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Social Support Networks for LGBT Young Adults: Low Cost Strategies for Positive Adjustment

Lesbian, gay, bisexual, and transgender (LGBT) youth and young adults are known to have compromised physical and mental health, and family rejection has been found to be an important risk factor. Yet few studies have examined the positive role that support from parents, friends, and the community have for LGBT young adults. In a cross-sectional study of 245 LGBT non-Latino White and Latino young adults (ages 21–25) in

the United States, sexuality-related social support was examined in association with measures of adjustment in young adulthood. Family, friend, and community support were strong predictors of positive outcomes, including life situation, self-esteem, and LGBT esteem. However, family acceptance had the strongest overall influence when other forms of support were considered. Implications for the unique and concurrent forms of social support for LGBT youth and young adult adjustment are discussed.

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Prior studies have clearly established physical and mental health disparities for lesbian, gay, bisexual, and transgender (LGBT) youth and adults (*physical health* may include but is not limited to weight, chronic health concerns, sexual risk taking, and substance use; *mental health* may include but is not limited to psychological concerns, diagnosed disorders, and suicidality; Conron, Mimiaga, & Landers, 2010; Institute of Medicine, 2011; Ryan, Huebner, Diaz, & Sanchez, 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). However, less is known about positive development for LGBT young people. Several existing studies have documented a positive association between family acceptance and well-being for LGBT youth (Doty & Brian,

2010; Elizur & Ziv, 2001; Shilo & Savaya, 2011); fewer have examined the implications of family acceptance beyond the teenage years (Rosario, Schrimshaw, & Hunter, 2009) or in conjunction with other salient forms of social support. As youth move from adolescence into young adulthood they are likely to encounter additional supports from friends, peers, and their community which may enable their positive adjustment. This support may operate as general support or it may be *sexuality-related social support*, a term used to describe social support that is specific to young people's sexuality-related stress and life experiences (Doty, Willoughby, Lindahl, & Malik, 2010). In the present study we aimed to understand how family acceptance, along with additional forms of sexuality-related social support, may predict healthy adjustment in young adulthood.

We approached this research from the foundations of the minority stress model (Meyer, 2003). This framework suggests that the established negative relation between minority stressors (e.g., harassment due to sexual orientation, internalized homophobia) and mental health can in part be buffered by coping mechanisms. For example, interpersonal relationships (e.g., supportive parents), policies (e.g., anti-discrimination school codes), and organizations (e.g., LGBT clubs, gay-straight alliance networks) might provide protections against the deleterious effects of minority-specific pressures. Protective factors may attenuate the effect of stressors on the negative health outcomes for LGBT persons. In this study we conceptualized support from family, friends, and the community as potential coping mechanisms, and thus protective factors, for LGBT young adults.

FAMILY ACCEPTANCE AND LGBT YOUTH AND YOUNG ADULTS

When LGBT teenagers disclose their sexual and/or gender identities (a process known as "coming out") they may face a range of responses that either affirm or reject their identities (D'Augelli, Grossman, & Starks, 2005). LGBT young adults who reported high levels of parental rejection during adolescence were 8.4 times more likely to attempt suicide, 5.9 times more likely to report high levels of depression, and 3.4 times more likely to use illegal drugs and to engage in risky sexual behavior compared with peers from families who reported no

or low levels of family rejection (Ryan et al., 2009). Similarly, lesbian, gay, and bisexual (LGB) adults who thought their parents did not provide emotional and social support after they disclosed their sexual orientation had higher odds of depression and substance use (Rothman, Sullivan, Keyes, & Boehmer, 2012).

In contrast, perceived acceptance from family and friends buffers the negative impact of perceived rejection on youths' subsequent alcohol use (Rosario et al., 2009). In a study with 461 LGB adolescents and young adults in the United States, family acceptance and support had a significant positive effect on one's self-acceptance of sexual orientation, the strongest (as compared to friend support) positive effect on well-being, and the strongest negative effect on mental distress (Shilo & Savaya, 2011). Finally, a study of 245 LGBT young adults in the United States (Ryan et al., 2010) found that family acceptance in adolescence predicted greater self-esteem, social support, and better general health status (including lower rates of depression, substance abuse, and suicidal ideation and attempts) in young adulthood (Ryan et al., 2010). Thus, family acceptance of one's LGBT status has been conceptualized as fundamental to social support for LGBT individuals. However, although the association between family acceptance and positive health among LGBT youth has been demonstrated, less is known about the co-influence of other types of social support on positive adjustment in young adulthood.

