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Family Response Key to Health of Gay Youth

By THE ASSOCIATED PRESS
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Young gay people whose parents or guardians responded negatively when they revealed their sexual orientation were more likely to attempt [suicide](#), experience severe [depression](#) and use drugs than those whose families accepted the news, according to a new study.

The way in which parents or guardians respond to a youth's sexual orientation profoundly influences the child's [mental health](#) as an adult, say researchers at San Francisco State University, whose findings appear in Monday's journal of the [American Academy of Pediatrics](#).

"Parents love their children and want the best for them," said lead researcher Caitlin Ryan, a social worker who directs the university's Family Acceptance Project. "Now that we have measured all these behaviors, we can see that some of them put youth at extremely high risk and others are wellness-promoting."

Among other findings, the study showed that teens who experienced negative feedback were more than eight times as likely to have attempted suicide, nearly six times as vulnerable to severe depression and more than three times at risk of drug use.

More significantly, Ryan said, ongoing work at San Francisco State suggests that parents who take even baby steps to respond with equanimity instead of rejection can dramatically improve a gay youth's mental health outlook.

One of the most startling findings was that being forbidden to associate with gay peers was as damaging as being physically beaten or verbally abused by their parents in terms of negative feedback, Ryan said.

In the two-part study, Ryan and her colleagues first interviewed 53 families with gay teenagers to identify 106 specific behaviors that could be considered "accepting" or "rejecting." For example, blaming a youth for being bullied at school, shielding him from other relatives or belittling her appearance for not conforming to social expectations fell into the rejecting category.

Next, they surveyed 224 white and Latino gay people between ages 21 and 25 to see which of the behaviors they had experienced growing up. The responses then were matched against the participants' recent histories of severe depression, [suicide attempts](#), [substance abuse](#) and unsafe sexual behavior.

While the results might seem intuitive, Ryan said the study, funded by the California Endowment, was the first to establish a link between health problems in gay youths and their home environments.

She has used the information in workshops with parents and other caregivers who have strained relationships with their gay teenagers, and said many were alarmed enough to make immediate changes in their interactions.

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Ryan recalled a teenage girl whose mother forced her to date a boy and sent her to live with her grandmother when she learned her daughter was a lesbian. After hearing about the connection between parental attitudes and suicide, the mother stopped arranging the dates with the boy and instead inquired about her daughter's girlfriend.

"She was really concerned," Ryan said. "She saw that her daughter had become increasingly withdrawn and that she was contributing to these feelings of isolation and sadness."

In her paper for the journal *Pediatrics*, Ryan recommends that medical professionals ask young patients how their families have reacted to their sexual orientations and tell parents that negative reactions may prove harmful even if well-intentioned.

Such conversations are necessary because young people have been coming out at younger ages. Consistent with other studies, the youths in Ryan's study were on average under 11 years old when they first experienced a same-sex attraction, were just over 14 when they realized they were gay and came out to their families before they had turned 16.

Doctors, in a misguided attempt to comfort parents, may tell them a child who isn't sexually active couldn't know if he were gay or not, Ryan said.

"When providers and adults and family members think of gay people, they think of sex. They don't think of emotional attraction or social interaction or spiritual connectedness or deep-rooted psychological feelings," she said.

Sten Vermund, a [Vanderbilt University](#) pediatrician who became interested in Ryan's work this summer when she presented her research at the international [AIDS](#) conference in Mexico City, agrees that doctors should be encouraged to talk with parents about responding to a child's sexual orientation in a supportive way.

"So many families of children who are gay, bisexual or transgender, particularly families of gay male youth, think that if they are tough on the kid and tell him how unsatisfactory his gay lifestyle is to the family, he will have it knocked out of him," Vermund said.

Vermund said he also was impressed by Ryan's finding that a little bit of familial acceptance could go a long way in increasing a child's chances for future happiness.

"The Southern Baptist doesn't have to become a Unitarian," he said. "Someone can still be uncomfortable with their child's sexual orientation, but if they are somewhat more accepting and do the best they can, they will do the youth a lot of good. That to me is an important message."

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