Qualitative Research on Family Disclosure and Substance Use

Among Sexual Minority Youth

DISSERTATION

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By

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ABSTRACT

The purpose of this project was to conduct research to understand non-heterosexual youths’ experience with disclosure of sexual orientation information to family and how adolescent substance use may affect this process. Constructivist grounded theory guided the qualitative methodology and data analysis. The findings from this study suggest that disclosure of a non-heterosexual orientation to parents is a complex and dynamic experience that can be understood as the process of becoming a queer son or daughter. Substance use among this sample of non-heterosexual youth was not found to be related to the disclosure to family experience, however many of the youth believed that substance use is often used to cope with issues related to sexual orientation. More research is needed to determine if there is a relationship between disclosure to family and substance use for non-heterosexual youth. This study provides a unique contribution to the literature that places the emergent findings of the disclosure to family experience within an existing theoretical framework. Clinicians who work with sexual minority youth and their families should emphasize the dyadic nature of the disclosure decision and experience as well as healthy coping behaviors in order to protect sexual minority youth against the negative health outcomes that have been found in the literature.
DEDICATION

To the four most important men in my life: Anthony, Aidan, Asher and Ethan.
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Success is liking yourself, liking what you do, and liking how you do it. -Maya Angelou

This dissertation project is the culmination of twenty-five years of formal education and I am truly, extremely proud of myself for my relentless pursuit of my goals to further my education, particularly around a topic that I am passionate. It would not have been possible for me to attain this success in my life thus far without the kindness, support and guidance of others.

First, I would like to thank the young men and women and the parents who participated in my project. I feel privileged that these individuals shared their stories with me. I can only hope that I have represented their voices well and that this work will in some way positively impact other non-heterosexual youth and their families.

To my mentors, friends, and family whose support has been invaluable, I express a deep gratitude:

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**FIELDS OF STUDY**

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table of contents

Abstract........................................................................................................................................... ii
Dedication....................................................................................................................................... iii
Acknowledgments ....................................................................................................................... iv
Vita ............................................................................................................................................... viii
List of Tables .......................................................................................................................... xvi
List of Figures.......................................................................................................................... xvii
Chapter 1:  Introduction ............................................................................................................. 1
  Statement of the Problem ......................................................................................................... 1
  Purpose and Overview of the Study....................................................................................... 3
  Specific Aim 1 ......................................................................................................................... 3
  Specific Aim 2 ......................................................................................................................... 3
Chapter 2:  Literature Review ..................................................................................................... 5
  Substance Use Among LGB Youth......................................................................................... 5
  Disclosure of Sexual Orientation. ......................................................................................... 10
  Disclosing to Family .............................................................................................................. 12
  Summary of Literature Review ............................................................................................. 19
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epistemological Paradigm and Theoretical Frame</td>
<td>21</td>
</tr>
<tr>
<td>Interpretive Constructionism</td>
<td>21</td>
</tr>
<tr>
<td>Symbolic Interaction</td>
<td>21</td>
</tr>
<tr>
<td>Consequences theory of disclosure</td>
<td>23</td>
</tr>
<tr>
<td>Chapter 3: Methodology</td>
<td>25</td>
</tr>
<tr>
<td>Overview</td>
<td>25</td>
</tr>
<tr>
<td>Participants</td>
<td>26</td>
</tr>
<tr>
<td>Sampling</td>
<td>26</td>
</tr>
<tr>
<td>Recruitment</td>
<td>26</td>
</tr>
<tr>
<td>Screening</td>
<td>27</td>
</tr>
<tr>
<td>Inclusion/exclusion criteria</td>
<td>28</td>
</tr>
<tr>
<td>Detailed Study Procedures</td>
<td>28</td>
</tr>
<tr>
<td>Human Subjects Protection</td>
<td>29</td>
</tr>
<tr>
<td>Data collection</td>
<td>31</td>
</tr>
<tr>
<td>Questionnaires</td>
<td>31</td>
</tr>
<tr>
<td>Individual In-depth Interviews</td>
<td>34</td>
</tr>
<tr>
<td>Content and duration of youth interviews</td>
<td>34</td>
</tr>
</tbody>
</table>
Family dynamics.................................................................................................................. 50

