



The interplay of familial warmth and LGBTQ+ specific family rejection on LGBTQ+ adolescents' self-esteem

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ABSTRACT

Introduction: Our study sought to assess the interplay of family dynamics, namely familial warmth and LGBTQ + specific rejection, and its association to self-esteem in a non-probabilistic sample of LGBTQ + adolescents in the United States.

Methods: Stratified by (1) cisgender and (2) transgender and non-binary LGBTQ + adolescents ($N = 8774$), we tested multivariable regression analyses to assess the association between familial warmth and LGBTQ + specific family rejection, adjusted for sociodemographic characteristics. We then conducted a sub-analysis with LGBTQ + adolescents who reported being out to any family member about their LGBTQ + identity; specifically, we tested a series of multivariable regression models to assess whether levels of LGBTQ + specific family rejection attenuated the association between familial warmth and self-esteem.

Results: Full sample models indicated a positive association between familial warmth and self-esteem. Findings from our sub-analysis indicated that familial warmth remained positively linked to self-esteem and family rejection was negatively associated with self-esteem. Family rejection was a statistically significant moderator, attenuating the association between familial warmth and self-esteem. With respect to being out about one's sexual orientation, these findings were robust across gender stratification groups.

Conclusions: Families of origin serve as sources of stress and resilience for LGBTQ + adolescents. Our findings contribute support to arguments that familial warmth and LGBTQ + specific rejection are not mutually-exclusive experiences among LGBTQ + adolescents. We provide recommendations for multilevel interventions to leverage activities that support positive family dynamics and self-esteem among LGBTQ + adolescents.

1. Introduction

Prior studies offer substantial insight into the role that families of origin have in nurturing adolescents' well-being (Boudreault-Bouchard et al., 2013; Juffer & van IJzendoorn, 2007). For many adolescents, families function as sources of social stress,

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support, and resilience (Soler, Caldwell, Córdova, Harper, & Bauermeister, 2018). Families impart and reinforce cultural values, beliefs, insights, and expectations about how to behave or cope in social contexts (Dirks, Persram, Recchia, & Howe, 2015; Mossakowski, 2013; Toomey & Richardson, 2009). Moreover, family closeness is health-protective for adolescents' mental health. For example, familial warmth, which includes perceived closeness and enacted expressions of love and affection, is positively associated with adolescents' psychosocial adjustment and behavioral regulation skills (Coulter et al., 2019; Harper, Padilla-Walker, & Jensen, 2014; Kopak, Chen, Haas, & Gillmore, 2013; Myerberg, Rabinowitz, Reynolds, & Drabick, 2019; Youngblade et al., 2007; Zhou et al., 2002).

Cultivating healthy family relationships is especially important for sexual and gender diverse (i.e., lesbian, gay, bisexual, transgender, queer, and other who self-identify outside of being cisgender or heterosexual; LGBTQ+; Kosciw, Bartkiewicz, & Greytak, 2012) adolescents, as younger generations are disclosing their LGBTQ + identities to family members at earlier ages compared to older generations (Dunlap, 2016; Martos, Nezhad, & Meyer, 2015). Pervasive hetero- and cis-normative community beliefs elicit varied reactions when LGBTQ + people come out to their families. Reactions to coming out often vary across family members (e.g., caregivers versus siblings); however, researchers have given the most attention to parent-child relationships (Watson, Grossman, & Russell, 2019). Adolescents frequently depend on their parents for basic needs, including emotional support, which is linked to developing a positive self-esteem (Harris et al., 2015; Lo Cricchio, Costa, & Liga, 2020; Oshri, Carlson, Kwon, Zeichner, & Wickrama, 2017; Watson, Grossman, & Russell, 2019).

Adolescents' LGBTQ + identity disclosure poses challenges for the ways in which their families communicate and express warmth toward one another (Denes & Affi, 2014; Flores, Meanley, Wood, & Bauermeister, 2020; Haxhe, Cerezo, Bergfeld, & Walloch, 2018; Huebner, Roche, & Rith, 2019; Jadwin-Cakmak, Pingel, Harper, & Bauermeister, 2015; Pariseau et al., 2019). LGBTQ + adolescents may find themselves in loving, accepting, and supportive family contexts (Zavala & Waters, 2020). On the other hand, some adolescents may experience complete rejection and abandonment or are met with violent reactions upon LGBTQ + identity disclosure (Sterzing, Fisher, & Gartner, 2018). Qualitative studies have underscored the complexity in how families navigate acceptance and rejection of LGBTQ + family members. In many cases, LGBTQ + adolescents described how some family members express unconditional love despite non-accepting beliefs about the LGBTQ + community (Bucher, 2014; Drumm, Sedlacek, VanderWaal, Trecartin, & Carbonell, 2020; Freedman, 2008; Sansfaçon et al., 2019). Reactions to LGBTQ + identity disclosure are often influenced by beliefs about sexual and gender diversity as well as by cultural beliefs (e.g., religious or generational traditions) about family structure or function (Drumm et al., 2020; Gattamorta, Salerno, & Quidley-Rodriguez, 2019; Joseph & Cranney, 2017; Klein, Holtby, Cook, & Travers, 2015; Price & Prosek, 2020). Negative coming-out experiences within family contexts may have a detrimental impact on LGBTQ adolescents' psychosocial adjustment and development.

A critical area of psychosocial adjustment and development in adolescence is experiences of self-esteem. Self-esteem reflects how people evaluate their own personality, skills and accomplishments, economic standing, social belonging, and self-worth (Kiraz & Ersoy, 2018; Kiviruusu, Huurre, Aro, Marttunen, & Haukkala, 2015; Lee & Allen, 2020; Soto-Sanz et al., 2019). Though limited data exists for transgender and nonbinary people, disparities in low self-esteem disproportionately affect sexual minority men and women compared to their heterosexual counterparts (Bridge, Smith, & Rimes, 2019). Generally, self-esteem increases at stable rates across adolescence and into middle adulthood and has important health implications (Orth, 2017; Wagner, Lüdtke, & Trautwein, 2015). Low self-esteem in adolescence is linked to adverse social (e.g., diminished academic achievement and risk orientation; Jackman & MacPhee, 2017; Magnusson & Nermo, 2018), behavioral (e.g., drug use, condomless sex, and suicide attempts; Broman, Miller, & Jackson, 2015; Moilanen, 2015; Oshri et al., 2017; Soto-Sanz et al., 2019; Ybarra, Mitchell, Kosciw, & Korchmaros, 2015), and health outcomes (e.g., depression; Grue, Allemand, Robins, & Fend, 2014; Masselink, Van Roekel, & Oldehinkel, 2018; Orth, Robins, & Widaman, 2011); therefore, it is critical to foster positive self-esteem development beginning in adolescence.

