LGBT Health
Volume 6, Number 4, 2019

DOI: 10.1089/lgbt.2018.0157

PERSPECTIVE

The Influence of Families on LGBTQ Youth Health: A Call to Action for Innovation in Research and Intervention Development

Michael E. Newcomb, PhD,[1] Michael C. LaSala, PhD,[2] Alida Bouris, PhD,[3] Brian Mustanski, PhD,[1] Guillermo Prado, PhD,[4] Sheree M. Schrager, PhD,[5] and David M. Huebner, PhD[6]

Abstract

Lesbian, gay, bisexual, transgender, queer, questioning, and other sexual and gender minority youth (LGBTQ) experience myriad health inequities relative to their cisgender heterosexual peers. Families have a profound impact on adolescent health, but little is known about this influence on LGBTQ youth specifically. We draw on work presented at a public symposium that aimed to characterize existing scientific evidence, identify gaps in knowledge, and set priority areas for future research on the influence of family factors on LGBTQ youth health. We review the evidence in each identified priority area and propose promising avenues for future research and opportunities for innovation.

Keywords: adolescents, families, gender minority, LGBTQ, parents, sexual minority

Introduction

LESBIAN, GAY, BISEXUAL, transgender, queer, questioning, and other sexual and gender minority (LGBTQ) youth experience myriad health inequities relative to their heterosexual and cisgender (i.e., nontransgender) peers.[1–3] Positive parent–adolescent relationships and effective parenting practices promote health among adolescents generally,[4–9] but very little research has examined the influence of families on the health of LGBTQ youth specifically.[2] LGBTQ youth too often experience strained relationships with families due to stigma related to their sexual orientation and/or gender identity.[10,11] The family context is, therefore, especially important for the development and prevention of negative health outcomes. In this article, we summarize what is known about families of LGBTQ youth and issue a call to action for prioritizing research to promote healthier parent–child relationships to improve the health of LGBTQ youth.

In June 2017, the Northwestern Institute for Sexual and Gender Minority Health and Wellbeing hosted a public symposium titled, ''*The State of LGBTQ Youth Health and Wellbeing: Strengthening Schools and Families to Build Resilience.*'' In partnership with the Center for Prevention Implementation Methodology, Advocates for Youth, and the AIDS Foundation of Chicago, an expert consultation was held after the public symposium to characterize areas of strong and emerging scientific evidence, gaps in knowledge, and research priorities regarding HIV, substance use, mental health and suicide, and violence among LGBTQ youth.[12] Working groups were formed during the expert consultation to address two important systems in the lives of youth: schools and families. The consultation included 40 participants from academia, federal health agencies, youth serving organizations, advocacy organizations, foundations, and youth themselves. Writing groups were formed to draft findings for publication and these were prereviewed for feedback by working group members before submission for peer review. The present perspective article is one of the resulting articles.

This article summarizes existing areas of inquiry and future directions related to families and LGBTQ youth health that were identified during the expert consultation meeting. At that meeting, participants were asked to generate an

[1]Department of Medical Social Sciences and Institute for Sexual and Gender Minority Health and Wellbeing, Northwestern University, Chicago, Illinois.
[2]School of Social Work, Rutgers, the State University of New Jersey, New Brunswick, New Jersey.
[3]School of Social Service Administration, University of Chicago, Chicago, Illinois.
[4]Division of Prevention Science and Community Health, Department of Public Health Sciences, University of Miami Miller School of Medicine, Miami, Florida.
[5]Office of Research and Sponsored Programs, California State University, Northridge, Northridge, California.
[6]Department of Prevention and Community Health, Milken Institute School of Public Health, The George Washington University, Washington, District of Columbia.

exhaustive list of research topics related to families and LGBTQ youth health that were characterized by a strong evidence base, preliminary findings, or novel and promising areas of inquiry. The working group condensed this list into a group of broad research priorities, each of which we examine in the subsequent sections. We first review the limited existing evidence in each identified priority area (where available), and then discuss promising avenues for future research and opportunities for innovation (see Table 1 for a summary of the main points described in the next sections).[5,6,8–11,13–32]