Messages.............................................................................................................................. 53

Expectations......................................................................................................................... 56

Disclosure Barometer ......................................................................................................... 58

Summary of the findings related to the decision to disclose .............................................. 62

The Disclosure Event ........................................................................................................ 62

Reactions............................................................................................................................. 69

Rewards and costs................................................................................................................ 72

Summary of the findings related to the disclosure event .................................................... 77

The Ongoing Familial Relationship .................................................................................... 77

Significance of time ............................................................................................................. 78

Becoming a Queer Son or Daughter .................................................................................. 80

Summary of Specific Aim 1 ............................................................................................... 87

Specific Aim 2: Explore Whether Adolescent Substance Use is Related to the Process of Disclosing Sexual Orientation to Family; and If So, How ..................................... 87

Prevalence of Substance Use.............................................................................................. 88

Youth Substance Use and Well-Being............................................................................... 90
Disclosure and Substance Use ................................................................. 95

Summary of Specific Aim 2 ......................................................................... 101

Chapter 5: Discussion .................................................................................. 102

The Process and Experience of Disclosing to Family ................................. 102

Sexual Orientation, Disclosure, and Substance Use ................................. 122

Limitations .................................................................................................. 127

Future Research ......................................................................................... 131

Clinical Implications ................................................................................. 134

References .................................................................................................. 140

Appendix A: Screening Form ...................................................................... 153

Appendix B: Questionnaires ...................................................................... 155

Appendix C: Interview Schedules ............................................................... 171
LIST OF TABLES

Table 1. Demographic Characteristics of Youth Participants ........................................ 43
Table 2: Youth Sexual Identity Development Milestones.............................................. 44
Table 3: Demographic Characteristics of Parent Participants ........................................ 45
Table 4: Disclosures to Parents..................................................................................... 64
Table 5: Youth Substance Use Risk Profiles................................................................. 90
Table 6: Youth Substance Use Profiles and Well-Being Indicators............................ 92
LIST OF FIGURES

Figure 1: Four Interrelated Factors ................................................................................. 48

Figure 2: The Decision to Disclose to Family ................................................................. 62
CHAPTER 1: INTRODUCTION

Statement of the Problem

Youth who report sexual attraction to same-sex peers, sexual behavior with same-sex partners or identify as lesbian, gay or bisexual (LGB) are at increased risk of negative health outcomes; particularly, depression and other mental health issues, suicidal ideation and attempted suicide, risky sexual behavior, and substance use (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Busseri, Willoughby, Chalmers, & Bogaert, 2008; Coker, Bryn Austin, & Schuster, 2010; Corliss, Rosario, Wypij, Wylie, Frazier, & Austin, 2010; Fergusson, Horwood, & Beautrais, 1999; Marshal, Friedman, Stall, & Thompson, 2009; Needham & Austin, 2010; Ryan, Huebner, Diaz, & Sanchez, 2009; Safren & Heimberg, 1999; Savin-Williams, 1994). While the past decade has resulted in an insurgence of research on sexual minority youth and young adults that document the health disparities and resiliencies of this population (Saewyc, 2011), there is still much more work that needs to be done in order to more effectively understand the underlying mechanisms and processes that contribute to these health disparities.

Recent research has suggested that family factors play a significant role in health disparities among sexual minority youth and young adults (Bouris, Guilamo-Ramos, Pickard, Shiu, Loosier, Dittus & Waldmiller, 2010; Needham & Austin, 2010; Padilla, Crisp, & Rew, 2010; Rosario, Schrimshaw, & Hunter, 2009; Ryan et al., 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Willoughby, Doty, & Malik, 2010). The
Disclosure process is often interpersonally challenging resulting in non-heterosexual youth having to face stressors unlike their heterosexual counterparts (Coker et al., 2010; Saewyc, 2011). Therefore, a detailed understanding of the disclosure to family process is warranted. Further, though a substantial body of literature exists on aspects of the disclosure to family process, there are still gaps in this literature base that make it difficult to design effective interventions or guidelines to increase positive health outcomes and decrease negative health outcomes among sexual minority youth (Saewyc, 2011; Willoughby, Doty, & Malik, 2008).