Families, especially parents, play a major role in adolescents' self-esteem development since these contexts are commonly where important identities and associated roles begin to take shape (Marriage and Family Encyclopedia, 2021). Adolescents frequently look to family units for mentorship on acceptable ways to behave in family, social, and community contexts. Peoples' self-esteem is often influenced by feelings of belonging and how they believe they are perceived by others within their social networks (Ferris, Lian, Brown, & Morrison, 2015; Reitzes & Mutran, 2006). Deviations from social and cultural norms may challenge adolescents' family relationships and threaten one's sense of belongingness. Social exclusion (e.g., stigma and discrimination) in adolescence is of high relevance for LGBTQ + peoples' self-esteem. Social stigma at the intersection of gender and sexuality contributes to mental health disparities that disproportionately burden LGBTQ + adolescents compared to their cisgender, heterosexual counterparts (Burton, Marshal, Chisolm, Sucato, & Friedman, 2013; Russell & Fish, 2016). Prior studies have observed the distinct positive familial factors (e.g., acceptance, support, and affirmation) that confer benefits and the negative familial factors (e.g., family rejection) that are detrimental to LGBTQ + adolescents' health (Parker et al., 2018). As LGBTQ + adolescents begin to explore their sexual orientations and gender identities, many face navigating self-acceptance while becoming more aware of their marginalized statuses (Link, Wells, Phelan, & Yang, 2015). LGBTQ + adolescents' self-esteem become threatened when socializing in spaces, including within family contexts, that reinforce cis-normative and heteronormative beliefs (Sang et al., 2020; Tan, Treharne, Ellis, Schmidt, & Veale, 2020; Wilkinson & Pearson, 2009).

Prior studies offer robust support for the roles of familial warmth and acceptance in behavioral and psychosocial adjustment among LGBTQ + young adults (Coulter et al., 2019; Feinstein, Wadsworth, Davila, & Goldfried, 2014; Lawson, Scroggs, & Vennum, 2019; McConnell, Birkett, & Mustanski, 2015; Parra, Bell, Benibgui, Helm, & Hastings, 2017; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Snapp, Watson, Russell, Diaz, & Ryan, 2015). Yet, there has been less research on how familial warmth shapes LGBTQ + adolescents' self-esteem. The need to examine the interplay between familial warmth and LGBTQ + specific rejection in adolescence is fourfold. First, researchers have argued that familial warmth and LGBTQ + family rejection are not mutually exclusive experiences (Bucher,

2014; Drumm et al., 2020; Freedman, 2008; Sansfaçon et al., 2019). Second, self-esteem during adolescence has an impact on health across the lifespan; therefore, promoting self-esteem during adolescence has the potential to improve later psychosocial functioning (Fredriksen-Goldsen et al., 2014; Orth, 2017; Perales, 2015). Third, high levels of family dependence that characterize adolescence underscores this population's limited autonomy in seeking affirming resources outside of their close networks upon coming out as LGBTQ+ (Curtis, 2015; Needham & Austin, 2010; Parra et al., 2017). Insight into the interplay of these factors may assist health experts counsel family members toward fostering interpersonal dynamics that support LGBTQ + adolescents' self-esteem (Morton & Montgomery, 2013; Newcomb et al., 2019). Fourth, family dynamics and their potential effects on LGBTQ + adolescents' well-being may serve as a barometer for the current sociocultural climate as it pertains to LGBTQ + acceptance in the United States, especially when observed on a national scale. Support for LGBTQ + non-discriminatory policies is continuing to rise, reflecting increasingly favorable attitudes toward the LGBTQ + community in the United States (Fetner, 2016). Yet, these statistics mask variations in attitudes toward segments of the LGBTQ + community, like transgender and nonbinary people, who have been at the center of ongoing public discourse around *trans*-specific anti-discriminatory policies (e.g., military service; public bathroom use; Lewis et al., 2017; Santiago, 2017; Stones, 2017). Family dynamics may begin to inform how attitudes toward the LGBTQ community are translated at a critical, interpersonal level.

1.1. Study objectives

We applied an integrated theoretical approach to examine LGBTQ + adolescents' perceived family dynamics', specifically familial warmth and LGBTQ + specific rejection, association to self-esteem (Baams, Grossman, & Russell, 2015; Meyer, 2016; Soler et al., 2018; Zimmerman et al., 2013). Minority stress theory posits that mental health disparities that burden LGBTQ + communities are in part, attributed to pervasive, daily stressors uniquely experienced because of their perceived or actual LGBTQ + identities (Meyer, 2016). Additionally, resilience theory offers a framework to assess the interplay between risk and health-promotive factors as they contribute to desired health outcomes (Meyer, 2015; Zimmerman et al., 2013). Our study was guided by the following hypotheses:

1. Familial warmth will be positively associated with LGBTQ + adolescents' self-esteem.
2. Among LGBTQ + adolescents who have disclosed their sexual orientation and gender identity, respectively, LGBTQ + specific family rejection will be negatively associated with self-esteem.
3. LGBTQ + specific family rejection will buffer the association that familial warmth has with adolescents' self-esteem.

Recognizing the added complexity of navigating sexual orientation and gender identity disclosure in *cis*-normative family contexts among transgender and gender nonbinary adolescents (Jimenez, 2020; Pariseau et al., 2019), we sought to test our hypotheses stratified by: (1) cisgender and (2) transgender and nonbinary participants.