Family Support and Rejection

Family rejection is strongly associated with mental health problems and suicidality, substance use, and sexual risk.[10,11,13] However, research on the link between family rejection and exposure to violence in the home, after being expelled from the home, or in romantic relationships is limited. Youth with highly rejecting families are often forced to leave the home, leading to overrepresentation of LGBTQ teens in the homeless youth population[14] and foster care system,[33] thus exposing these youth to myriad risky contexts. For example, parental rejection decreases instrumental (i.e., tangible and practical) support and social support from parents, which increases certain HIV risk behaviors (e.g., survival/transactional sex) among young gay and bisexual men.[34] Similarly, parental rejection has also been linked to increased depression, suicidality, and substance use among LGBTQ youth.[10,11,13] When two parents are present in a household, there are often differences between parents in levels of acceptance,[24] and the limited existing evidence suggests that mothers are more engaged with their LGBTQ children[35] and that LGBTQ youth who come out to their parents tend to come out to mothers before fathers.[35,36] Less clear is whether the presence of one supportive parent buffers the negative impact of having another unsupportive/rejecting parent.

It is important to note that those LGBTQ youth who do perceive strong support from their families tend to have better mental health and lower risk of substance abuse and (to a lesser extent) sexual risk behaviors.[10,15–18] Furthermore, these positive effects are also seen in studies of transgender and gender minority youth specifically.[11,19,20] The presence of parental support in the lives of LGBTQ youth indicates that parents and their children were resilient in the face of coming to terms with the teen's LGBTQ identity, which is often a significant stressor for both parents and teens. Unfortunately, very little research has examined how parents and their children cope with the coming out process or what makes some parents more supportive than others. Understanding the processes that lead to positive outcomes is essential to develop strategies for improving relationships between parents and their LGBTQ youth and mitigating health disparities.

Parenting Practices

There is a growing body of knowledge on specific parenting practices that influence the health of LGBTQ youth. Two key parenting skills have been found to be protective for adolescent health behaviors in the general literature: parental monitoring and parent–adolescent communication.[5,6,8,9] Interestingly, findings are mixed for their relationship with health outcomes among LGBTQ youth specifically. Some studies find that monitoring and communication are negatively associated with sexual risk in young gay and bisexual men,[21,22] whereas other studies find positive associations.[23] This suggests that the influence of parenting practices on health is more complex for LGBTQ youth compared with cisgender heterosexual youth as the success of these strategies requires that parents are aware of, and at a minimum tolerate, their child's LGBTQ identity and/or gender expression and provide accurate health information tailored to their needs. Nevertheless, supportive and accepting parent–child relationships that are characterized by open, mutual, and low-conflict communication have been found to be associated with better health outcomes, specifically in reducing sexual risk among young gay and bisexual men.[21,32]

Importantly, research on the effects of parenting practices on LGBTQ youth health is scant and has focused largely on their effects on sexual health outcomes. The expert consultation identified several key opportunities for strengthening the research base. First, research is needed on a larger variety of parenting practices (e.g., negotiation and control) as well as the effects of parenting on a wider array of adolescent health behaviors beyond sexual risk (e.g., substance use, eating behavior, and violence). Second, the existing literature on these effects has generally been cross-sectional, and longitudinal research is needed to clarify the temporal ordering of parental influences on health. Third, our understanding is limited as to what education parents need to foster the health of their LGBTQ children. Finally, to identify what links family factors and LGBTQ youth health, more theoretical writing is needed on families, parents, and LGBTQ adolescent health outcomes. In particular, the field would benefit from understanding whether existing theoretical frameworks that describe family influences on adolescent health in the broader population need to be adapted for LGBTQ youth or whether novel theoretical models are needed to address the unique needs of this population.

Mechanisms Linking Family Factors to LGBTQ Youth Health

Central to theory development is exploring the cognitive, affective, behavioral, and biological mechanisms through which parents and families influence health. For example, we are only beginning to understand the underlying processes that link parental rejection to negative health outcomes.[13] These processes might unfold acutely (e.g., coping through substance use) or over longer periods of time (e.g., developing rejection sensitivity). Furthermore, emerging research in the area of developmental psychopathology suggests that experiencing stress during critical developmental stages (e.g., adolescence) may alter psychological and physiological stress response systems in a manner that increases vulnerability to adversities faced even later in life.[25,26] Identifying these varied mechanisms is critical to developing interventions to mitigate health disparities.

