



# Multi-level Affirmative Resources for promoting **LGBTQ+** Youth Mental Health

**Eric K. LAYLAND, PhD**

Assistant Professor

Department of Human Development and Family Sciences  
University of Delaware

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Boston University School of Public Health



UNIVERSITY OF DELAWARE  
EDUCATION &  
HUMAN DEVELOPMENT

# What can you take away today?

▶ Socialization as a developmental process that may protect LGBTQ youth

▶ Evidence of affirmative LGBTQ therapy as a tool for improving individual mental health

▶ Country-level policy as a tool for promoting a safe environment for LGBTQ+ development



# Stigma devalues, enforces norms, and creates stress

Societal norms **devalue individuals** and groups based on undesirable traits or characteristics

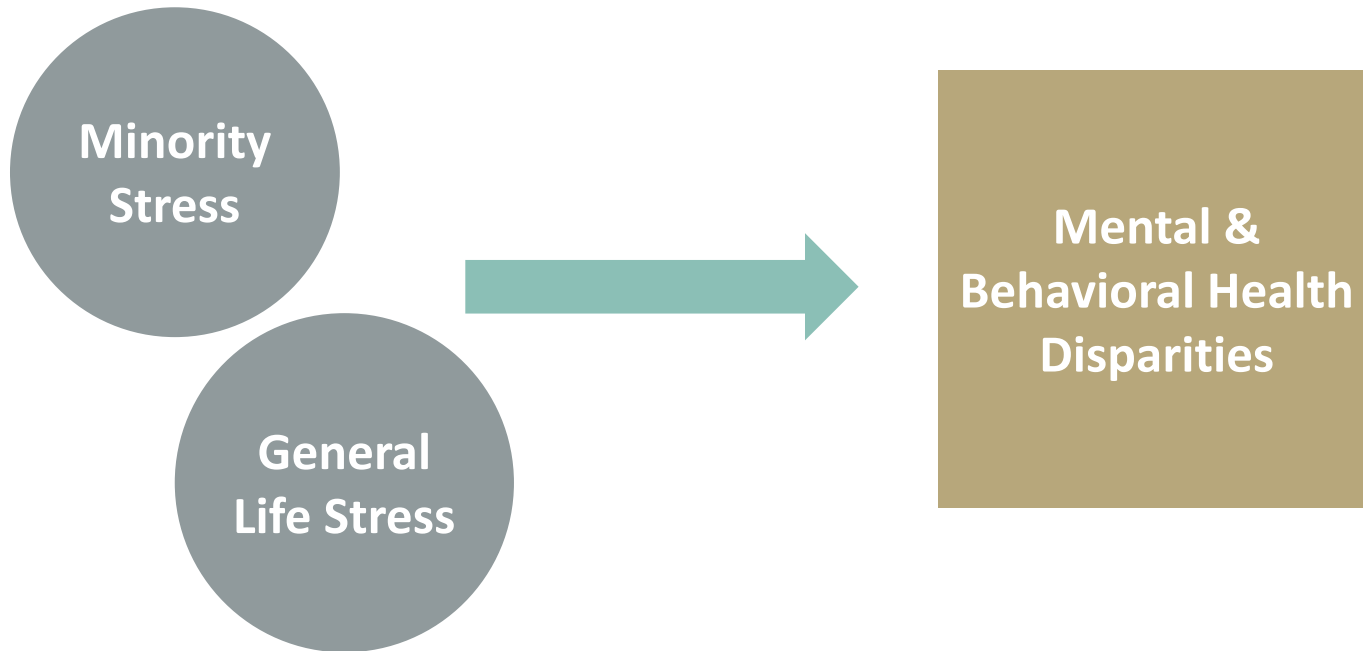
↳ Dominant groups use stigma to ensure outgroups **abide by norms** and to **control resources**

↳ Stigmatization produces **stigma-related stress, anticipation of stigma, & internalized negative beliefs**

# Minority stress erodes health

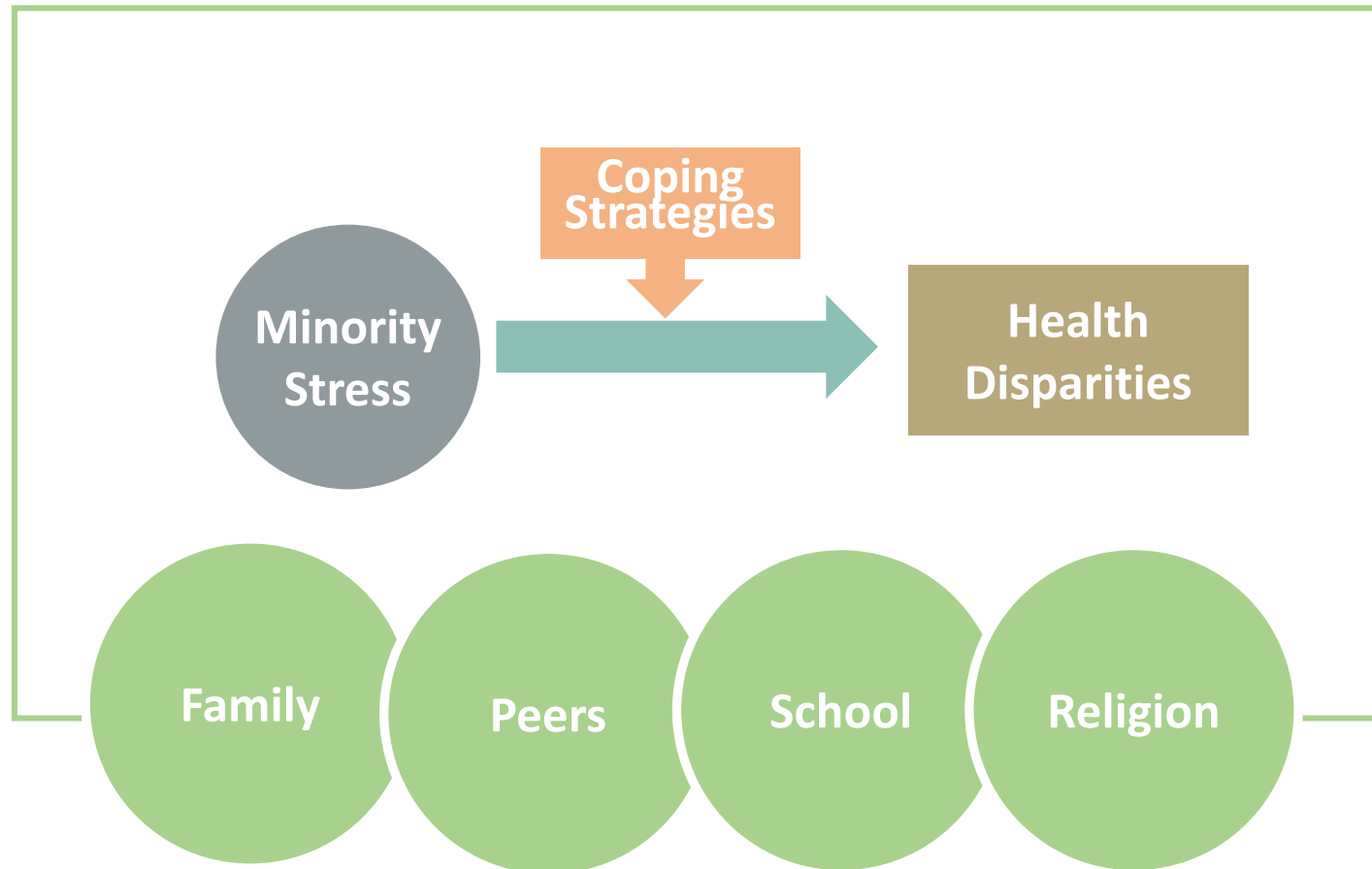
Minority stress is based in heterosexist devaluation of sexual minorities