2. Methods

2.1. Procedures

We conducted a secondary data analysis from the *LGBTQ + National Teen Survey* (collected April and December 2017). The *LGBTQ + National Teen Survey* was a web-based study conducted by researchers at the University of Connecticut, in partnership with the Human Rights Campaign (HRC), that aimed to explore the socio-behavioral health needs of LGBTQ + adolescents in the United States (Watson, Wheldon, & Puhl, 2020). Adolescents could participate if they were 13–17 years old, able to comprehend English, lived in the United States, and self-identified as lesbian, gay, bisexual, transgender, gender nonbinary, gender non-conforming, queer, or questioning. Recruitment occurred over multiple social media platforms, including Twitter, Facebook, Instagram, Reddit, and Snapchat with the assistance of social media influencers, and via HRC's national community partnerships. Upon clicking on recruitment ads, prospective participants were directed to a webpage where they were screened, briefed about the study's contents, and informed that their participation would be anonymous and voluntary. Eligible participants who provided assent were permitted to complete the survey. A parental waiver of consent was granted by the University of Connecticut Institutional Review Board (IRB).

The survey was designed to preemptively thwart fraudulent (e.g., ineligible) cases, including bots, from completing the survey through a multi-step consent and sorting process. This included a response tree protocol that diverted those participants who were ineligible by age or country of residence. Survey data underwent a post hoc mischievous responder's sensitivity analysis (i.e., non-LGBTQ + youth who instead provided misleading or extreme values on multiple questions; Robinson-Cimpian, 2014) with responses from eligible participants who completed at least 10% of the survey to screen and remove fraudulent cases. Lastly, researchers evaluated open-ended responses on screener items and deleted suspicious entries not previously captured by the screening process (e.g., selecting "other" categories and specified themselves with an alias such as Donald Trump or used expletives in reporting their gender identity). Duplicate surveys were also deleted. Participants with legitimately deemed responses were incentivized with an HRC wristband and an optional lottery drawing for an Amazon gift card. All study procedures were approved by the IRB.

2.2. Measures

2.2.1. Self-esteem

The Rosenberg Self-Esteem Scale (Rosenberg, 1965) consists of 18 items that assess individuals' endorsements of positive

self-evaluations (e.g., “I take a positive attitude toward myself”) and scored on a four-point Likert scale (0: Strongly disagree; 3: Strongly Agree). All negatively-worded items were reverse-coded. The scale exhibited high internal consistency for cisgender (Cronbach’s alpha = 0.92) and transgender/nonbinary participants (Cronbach’s alpha = 0.90). We computed sum scores (range: 0–54) with higher scores reflecting higher levels of self-esteem.

2.2.2. Familial warmth

Participants rated their agreement on three items from the Perceived Social Support from Family scale (Procidano & Heller, 1983) assessing familial warmth: “Your family cares about your feelings;” “Your family has lots of fun together;” and “Your family pays attention to you” (0: Strongly disagree; 4: Strongly agree). The scale exhibited high internal consistency for cisgender (Cronbach’s alpha = 0.85) and transgender/nonbinary participants (Cronbach’s alpha = 0.83). We computed sum scores (range: 0–12) with higher scores indicating higher levels of familial warmth.

2.2.3. LGBTQ + specific family rejection

Participants rated eight items on the frequency of family rejection attributed to their LGBTQ + identity (e.g., “Say negative comments about you being an LGBTQ person;” Miller, Watson, & Eisenberg, 2010). Items were rated on a four-point Likert scale (0: Never; 3: Often) and positively-worded items were reverse coded. The scale exhibited high internal consistency for cisgender (Cronbach’s alpha = 0.82) and transgender/nonbinary participants (Cronbach’s alpha = 0.84). Item responses were summed (range: 0–24) with higher scores suggesting higher levels of LGBTQ-related family rejection.

2.2.4. Family outness

All participants reported whether any of the following groups knew or were aware of their sexual orientation: parents, siblings, grandparents. Transgender and nonbinary participants were asked the same item about their gender identity. Participants who indicated at least one of these groups were coded as *no outness to family* or *any outness to family*.

2.2.5. Covariates

Participants self-reported their age, race/ethnicity (non-Hispanic White, Black or African American, American Indian or Alaskan Native, Asian or Pacific Islander, Latino, Hispanic, or Mexican-American, and Other Race), gender identity (cisgender male, cisgender female, transgender male, transgender female, transmasculine nonbinary, and transfeminine nonbinary), sexual orientation (gay or lesbian, bisexual, straight, queer, pansexual, asexual, questioning, and other sexual orientation), state of residence, and the religion they were raised in (if any; Protestant Christian, Roman Catholic, Mormon/Latter Day Saints, Orthodox Christian, Jewish, Muslim, Buddhist, Hindu, Atheist/Agnostic/Secular, Nothing in particular, Something else, and Multiple/Interfaith). We used parents’ or primary caregiver’s highest level (less than high school, high school education, some college, college graduation, and postgraduate study) of education as a proxy for socioeconomic status. We used the highest education level between parents or primary caregivers for participants with more than one parent or caregiver. We collapsed categories for race/ethnicity (non-Hispanic White, non-Hispanic Black, Hispanic/Latinx, and Other Race), sexual orientation (gay or lesbian, bisexual, pansexual, and other sexual orientation), parents’ educational attainment (less than a college degree; college degree or higher), and religion (Non-religious/secular, Christianity, non-Christian religion, and Interfaith), given small cell sizes (categories with less than 5%) and to maximize adequate statistical power. Participants’ states of residence were recoded into geographic regions: Northeast, Midwest, South, or West.

2.3. Data analysis

The LGBTQ + *National Teen Survey*’s total analytic sample was 17,112 LGBTQ + adolescents in the United States. We included participants who completed the entire survey, had non-missing sociodemographic characteristics, and those who provided responses for all scale items (55.3%). We performed person-mean imputation as a recommended practice to minimize missing data in cross-sectional studies with participants who provided at least 50% of responses to each scales’ items, adding an additional 3% of the total analytic sample (Hawthorne & Elliott, 2005). Our final analytic sample was 8774 LGBTQ + adolescents. All analyses were stratified to examine the unique experiences of cisgender ($n = 6085$; 69.4%) and transgender/nonbinary adolescents ($n = 2689$; 30.6%).

