

Lesbian, Gay, Bisexual, and Transgender Youth and Family Acceptance



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KEYWORDS

• LGBT • Youth • Family • Support • Acceptance

KEY POINTS

- Parent–child attachment has implications for developing healthy relationships later in life.
- LGBT youth may experience a disruption in parent–child attachment if they are rejected based on their sexual orientation or gender identity.
- Parental rejection of LGBT youth negatively affects youths' identity and health.
- Parental acceptance of LGBT youth is crucial to ensure that youth develop a healthy sense of self.

INTRODUCTION

In this article, we discuss sexual minority, that is, lesbian, gay, and bisexual (LGB) and transgender (LGBT) youth. Sexual orientation refers to the individual's object of sexual or romantic attraction or desire, whether of the same or other sex relative to the individual's sex,¹ with sexual minority individuals having a sexual orientation that is partly or exclusively focused on the same sex. Transgender refers to individuals for whom current gender identity and sex assigned at birth are not concordant, whereas cisgender refers to individuals for whom current gender identity is congruent with sex assigned at birth.^{1,2} Sexual orientation and gender identity are distinct aspects of the self. Transgender individuals may or may not be sexual minorities, and vice versa.

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Little is known about transgender youth, although some of the psychosocial experiences of cisgender sexual minority youth may generalize to this population.

The Institute of Medicine recently concluded that LGBT youth are at increased risk for poor mental and physical health compared with heterosexual and cisgender peers.² Indeed, representative samples of youth have found disparities by sexual orientation in health-related risk behaviors, symptomatology, and diagnoses,^{3–8} with disparities persisting over time.^{9–11} Furthermore, sexual orientation disparities exist regardless how sexual orientation is defined, whether by sexual or romantic attractions; sexual behaviors; self-identification as heterosexual, bisexual, lesbian/gay or other identities; or any combination thereof. Disparities by gender identity have also been found, with transgender youth experiencing poorer mental health than cisgender youth.¹²

Attempts have been made to understand sexual orientation and gender identity-related health disparities among youth. It has been argued that sexual minority youth experience stress associated with society's stigmatization of homosexuality and of anyone perceived to be homosexual (see Mark L. Hatzenbuehler and John E. Pachankis' article, "[Stigma and Minority Stress as Social Determinants of Health Among LGBT Youth: Research Evidence and Clinical Implications](#)," in this issue). This "gay-related"¹³ or "minority" stress¹⁴ is experienced at the hands of others as victimization. It is also internalized, such that sexual minorities victimize the self by means, for example, of possessing negative attitudes toward homosexuality, known as internalized homonegativity or homophobia. In addition to interpersonal stigma and internalized stigma, the main focus of this article, structural stigma reflected in societal-level norms, policies, and laws also play a significant role in sexual minority stress, and is discussed in Mark L. Hatzenbuehler and John E. Pachankis' article, "[Stigma and Minority Stress as Social Determinants of Health Among LGBT Youth: Research Evidence and Clinical Implications](#)," in this issue. Meta-analytic reviews find that sexual minorities experience more stress relative to heterosexuals, as well as unique stressors.^{6,15,16} Research also indicates that transgender individuals experience substantial amounts of prejudice, discrimination, and victimization,¹⁷ and are thought to experience a similar process of minority stress as experienced by sexual minorities,¹⁸ although minority stress for transgender individuals is based primarily on stigma related to gender identity rather than stigma related to having a minority sexual orientation. Stigma related to gender expression affects those with gender nonconforming behavior, a group that includes both transgender and cisgender individuals. This includes many cisgender youth growing up with LGB orientations.

Actual or anticipated family acceptance or rejection of LGBT youth is important in understanding the youth's experience of minority stress, how the youth is likely to cope with the stress, and, consequently, the impact of minority stress on the youth's health.¹⁹ This article addresses the role of family, in particular parental acceptance and rejection in LGBT youths' identity and health. Literature reviewed in this article focuses on the experiences of sexual minority cisgender youth owing to a lack of research on transgender youth. However, we include findings and implications for transgender youth whenever possible.

THEORIES OF PARENTAL ACCEPTANCE AND REJECTION

The continued importance of parents in the lives of youth is indisputable: beginning at birth, extending through adolescence, and even into emerging adulthood, affecting all relationships beyond those with the parents, and determining the individual's own sense of self-worth. Attachment accounts for this vast reach and influence of parents.

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