Cultural and Individual Differences

Most of the limited research on cultural differences in families of LGBTQ youth has examined mean differences in parental acceptance/rejection by sociodemographic

Table 1. Existing Evidence and Future Research Directions in the Area of Family Influences on LGBTQ Youth Health

Research topic	*Existing evidence base*	*Future research and opportunities for innovation*
Family support and rejection	Parent and family rejection is strongly associated with mental health problems, substance use, and sexual risk.[10,11,13] LGBTQ youth are overrepresented in the homeless youth population.[14] Perceived family support is associated with better mental health and less substance use.[10,11,15–20]	Which factors contribute to resilience among LGBTQ youth with unsupportive or rejecting families? Does the presence of one supportive parent compensate for lack of support from another parent or guardian? Does the presence of a nonparental family member (e.g., sibling) compensate for the effects of unsupportive parents? Does having nonparental mentors improve health outcomes? Which factors contribute to change in parental or family support over time? Why do some initially unsupportive parents become supportive?
Parenting practices	Parental monitoring and communication are associated with better health among adolescents in general.[5,6,8,9] Associations with health outcomes are less clear among LGBTQ youth.[21–23] Some studies find that monitoring and communication are associated with less sexual risk among young gay and bisexual men.[21,22] Monitoring and communication are likely more complex with LGBTQ youth.[22,24] Not all youth are ''out'' to parents. Not all parents possess LGBTQ-specific health information.	How does parental monitoring differ for LGBTQ compared with cisgender heterosexual youth? Which strategies do parents use to communicate with their children about health when they lack LGBTQ-specific information (i.e., related to sex education)? How do parenting practices affect the health of LGBTQ youth who are not ''out'' to their parents? Which other parenting strategies affect LGBTQ youth health? Negotiation, control, warmth, and shared interests, etc.
Mechanisms linking family factors to LGBTQ youth health	Stress during critical developmental stages can alter psychological and physiological stress response systems.[25,26] Both general and LGBTQ-specific stressors affect cognitive/affective/behavioral factors that increase the risk of negative health outcomes.[27] There is a very small research base with LGBTQ populations.	Which cognitive, affective, and behavioral factors drive the link between family factors and health? How do early family relationships and attachments (e.g., perceived conditional love) influence longer-term health during adulthood? What is the long-term impact of family stress on the physiological stress response system?
Cultural and individual differences	Few existing studies have been able to enroll parents with varying cultural backgrounds. There is limited focus on race/ethnicity, religious background, rurality, and area of residence. There is limited existing evidence on differences in parental acceptance of LGBTQ teens across demographic factors.	How does culture influence parent–child relationships when the child identifies as LGBTQ? What are the strengths of varying cultural groups that improve parent–child relationships? Do parental influences on health differ within the LGBTQ youth population (e.g., are there sexual or gender identity differences)? What are the unique issues that parents face based on the specific sexual orientation or gender identity of their child?

(*continued*)

Table 1. (Continued)

Research topic	*Existing evidence base*	*Future research and opportunities for innovation*
Parent- and family-based interventions	Family- and parent-based interventions developed for adolescents, in general, enroll LGBTQ adolescents, but rarely conduct subgroup analyses based on sexual or gender minority status.[28] A few existing family-based programs show initial promise in nonrandomized trials.[29–31] There are no existing randomized trials of family-based interventions for LGBTQ youth.	Do family- and parent-based interventions designed for adolescents, in general, work equally well for LGBTQ adolescents? Which components of these interventions need to be adapted for LGBTQ adolescents to optimize efficacy? Which modality of family-based intervention is best for LGBTQ adolescents (e.g., online or group based)? Is it most efficacious to intervene with the parent(s), adolescent, or both?
Innovation in methods	Most existing studies have assessed family influences from the LGBTQ youth perspective.[24] A small number of studies have enrolled parents.[24,32] Parents in these samples are generally already supportive. These studies have most often used qualitative methods. There are very few quantitative studies of family influences on LGBTQ adolescent health.	What are effective strategies for enrolling unaccepting parents into research? What are the most effective strategies for enrolling parent–child dyads into research? Strategies for recruiting diverse parents and LGBTQ adolescents into research: Racial/ethnic minorities, religious affiliation, and rural families, etc. Longitudinal studies: How do parent–child relationships change over time and how does that affect LGBTQ adolescent health? How do we retain parents and/or parent–child dyads in longitudinal studies over time?

characteristics (e.g., teen race/ethnicity and/or gender identity),[13,37] but there are limitations to this approach. First, sociodemographic factors are crude indicators of the beliefs, values, and meanings that comprise culture within and between families. Thus, there is a risk of conflating culture with race/ethnicity rather than acknowledging that cultural worldviews within each family are influenced by other factors.[38] There is a tremendous need to examine cultural factors that influence families of LGBTQ youth beyond race, including the influence of religion, urbanicity/rurality, and geographic region. Prior qualitative research with LGBTQ youth and families,[35] and the broader anthropological and sociological literature, may help to provide strong starting points. Finally, it is critical to examine and identify cultural strengths (not just deficits)[39] as these will be integral to engaging parents with varying levels of acceptance.