Upon generating descriptive accounts of participant characteristics, we assessed bivariate associations (Pearson’s correlations, t -tests, ANOVAs) in SPSS version 27.0 (IBM Corp Released, 2020) to evaluate differences in self-esteem by sociodemographic characteristics and family factors. To test our first hypothesis, we computed multivariable linear regression models to examine the associations that familial warmth and levels of outness to families have with self-esteem, adjusted for sociodemographic characteristics (second hypothesis) and stratified by gender groups. Multivariable models included all covariates based on bivariate statistical significance ($p < .05$) and theoretical relevance outlined in prior literature (Kosciw, Gretak, & Diaz, 2009; Ybarra et al., 2015).

To assess our second and third hypotheses, we examined the interaction between familial warmth and LGBTQ + specific family rejection among cisgender participants who reported any outness to family about their sexual orientation, transgender and nonbinary participants who reported any outness about their sexual orientation, and transgender and nonbinary participants who reported any outness about their gender identity, respectively. For each subset, we computed a main effects model to examine the independent associations that familial warmth and LGBTQ + identity family rejection have with self-esteem and a subsequent model to test whether rejection moderated the association between familial warmth and self-esteem. We conducted simple slopes analyses based on family rejection tertile scores (lower, middle, and higher) for significant interaction terms.

3. Results

3.1. Participant characteristics

Participant characteristics are presented in detail in Table 1. Notably, most cisgender participants (76.4%) reported being out to any family members about their sexual orientation. Over half of transgender and nonbinary participants reported that they were out to any family members about their sexual orientation (89.1%) and their transgender/nonbinary identity (66.7%), respectively. Irrespective of gender identity (cisgender versus transgender or nonbinary), participants on average reported moderate levels of familial warmth, LGBTQ + specific family rejection, and self-esteem.

3.2. Multivariable models: are familial warmth and LGBTQ + family outness associated with LGBTQ + adolescents' self-esteem?

Among cisgender adolescents (Table 2), levels of family outness and familial warmth were positively associated with self-esteem, respectively, after adjusting for sociodemographic characteristics ($R^2 = 0.26$; $F_{17,6067} = 123.89$, $p < .001$). These patterns re-emerged in the multivariable model for transgender and nonbinary participants as well, after adjusting for sociodemographic characteristics ($R^2 = 0.23$; $F_{20,2668} = 38.70$, $p < .001$).

Table 1
Participant demographic characteristics.

Variable	Cisgender Participants $N = 6085$		Transgender and Nonbinary Participants $N = 2689$	
	m (sd)	n (%)	m (sd)	n (%)
Age	15.68 (1.22)		15.54 (1.28)	
Race and Ethnicity				
Non-Hispanic White		4029 (66.2)		1875 (69.7)
Non-Hispanic Black		291 (4.8)		79 (2.9)
Hispanic/Latinx		652 (10.7)		187 (7.0)
Other		1113 (18.3)		548 (20.4)
Gender Identity				
Cisgender Male		1969 (32.4)		–
Cisgender Female		4116 (67.6)		–
Transgender Male		–		602 (22.4)
Transgender Female		–		76 (2.8)
Transmasculine Nonbinary		–		1824 (67.8)
Transfeminine Nonbinary		–		187 (7.0)
Sexual Orientation				
Gay or Lesbian		2705 (44.5)		640 (23.8)
Bisexual		2392 (39.3)		672 (25.0)
Pansexual		471 (7.7)		685 (25.5)
Other		517 (8.5)		692 (25.7)
Parent Highest Level of Education				
Less than College Degree		1296 (21.3)		617 (22.9)
College Degree or Higher		4789 (78.7)		2072 (77.1)
Religion Raised In				
No Religion/Secular		1220 (20.0)		623 (23.2)
Christianity		3375 (55.5)		1210 (45.0)
Non-Christian Religion		435 (7.1)		192 (7.1)
Interfaith		1055 (17.3)		664 (24.7)
Geographic Region				
Northeast		1116 (18.3)		537 (20.0)
Midwest		1415 (23.3)		640 (23.8)
South		2212 (36.4)		936 (34.8)
West		1342 (22.1)		576 (21.4)
Outness to Family – Sexual Orientation				
None		1437 (23.6)		294 (10.9)
Any		4648 (76.4)		2395 (89.1)
Outness to Family – Gender Identity				
None		–		895 (33.3)
Any		–		1794 (66.7)
Familial Warmth	7.80 (2.89)		6.65 (2.99)	
LGBTQ + Specific Family Rejection*	11.85 (5.95)		13.06 (6.50)	
Self-Esteem	28.95 (9.67)		22.83 (8.96)	

Note. *Items offered to participants who reported being out to any family member (Cisgender: $n = 3533$; Transgender and Nonbinary: $n = 1935$).

Table 2
Multivariable linear regression models assessing the association of family warmth on self-esteem in LGBTQ + adolescents.