EXTRAFAMILIAL SOCIAL SUPPORT FOR POSITIVE LGBT ADJUSTMENT

Recent research has explored the benefits of supportive friends and peers during adolescence within the context of supportive families. In a sample of lesbian and bisexual girls, youth reported better mental health if they had both parental support and did not lose friends as a result of disclosing their sexual orientation (D'Augelli, 2003). Similarly, a study of bisexual college students found that support from friends and family was predictive of both positive and negative measures of adjustment, including depression and life satisfaction (Sheets & Mohr, 2009). Doty and colleagues (2010) assessed sexuality-related social support from family, sexual minority friends, and heterosexual friends. As expected, sexual minority friends provided the most sexuality-related support, and

heterosexual friends and family members were more likely to provide general support than support for sexuality-related stress. Together, higher levels of all forms of sexuality-related support predicted lower levels of emotional distress and sexuality stress (Doty et al., 2010).

Other research has delineated the effect of friend and family support on LGB youths' well-being. For example, friend support had the strongest positive effect on one's disclosure of his or her sexual orientation, and family support was the strongest predictor of one's self-acceptance of his or her sexual orientation. Both family and friend support were the strongest predictors of well-being (Shilo & Savaya, 2011), indicating both unique and overlapping effects on youths' adjustment.

Although less research has examined the effect of community support on LGBT health and well-being, some previous research has noted the ways in which LGBT youth and adults define *support*, including support at the community level. One qualitative study with LGBT youth in the United States found that youth viewed community support as related to socializing, having access to LGBT-related information, and being introduced into the LGBT community (Nesmith, Burton, & Cosgrove, 1999). Similar to the findings that implicate LGBT community support as essential to outcomes for sexual minorities, access to a supportive community, social events, and sexuality-related information was found to be related to LGBT young people's self-esteem and well-being (e.g., D'Augelli & Hart, 1987). On a related note, access to supportive communities is associated with disclosing one's sexual orientation (D'Augelli et al., 2005; Elizur & Ziv, 2001); LGBT youth and young adults who are not "out" may find it difficult to access supportive communities.

In sum, having supportive family, friends, and communities appears to be related to the health and well-being of LGBT youth in distinct and perhaps overlapping ways. Although family acceptance has clear implications for LGBT well-being, less is known about the unique and concurrent roles of sexuality-related friend and community support. Minimal attention has been paid to the influence of personal characteristics (e.g., race/ethnicity) as relevant factors that may create variability in social support (Ryan et al., 2010). To this end, we assessed the co-occurring forms of social

support and personal characteristics on young adult adjustment for LGBT youth.

THE CURRENT STUDY AND HYPOTHESES

In this study we aimed to explore the protective function of three forms of sexuality-related social support from family, friends, and community on salient measures of positive adolescent development. The following two questions guided our analyses: Does family, friend, and community support (considered individually) have positive associations with LGBT young adult adjustment? Does each form of support remain a significant protective factor when all forms of support are considered jointly? We also assessed the possible mediating effects of gender nonconformity and level of outness to young adults' support networks. Finally, we considered whether there are variations in young adult adjustment due to race/ethnicity, gender, gender identity, and immigrant status.

Given the previous links found between family rejection and negative health consequences (Ryan et al., 2009) and family acceptance and lower health risk in adolescence for sexual minorities (Ryan et al., 2010; Shilo & Savaya, 2011), we expected that family acceptance would be related to positive adjustment in young adulthood. Similarly, we expected social support from friends to have positive implications for young adult adjustment (Sheets & Mohr, 2009; Shilo & Savaya, 2011) that extends beyond the influence of family acceptance (Doty et al., 2010). Despite the little research that has explored the association between LGBT community support, we expected a positive relation with young adult adjustment, as found in early research (e.g., D'Augelli & Hart, 1987; Nesmith et al., 1999).