With regard to individual differences beyond those described in the prior section, it is imperative that future research recognizes the diverse experiences of individuals within the LGBTQ community. Experiences and stressors may differ substantially based on other factors, including sex assigned at birth, gender identity, and sexual orientation, to name a few. It is likely that these individual differences among LGBTQ adolescents influence their relationships with their parents and families, and understanding these influences is critical to understanding the health needs of these youth. For example, emerging research has found that parents of transgender and nonbinary youth have unique concerns related to their adolescents' health that may not be addressed by programs developed for cisgender LGB adolescents.[24]

Parent- and Family-Based Interventions

Family-based interventions are efficacious and effective in preventing and reducing problem behaviors, including substance use and sexual risk, among (presumably heterosexual) adolescents.[40–42] These programs often have been found to have crossover effects on outcomes other than the ones that were targeted in the intervention.[43,44] Unfortunately, family-based interventions have rarely been evaluated among LGBTQ youth specifically. To our knowledge, no studies on family-based interventions for adolescents in general (i.e., not selected on the basis of sexual orientation or gender identity) have examined the potential for differential effects between cisgender heterosexual and LGBTQ youth. Researchers who have access to data on multiple trials of the same family-based intervention could synthesize datasets across trials to yield a sufficiently large sample of LGBTQ youth to make meaningful comparisons with cisgender heterosexual youth,[28] but this requires that researchers in this area consistently assess sexual orientation and/or gender identity in their trials.

Although it is important to assess LGBTQ identities in ongoing trials and examine differential effects between LGBTQ youth and their cisgender heterosexual peers, LGBTQ youth and their families encounter various stressors that differ from those of cisgender heterosexual youth,[24,27] and these unique stressors can affect LGBTQ youth health. Thus, existing interventions will likely need to be tailored, or new programs will need to be developed, to address certain health issues among LGBTQ youth (e.g., sexual health promotion, mental health, and violence prevention).[24] It is encouraging that existing practice and emerging research have laid the foundation for such programs. Peer-led support groups for parents (e.g., Parents and Friends of Lesbians and Gays and Parents of Transgender Individuals) are the most widely adopted programs, but no research points to their efficacy in improving parent or child outcomes. The Family Acceptance Project® is an initiative that provides research-grounded psychoeducational resources to both parents of LGBTQ youth and practitioners who serve these families.[29] It has yet to be manualized or evaluated for efficacy, but the program has informed guidelines for best practices in working with families of LGBTQ youth endorsed by the Substance Abuse and Mental Health Services Administration.[45]

Lead with Love, a documentary-style education–entertainment video that aims to improve parents' behaviors toward their LGB children by providing evidence-based information and support, has found that parents can be feasibly reached online and given support, information, and behavioral guidance after a child comes out.[30] Attachment-Based Family Therapy has also been adapted for parents of LGB youth. Preliminary studies suggest that it can engage struggling parents and reduce suicidal ideation among LGB youth.[31] Finally, a small number of programs have been developed to help LGBTQ youth in the foster system strengthen relationships with their foster and/or birth parents that have shown initial promise.[46,47] Unfortunately, no randomized controlled trials have been conducted to date to evaluate the efficacy of family-based health programs for LGBTQ youth.