Variable	Cisgender Participants N = 6085			Transgender and Nonbinary Participants N = 2689		
	b (se)	β	P	b (se)	β	p
Intercept	12.01 (1.51)		<.001	6.44 (2.04)		.002
Age	0.49 (0.09)	0.06	<.001	0.49 (0.12)	0.07	<.001
Race and Ethnicity						
Non-Hispanic White	REF			REF		
Non-Hispanic Black	1.66 (0.51)	0.04	.001	1.99 (0.92)	0.04	.029
Hispanic/Latinx	1.25 (0.37)	0.04	.001	-0.05 (0.62)	-0.01	.941
Other	0.33 (0.29)	0.01	.258	-0.12 (0.39)	-0.01	.767
Gender Identity						
Cisgender Male	REF			-	-	-
Cisgender Female	-2.64 (0.25)	-0.13	<.001	-	-	-
Transgender Male	-	-	-	REF		
Transgender Female	-	-	-	1.11 (0.97)	0.02	.253
Transmasculine Nonbinary	-	-	-	0.48 (0.39)	0.03	.212
Transfeminine Nonbinary	-	-	-	3.09 (0.69)	0.09	<.001
Sexual Orientation						
Gay or Lesbian	REF			REF		
Bisexual	-1.37 (0.25)	-0.07	<.001	0.19 (0.44)	0.01	.662
Pansexual	-1.82 (0.43)	-0.05	<.001	-0.74 (0.44)	-0.04	.093
Other	-2.22 (0.42)	-0.06	<.001	-0.17 (0.37)	-0.01	.696
Religion Raised In						
No Religion/Secular	REF			REF		
Christianity	-0.83 (0.29)	-0.04	.004	0.32 (0.40)	0.02	.432
Non-Christian Religion	-0.73 (0.47)	-0.02	.122	1.18 (0.66)	0.03	.074
Interfaith	-0.99 (0.35)	-0.04	.005	-0.07 (0.43)	-0.01	.873
Parent Educational Attainment						
Less than College Degree	REF			REF		
College Grad (2 or 4-Year) or Higher	0.44 (0.27)	0.02	.108	0.30 (0.37)	.01	.431
Geographic Location						
Northeast	REF			REF		
Midwest	0.13 (0.34)	0.01	.711	-0.82 (0.47)	-0.04	.079
South	-0.02 (0.31)	-0.01	.942	-0.64 (0.43)	-0.03	.143
West	0.02 (0.34)	0.01	.947	-1.45 (0.48)	-0.07	.003
Out to Any Family, Sexual Orientation	0.11 (0.26)	0.01	.683	0.30 (0.52)	0.01	.571
Out to Any Family, Gender Identity	-	-	-	-0.51 (0.35)	-0.03	.149
Familial Warmth	1.53 (0.04)	0.46	<.001	1.31 (0.05)	0.44	<.001

3.3. Multivariable models: does LGBTQ + family rejection moderate the association of familial warmth on LGBTQ + adolescents' self-esteem?

Cisgender participants. In the main effects model (Table 3) for participants who reported any outness to family members about their sexual orientation ($R^2 = 0.28$; $F_{17,3515} = 79.03$, $p < .001$), familial warmth were independently and positively associated with self-esteem scores after adjusting for sociodemographic characteristics. Additionally, family rejection was negatively associated with self-esteem. In the moderation model ($R^2 = 0.28$; $F_{18,3514} = 75.76$, $p < .001$), familial warmth remained positively associated, and family rejection remained negatively associated, with LGBTQ adolescents' self-esteem after adjusting for sociodemographic characteristics. We observed LGBTQ-specific family rejection as a statistically significant moderator of the association between familial warmth and self-esteem (Fig. 1a). LGBTQ + specific family rejection buffered the positive association that familial warmth has with cisgender participants' self-esteem. A simple slopes analysis indicated strong positive associations between familial warmth and self-esteem among those whose family rejection scores were in the lower (score range: 0–9.59; $n = 1222$; $\beta = 0.38$, $p < .001$), middle (score range: 9.60–13.70; $n = 1104$; $\beta = 0.37$, $p < .001$), and higher (score range: 13.71–24.00; $n = 1207$; $\beta = 0.45$, $p < .001$) tertiles. These results indicate that familial warmth has a stronger, positive association on self-esteem among cisgender LGBTQ + adolescents who report either higher levels of family rejection compared to those who reported low or moderate amounts of family rejection.

Transgender participants. For transgender and nonbinary participants who were out about their sexual orientation to any family members, our main effects model (Table 3) showed that familial warmth was positively associated and LGBTQ + specific family rejection was negatively associated with self-esteem ($R^2 = 0.22$; $F_{19,1915} = 28.51$, $p < .001$). These associations remained in the moderation model ($R^2 = 0.22$; $F_{20,1914} = 27.53$, $p < .001$). In the moderation model, LGBTQ + specific family rejection was found to moderate the association between familial warmth and self-esteem (Fig. 1b). LGBTQ + specific family rejection buffered against the positive association that familial warmth has with self-esteem in transgender and nonbinary adolescents. A simple slopes analysis indicated strong positive associations between familial warmth and self-esteem among those whose family rejection scores were in the lower (score range: 0–10.66; $n = 643$; $\beta = 0.40$, $p < .001$), middle (score range: 10.67–15.99; $n = 586$; $\beta = 0.28$, $p < .001$), and higher (score range: 16.00–24.00; $n = 706$; $\beta = 0.38$, $p < .001$) tertiles. This suggests that familial warmth has a stronger positive association for transgender and nonbinary adolescents who experienced low or high levels of LGBTQ + specific family rejection compared to those

Table 3
Multivariable linear regression models assessing family warmth as a moderator between family rejection and self-esteem in LGBTQ + adolescents.