The increased rates of substance use among sexual minority youth as compared to their heterosexual counterparts is particularly troubling. A recent meta-analysis found that the odds of substance use for LGB youth are 190% higher than for heterosexual youth with subpopulations substantially higher (340% higher for bisexual youth and 400% higher for female LGB youth) (Marshal, Friedman, Stall, King, Miles, Gold et al., 2008). Though recent research has suggested that family factors play a significant role in substance use among sexual minority youth and young adults (Needham & Austin, 2010; Padilla et al., 2010; Rosario et al., 2009; Ryan et al., 2009; Ryan et al., 2010; Willoughby et al., 2010), the literature remains unclear as to the dynamics of the relationship of sexual orientation and substance use. One plausible association lies at the intersection of child disclosure of sexual orientation and parental reaction.
Research is needed exploring the role of substance use in the disclosure process of non-heterosexual youth. It is important to gain insight into these relationships to best inform future prevention and intervention research on sexual minority youth who use substances and their families. Further, gaining a deeper understanding of the disclosure to family experience will enable the relationship between disclosure and substance use to be more effectively explored.

**Purpose and Overview of the Study**

The purpose of this project was to conduct research to understand non-heterosexual youths’ experience with disclosure of sexual orientation information to family of origin and how adolescent substance use may affect this process. To this end, two aims guide this study towards increasing understanding of this objective.

**Specific Aim 1.** Describe the process of disclosing a non-heterosexual identity to family and describe the meaning of the experience from the perspective of both youth and parents.

**Specific Aim 2.** Explore whether adolescent substance use is related to the process of disclosing one’s sexual orientation to family; and if so, how.

Qualitative research methodology, utilizing questionnaires and in-depth interviews, was used to inquire about non-heterosexual youths’ disclosure and non-disclosure experiences to family and to explore how substance use experiences intersect and affect the disclosure experience. In addition, parents of non-heterosexual youth
were included in this research to examine how parents experience the disclosure process. Qualitative methodology is especially useful when the goal of the research is to explore “complex processes and little-known phenomenon” (Marshall & Rossman, 1999, p. 57). More specifically, the interpretive constructionist paradigm, informed by theories of symbolic interaction and social exchange, guided the qualitative design and methodology for this project. Individual, semi-structured interviews were conducted with 22 non-heterosexual youth and 8 parents of non-heterosexual youth. Constructivist grounded theory data analysis methods were employed.
CHAPTER 2: LITERATURE REVIEW

The following review of the literature focuses on research in two primary areas: (1) the high rates of substance use among sexual minority youth and the vulnerability of the LGB population in other areas; and (2) disclosure of sexual orientation along with a brief description of the sexual identity development and integration process. The research presented in this review emphasizes the significance and purpose of this project. At the conclusion of this chapter, the epistemological paradigm and guiding theories will be presented that frame the specific aims that will be explored in this study.

Substance Use Among LGB Youth. Youth who report sexual attraction to same-sex peers, sexual behavior with same-sex partners or identify as lesbian, gay or bisexual (LGB) report higher rates of substance use as compared to their heterosexual counterparts. A recent meta-analysis of 19 studies published from 1998-2006 found that the odds of substance use for LGB youth are an astonishing 190% higher than for heterosexual youth with the subpopulations of bisexual youth (340%) and female LGB youth (400%) substantially higher (Marshal et al., 2008). These startling statistics highlight the need for more extensive, in-depth research on substance use for this vulnerable population.