Evidence indicates that parents want support and guidance when a child comes out[30] and in addressing their adolescent's health,[24] but there are several areas of particular need. First, many parents have strong negative emotional reactions when a child comes out[24,48,49] and may interact with their children more effectively if they have assistance managing this stress.[50] Second, some parents are unaware of the negative impact that rejecting behaviors have on their children, including behaviors that may be well intentioned (e.g., encouraging a child to act more gender-typical to protect them from harm).[13] Finally, most parents want their children to be healthy, but many lack the skills to help their children (e.g., knowledge of LGBTQ safer sex and coping with bullying).[24,35] Supporting, educating, and providing behavioral guidance for families of LGBTQ youth must be a priority of intervention research, including aiding parents in helping their children navigate other systems relevant to their health (e.g., patient–provider relationships and schools).[2] Schools may also be well positioned to provide support to parents, and a companion article in this issue reviews the influence of schools on LGBTQ adolescent health in greater detail.[51]

Innovation in Methods

Research on families of LGBTQ youth hinges on methodological innovation. Most studies have assessed family influences from youths' perspectives or have used samples of parents who are already accepting, leading to potential bias.[2] The field would benefit greatly from identifying innovative methods to (1) engage less accepting parents/families; (2) recruit minority families (e.g., racial/ethnic minority and rural families); (3) enroll parent–adolescent dyads and use dyadic analysis to model family effects; (4) enroll large enough samples to allow for examining differences in effects by subgroups within the LGBTQ youth population (e.g., bisexual individuals and gender minority individuals); and

(5) engage nonparental family members (e.g., other caregivers and heterosexual siblings). These methodological innovations are reviewed in greater detail in this issue.[52]

Conclusion

We are only beginning to understand the many ways in which families influence the health of LGBTQ youth. Furthermore, what little we know about these family influences has focused largely on their impact on sexual health and to a lesser degree substance use and mental health. However, very little research has examined the influence of families on suicidality and violence, highlighting a need to broaden into other health domains. There is also a need to examine whether there are differences between sexual and/or gender identity groups in family influences on adolescent health, as most existing studies have focused on specific populations (e.g., young gay men) or LGBTQ youth as a whole.[10,13,15–18,21–24,32,34–37] Given the robust literature demonstrating the promotive effects of effective parenting on the health of cisgender heterosexual youth,[4] it is clear that the lack of literature on the influence of families on the health of LGBTQ youth is a major gap. If we hope to mitigate the vast health inequities experienced by these young people[1–3] by developing effective interventions and policies, it is imperative that we push this nascent field of research forward through innovative empirical research, including (but not limited to) longitudinal studies of diverse LGBTQ youth and their parents that track the influence of family factors on adolescent health over time. In this article, we have drawn on expert consultation to provide a perspective on priorities for advancing the field.

Acknowledgments

The authors would like to thank the researchers, practitioners, and community members who participated in the 2017 *State of LGBTQ Youth Health and Wellbeing* Symposium at Northwestern University (see reference 12 for a link to the full list of participants). Their contributions were essential to the development of this article. The symposium and consultation were supported by the Northwestern Institute for Sexual and Gender Minority Health and Wellbeing and the National Institute on Drug Abuse (P30DA027828-07S1).

Disclaimer

The findings and conclusions in this article are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention, the National Institute on Drug Abuse, or the National Institutes of Health.

Author Disclosure Statement

No competing financial interests exist.