Variables	Cisgender participants: any family outness about sexual orientation; n = 3533						Transgender and non-binary participants: any family outness about sexual orientation n = 1935					
	Main Effects Model			Moderation Model			Main Effects Model			Moderation Model		
	b (se)	β	p	b (se)	β	p	b (se)	β	p	b (se)	β	p
Intercept	13.09 (2.04)		<.001	21.91 (1.98)		<.001	9.79 (2.56)		<.001	15.77 (2.43)		<.001
Age	0.59 (0.12)	0.07	<.001	0.59 (0.12)	0.07	<.001	0.43 (0.15)	0.06	.004	0.43 (0.15)	0.06	.004
Race and Ethnicity												
NH White	REF			REF			REF			REF		
NH Black	2.40 (0.71)	0.05	<.001	2.39 (0.71)	0.05	.001	1.30 (1.16)	0.02	.264	1.32 (1.16)	0.02	.256
Hispanic/Latinx	0.99 (0.50)	0.03	.049	1.01 (0.50)	0.03	.045	-0.06 (0.82)	-0.01	.946	-0.05 (0.82)	-0.01	.948
Other	-0.08 (0.40)	-0.01	.845	-0.10 (0.40)	-0.01	.806	0.33 (0.48)	0.01	.493	0.35 (0.48)	0.02	.473
Gender Identity												
Cisgender Male	REF			REF			-			-		
Cisgender Female	-2.78 (0.33)	-0.13	<.001	-2.76 (0.33)	-0.13	<.001	-			-		
Transgender Male	-	-	-	-	-	-	REF			REF		
Transgender Female	-	-	-	-	-	-	1.03 (1.22)	0.02	.493	1.06 (1.22)	0.02	.386
Transmasculine NB	-	-	-	-	-	-	0.23 (0.45)	0.01	.400	0.37 (0.45)	0.02	.410
Transfeminine NB	-	-	-	-	-	-	2.56 (0.81)	0.07	.002	2.66 (0.81)	0.07	.001
Sexual Orientation												
Gay or Lesbian	REF			REF			REF			REF		
Bisexual	-1.20 (0.33)	-0.06	<.001	-1.14 (0.33)	-0.06	.001	-0.18 (0.53)	-0.01	.740	-0.15 (0.53)	-0.01	.779
Pansexual	-1.87 (0.53)	-0.05	.001	-1.81 (0.57)	-0.05	.002	-0.98 (0.52)	-0.05	.058	-0.97 (0.52)	-0.05	.062
Other	-2.36 (0.60)	-0.06	<.001	-2.34 (0.60)	-0.06	<.001	-0.45 (0.54)	-0.02	.401	-0.47 (0.54)	-0.02	.386
Religion Raised In												
No Religion/ Secular	REF			REF			REF			REF		
Christianity	-0.24 (0.37)	-0.01	.519	-0.28 (0.37)	-0.01	.456	0.71 (0.49)	0.04	.148	0.70 (0.49)	0.04	.149
Non-Christian Religion	-0.93 (0.60)	-0.03	.124	-1.00 (0.60)	-0.03	.098	1.56 (0.79)	0.04	.048	1.54 (0.79)	0.04	.051
Interfaith	-0.80 (0.45)	0.02	.071	-0.84 (0.44)	0.02	.058	0.58 (0.53)	0.04	.275	0.56 (0.53)	0.03	.288
Parent Educ Attainment												
Less than College	REF			REF			REF			REF		
College Graduate	0.43 (0.36)	0.02	.227	0.46 (0.36)	0.02	.194	0.79 (0.46)	0.04	.084	0.70 (0.46)	0.04	.067
Geographic Location												
Northeast	REF			REF			REF			REF		
Midwest	0.62 (0.44)	0.03	.154	0.61 (0.44)	0.03	.166	-1.18 (0.57)	-0.06	.037	-1.15 (0.56)	-0.05	.043
South	0.32 (0.41)	0.02	.435	0.31 (0.41)	0.02	.455	-0.97 (0.52)	-0.05	.064	-1.00 (0.52)	-0.05	.057
West	0.68 (0.45)	0.03	.131	0.68 (0.45)	0.03	.133	-1.86 (0.58)	-0.08	.001	-1.88 (0.57)	-0.09	.001
Familial Warmth	1.40 (0.06)	0.41	<.001	1.45 (0.06)	0.42	<.001	1.16 (0.08)	0.38	<.001	1.21 (0.08)	0.39	<.001
Family Rejection	-0.19 (0.03)	-0.11	<.001	-0.19 (0.03)	-0.12	<.001	-0.12 (0.04)	-0.09	.001	-0.11 (0.04)	-0.08	.003
Fam Warmth* Fam Rej	-	-	-	-0.03 (0.01)	-0.06	<.001	-	-	-	-0.03 (0.01)	-0.06	.008

Variables	Transgender and nonbinary participants: any family outness about gender identity; n = 1595					
	Main Effects Model			Moderation Model		
	b (se)	β	P	b (se)	β	p
Intercept	10.42 (2.92)		<.001	15.93 (2.79)		<.001

(continued on next page)

Table 3 (continued)

Variables	Transgender and nonbinary participants: any family outness about gender identity; n = 1595					
	Main Effects Model			Moderation Model		
	b (se)	β	P	b (se)	β	p
Age	0.45 (0.17)	0.06	.009	0.45 (0.17)	0.06	.009
Race and Ethnicity						
NH White	REF			REF		
NH Black	1.31 (1.36)	0.02	.335	1.31 (1.36)	0.02	.335
Hispanic/Latinx	0.35 (0.91)	0.01	.704	0.36 (0.91)	0.01	.689
Other	0.57 (0.54)	0.02	.290	0.57 (0.54)	0.02	.294
Gender Identity						
Cisgender Male	–			–		
Cisgender Female	–			–		
Transgender Male	REF			REF		
Transgender Female	2.57 (1.23)	0.05	.036	2.59 (1.23)	0.05	.035
Transmasculine NB	0.06 (0.47)	0.01	.894	0.12 (0.47)	0.01	.797
Transfeminine NB	1.88 (0.95)	0.05	.047	1.91 (0.95)	0.05	.044
Sexual Orientation						
Gay or Lesbian	REF			REF		
Bisexual	–0.21 (0.63)	–0.01	.737	–0.20 (0.63)	–0.01	.755
Pansexual	–0.84 (0.61)	–0.04	.166	–0.84 (0.61)	–0.04	.168
Other	0.25 (0.59)	0.01	.669	0.24 (0.59)	0.01	.685
Religion Raised In						
No Religion/Secular	REF			REF		
Christianity	0.39 (0.54)	0.02	.471	0.37 (0.54)	0.02	.492
Non-Christian Religion	2.03 (0.89)	0.06	.023	2.00 (0.89)	0.05	.025
Interfaith	0.66 (0.58)	0.03	.260	0.64 (0.58)	0.03	.403
Parent Educ Attainment						
Less than College	REF			REF		
College Graduate	0.40 (0.51)	0.02	.441	0.43 (0.51)	0.02	.403
Geographic Location						
Northeast	REF			REF		
Midwest	–1.35 (0.64)	–0.06	.033	–1.32 (0.64)	–0.06	.037
South	–1.19 (0.60)	–0.06	.045	–1.20 (0.60)	–0.06	.044
West	–1.67 (0.64)	–0.07	.009	–1.68 (0.64)	–0.08	.009
Familial Warmth	1.16 (0.09)	0.37	<.001	1.19 (0.09)	0.38	<.001
Family Rejection	–0.17 (0.04)	–0.12	<.001	–0.16 (0.04)	–0.11	<.001
Fam Warmth* Fam Rej	–	–		–0.02 (0.01)	–0.04	.108

Note. Abbreviations: NH: Non-Hispanic; NB: Nonbinary; Educ: Education; Fam: Family; Rej: Rejection; SO: Sexual Orientation; GI: Gender Identity. Abbreviations – NH = Non-Hispanic; NB = Nonbinary; Educ = Education; Fam = Family; Rej = Rejection SO = Sexual Orientation; GI = Gender Identity.