Unlike the Substance Abuse and Mental Health Services Administration (SAMHSA, 2000, 2001), the National Institute on Drug Abuse (NIDA, 2003) and the National Institute on Alcohol Abuse and Alcoholism (1999) do not mention sexual
orientation as a potential risk factor for substance use in adolescence or provide information that specifically targets the needs of this population for researchers and providers. Unfortunately, this is not surprising given the “nascent state of the literature” and the lack of studies that have examined “mediators of the relationship between sexual orientation and substance use” (Marshall et al., 2008, p. 554). Even when faced with the numerous methodological limitations involved in the study of this population, it is clear that there are disparate rates of substance use for LGB versus non-LGB youth in national and state school-based (Bontempo & D’Augelli, 2002; Corliss et al., 2010; Marshal et al., 2009; Russell, Driscoll, & Truong, 2002; Saewyc, Bauer, Skay, Bearinger, Resnick, Reis et al., 2004) and high risk populations (Ciro, Surko, Bhandarkar, Helfgott, Peake, & Epstein, 2005; Cochran, Stewart, Ginzler, & Cauce, 2002; Noell & Ochs, 2001; Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004). Further, as indicated previously, meta-analysis results revealed that bisexual youth and females were at greatest risk for increased substance use (Marshal et al., 2008). This is consistent with a study that found that females and males who described themselves as “mostly heterosexual” and lesbian/bisexual girls were at elevated risk compared to heterosexual females and gay, bisexual, or heterosexual identified males on almost all alcohol-related behaviors and exposures (Ziyadeh, Prokop, Fisher, Rosario, Field, Camargo et al., 2007). Two studies that are more recent also found that bisexual
females were most likely to report increased levels of substance use (Corliss et al., 2010; Needham & Austin, 2010).

Research on adolescent substance use suggests that a myriad of risk factors exist that contribute to elevated use. NIDA (2003) has identified five domains (individual, family, peer, school, community) within which these risk factors reside. For adolescents in general, NIDA (2003) has identified that lack of mutual attachment and nurturing by parents or caregivers, ineffective parenting, a chaotic home environment, lack of a significant relationship with a caring adult, and a caregiver who abuses substances, suffers from mental illness, or engages in criminal behavior are all family based risk factors for increased substance use among adolescents. For example, Cleveland, Feinberg, Bontempo, and Greenberg (2008) found that family protective factors (operationalized as measures of family cohesion) were significantly related to lower substance use among 91,778 students from a cross-sectional school sample. Several recent studies illustrate the connection between family factors and substance use in sexual minority adolescents. Needham and Austin (2010), using data from the Add Health study, found that positive family dynamics mediated the relationship between sexual orientation and drug use. In another recent study examining school-based population survey data, bisexual adolescents reported the least amount of protective family factors (operationalized as connectedness) as compared to heterosexual or gay and lesbian youth in the sample; with heterosexual youth experiencing significantly
higher amounts of family connectedness than non-heterosexual youth (Saewyc, Homma, Skay, Bearinger, Resnick, & Reis, 2009).

Unfortunately, there has been little research examining the disclosure to family process and the role family factors associated with this process are related to reports of higher substance use among sexual minority youth. The exceptions are notable. Though their study did not distinguish family reactions from reactions from others, Rosario and colleagues (2009), in their research with 156 LGB youth ages 14-21, found that the number of rejecting reactions perceived was related to increased substance use at initial report and over time. A recent groundbreaking study by Ryan and colleagues (2009) examining data from 224 White and Latino LGB youth and young adults is the first to link parental reactions to the knowledge of their child’s non-heterosexual orientation to negative health outcomes, including substance use. They found that LGB youth and young adults who reported higher levels of family rejection during adolescence were 3.4 times more likely to use illegal drugs compared with peers from families that reported no or low levels of family rejection (Ryan et al., 2009).