➔ Unique, chronic, & multifarious



# Developmental Adaptation

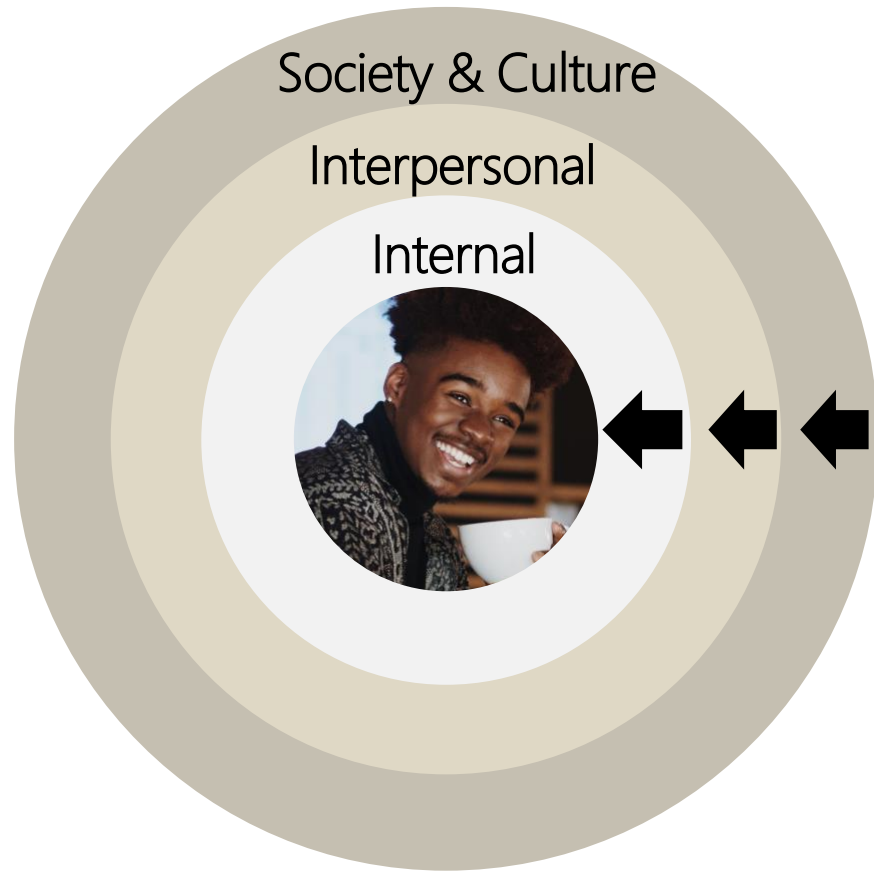
How well does a minority stress lens apply to LGBTQ+ adolescent development?