Fig. 1. Simple slope plots depicting LGBTQ + specific family rejection as a moderator of the association between familial warmth and self-esteem stratified by cisgender and transgender/nonbinary youth.

Note. Fig. 1a: n = 3533; Fig. 1b: n = 1935; Abbreviations: LT3 = Lower Tertile; MT3 = Middle Tertile; HT3 = Higher Tertile; Plots were calculated using tertile means for familial warmth and LGBTQ + specific family rejection.

who reported moderate levels of family rejection.

For participants who reported any outness to family about their transgender/nonbinary identity, our main effects model exhibited familial warmth to be positively associated, and family rejection to be negatively associated, with self-esteem ($R^2 = 0.24$; $F_{19,1575} = 25.65$, $p < .001$). These associations were sustained in the multivariable moderation model ($R^2 = 0.24$; $F_{20,1574} = 24.52$, $p < .001$). LGBTQ + specific family rejection did not moderate the association that familial warmth had with transgender and nonbinary participants' self-esteem.

4. Discussion

The objective of our study was to evaluate the associations between family dynamics and self-esteem among cisgender and transgender/nonbinary LGBTQ + adolescents. As hypothesized, we observed familial warmth to be positively associated with self-esteem, irrespective of gender stratification. Our results mirrored similar findings from prior studies with LGBTQ + young adults (Lawson et al., 2019; Ryan et al., 2010; Snapp et al., 2015). Contrary to our hypothesis, being out to any family members about one's LGBTQ + identity was not associated with self-esteem among both gender stratified groups. These findings may be attributed to the high levels of family outness in our sample, which suggest additional and potential affirming factors or resources that weaken the impact of negative family reactions on LGBTQ + adolescents' self-esteem.

The large sample of the *LGBTQ + National Teen Survey* offered an opportunity to examine diverse experiences of LGBTQ + specific family rejection while accounting for familial warmth. As depicted in Fig. 1, LGBTQ + specific family rejection was a statistically significant moderator of the association between familial warmth and self-esteem for both cisgender and transgender/nonbinary groups as it relates to being open about one's sexual orientation. The strong, positive associations between familial warmth and self-esteem was buffered by levels of family rejection. These findings further highlight how families may operate as sources of support and stress in relation to self-esteem among LGBTQ + adolescents (Meyer et al., 2016; Soler et al., 2018). Aligned with prior qualitative studies (Denes & Afifi et al., 2014; Haxhe et al., 2018; Jadwin-Cakmak et al., 2015), our findings reinforce the idea that family warmth and rejection are not mutually exclusive experiences. Future studies should examine how LGBTQ + adolescents perceive unconditional support from their families and how these perceptions factor into self-esteem.

Several noteworthy sociodemographic differences in self-esteem emerged from our analysis. Among cisgender participants, non-Hispanic Black and Hispanic/Latinx adolescents exhibited higher self-esteem compared to non-Hispanic White adolescents. Our sample yielded similar findings to prior studies conducted with the general adolescent population (Bachman et al., 2012; Hannor-Walker, Bohecker, Ricks, & Kitchens, 2020; Smokowski et al., 2014) and may reflect the pervasive, central values placed on familism within communities of color that nurture self-esteem by providing a sense of belonging, support, and racial/ethnic pride (Buehler, 2020; Causey, Livingston, & High, 2015; Plunkett, White, Carter, & Horner, 2016; Przeworski & Piedra, 2020). In fact, prior studies have suggested that given their value and importance of family relationships, many Black and Hispanic/Latinx LGBTQ + adolescents aim to maintain family ties when faced with LGBTQ + non-acceptance and therefore may benefit from resources that support their self-esteem (Swendener & Woodell, 2017).

The respective statistically significant associations that gender and sexual orientation have with self-esteem may be attributed to differential experiences of minority stress upon LGBTQ + identity disclosure. Cisgender adolescents who identified as gay or lesbian reported higher self-esteem compared to adolescents who reported all other sexual orientations. People with non-monosexual (e.g., bisexual, pansexual) orientations are subject to sexual prejudice from both outside and within their social networks (Feinstein & Dyar, 2017; Galupo, Ramirez, & Pulice-Farrow, 2017; Todd, Oravec, & Vejar, 2016). Cisgender girls reported lower self-esteem compared to cisgender boys, and transgender girls and transfeminine nonbinary adolescents reported lower self-esteem compared to transgender male adolescents. Prior research suggests cisgender men report greater exposure to sexual orientation-specific verbal and physical victimization compared to cisgender women and that cisgender women exhibit greater susceptibility to sexist incidents compared to cisgender men (Bridge et al., 2019). For transgender and nonbinary adolescents, self-esteem may manifest as a function of reconciling hegemonic masculinity (i.e., beliefs that favor traditional masculine traits over feminine traits) and cissexist norms that govern socially acceptable gender expression (Bauermeister, Connochie, Jadwin-Cakmak, & Meanley, 2017; Flores, Abboud, & Barroso, 2019; Garrett-Walker, Broussard, & Garrett-Walker, 2019; Hoskin, 2020; Rosen & Nofziger, 2019; Skinner, Kurtz-Costes, Wood, & Rowley, 2018). Future studies should explore how self-esteem develops as a function of varying types of minority stress among LGBTQ + adolescents across diverse intersections of race, ethnicity, gender, and sexual orientation.

