



## Abstract

The purpose of this study is to assess the likelihood of depression among LGB youth based on parental behavioral support, parental emotional support, and protective factors. This study is a secondary analysis of the Add Health data set and included a sample of 281 sexual minority identified participants from the ages 13-20 years. The results indicated that higher parental emotional support and protective factors were associated with lower depressive outcomes. Parental behavioral support was not a significant predictor of depression on LGB adolescents. The key implication of this study is to provide evidence on the importance of parental acceptance and involvement with LGB adolescents. Clinicians need to thoroughly conduct assessments of the adolescent's home environment and level of support with their parents and family. The use of psychoeducation and family therapy can be critical components to help LGB adolescents.

## Introduction

### Significance of Study

- LGB youth are 2x more likely to report suicidal ideation, 3x as likely to report suicide attempts, and 4x times as likely to report a suicide attempt resulting in medical attention (Burton et al., 2013).
- LGB population remains an intersectional population with a long-standing history of discrimination, prejudice, and rejection in society (Russel et al., 2016).
- There is a lack of research on positive parental behaviors.

### Purpose of Study

The purpose of this study is to create new knowledge related to different support mechanisms and the mental health of LGB adolescents. Adding research implicating specific parental behaviors and emotional support will help medical clinicians, mental health professionals, and educators advocate for LGB adolescents to highlight the importance parental support among this population.

### Research Question

What is the effect of parental emotional support and behaviors on depressive symptoms among LGB adolescents?

### Hypothesis

The hypothesis for this study is that with an increase of parental emotional/behavioral support and protective factors, there will be a decrease in rates of depression among LGB adolescents.

## Literature Review

The LGB adolescent population are an intersectional population that encounter barriers and discrimination on all macro, mezzo, and microlevel that influence their mental health outcomes.

### Societal Influences on Ideology: Institutionalized Dominance

- Policies have been dictated by hetero and binary normativity, causing the lack of civil protections.
- Religion causes feelings of guilt, fear, and rejection from families and peers (Roe, 2017).

### Social Conditions Contributing to Depressive Symptomology

- LGB adolescents encounter peer victimization including harassment, bullying, physical, and sexual assault (D'Augelli, 2002).

### Parental Reactions & Protective Factors

- The majority of parents hold negative initial reactions following disclosure, and experience "ambiguous loss" upon learning of child's non-conforming sexuality/gender (Coolhart et al., 2018).
- Parental acceptance is the number one protective factor for LGB youth against depressive symptoms as outlined in the literature (McConnell et al., 2016; Roe, 2017).

### Gaps in Research

Research fails to thoroughly examine the benefits of harboring acceptance and supportive relationships with parents, along with cultural considerations. There also is a gap in determining the differences among the gender vs. sexual minority experience.

## Methods

### Research Design

Data were extracted from the Add Health data set and used in a secondary analysis. From the original study, Wave II was used, resulting in a cross-sectional design. The secondary data was acquired through an in-home interview administered by school personnel. This data was conducted using audio-CASI technology (audio-computer assisted self-interview) on laptop computers. The secondary study sample includes LGB adolescent participants that were determined through behaviors or romantic and sexual interest and engagement with the same sex (Harris & Udry, 2018).

### Sampling Method

Participants were selected through a random sample design. Individuals had to be between the ages of 13-20. They were selected by determining their romantic or sexual relationships, and interest in the same sex. If they had any romantic or sexual relationships and interests, they were selected for this subsample. The final sample size for this study was 281 adolescents.

### Measures

**Independent Variables:** The independent variables for this study were parental emotional and behavioral support. Protective factors were also analyzed as a third independent variable.

**Dependent Variable:** The dependent variable for this study was depression. Depression was defined as the extent to which the respondent possessed typical depressed behavior, feelings within the past week.

## Results

- There was a statistically significant and negative relationship between protective factors and depression,  $r(279) = -.317, p < .001$ . The strength of the correlation was moderate, and higher levels of protective factors were associated with lower levels of depression.
- There was a statistically significant and negative relationship between parental emotional support and depression,  $r(279) = -.275, p < .001$ . The strength of the correlation was moderate, and higher levels of parental emotional support were linked to lower levels of depression.
- The results for relationship between parental behavioral support and depression expressed a marginally statistically significant and negative relationship between parental behavioral support and depression,  $r(279) = -.095, p = .056$ .

Table 2  
Regression Models for Protective Factors, Parental Emotional Support, & Parental Behavioral Support

Predictor	Protective Factors	Emotional Support	Behavioral Support
	B (SE)	B (SE)	B (SE)
Constant	21.491 (5.782) ***	19.247 (5.793) **	15.839 (5.741) **
Age	-.261 (.332)	-.250 (.337)	-.322 (.340)
Gender	3.244 (.922) ***	3.067 (.959) **	3.803 (.934) ***
General Health	4.030 (.969) ***	4.421 (.970) ***	4.706 (.978) ***
Protective Factors	-.530 (.133) ***		
Emotional Support		-.292 (.098) **	
Behavioral Support			-.159 (.152)

Reference groups: Male and Excellent or Very Good Health. \*\*\*p < .001; \*\*p < .01; \*p < .05

## Conclusion

Unfortunately, the adolescent population is overlooked often despite their needs concerning their mental health. Adolescents encounter biological, social, and academic stressors that impede their well-being. The LGB population has to encounter these stressors in conjunction with the oppressive experience that comes along with their identity. They are at a disadvantage and minimally supported by governmental institutions, policies, and religion which cause victimization by adults, peers, and families. Assessment, intervention and advocacy are needed for these young adolescents in these dynamic environments. Assuredly, this study exemplifies the importance of parental support to alleviate the oppressive experiences among LGB adolescents.

### Implications for Future Research

Future research must address LGB youth and their mental health needs. Many research articles analyze the negative effects of the LGB experience, including victimization, abuse, and mental health outcomes. Studies fail to address the protective factors and finding ways to mitigate the ill effects of the oppressive environment. Parental support is crucial for the lives of sexual minority adolescence. Adolescents with successful mental health attitudes and resiliency must be analyzed to determine the positive behaviors that can help with intervention.

## References

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