# STIGMA, DEVELOPMENT, & HEALTH

## *Substance Use & Mental Health*

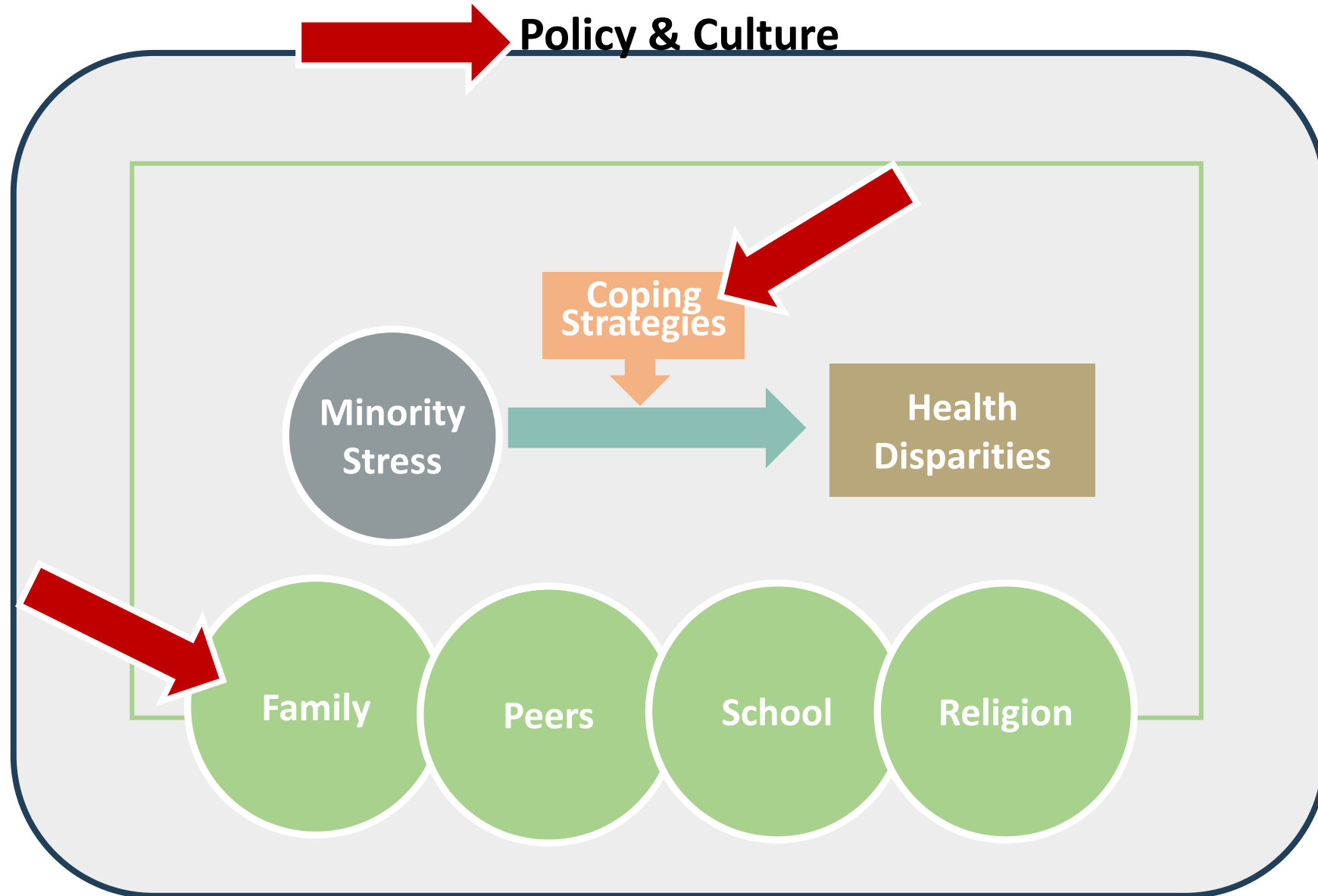
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What does a developmental perspective add?

Rice et al. 2021; Goldbach & Gibbs, 2017

# Where to intervene?



# The Role of Family

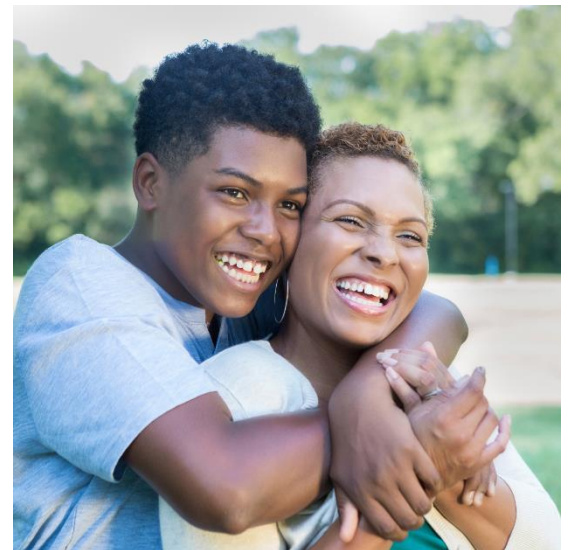
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## Family as a context for health & development

A warm family environment is a major factor in the health and development of children and adolescents

## Families & LGBTQ+ Acceptance

- Family acceptance and support related to positive mental health outcomes (Drydakis, 2022, McDonald, 2018)
- Narrow focus on acceptance & coming out (Fish & Ponda, 2023)





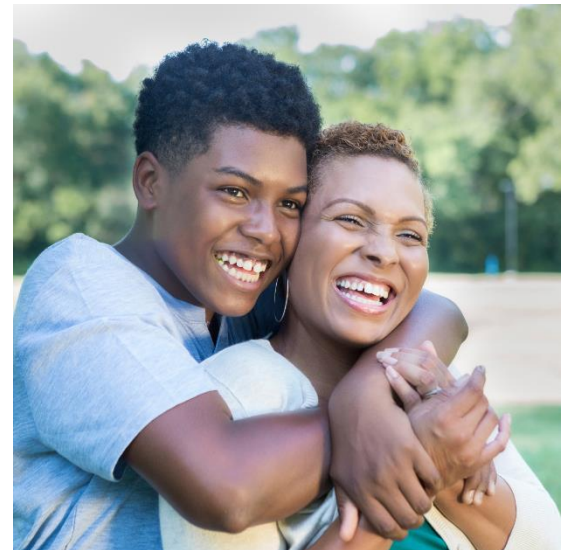
# Family Socialization

## Who plays important role?

Family plays one of the most important roles in child and adolescent socialization (Garcia et al., 1996)

## Culturally specific socialization

- Racial/ethnic socialization as a family process (Hughes et al., 2006)
- Modeling & talking about race, racism, racial pride & community values (Ayón et al., 2020, Neblett et al., 2009)
- Protective against negative effects of stigma (Brown, 2008; Neblett et al., 2006)