Sexual minority youth face stressors unlike their straight counterparts. In addition to elevated rates of substance use, high rates of attempted suicide, depression and other mental health disorders have been documented among LGB youth (Fergusson et al., 1999; Ryan et al., 2009; Safren & Heimberg, 1999; Savin-Williams, 1994). It has been suggested that the sexual identity development and integration (SIDI) process
influences many adaptation and health related behaviors of youth, such as self-esteem, psychological functioning, and sexual health and is, in turn, affected by the stressors and strengths of the youth, their family, and their community (Rosario, Hunter, Maguen, Gwadz, & Smith, 2001). This process is interpersonally challenging resulting in LGB youth having to face stressors unlike their straight counterparts. Research shows that interpersonal stressors precipitate adolescent suicidal behavior (e.g., Cato & Canetto, 2003). Studies consistently report that between 50 and 75% of LGB youth have had suicidal ideation and 35-42% of LGB youth report a history of at least one suicide attempt (D’Augelli, Hershberger, & Pilkington, 2001; Hershberger & D’Augelli, 1995; Rotheram-Borus, Hunter, & Rosario, 1994). The rate of reported suicide attempts among this group is astonishing given that only 1.4% of the heterosexual population of adolescents report having a suicide attempt (Bontempo & D’Augelli, 2002). It has also been documented that LGB youth of color face unique stressors due to their “double minority” status that increases isolation and places them at a higher risk for suicide (Morrison & L’Heureux, 2001). LGB youth also engage in more high risk behaviors associated with increased substance use and sexual risk than heterosexual youth (Gangamma, Slesnick, Toviessi, & Serovich, 2008; Garofalo, Wolf, Kessel, Palfrey, & DuRant, 1998; Sullivan & Wodarski, 2002). Previous research suggests that homeless LGB youth have greater HIV risks, particularly among lesbian and bisexual females (Gangamma et al., 2008). These risks may be related to being involved in survival sex,
inconsistent condom use and increased drug use that occurs among homeless youth (Gangamma et al., 2008; Moon, Binson, Page-Shafer, & Diaz, 2001).

**Disclosure of Sexual Orientation.** Disclosure of sexual orientation is one aspect in the larger process of sexual identity development and integration (SIDI) that is commonly referred to as *coming out*. According to Rosario and colleagues (2001) sexual identity development “consists of exploring the emerging sexual identity and reducing the cognitive dissonance attributed to internalized negative evaluations of gays, lesbians, and bisexuals” (p. 135). Furthermore, “Identity integration includes acceptance of one’s gay, lesbian, bisexual identity and sharing that aspect of the self with other individuals” (Rosario et al., 2001, p. 135). Numerous researchers and clinicians have theorized or researched the SIDI process (e.g., Carrion & Lock, 1997; Cass, 1979, 1984; Coleman, 1982; Cox & Gallois, 1996; Gonsiorek & Rudolph, 1991; Morris, 1997; Rosario et al., 2001; Savin-Williams, 1990, 2011; Troiden, 1988, 1989). While each of these authors propose variations on the process, most of their theories have cognitive, behavioral and attitudinal dimensions that have been described in the literature in various ways; including, but not limited to, awareness of homosexual attraction, attitudes towards and comfort with homosexuality, self-identification, and involvement in LGB activities and groups. Carrion and Lock (1997) specifically describe the SIDI process for adolescents. Their psychodynamic model contains eight stages: (1) internal discovery of the sexual orientation, (2) inner exploration of attraction...
to a sexual object, (3) early acceptance of an integrated sexual self, (4) congruence probing, (5) further acceptance of an integrated sexual self, (6) self-esteem consolidation, (7) mature formation of an integrated self-identity, and (8) an integrated self-identity within a social context. There has recently been a move away from understanding sexual identity development from essentialist perspectives that suggest youth move through each stage or process described in some either linear or non-linear fashion (e.g., Savin-Williams, 2011). Scholars are even suggesting the “demise of sexual identity” as youth and young adults with a wide array of sexual attractions are “refusing and resisting sexual identity labels” (Savin-Williams, 2011, p. 671).