Each of our central constructs—family acceptance and sexuality-related support from friends and community—may depend in part on the degree to which the LGBT person is out in his or her social network: We expected that being out to family, friends, and others will be positively related to well-being (D'Augelli et al., 2005; Elizur & Ziv, 2001). Family acceptance, however, may mediate the negative impact of being outed by someone else on young adult adjustment given that youth who were outed to their families experienced worse parental relationships (D'Augelli, Grossman, Starks, & Sinclair, 2010). Furthermore, sexuality-related

social support may vary to some degree on the basis of one's gender nonconformity (Landolt, Bartholomew, Saffrey, Oram, & Perlman, 2004).

Finally, our analyses also accounted for ethnicity (White or Latino), immigrant status, and sexual/gender identity because there may be differences in the experiences of sexuality-related social support based on these statuses (Bregman, Malik, Page, Makynen, & Lindahl, 2013; Pearson & Wilkinson, 2013). The current evidence indicates that White young adults report higher levels of family acceptance, on average, compared to Latinos, and immigrants report lower levels than those born in the United States (Ryan et al., 2010). LGBT immigrants may also downplay their ethnic and sexual identity characteristics that identify them as part of marginalized groups; these are struggles that challenge LGBT individuals daily (Heller, 2009; Yoshino, 2006), which may hinder their access to support. Furthermore, research that has examined family acceptance of transgender women of color found that although most women had one ally in their support group, most experienced rejection and hostility (Koken, Bimbi, & Parsons, 2009). As a result, we expected to find similar trends in our data, with Latino, immigrant, and transgender young adults reporting lower levels of young adult adjustment, although the influence of these personal characteristics may diminish when sexuality-related social support is also considered.

METHOD

Sampling and Participants

Our data were drawn from a cross-sectional study entitled the Family Acceptance Project (FAP) that included 245 LGBT Latino and non-Latino White young adults in the United States. Participants were recruited in the San Francisco Bay Area from 249 LGBT-serving organizations within 100 miles of the FAP. Half of the participants were from community, social, and recreational organizations, and half were recruited from area-wide clubs/bars. Preliminary screening procedures through venue-based recruitment and outreach were used to select participants who matched the following five inclusion criteria: (a) were between the ages of 21 and 25; (b) ethnicity identity as Latino, Latino mixed, or non-Latino White; (c) self-identified as LGBT, homosexual, or non-heterosexual

(i.e., queer) during adolescence; (d) out to at least one parent/guardian during adolescence; and (e) resided with at least one parent/guardian during adolescence (at least for part of the time).

Among the young adults in the study, 46.5% identified as male, 44.9% as female, and 8.6% as transgender. The study was designed to include an equal number of Latino (51.4%) and non-Latino White (46.8%) young adults. The mean age was 22.8 years ($SD = 1.4$ years); 70% of participants identified as gay or lesbian, 13% as bisexual, and 17% as an alternative sexual identity (e.g., queer). Participants were given the option to complete the survey online or in person on paper. Survey completion took less than 1 hour, and all procedures were approved by the university's institutional review board (for more information about the FAP, see Ryan et al., 2010).

Measures

Family Acceptance/Support. The Family Acceptance Scale is calculated as the sum of positive family experiences for each item (0 = *never*, 1 = *one or more times*), for a maximum possible total of 55 (see Ryan et al., 2009, 2010). Sample items include the following:

- How often did any of your parents/caregivers talk openly about your sexual orientation?
- How often were your openly LGBT friends invited to join family activities?
- How often did any of your parents/caregivers celebrate or appreciate your clothing or hairstyle, even though it might not have been typical for your gender?
- How often did any of your parents/caregivers bring you to an LGBT youth organization or event?

In addition to this scale, we calculated a categorical indicator of family acceptance for illustrative purposes, dividing the distribution into even thirds.

Friend Support. Participants were asked to retrospectively report about their lives between the ages of 13 and 19, including friendships, quality, and support. Participants reported their total number of close friends and the number of those friends who knew that they were LGBT (percentage of friends who knew that the participant was LGBT is calculated as number of friends who knew divided by total number of friends).