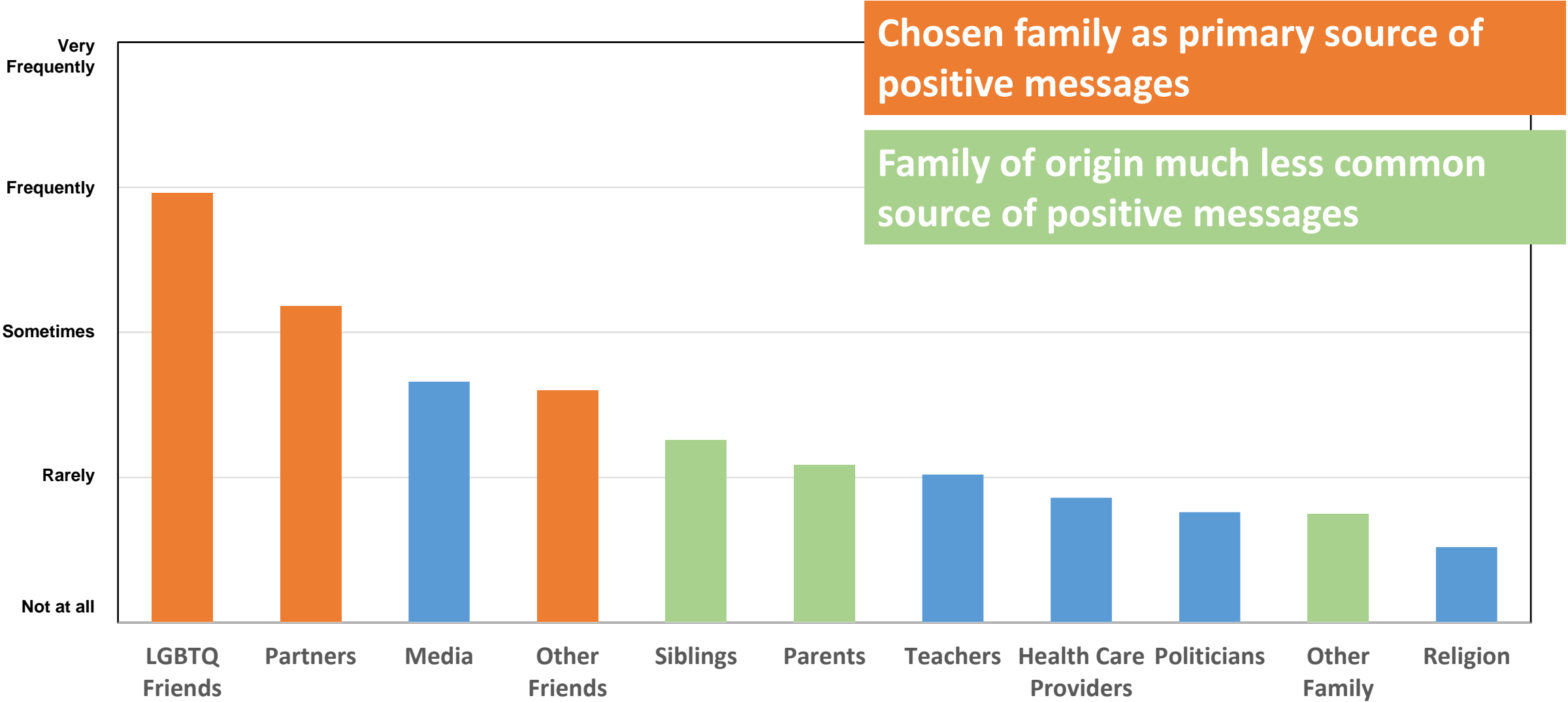
A group of diverse young people, including a Black man, a woman, a young man, and a young woman, are smiling and laughing joyfully. They are positioned in front of a large rainbow flag, which is partially visible at the top and bottom of the frame. The overall atmosphere is positive and celebratory.

# Building toward LGBTQ+ Socialization

**Where do LGBTQ youth hear positive messages?**

**How do others positively socialize LGBTQ youth to understand their LGBTQ identity?**

# Top sources of Positive Messages



# Who had positive influence?

*From Queer Joy Project:* Think about people who have had a positive influence on how you see yourself as an LGBTQIA+ person.

## Who were the most common people named?

- Another LGBTQ+ person [53%]
- Any friend or peer [39%]
- Teacher [12%]
- Media Representation [12%]
  
- Parents [6%] & siblings [7%]



# How does socialization occur?

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## Providing Access to Queerness

[My mentor] encouraged me to be myself bravely through his own experiences and stories and provided me with support and resources to better understand my identity. (Latinx gay man)

## Supporting Developmental Processes

[A] pride center employee who actually told me it was okay to fluctuate between identities until I learned who I really felt like I was. (Latinx pansexual nonbinary)



# How does socialization occur?

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## Providing Support

[My mentor] created a space where I could talk to them about anything related to transitioning and queerness while giving insight. It made me feel way less alone when I was first adjusting to being out.  
(Black bisexual man)

## Engaging in Dialogue

My cousins would talk openly about being queer...It was nice to have someone I knew, someone I'd grown up with, who I could talk to about those things.  
(White pansexual nonbinary genderfluid)



# How does socialization occur?

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## Promoting Asset Development

I learned from [my friend] that it is important to laugh and enjoy yourself and be joyful and silly even when shit's bad and everything feels terrible and being trans feels like having a target on your back. (White bisexual/queer, nonbinary trans)

## Overcoming Stigma

When I was struggling to understand my gayness and also accepting it to myself, [my art teacher] really helped me get over the shame of being out. (Latinx gay cis-man)



# Keeping Up with the Needs of Adolescents Today

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▶ Family has high impact on adolescent mental health and development

▶ Potential for family socialization to prevent health emergence of health problems

- Where else can we intervene?
- How can we provide support for LGBTQ+ adolescences with mental health symptoms?





# Brief history of LGBTQ mental health & rights

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- ▶ 1974: Homosexuality no longer a disorder
- ▶ 1982: First LGBT anti-discrimination law
- ▶ 2003: Homosexuality decriminalized
- ▶ 2013: Gender identity disorder changed to gender dysphoria in the DSM
- ▶ 2016: Sexual & gender minorities recognized as disparities group by NIH



# What is LGBTQ affirmative therapy?

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- ▶ Type of psychotherapy that validates and advocates for needs of LGBTQ clients
- ▶ Acknowledges & counters oppressive contexts
- ▶ Never treats LGBTQ identities as reason for mental health issues