References

1. Mustanski B, Birkett M, Greene GJ, et al.: Envisioning an America without sexual orientation inequities in adolescent health. Am J Public Health 2014;104:218–225.
2. Mustanski B: Future directions in research on sexual minority adolescent mental, behavioral, and sexual health. J Clin Child Adolesc Psychol 2015;44:204–219.
3. James SE, Herman JL, Rankin S, et al.: *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality, 2016.
4. Resnick MD, Bearman PS, Blum RW, et al.: Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. JAMA 1997;278:823–832.
5. DeVore ER, Ginsburg KR: The protective effects of good parenting on adolescents. Curr Opin Pediatr 2005; 17:460–465.
6. Kincaid C, Jones DJ, Sterrett E, McKee L: A review of parenting and adolescent sexual behavior: The moderating role of gender. Clin Psychol Rev 2012;32:177–188.
7. Wight D, Fullerton D: A review of interventions with parents to promote the sexual health of their children. J Adolesc Health 2013;52:4–27.
8. Dishion TJ, McMahon RJ: Parental monitoring and the prevention of child and adolescent problem behavior: A conceptual and empirical formulation. Clin Child Fam Psychol Rev 1998;1:61–75.
9. Stattin H, Kerr M: Parental monitoring: A reinterpretation. Child Dev 2000;71:1072–1085.
10. Bouris A, Guilamo-Ramos V, Pickard A, et al.: A systematic review of parental influences on the health and well-being of lesbian, gay, and bisexual youth: Time for a new public health research and practice agenda. J Prim Prev 2010;31:273–309.
11. Simons L, Schrager SM, Clark LF, et al.: Parental support and mental health among transgender adolescents. J Adolesc Health 2013;53:791–793.
12. Institute for Sexual and Gender Minority Health and Wellbeing: The State of LGBTQ Health and Wellbeing: Strengthening Schools and Families to Build Resilience. 2017. Available at https://cpb-us-e1.wpmucdn.com/sites.northwestern.edu/dist/3/817/files/2017/07/Working-Group-Historical-Record-2dytc7x.pdf Accessed October 18, 2018.
13. Ryan C, Huebner D, Diaz RM, Sanchez J: Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. Pediatrics 2009;123:346–352.
14. Choi SK, Wilson BDM, Shelton J, Gates G: *Serving our Youth 2015: The Needs and Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Experiencing Homelessness*. Los Angeles, CA: The Williams Institute with The True Colors Fund, 2015.
15. Newcomb ME, Heinz AJ, Mustanski B: Examining risk and protective factors for alcohol use in lesbian, gay, bisexual, and transgender youth: A longitudinal multilevel analysis. J Stud Alcohol Drugs 2012;73:783–793.
16. Newcomb ME, Heinz AJ, Birkett M, Mustanski B: A longitudinal examination of risk and protective factors for cigarette smoking among lesbian, gay, bisexual, and transgender youth. J Adolesc Health 2014;54:558–564.
17. Mustanski B, Liu RT: A longitudinal study of predictors of suicide attempts among lesbian, gay, bisexual, and transgender youth. Arch Sex Behav 2013;42:437–448.
18. D'Augelli AR, Hershberger SL, Pilkington NW: Lesbian, gay, and bisexual youth and their families: Disclosure of sexual orientation and its consequences. Am J Orthopsychiatry 1998;68:361–371.
19. Olson KR, Durwood L, DeMeules M, McLaughlin KA: Mental health of transgender children who are supported in their identities. Pediatrics 2016;137:e20153223.