Participants also reported whether they had a gay friend (1 = yes). A scale that measured support from friends who knew that the participant was LGBT was calculated on the basis of three items: (a) "How many of those who knew accepted or supported your being LGBT?" (b) "With how many of those who knew could you communicate frankly about your LGBT-related problems and concerns?" and (c) "How many of those who knew could you trust with your secrets or private information?" (response range: 0 = none to 3 = all of them; $\alpha = .90$).

Community Support. Participants answered a series of questions about their current level of community support. They responded to three questions about their involvement in LGBT events and activities, including their frequency of attending social events, dance clubs, bars, discos, meetings, or educational events at a community center or other place in their community, and reading LGBT magazines, newspapers, websites, books, or other publications or watching LGBT videos or movies (response range: 0 = never to 6 = more than once a week). These three items were not strongly correlated and thus were examined independently.

Young Adult Adjustment and Well-Being. Participants were asked to report their feelings about their current life situation, general self-esteem, and LGBT self-esteem as a way to measure positive adjustment in young adulthood.

Life Situation. Current life situation was assessed with a 10-item scale that included questions about the present: (a) "Do you have the education you need to do the kind of work you want?" (b) "Are you able to save money for your future?" and (c) "Do you have a stable job?" (response range: 0 = definitely no to 3 = definitely yes; $\alpha = .79$).

Self-Esteem and LGBT Esteem. Self-esteem was measured with the 10-item Rosenberg Self-Esteem Scale (Rosenberg, 1965; $\alpha = .88$). Also included was a measure of LGBT self-esteem based on the average of three items modified from Shidlo's (1994) scale: (a) "Whenever I think a lot about being LGBT, I feel critical of myself (reverse coded)"; (b) "I am proud to be a part of the LGBT community"; and (c) "I wish I were heterosexual" (reverse coded; response range: 1 = strongly disagree to 5 = strongly agree; $\alpha = .72$).

Personal Characteristics. Participants self-identified as Latino or non-Latino White (coded 1 and 0, respectively), and we also assessed immigrant status (1 = born outside the United States, 0 = born in the United States) and transgender status (1 = identified as transgender, 0 = did not identify as transgender). We compared youth who identified as bisexual (coded 1 and 0, respectively) or other non-heterosexual identity (including "homosexual" or "other," also coded 1 and 0); the reference group were youth who identified as gay or lesbian. Adolescent gender nonconformity was measured with a single item: "On a scale from 1 to 9, where 1 is extremely feminine and 9 is extremely masculine, how would you describe yourself when you were a teenager (age 13–19)?" The item was reverse coded for males, such that a high score represents gender nonconformity (masculinity for females and femininity for males; see Toomey, Ryan, Diaz, Card, & Russell, 2011). Sexual orientation disclosure status was measured with a four-item scale: Respondents were asked how many people currently know about their sexual orientation for each of the following groups: (a) family, (b) LGBT friends, (c) heterosexual friends, and (d) coworkers or other students (response range: 0 = none to 4 = all; $\alpha = .82$).

Plan of Analysis

We tested ordinary least squares regression models in which (a) family acceptance, (b) friend support, (c) community support, and (d) personal characteristics were individually regressed onto measures of well-being in young adulthood and then combined into a joint model in which all were simultaneously regressed onto well-being measures.

RESULTS

Means, standard deviations, and correlations of measures of sources of support and young adult well-being are shown in Table 1. Regression analyses predicting young adult well-being are presented in Table 2. Column 1 of Table 2 includes models for each group of variables separately: family, friend, and community support, and personal characteristics; column 2 of the table represents full models that include all study variables.

Table 1. *Descriptive Statistics and Correlations of Study Variables*

Variable	1	2	3	4	5	6	7	8	9
1. Life situation	—								
2. Self-esteem	.29*	—							
3. LGBT esteem	.38*	.41*	—						
4. Percentage of friends knew	.18*	.09	.20*	—					
5. Had gay friend	.05	.11	.12	.20*	—				
6. Support from friends about LGBT	.11	.17*	.19*	.05	.36*	—			
7. LGBT events	.11	-.05	.03	.05	-.07	.05	—		
8. LGBT books and magazines	.05	.07	.16*	.09	.09	.10	.27*	—	
9. LGBT bars	.12	-.04	-.05	-.10	-.13*	-.10	.41*	.04	—
<i>M</i>	1.82	2.80	3.44	5.87	0.62	1.95	3.90	3.49	2.36
<i>SD</i>	0.57	0.38	0.57	4.8	0.49	1.01	1.90	1.81	1.44

Note: LGBT = lesbian, gay, bisexual, and transgender.