# How effective is LGBTQ affirmative CBT?

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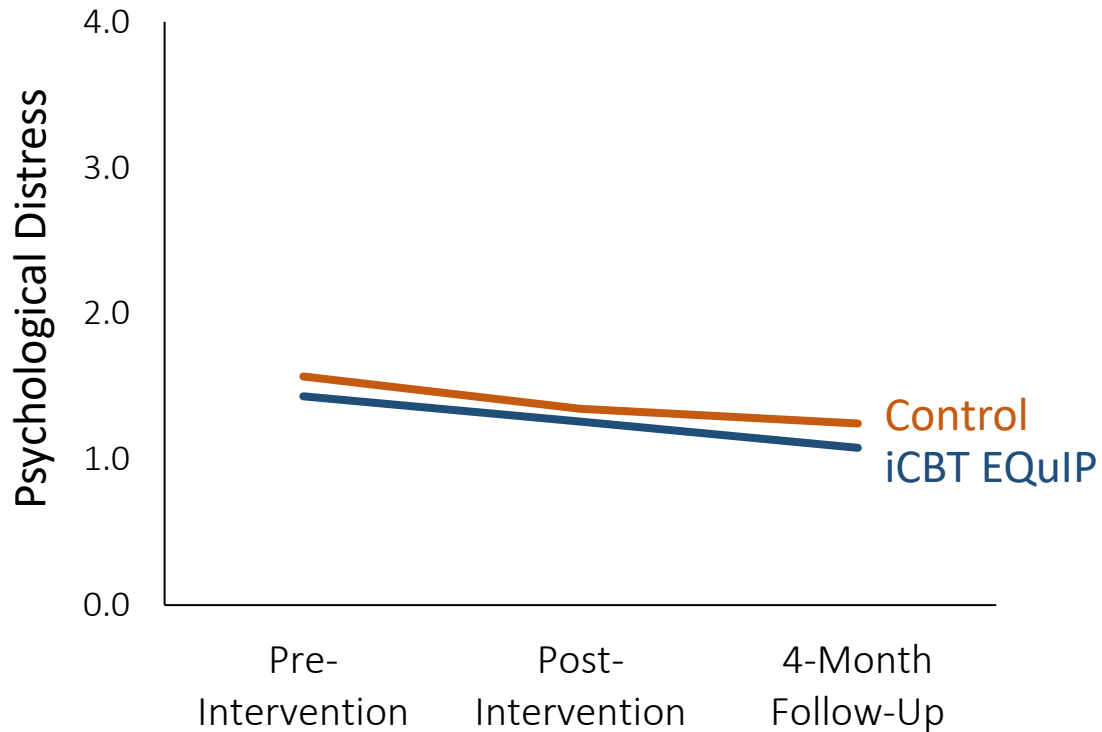


- ▶ Reduced depression in sexual minority women and sexual minority men
- ▶ Adaptation to sexual minority men of color & LGBTQ adolescents
- ▶ How does the context of minority stress impact efficacy?  
Can providers learn to deliver affirmative therapy?

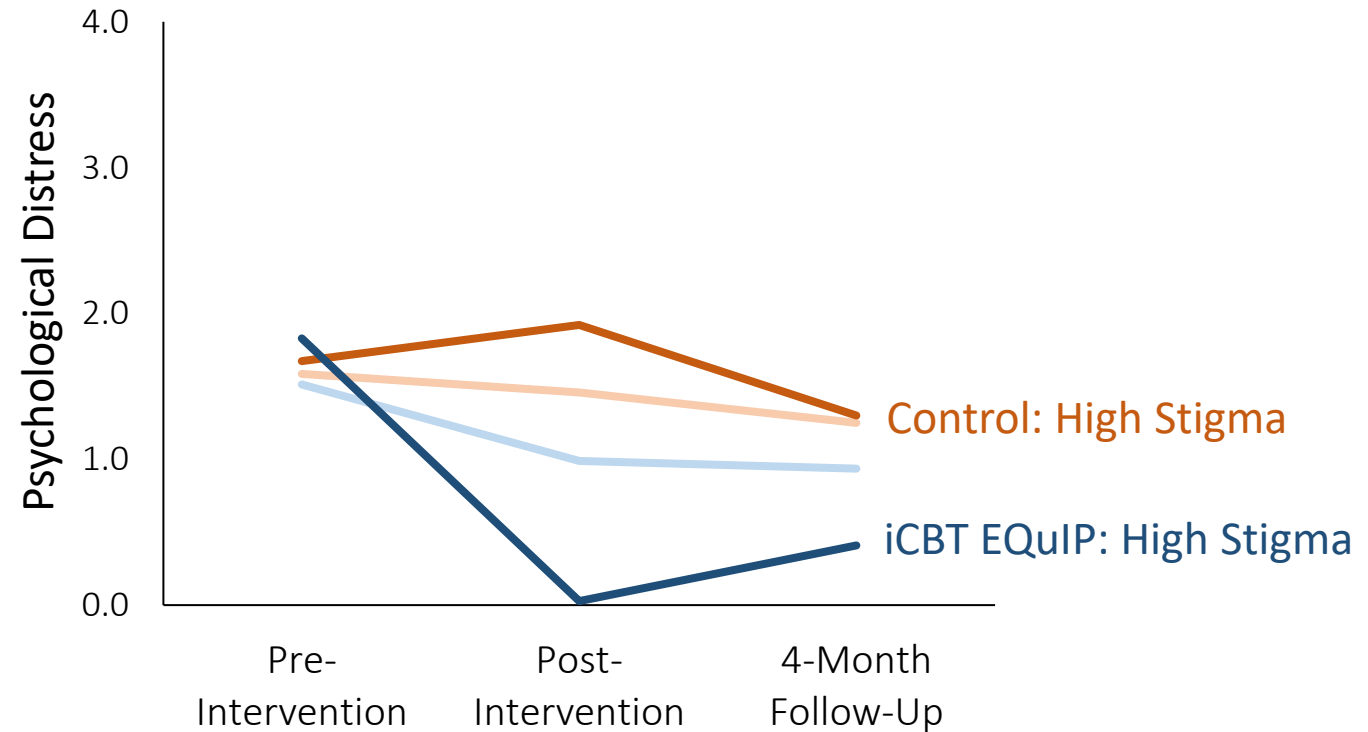
# Does the program work?



Is this an effective strategy to increase reach?