Age of awareness and disclosure of sexual orientation varies among studies indicating that the SIDI process occurs for adolescents and young adults at various developmental stages. Studies report the average age of awareness of sexual orientation ranges from age 7.4 to 17.9 years, with first disclosure ranging from 13.1 to 24.5 years (Allen, Glicken, Beach, & Naylor, 1998; D’Augelli, 2006; D’Augelli, Grossman, & Starks, 2005; D’Augelli, Hershberger, & Pilkington, 1998; D’Augelli et al., 2001; Grov, Bimbi, Nanin, & Parsons, 2006; Rosario, Schrimshaw & Hunter, 2009; Savin-Williams & Diamond, 2000). Grov and colleagues (2006) research highlights gender and generational factors that influence awareness and disclosures. They reported that younger cohorts of the participants were aware and disclosed to others at significantly younger ages than the older participants in the sample (Grov et al., 2006). The first
person to be disclosed to is usually a same-age peer (D'Augelli & Hershberger, 1993; Rosario, Schrimshaw & Hunter, 2009; Savin-Williams, 1998). Some of these studies show that males self-identify earlier than females (Allen et al., 1998; D’Augelli et al., 2001; Savin-Williams & Diamond, 2000). Overall, few gender differences have been found among studies for age of disclosure. D’Augelli (2002) and Grov and colleagues (2006) both found that males spent more years aware of their sexual orientation than females. D’Augelli (2002) also found that males disclosed to others at a later age; however, Grov and colleagues (2006) found no gender differences in terms of disclosure to others. Disclosure of sexual orientation to members of the community (e.g., peers and teachers) can result in numerous repercussions such as verbal and non-verbal abuse. Studies report that LGB youth face greater victimization in school settings, such as losing friends and physical assault, due to their sexual orientation (D’Augelli et al., 1998; Garofalo et al., 1998).

**Disclosing to Family.** D’Augelli (1994, 2006) has proposed a human development model of LGB youth development within the family and larger ecological context that conceptualizes that disclosure to family or “Becoming a LGB offspring” is an integral part of the SIDI process. This specific aspect of the SIDI process is the focus of this study.

Reactions to sexual orientation disclosure by family vary. In a sample of 164 LGB young adult men and women, Savin-Williams and Ream (2003) found that the
most common reactions were reported as supportive or very supportive or slightly negative, such as disbelief or parents expressed concern that their child would face a difficult life. Initial parental reactions of rejection, physical attack, or screaming have been reported at rates of 4-18% (D’Augelli & Hershberger, 1993; Savin-Williams & Ream, 2003). Regarding differences between mothers and fathers reactions, D’Augelli and colleagues (2005) and Savin-Williams and Ream (2003) found no differences between males and females on their mothers’ or fathers’ reactions to their sexual orientation though some studies consistently report that fathers respond more negatively than mothers (D’Augelli, 2002; D’Augelli et al., 2001; Sullivan & Wodarski, 2002). For example, 37% of fathers and 24% of mothers responded with intolerance in a sample of 542 LGB youth (D’Augelli, 2002).

It is important to note that much of the research on parental reactions relies on the LGB youth’s recollection of parents’ responses (D’Augelli, 2006). However, some studies have described parental responses as reported by the parents. Studies have found that it is not uncommon for parents to report experiencing sadness, denial, regret, depression, guilt/shame, and concern for their child’s well-being (Herdt & Koff, 2000; Robinson, Walters, & Skeen, 1989). Boxer, Cook, and Herdt (1991) described that parents reported experiencing a period of family disruption following learning of their child’s non-heterosexual orientation. Several qualitative studies that are more recent have attended to the parent experience of disclosure beyond initial reactions. Using an
anthropological approach with participants of a LGB parent support group, Fields (2001) identified several themes that reflected what these parents were struggling with: lack of social scripts to assist them in learning their child was LGB, dealing with a sense of loss, wanting to encourage heterosexual norms with their children, and confronting the concept of normalcy. Saltzburg (2004) elicited five themes from her in-depth interviews including a period of emotional detachment, fear of estrangement as a parent and role model, adjustment, and education. Beeler and DiProva (1999) identified twelve themes evidenced across four family systems where disclosure of a non-heterosexual orientation by a family member had occurred such as, working through feelings of loss, including gay and lesbian friends in the family, and coping with homophobic comments by others. Phillips and Ancis (2008) and Goodrich (2009) explored identity development as the parent of sexual minority child. Phillips and Ancis (2008) took a narrative approach and described three periods of adjustment that contained cognitive-behavioral elements with “turning points” (p. 132) as transition periods. Goodrich (2009) focused on parents who had successfully integrated their experience since their child disclosed to them. She described an emergent model characterized by emotional, cognitive, and behavioral responses that led to a successful integration of their identity.