A number of notable patterns emerged in the associations between personal characteristics and young adult well-being. Males reported higher general self-esteem, but there were no gender differences in satisfaction with current life situation. Males reported higher LGBT esteem (Model 1), but this association was largely explained (in the full model) by social support. Although transgender study participants reported comparable levels of general self-esteem, they reported significantly lower satisfaction with their life situation and lower LGBT-specific self-esteem. There is some evidence that Latino respondents reported lower general self-esteem, but only after controlling for sources of sexuality-specific support. Conversely, Latino youth reported higher LGBT esteem (Model 1), but when social support (Model 2) was considered the positive association between Latino identity and LGBT esteem was no longer significant. Contrary to our hypothesis and previous research, we did not find differences in adjustment based on immigrant status. Although gender nonconformity was not strongly associated with these indicators of positive young adult well-being (with the exception of LGBT esteem), being out to more people in one's social network was one of the strongest associations with a positive current life situation and LGBT esteem.

Regarding sexuality-specific sources of support, family acceptance during adolescence has consistently been shown to have strong associations with each indicator of young adult well-being; it typically is the strongest association in comparison to other forms of sexuality-related social support. We found that

family acceptance was independently linked to higher levels of life situation, LGBT esteem, and self-esteem for LGBT young adults. In addition, family acceptance remained significantly associated with adjustment when we included friend and community support variables such as having a high percentage of friends who knew about LGBT status.

Participants who had higher percentages of friends who knew about their sexual orientation or gender identity during adolescence reported higher scores on the life situation and LGBT esteem measures. The strengths of these associations were partly mediated by family acceptance and personal characteristics. Although having a gay friend did not have implications for positive young adult adjustment in this sample, feeling supported by friends related to being LGBT was associated with positive adjustment across all indicators, although this association was mediated in the full model.

Finally, attending LGBT events and going to LGBT bars was unassociated with young adult well-being; reading LGBT-themed books was, however, associated with positive LGBT esteem (until the full model was taken into consideration).

DISCUSSION

Our study provides further evidence that social support is an important protective factor for the well-being of LGBT youth. Sexuality-related support from family, friends, and the community often has unique and overlapping contributions for young adult adjustment. Whereas most prior studies of LGBT health have focused on

Table 2. *Social Support and Personal Characteristics Predicting Lesbian, Gay, Bisexual, and Transgender (LGBT) Adjustment*

Predictor	Life situation		Self-esteem		LGBT esteem	
	1	2	1	2	1	2
Family acceptance	.29***	.23***	.38***	.34***	.36***	.20**
Adjusted R^2	.08		.14		.13	
Friend support						
Percentage of friends who knew	.18**	.14*	.07	.05	.19**	.10 [†]
Had a gay friend	-.05	-.03	.03	-.01	.01	-.00
Support from friends about LGBT	.13*	.06	.15*	.11 [†]	.17*	.06
Adjusted R^2	.03		.02		.06	
Community support						
LGBT events	.07	.03	-.06	-.08	.01	-.03
LGBT books and magazines	.01	-.03	.08	.05	.16*	.08
LGBT bars	.08	.11	-.02	.06	-.07	-.01
Adjusted R^2	.01		-.00		.02	
Personal characteristics						
Male	.07	.10	.19**	.17**	.13*	.11 [†]
Transgender	-.20**	-.17*	.03	.06	-.23***	-.22**
Bisexual	.06	.04	-.02	-.07	.09	.06
Other sexual identity	-.04	-.06	-.08	-.10	.04	.01
Latino	-.02	-.04	-.11	-.15*	.13*	.09
Immigrant	.10	.10	-.10	-.07	-.09	-.07
Gender nonconformity	-.09	-.04	-.03	.02	-.13*	-.09
Out to most family, friends, others	.34***	.24***	.15*	.05	.31***	.24***
Adjusted R^2	.14		.05		.12	

Note: Table values are ordinary least squares regression standardized estimates. Column 1 includes models for each group of variables separately: family, friend, and community support, and personal characteristics; Column 2 represents full models that include all study variables.