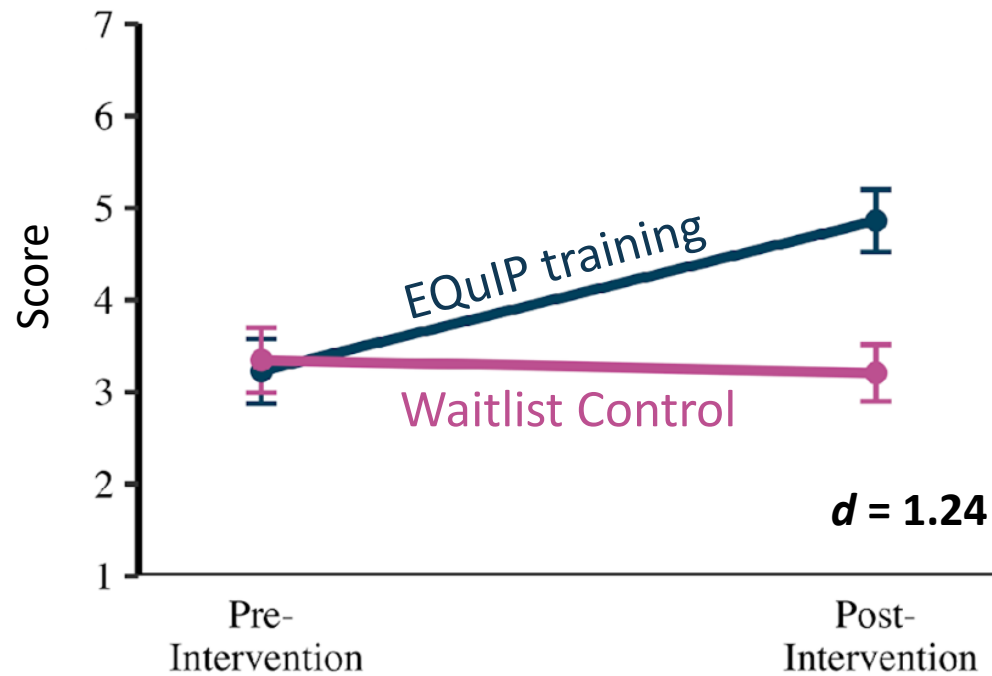
Is it more effective in average vs. high stigma areas?



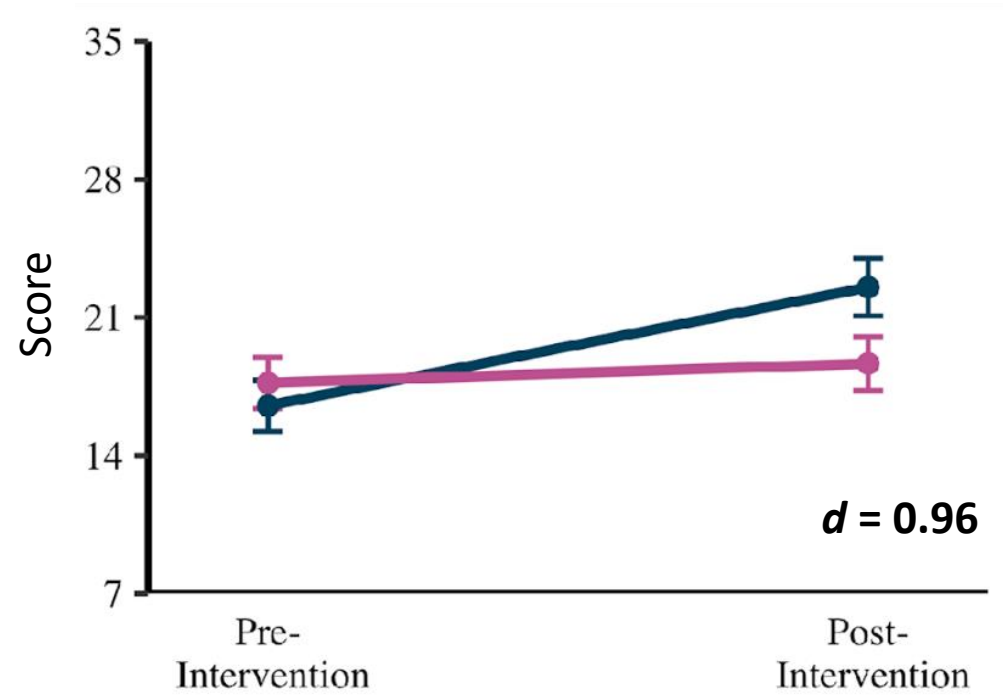
# How well does it work to train therapists?



## LGBTQ Cultural Competence



## LGBTQ-Affirmative Skills Use



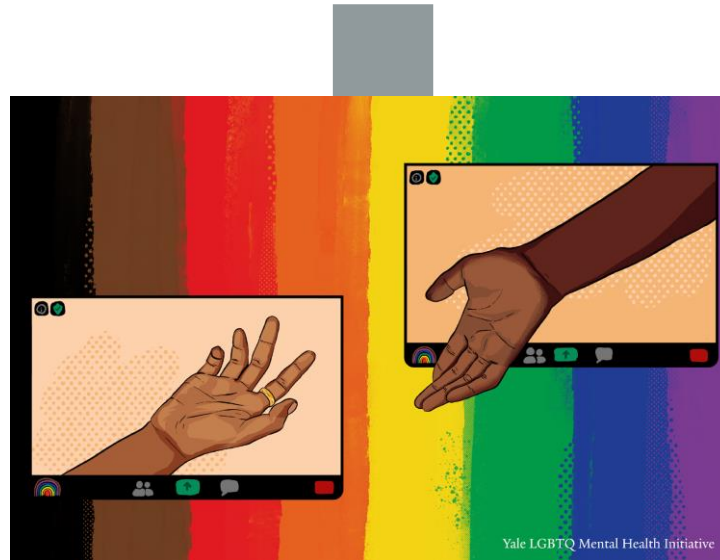
# Efficacy & Implementation are both needed to eliminate disparities

Does the intervention work?



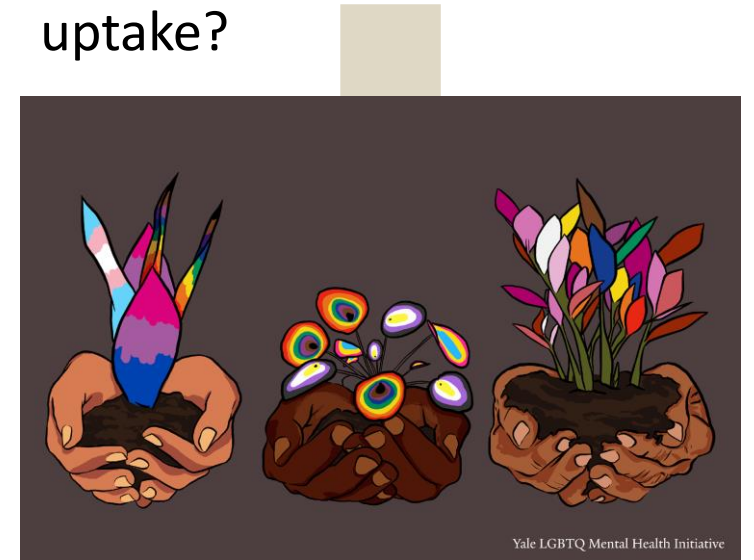
Yes! And best for youth in high stigma areas.