4.1. Limitations and recommendations for future research

Our study has several limitations. First, the sociodemographic characteristics of our sample are unique to the United States. The applicability of our findings to an international context should be considered and address the important and relevant sociocultural norms and beliefs espoused by the families of the study sample. Second, despite a large sample of LGBTQ + adolescents, participants were primarily recruited via social media and through nationwide community partners of the HRC. How LGBTQ + adolescents engage with these resources may depend on a variety of factors, including technology access and LGBTQ + identity acceptance and openness. Social media platforms, though useful for participant recruitment, are frequently limited in reaching individuals from underrepresented backgrounds (e.g., communities of color). Noticeably, our transgender female and transfeminine nonbinary participants represented a small proportion of our transgender and nonbinary sample. Although participants were recruited across the entire United States, we were unable to examine potential differences across urban-rural divides. Geographic characteristics beyond region may inform individuals' and families' access to LGBTQ + supportive services, and the cultural and political climates (e.g., living in the Bible Belt; living in racial/ethnic or LGBTQ + enclaves) that socially govern their communities. Future studies may benefit from replicating our methods to ensure the robustness and reliability of our findings.

Our measures were unable to distinguish how expressions of familial warmth and rejection by specific family members or diverse family structures were linked to LGBTQ + adolescents' self-esteem. In prior studies, researchers have observed variations in reactions to LGBTQ + identity disclosure among mothers, fathers, siblings, and extended family members (Hilton & Szymanski, 2014; Jadwin-Cakmak et al., 2015; Mitrani et al., 2017; Morris et al., 2020). The extent to which LGBTQ + adolescents give weight or value specific familial relationships may inform how salient reactions to identity disclosure shape self-esteem. Additionally, although familial warmth and rejection exhibited strong associations with self-esteem, our findings did not account for alternative stressors (e.g., bullying, socioeconomic stress or status) or health-promotive factors (e.g., peer support; having LGBTQ + family members or close family friends) that may contribute to self-esteem (Hossain & Ferreira, 2019; Mossakowski, 2013; Parra et al., 2017; Svedberg, Nygren, Staland-Nyman, & Nyhom, 2016; Watson, Wheldon, & Puhl, 2019).

Last, the cultural context in which families live must not be minimized in future research. Our study may be minimizing potential social and cultural forces that facilitate LGBTQ + acceptance, particularly among Black and Latinx communities compared to non-Hispanic White communities. A recent national study found that although non-White people were less likely to support non-discrimination protections for LGBTQ + people, having contact with an LGBTQ + person countered this association (Lewis et al., 2017). Additionally, in our study we addressed the potential for religious upbringing in LGBTQ + adolescents' self-esteem; however,

our measures do not account for the centrality of religious or spiritual belief systems within participants' family structures and its potential impact (Lewis et al., 2017). Future studies with LGBTQ + adolescents may provide an opportunity to achieve a more nuanced understanding of self-esteem development in local, intersectional community contexts.

Given our study's cross-sectional design, our findings do not imply causal relationships between family dynamics and self-esteem among LGBTQ + adolescents. Though our hypothesis suggested a unidirectional association between family factors and self-esteem, alternatively, participants' self-esteem may inform how they perceive familial warmth and rejection. Furthermore, prior studies suggest families, especially parental figures, may experience positive changes in LGBTQ + acceptance (Mills-Koonce, Rehder, & McCurdy et al., 2018; Samarova, Shilo, & Diamond, 2013). The extent and pace in which these changes unfold may inform LGBTQ + adolescents' self-esteem. Additionally, self-esteem may have a bidirectional relationship with other social, behavioral, and health outcomes, and though efforts to improve self-esteem are important, these efforts may not translate to broader improvements in health. However, longitudinal designs may better inform these processes.

4.2. Implications for health policy and practice

To date, there are limited interventions that specifically target adolescent self-esteem (Morton & Montgomery, 2013), and fewer that are specifically targeted to LGBTQ + adolescents that leverage family dynamics as an intervention mechanism (Matsuno & Israel, 2021; Wilkerson et al., 2016). Local investments should be made on media campaigns that model and motivate acceptance of LGBTQ + family members. One example is the *Acceptance Journeys* campaign, which has highlighted messages from people about their processes of learning to love, accept, and appreciate the LGBTQ + people in their lives, including family members (Hull et al., 2017). Adapting campaigns like *Acceptance Journeys* to local contexts may facilitate positive attitudes toward LGBTQ + communities and catalyze efforts that dismantle hetero- and cis-normative beliefs about gender and sexuality.

Another community intervention that exhibited promising success in improving self-esteem among LGBTQ + adolescents is the *Hatch Youth* program (Wilkerson, Schick, Romijnders, Bauldry, & Butame, 2017). *Hatch Youth* has increased social support access by providing a drop-in center for LGBTQ + youth and engaged participants through unstructured socializing, health education, and a peer-led support group. Future scale-up of drop-in interventions like *Hatch Youth* may benefit from incorporating parent and family participation, or serve as a supportive resource for families with LGBTQ + adolescents.

Mental health providers may be critical agents for facilitating health communication strategies between LGBTQ + adolescents and non-accepting family members. Researchers have previously found that for some family members, acceptance of an LGBTQ + family member may progress over time (Huebner et al., 2019). Providers should explore the progress of family members toward acceptance and problem-solve strategies to express familial warmth in support of LGBTQ + family members' self-esteem (Zavala & Waters, 2020). Providers may also offer recommendations for alternative resources that facilitate family acceptance (e.g., *Lead with Love* film; *Family Acceptance Project* Family Video Series; Huebner, Rullo, Thoma, McGarrity, & Mackenzie, 2013; Ryan, 2010). Lastly, providers should monitor LGBTQ + clients' self-esteem, identifying whether family dynamics are salient factors, and refer patients to supportive services as necessary.

5. Conclusions

Families play integral roles in LGBTQ + adolescents' self-esteem development, serving as potential sources of stress and resilience. Our study contributed to the body of literature by examining the interplay of familial warmth and LGBTQ + specific rejection on LGBTQ + adolescents' self-esteem. We observed the positive association between familial warmth and self-esteem to be greater among adolescents who reported low LGBTQ + specific family rejection compared to those who reported high LGBTQ + family rejection. Our findings support a need for multilevel interventions that enhance the health-promotive qualities of family interactions (e.g., expressing unconditional support) while minimizing non-affirming beliefs about gender and sexual diversity.

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Declaration of competing interest

None.

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