[†] $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$.

negative indicators of adjustment, our results point to potential differences in positive compared to negative outcomes, and we consider the concurrent influences of personal characteristics (e.g., race/ethnicity, gender nonconformity) that may interact with three distinct forms of sexuality-related social support.

In this sample, family acceptance during the teenage years was the only form of support that significantly predicted all measures of young adult adjustment, and it remained a significant factor when other salient forms of support from friends and the community were considered. The salience of family acceptance corroborates previous literature (e.g., Ryan et al., 2009, 2010) and aligns with family systems and attachment theories (Rothbaum, Rosen, Ujiiie, & Uchida, 2002), which emphasize the importance and long-lasting influence of familial support (Stevenson-Hinde, 1990). The need for family

support and its implications holds true for all adolescents regardless of sexual or gender identity (Holtzen, Kenny, & Mahalik, 1995). As a result, our study adds to the growing body of evidence (Doty et al., 2010; Doty & Brian, 2010; Ryan et al., 2009, 2010) that family support, both general and sexuality specific, is a crucial factor in LGBT youth's health and well-being.

Sexuality-related social support from friends during adolescence was also an important factor for young adults' well-being. Two variables were most relevant in predicting adjustment: (a) the percentage of friends who knew about participants' sexual or gender identity and (b) support related to being LGBT from friends. The presence of a network of friends to whom youth can be out has been linked to measures of health and well-being (Doty & Brian, 2010; Elizur & Ziv, 2001); similar to family acceptance (regarding LGBT status), being out to friends typically

assumes a level of perceived safety on behalf of the LGBT youth. Without that level of safety it is unlikely the young person would have come out to his or her peers (Lasser & Tharinger, 2003). In addition, when LGBT youth have a large percentage of friends who know about their sexual or gender identity there may be less of a need to manage one's identity, which is linked to reduced stress (Meyer, 2003). Although friendship support is clearly associated with positive well-being in young adulthood, it appears that family acceptance has a stronger overall influence when other forms of support are considered jointly.

We had conceptualized a number of factors as dimensions of support from the LGBT community, yet the only positive association was that participants who reported reading LGBT books and magazines also reported higher LGBT-specific self-esteem. Such readings may create an affinity with the larger LGBT community, yet the other two measures—going to LGBT events and bars—seem to have more to do with community affiliation than reading LGBT materials, and neither was associated with positive young adult well-being. It may be that seeking out and reading LGBT materials may have less to do with community support and more to do with personality and identity. Given the need for health promotion among LGBT people, and the potential role that community organizations and resources may play in providing sexuality-specific support, these findings merit further investigation.

Our findings also demonstrate potential differences for Latino and immigrant youth. Although we did not see differences in young adult adjustment for immigrant youth, Latino youth did initially report lower self-esteem when considering the concurrent influence of social support. This conflicts with the finding that LGBT esteem was higher for Latino participants when race/ethnicity was considered as an individual predictor, but when it was considered in conjunction with social support the influence of Latino identity diminished. This suggests that there are some interactions with race/ethnicity and sexuality-related support, as indicated in past research (Ryan et al., 2010). We may have been capturing the influence of low sexuality-related social support in the model assessing Latino participants' self-esteem and high sexuality-related social support in regard to LGBT esteem. In other words, if Latino youth

are rejected because of their sexuality or gender identity, feelings of self-worth will also decline, and when they experience positive support, implications due to racial/ethnic identity on LGBT esteem are outweighed by that support. It is also possible there are some interactions among race/ethnicity, immigrant status, and level of outness that were not captured in our current analysis. Being out to family, friends, and peers significantly predicted adjustment outcomes, in particular life situation and LGBT esteem, although its influence on self-esteem was mediated by sexuality-related social support. There also is evidence to suggest that LGB people of color are less likely to come out to their parents (regardless of age) compared to their White peers (Groves, Bimbi, Nanin, & Parsons, 2006). Thus, further investigation is needed to unpack the nuances of the coming out process and how factors such as race/ethnicity and immigrant status may make coming out and receiving support more challenging for LGBT youth of color, which in turn could have implications for health and well-being.