How can we best reach folks?



Innovative delivery to access "hard-to-reach" groups

How can we improve uptake?



Direct training of frontline mental health workers

# Policies and laws impact LGBTQ health

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▶ LGBTQ+ rights policy as structural stigma

Hatzenbuehler, 2014

▶ Impact on LGBTQ+ health & behavior

Pachankis & Branstrom, 2018; van der Star et al. 2021;  
Hatzenbuehler, 2017; Raifman et al. 2017

▶ Examining policy shifts the onus of responsibility for change



# Sexual Minority Milestones

## *A Developmental Perspective*

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Developmental Milestones: identifying and disclosing

Savin-Williams, 2019; Katz-Wise et al. 2017

“The Closet” as a developmental construct

Jackson & Mohr, 2016; Pachankis & Jackson, *under review*







# Linking Policy with Development

## Study Purpose

- 01 Association of country-level structural stigma & support with *ever coming out*
- 02 Association of country-level structural stigma & support with developmental timing and tempo

# SAMPLE summary



**EU LGBTI II Survey**  
**111,186 participants**  
**Ages 15 to 90+**

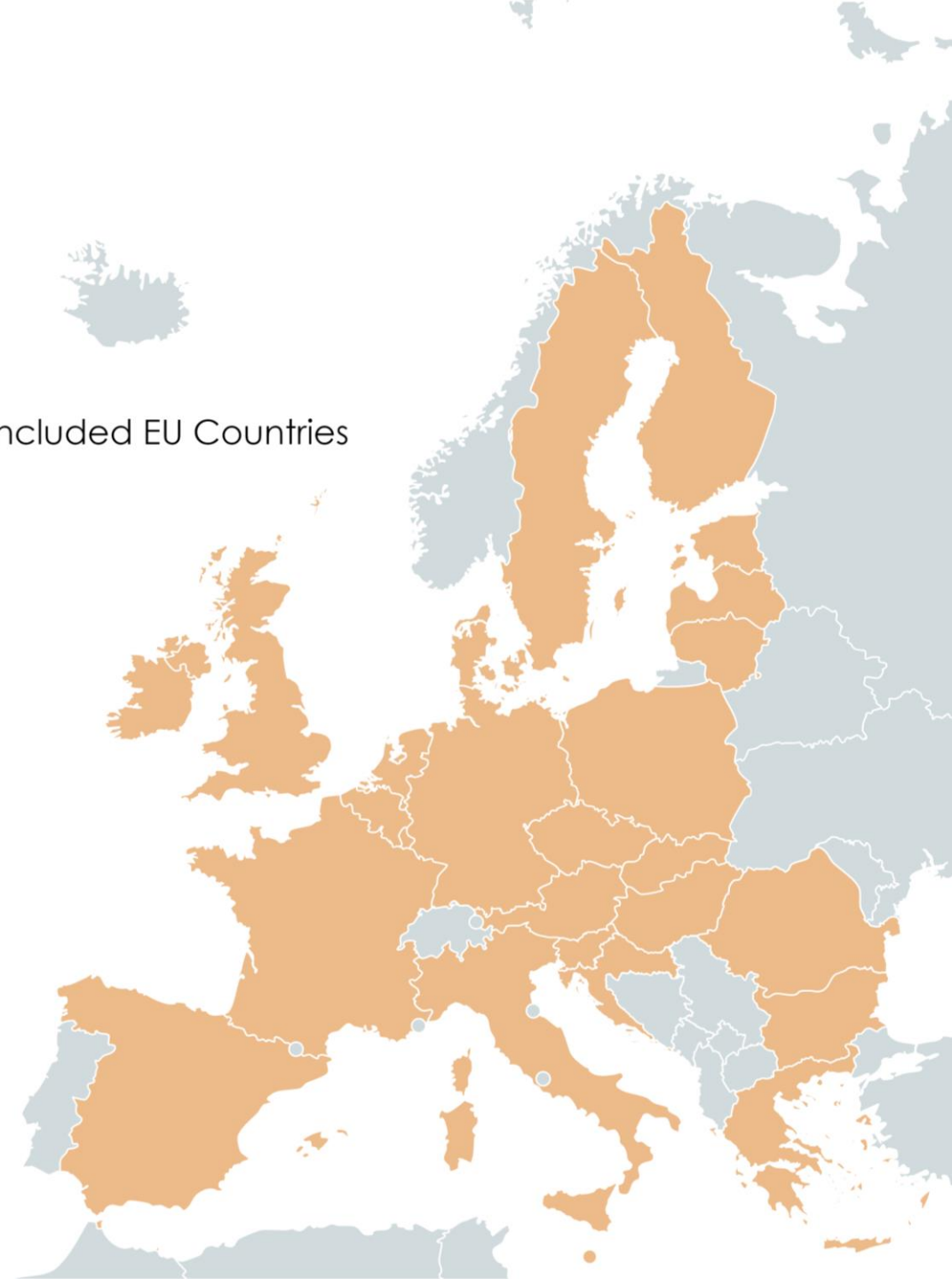


**96% European White**  
**13% Rural**  
**66% Under 30**  
**37% Economic insecurity**



**35% Bisexual; 45% Gay; 20% Lesbian**  
**10% Transgender**  
**42% Women; 53% Man; 6% Non-binary**

 **Included EU Countries**



# How can we measure development?

## Developmental Timing

- *Self-identification*: How old were you when you realized for the first time you are LGB?
- *Disclosure*: How old were you when you first told somebody you are LGB?
  - *Ever Disclosure*: I have not told anybody