According to Sullivan and Wodarski (2002), parental reactions are negatively affected by misinformation, religious beliefs, and homophobia. Moreover, these authors indicate that negative reactions are predicted by families who are rural, sexually strict,
inflexible in sexual roles and with high religiosity. Similarly, Newman and Muzzonigro (1993) found that families with more traditional values (such as considering religion important) were less accepting than other families. In addition, positive family dynamics such as cohesion, adaptability, and authoritative parenting have been found to be related to positive familial reactions and fewer negative outcomes to a child’s disclosure of a non-heterosexual orientation (Beaty, 1999; Willoughby, Malik, & Lindahl, 2006).

The various reactions experienced can be conceptualized as potential and actual rewards and costs. Sharing sexual orientation information with family can provoke feelings of anxiety and threats to personal well-being (D’Augelli & Hershberger, 1993; D’Augelli et al., 1998). Sexual minority youth are often afraid of rejection or fear the parent-child relationship will be damaged as a result of disclosure (Potoczniak, Crosbie-Burnett, & Saltzbug, 2009; Savin-Williams, 1998; Savin-Williams & Ream, 2003). Anticipated reactions to disclosure seem to be influenced considerably by social norms and perceptions such as the media. Reports on youth-parent relations often contribute to stereotypes of negative consequence as a normal parental response (Savin-Williams & Ream, 2003).

Laird (1993) suggests that when sexual minority individuals do not disclose their sexual identity to their families that the “conspiracy of denial…may preserve family harmony and maintain connection, but it dilutes the intimacy and undermines
authenticity in family relationships” (p. 298). Unfortunately, little research has been done that either confirms or disconfirms whether this is true. It is just as likely that youth who choose not to disclose to parents have reasons for not doing so, such as to protect themselves from disclosure related violence, verbal harassment, or other negative consequences following disclosure to family that have been cited in the literature such as depression and increased substance use (Bontempo & D’Augelli, 2002; D’Augelli & Hershberger, 1993; D’Augelli et al., 1998; Safren & Heimberg, 1999; Savin-Williams, 1994). In fact, Ryan and colleagues (2009) found that in addition to the increased rates of substance use described earlier, LGB youth and young adults who reported higher levels of family rejection during adolescence were also 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.

Motivations for disclosing to parents vary, but many youth long to be close to their families so that they can lead authentic lives (Savin-Williams, 2001b). Disclosing sexual orientation information can result in the acquisition of emotional, physical, social resources (D’Augelli et al., 2005), greater self esteem and lesser victimization and emotional benefits like acquisition of social support and empathy (D’Augelli et al.,
1998). Disclosing one’s sexual orientation also diminishes the need to hide relationships from friends, family, and co-workers.

Researchers have identified many positive consequences for youth who disclose to their parents. Despite past victimization associated with disclosure, adolescents who disclose experience greater self-esteem and comfort with their sexuality, report fewer current problems in revealing their sexual orientation to heterosexual friends, and report more lesbian/gay friends (D’Augelli et al., 1998). Youth with aware parents report significantly less internalized homophobia and more family support than youth with unaware parents. Hershberger and D’Augelli (1995) found that youth with greater family support tended to report higher levels of self-acceptance. Youth who report good relationships with their parents report fewer mental health problems and report that their parents had more positive reactions to their sexual orientation (D’Augelli, 2002). In another study of 102 sexual minority adolescents, Darby-Mullins and Murdock (2007) found that family environment (i.e., conflict, cohesion, and expressiveness) was found to predict significant variance in the LGB youth’s emotional adjustment (i.e., symptoms of depression and anxiety) and parental attitudes towards homosexuality were found to contribute to additional variance explained above and beyond that predicted by family environment alone. Ben-Ari (1995) noted that both LGB youth and their parents saw honesty as the greatest benefit of disclosure. Savin-Williams and Ream (2003) noted that a vast majority of parent-child relationships either stayed the same or improved after
LaSala’s (2007) qualitative work with gay male youth and their parents revealed that parental influence was an important factor in the youths’ decision to protect their sexual health. LaSala (2007) recommends that facilitating parent-child communication encourages gay youth to engage in safer sex practices. Aware parents show less internalized homophobia and provide greater support to their youth (D’Augelli et al., 2005). In addition, parental responses appear to become more positive over time, which may eventually lead to less verbal victimization. D’Augelli and colleagues (2005) suggest, “youth with aware parents may have been through the worst. Such youth now have less fear of parental victimization and more family support” (p. 481).