We also found differences in adjustment for transgender and gender-nonconforming youth. For instance, transgender participants reported less positive adjustment, at least in terms of satisfaction with current life situation and LGBT-related self-esteem. Although gender nonconformity has been linked with multiple indicators of negative adjustment for LGBT youth (e.g., D'Augelli, Grossman, & Starks, 2006), we found no strong links to these indicators of positive young adult well-being. In future research it will be important to understand whether disparities among LGBT populations, or the role of risk and protective factors, differ for positive compared to negative indicators of health and well-being.

IMPLICATIONS/FUTURE DIRECTIONS

Our study adds to the growing body of research on the relation between forms of social support and LGBT health and well-being (e.g., Doty & Brian, 2010; Ryan et al., 2009, 2010; Shilo & Savaya, 2011). We extended this literature to explore the implications of community support as well as the unique and co-occurring influence of multiple forms of social support for LGBT young people. These findings have several implications for intervention/prevention efforts and offer guideposts for future research.

First, given the salience and dominance of family acceptance on young adult adjustment, efforts to educate parents and families about how to be supportive of their LGBT child are warranted. Family intervention efforts, particularly in religiously conservative families, have yielded positive results (Ryan & Chen-Hayes, 2013; Ryan & Rees, 2012) and could serve as models for intervention efforts with other social supports.

Independent of families is the potentially supportive role of friends. Although school-based support was not assessed in this study, we do know that schools are ripe for these efforts and can implement several strategies to support LGBT youth, including teaching LGBT-inclusive curricula and training teachers and school providers to model support for LGBT students (Fletcher & Russell, 2001; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011; Ryan & Chen-Hayes, 2013; Snapp, Burdge, Licona, Moody, & Russell, in press; Toomey et al., 2011). Similarly, schools can sponsor peer-based groups (e.g., Gay–Straight Alliances) where youth can openly discuss their experiences and LGBT youth can receive peer support. Given that many youth and young adults interact with their friends at school, creating a school climate that is supportive of LGBT students may bolster sexuality-related social support from friends.

Although our research has identified the importance of these forms of sexuality-specific support on LGBT young adult adjustment, future research could further examine the dynamics in each of these support systems and look at cross-support interactions (see Heatherington & Lavner, 2008, for a discussion of the conceptual model). For example, how might sibling support operate in conjunction with family support, and how do these levels of support interplay with the general well-being of each unit in the family system? How might friendships and community resources support positive development for LGBT young people? And how can the social supports that we examined in this study be promoted in community-based organizations and schools in order to promote LGBT youth well-being? Finally, not assessed in our study was the role of online social support, which could be conceptually viewed as community support. Recent evidence has indicated that same-sex-attracted youth (ages 16–24) sought out online communities for social support

(Baams, Jonas, Utz, Bos, & van der Vuurst, 2011), and online social support has historically been vital to the LGBT community, in particular to end the silence associated with the AIDS epidemic and consistent bias-based harassment and victimization (Peterson, 2009).

Future work should also take note of the limitations of the current study. Its design was limited to the Bay Area of California. Although we expect that the mechanisms of social support would promote well-being similarly for LGBT youth and young adults in general, the experiences of this sample may be distinct from LGBTs in other parts of the United States or world. The study had a retrospective cross-sectional design; longitudinal studies that follow samples of LGBT people from youth into young adulthood would allow for a clearer understanding of the degree to which these forms of social support promote well-being over the long term. Furthermore, although our study included a nearly equal sample of Latino and non-Latino White LGBT young adults, we are limited in our ability to generalize our findings to other racial/ethnic minority groups. Also, research on LGBT young people must consider the fact that many LGBT people have multiple intersecting identities; within the field there is promising emergent work on transgender people of color and LGBT people of color (e.g., Koken et al., 2009), and deliberate attention to our study designs and recruitment tactics would help support this dearth of research.

The need for enhanced social resources in the form of social support is evident and can explain disparities in mental health for LGBT youth (Hsieh, 2014). Enhancing supportive networks for LGBT young people is a low-cost strategy with high payoffs that will have lasting benefits for long-term health and well-being.

NOTE

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