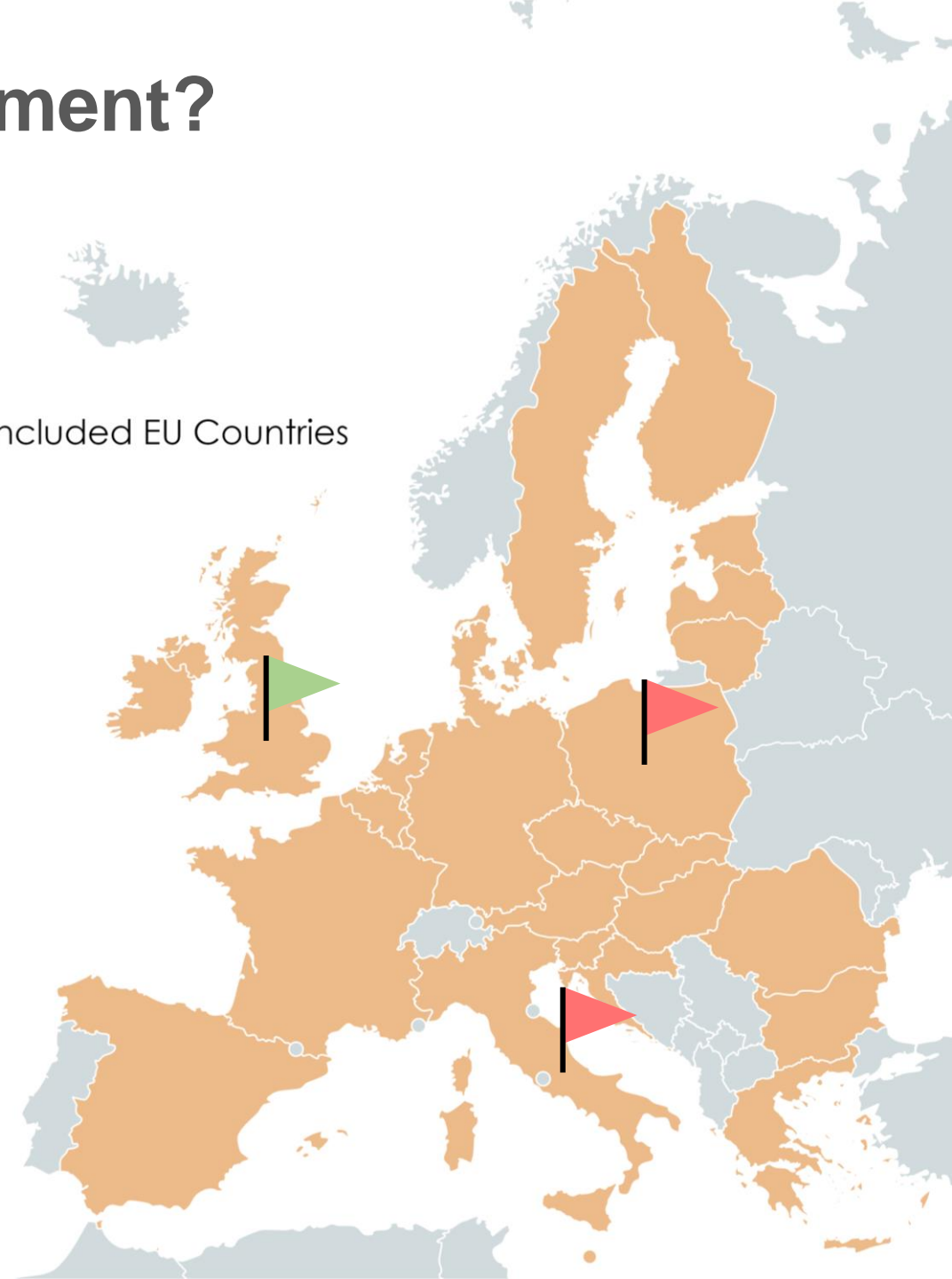
## Developmental Pacing

Age of Disclosure - Age of Self-Identification = Tempo  
Mendell et al., 2019; Susman & Dorn, 2009

## Structural Support

Standardized sum of 20 equality policies and laws  
ILGA Europe, 2019

 Included EU Countries



# Developmental Timing & Tempo Overall

Age of Self-  
Identification

**14.8**  
years old

Age of Disclosure  
*“coming out”*

**18.5**  
years old

Tempo of events  
*“the closet”*

**3.9**  
years

Ever Came Out

**93.9%**

# EQUALITY INDICES milestone timing

	Never Out	Age of Awareness	Age of Coming Out	Duration of the Closet
	OR	$\beta$	$\beta$	$\beta$
Intercept	<b>0.02</b>	<b>17.35</b>	<b>18.71</b>	<b>1.38</b>
<i>Country-Level</i>				
Structural Stigma	<b>1.33</b>	0.03	<b>0.21</b>	<b>0.19</b>
Gini	1.02	<b>-0.05</b>	0.00	<b>0.05</b>
<i>Individual Factors</i>				
Age	<b>1.05</b>	<b>0.64</b>	<b>1.47</b>	<b>0.84</b>
Man	<b>2.09</b>	<b>-0.73</b>	<b>0.32</b>	<b>1.04</b>
Nonbinary	<b>0.69</b>	<b>-1.71</b>	<b>-1.36</b>	<b>0.35</b>
Transgender	<b>1.41</b>	<b>0.72</b>	<b>0.72</b>	0.03
Gay	<b>0.64</b>	<b>-1.96</b>	<b>-1.12</b>	<b>0.85</b>
Bisexual	<b>3.11</b>	<b>0.25</b>	<b>0.29</b>	0.06

# LGB POLICY & DEVELOPMENT

## major findings

Fewer protective policy associated with lower odds of coming out, earlier age out, and shorter time in closet

From highest to lowest protective policy scores, ~8-month difference in closet length

Provides evidence of need for affirmative policy



# Why a multi-level approach to supporting LGBTQ youth mental health?



- ❖ Potential for families to provide more protection and developmental support
- ❖ Affirmative intervention as effective tool to reduce depression
- ❖ The power of policy to contribute to an environment of hostility



layland@udel.edu

QueerDevelopment.com



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