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Review article

The Urgent Need for Research and Interventions to Address Family-Based Stigma and Discrimination Against Lesbian, Gay, Bisexual, Transgender, and Queer Youth

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A B S T R A C T

Purpose: This scoping study sought to provide an overview of existing interventions, programs and policies that address family-based stigma and discrimination against LGBTQ youth.
Methods: A keyword search in three online databases identified relevant scientific publications. Because it located a relatively small number of peer-reviewed publications, additional grey literature references were included, identified through consultation with specialists and through anonymous peer-review. Research, policies and interventions were categorized using an adapted ecological framework.
Results: There is very little peer-reviewed research on interventions to reduce family stigma and discrimination against LGBTQ youth. Most on-going work to improve family environments for LGBTQ youth appears to be currently conducted by city governments and non-governmental organizations. Very few interventions or programs provide any outcome data. Theoretical frameworks and approaches vary widely.
Conclusions: Given the widely recognized importance of a supportive family environment for a healthy transition to adulthood for LGBTQ youth, there is an urgent need for scientific research on policies and interventions to address stigma and discrimination and create supportive environments within families. Tackling family-based stigma and discrimination will require interventions and policies at each level of the ecological framework, including individual- and interpersonal-level interventions as well as community-level programs and structural-level policymaking.

IMPLICATIONS AND CONTRIBUTION

Substantial evidence demonstrates that family relationships play a crucial role in shaping the well-being of LGBTQ youth, as they do for all young people. This scoping study points to the urgent need for evidence-based policies and interventions to reduce family-level stigma and discrimination in order to promote the wellbeing of LGBTQ youth.

There is a growing concern about the health disparities experienced by lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth, which include depression and anxiety disorders, substance use disorders, attempted suicide, and homelessness [1,2]. These health disparities continue into adulthood: LGBTQ adults have elevated rates of tobacco, alcohol, and other drug use [1,3]. Stigma and discrimination are important drivers of LGBTQ health disparities [4]. As a social process that is deployed to produce and reproduce relations of power and dominance along intersecting axes of social inequality [5], stigma is often understood to take two principal forms—*felt* and *enacted* stigma [6]. Whereas felt stigma refers to internal states, such as shame or fear of being associated with a stigmatized identity or condition, enacted stigma refers to actual experiences of discrimination [6]. Within families, enacted stigma (acts of discrimination) may manifest through a variety of parental behaviors, including rejection, bullying, and harassment [7–9].

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While studies of stigma and discrimination generally distinguish between sexual orientation, gender identity, and gender presentation [3,10], much of the on-going programmatic work to tackle stigma and discrimination addresses gender and sexual minorities as a collective. Thus, while distinctions between sexual orientation, gender identity, and gender conformity are important, for the remainder of this article we employ the inclusive term LGBTQ as an unbrella term encompassing a breadth of different populations that could be categorized as sexual and/or gender minorities. Where applicable, we note if specific research or interventions were targeted at sexual minority youth, transgender youth, or gender-non-conforming youth.

Substantial evidence shows that LGBTQ youth's relationships with their parents, caregivers, and families play a crucial role in shaping health outcomes [11,12]. Familial acceptance, support, and affirmation have been demonstrated to confer multiple health benefits to LGBT youth [11,13–15], while family rejection—that is, the experience of enacted stigma—has been associated with a variety of negative health outcomes among LGB youth [7,8]. In 2013, the Society for Adolescent Health and Medicine recognized the importance of family environment for the health of LGBT youth via a position paper recommending that health care providers educate parents about the health impact of familial support [16]. There is still, however, a paucity of public health interventions to reduce family level stigma and discrimination or to support the parents of LGBTQ youth.

