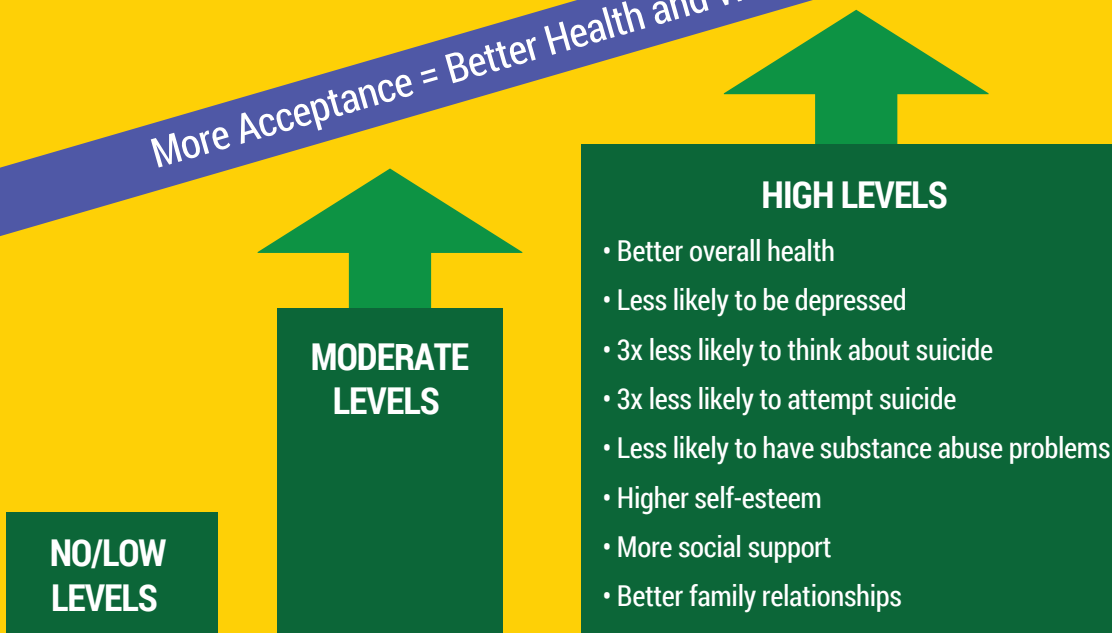
Family Acceptance

FAP's research also identified and measured more than 50 accepting and supportive behaviors that parents and families use to support their child's LGBTQ identity. These behaviors help protect against suicidality and other health risks, increase self-esteem and help promote health and well-being. They include: supporting their child's gender expression; requiring that other family members treat their LGBTQ child with respect; standing up for their LGBTQ child when others mistreat them because of their identity or gender expression; connecting their child with an LGBTQ role model to show them options for the future; and helping their congregation become more supportive of LGBTQ people.

FAP's research and intervention work has generated a new behavioral language that— together with the messaging, educational materials and intervention strategies that FAP developed with guidance from LGBTQ young people and families—provide a foundation for FAP's family support model.

FAMILY ACCEPTING BEHAVIORS HELP PROTECT AGAINST RISK & PROMOTE WELL-BEING FOR LGBTQ YOUNG PEOPLE

More Acceptance = Better Health and Well-Being



Aligning FAP & TF-CBT Intervention Models

The developers of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)—the most widely used treatment model for children and adolescents impacted by trauma—have followed FAP’s research and intervention work and as a result of FAP’s research, modified TF-CBT for LGBTQ youth. They subsequently did a pilot study which found that when FAP components were included with TF-CBT, LGBTQ youth reported significant improvement in post-traumatic stress symptoms. With TF-CBT developers, Dr. Ryan integrated core components of FAP’s family support model into TF-CBT and helped to incorporate the newly aligned treatment models into TF-CBT’s LGBTQ treatment manual which was released in late 2019. These efforts have helped to increase understanding of the traumatic impact of family rejection and the critical role of family acceptance in helping diverse families learn to support and affirm their LGBTQ children.

Framework for Prevention, Intervention & Postvention

FAP’s family support framework provides a critical opportunity for agencies, care systems and practitioners to engage in public education, upstream prevention, early intervention, crisis intervention and postvention to address and ameliorate a range of serious health and mental health concerns that impact LGBTQ young people and where family support can make a critical difference to build healthy futures for LGBTQ children and youth. In addition to integrating this model into specific care settings, FAP provides ongoing consultation and training for families, providers and religious leaders across the U.S. and in other countries. Tens of thousands of families, providers and religious leaders continue to use FAP’s research-based resources in print and online.

The Family Acceptance Project is affiliated with San Francisco State University and SFSU’s Marian Wright Edelman Institute.

Tax deductible contributions can be made at:
<https://goo.gl/LD9ds1>

For information, contact
fap@sfsu.edu