20. Veale JF, Watson RJ, Peter T, Saewyc EM: Mental health disparities among Canadian transgender youth. J Adolesc Health 2017;60:44–49.
21. LaSala MC, Siebert CF, Fedor JP, Revere EJ: The role of family interactions in HIV risk for gay and bisexual male youth: A pilot study. J Fam Soc Work 2016;19:113–131.
22. Mustanski B, Swann G, Newcomb ME, Prachand N: Effects of parental monitoring and knowledge on substance use and HIV risk behaviors among young men who have sex with men: Results from three studies. AIDS Behav 2017;21:2046–2058.
23. Thoma BC, Huebner DM: Parental monitoring, parent-adolescent communication about sex, and sexual risk among young men who have sex with men. AIDS Behav 2014;18: 1604–1614.
24. Newcomb ME, Feinstein BA, Matson M, et al.: ''I have no idea what's going on out there:'' Parents' perspectives on promoting sexual health in lesbian, gay, bisexual and transgender adolescents. Sex Res Social Policy 2018;15:111–122.
25. Hammen C, Henry R, Daley SE: Depression and sensitization to stressors among young women as a function of childhood adversity. J Consult Clin Psychol 2000;68:782–787.
26. Espejo EP, Hammen CL, Connolly NP, et al.: Stress sensitization and adolescent depressive severity as a function of childhood adversity: A link to anxiety disorders. J Abnorm Child Psychol 2007;35:287–299.
27. Hatzenbuehler ML: How does sexual minority stigma ''get under the skin''? A psychological mediation framework. Psychol Bull 2009;13:707–730.
28. Ocasio MA, Feaster DJ, Prado G: Substance use and sexual risk behavior in sexual minority Hispanic adolescents. J Adolesc Health 2016;59:599–601.
29. Family Acceptance Project®: Available at https://familyproject.sfsu.edu Accessed December 14, 2017.
30. Huebner DM, Rullo JE, Thoma BC, et al.: Piloting Lead with Love: A film-based intervention to improve parents' responses to their lesbian, gay, and bisexual children. J Prim Prev 2013;34:359–369.
31. Diamond GM, Diamond GS, Levy S, et al.: Attachment-based family therapy for suicidal lesbian, gay, and bisexual adolescents: A treatment development study and open trial with preliminary findings. Psychotherapy (Chic) 2012;49: 62–71.
32. LaSala MC: Condoms and connection: Parents, gay and bisexual youth, and HIV risk. J Marital Fam Ther 2015;41: 451–464.
33. Wilson BDM, Cooper K, Kastanis A, Nezhad S: *Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles*. Los Angeles, CA: The Williams Institute, UCLA School of Law, 2014.
34. Bird JD, LaSala MC, Hidalgo MA, et al.: ''I had to go to the streets to get love'': Pathways from parental rejection to HIV risk among young gay and bisexual men. J Homosex 2017;64:321–342.
35. LaSala MC: *Coming Out, Coming Home: Helping Families Adjust to a Gay or Lesbian Child*. New York: Columbia University Press, 2010.
36. Savin-Williams RC, Ream GL: Suicide attempts among sexual-minority male youth. J Clin Child Adolesc Psychol 2003;32:509–522.
37. Garofalo R, Mustanski B, Donenberg G: Parents know and parents matter; is it time to develop family-based HIV prevention programs for young men who have sex with men? J Adolesc Health 2008;43:201–204.
38. Carpenter-Song EA, Nordquest Schwallie M, Longhofer J: Cultural competence reexamined: Critique and directions for the future. Psychiatr Serv 2007;58:1362–1365.
39. Toomey RB, Huynh VW, Jones SK, et al.: Sexual minority youth of color: A content analysis and critical review of the literature. J Gay Lesbian Ment Health 2017;21:3–31.
40. Brody GH, Chen YF, Kogan SM, et al.: Long-term effects of the strong African American families program on youths' alcohol use. J Consult Clin Psychol 2010;78:281–285.
41. Prado G, Pantin H, Huang S, et al.: Effects of a family intervention in reducing HIV risk behaviors among high-risk Hispanic adolescents: A randomized controlled trial. Arch Pediatr Adolesc Med 2012;166:127–133.
42. Estrada Y, Lee TK, Huang S, et al.: Parent-centered prevention of risky behaviors among Hispanic youths in Florida. Am J Public Health 2017;107:607–613.
43. Smith JD, St. George SM, Prado G: Family-centered positive behavior support interventions in early childhood to prevent obesity. Child Dev 2017;88:427–435.
44. Vidot DC, Huang S, Poma S, et al.: Familias Unidas' crossover effects on suicidal behaviors among Hispanic adolescents: Results from an effectiveness trial. Suicide Life Threat Behav 2016;46:S8–S14.
45. Substance Abuse and Mental Health Services Administration: *A Practitioner's Guide: Helping Families to Support Their LGBT Children*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
46. Lorthridge J, Evans M, Heaton L, et al.: Strengthening family connections and support for youth in foster care who identify as LGBTQ: Findings from the PII-RISE evaluation. Child Welfare 2018;96:53–78.
47. Salazar AM, McCowan KJ, Cole JJ, et al.: Developing relationship-building tools for foster families caring for teens who are LGBTQ2S. Child Welfare 2018;96:75–97.
48. Saltzburg S: Learning that an adolescent child is gay or lesbian: The parent experience. Soc Work 2004;49:109–118.
49. Beeler J, DiProva V: Family adjustment following disclosure of homosexuality by a member: Themes discerned in narrative accounts. J Marital Fam Ther 1999;25:443–459.
50. Forehand R, Wierson M, Thomas AM, et al.: The role of family stressors and parent relationships on adolescent functioning. J Am Acad Child Adolesc Psychiatry 1991;30:316–322.
51. Johns MM, Poteat VP, Horn SS, Kosciw J: Strengthening our schools to promote resilience and health among LGBTQ youth: Emerging evidence and research priorities from *The State of LGBTQ Youth Health and Wellbeing* Symposium. LGBT Health 2019;6:146–155.
52. Schrager SM, Steiner RJ, Bouris AM, et al.: Methodological considerations for advancing research on the health and wellbeing of sexual and gender minority youth. LGBT Health 2019;6:156–165.

Address correspondence to:
Michael E. Newcomb, PhD
Department of Medical Social Sciences
Institute for Sexual and Gender Minority Health and Wellbeing
Northwestern University
625 N. Michigan Avenue, Suite 14-059
Chicago, IL 60611

E-mail: newcomb@northwestern.edu