Stigma and discrimination experienced by LGBTQ youth varies across the United States [17]. Most of the evidence for this social variation comes from studies of "homophobic attitudes" [18–20], which could also encompass transphobia and intolerance of gender-nonconformity, though this has rarely been examined explicitly. That research indicates that homophobic attitudes vary according to social factors such as place, class, race, ethnicity, and religion [18–20], with place and religion seeming to be more important in determining homophobic attitudes than race or ethnicity [19], and with mixed evidence for rural/urban differences in homophobic attitudes [21,22]. It is unclear how these documented elements of variation play out at the family-level. Furthermore, given that LGBTQ youth are not a monolithic category and encompass multiple diverse social identities that vary according to sexual orientation, gender identity, and gender-nonconformity, it is also likely that experiences of family-level stigma and discrimination will be experienced differently by different subgroups (e.g., sexual minority youth vs. gender-nonconforming youth). Understanding the areas and subpopulations among whom stigma and discrimination is strongest is important when evaluating the need for interventions that target specific populations or places.

Given the documented importance of a supportive family environment for a healthy transition to adulthood [7,11–13]—for LGBTQ youth, as for all young people [9]—there is an urgent need for policies and interventions to foster supportive home environments for LGBTQ youth. The ecological model is widely used in public health research to organize knowledge about how factors across multiple levels of social organization shape health-related outcomes, to categorize intervention strategies according to the level at which they operate, to illustrate gaps in knowledge or intervention approaches, and to guide program development [23–29]. Here we employ an adapted version of McLeroy's ecological model [27] (Table 1) to review research, interventions, and policies that seek to improve the family environment for LGBTQ and make recommendations for future lines of research and policymaking.

Because an initial scan of the literature showed that this is an area in which relatively little research has been, it was appropriate to use a "scoping study" [30] approach rather than conducting a systematic literature review following the PRISMA method [31]. Increasingly used for areas of research that are either new or only poorly delineated in existing literature [32], a scoping study maps out a research area through identification and classification of key sources and kinds of evidence [32]. Accordingly, this scoping study provides an overview, rather than a full catalog, of the various types of published research, ongoing interventions, and policies that seek to improve LGBTQ youth's family environment. The aims are to describe the extent, range, and nature of this research area and identify gaps in the literature [30].

Table 1
Theoretical framework

Ecological model	
Original framework by McElroy	Adapted framework for interventions that address family-based stigma and discrimination against LGBT and gender-nonconforming youth
(1) Intrapersonal	(1) Individual
(2) Interpersonal	(2) Interpersonal
(3) Organizational	(3) Community (including institutions and organizations)
(4) Community	
(5) Environment/Policy	(4) Structural

Methods

For the review, we selected keywords (lesbian, gay, bisexual, trans, LGBTQ youth, gender-nonconforming youth, sexual minorities, family, parents, homophobia, stigma, discrimination, support, rejection, acceptance, program, and intervention) and searched the National Library of Medicine's PubMed online database, JSTOR, and SocINDEX. Inclusion criteria were that articles be written in English and describe a specific strategy (e.g. intervention, program, policy) to promote supportive family environments or to reduce family-based stigma and discrimination for LGBTQ youth. Articles were excluded if they did not meet these criteria or if they described the same intervention as another article. In instances where several publications described the same intervention, we included the publication that provided the most detailed information pertaining to the intervention. There were no restrictions based on date. Because the search of the scientific literature identified a relatively small number of programs, policies, and interventions, the first author then consulted with three social workers whose area of expertise is LGBTQ youth. As professionals charged with interfacing between families, government departments, and non-governmental organizations, social workers were considered well positioned to identify grey literature that would otherwise have been missed by an academic literature review. We included a selection of this grey literature from relevant stakeholder organizations and government departments to illustrate the kind of work that is ongoing programmatically. Anonymous peer-reviewers suggested several additional grey literature references.

To organize the review, we categorize research, interventions, and policies according to the type of evidence (Table 1): (1) Peer-reviewed publications describing specific interventions; (2) Peer-reviewed publications describing larger initiatives or programs with on-going research components; (3) Descriptions of organizations and programs with no research component; (4) Descriptions of policies. We use an adapted version of McLeroy's ecological model [27]. The model was adapted for the purposes of the present