Recent research has also documented clear health benefits for adolescents who experience accepting reactions from their parents as a result of disclosure. In a sample of 245 sexual minority Latino and non-Latino White youths, Ryan and colleagues (2010) found that youth who reported more reactions perceived as accepting were significantly more likely to report higher self-esteem, social support, good general health and less depressive symptoms, substance abuse, and suicidal ideation and attempts.

As noted by D’Augelli et al. (1998, p. 367) “Although revealing one’s sexual orientation to parents, grandparents, siblings, and other family members is but one facet in the development of a lesbian, gay or bisexual person, it is a lifelong component due to the primacy of families in most people’s lives (Laird, 1993).” Helping parents to
become more supportive of their LGB youth is an important challenge, as well as assisting youth in disclosing their sexual orientation to their families and coping with their reactions. Such focus can help these youth become integrated into their families, decrease future risk, and enhance family support and closeness (D’Augelli et al., 2005).

**Summary of Literature Review**

Savin-Williams (2001a) suggests that it is critical to understand “what it is about being gay or lesbian that places one at risk” (p. 7). The proposed project will fill an important gap between these two literature bases that can contribute to future intervention and prevention efforts and guide prospective research on disclosure and substance use among non-heterosexual youth. The families of sexual minority youth have the opportunity to contribute protective factors against increased substance use including strong bonds between children and their families, parental involvement, supportive parenting that meets financial, emotional, cognitive, and social needs, and clear limits and consistent enforcement of discipline (NIDA, 2003). However, positive parent child relationships may be strained for LGB youth given the presence of social stigma, fear of discrimination and anticipation of a negative disclosure experience, contributing to the isolation of these youth from their families (Russell et al., 2002). Therefore, it can be argued that there may be both short and long-term gains for sexual minority youth disclosing their sexual orientation to family, particularly within a family environment of openness and connectedness.
Conceptually, there are two mechanisms by which disclosure may be related with increased substance use. First, youth may use substances or increase use to cope with anxieties resulting from concealing their non-heterosexual status from their families or feeling as if they cannot or should not disclose. Second, family reactions may be protective or could contribute to increased use of substances. That is, if disclosure to parents and other family members goes poorly, youth may turn to substance use or increase use as a way of acting out in reaction to a negative disclosure experience. Alternatively, if family reactions are positive the increased family support and perceptions of connectedness that may result could serve to minimize youths’ substance use.

In order to most effectively intervene with non-heterosexual youth, including the family may be integral to the process given that recent research finds that family factors are related to health outcomes for non-heterosexual youth (e.g., Bouris et al., 2010; Ryan et al., 2009; Ryan et al., 2010; Saewyc, 2011). Sullivan (1994) asserts that LGB youth face unique developmental challenges and that service providers should examine the systemic obstacles to competent services in their behalf. This review of the literature begins to uncover the importance of the needs of sexual minority youth and substance using sexual minority youth, in particular. The high rates of substance use among these youth are disturbing. Research is needed exploring the role of substance use in the disclosure process of non-heterosexual youth. It is important to gain insight into these
relationships to best inform future prevention and intervention research on sexual minority youth who use substances and their families. Further, gaining a deeper understanding of the disclosure to family experience will enable the relationship between disclosure and substance use to be more effectively explored.

**Epistemological Paradigm and Theoretical Frame**

**Interpretive Constructionism.** The interpretive constructionist paradigm guides the overall design and methods of this study. This paradigm assumes a relativist ontology acknowledging multiple realities, a subjectivist epistemology recognizing the co-construction of knowledge and a reliance on language as the primary medium for methodological procedures (Daly, 2007; Denzin & Lincoln, 2000). The interpretive constructionist paradigm is concerned with understanding how people view an object or event, the meaning attributed to it and the way people construct meaning (Daly, 2007; Denzin & Lincoln, 2000; Rubin & Rubin, 2005). Given this description, it is particularly fitting to use this paradigm as a guide to understand the disclosure experience and how substance use interacts with this process for sexual minority youth and their families.

**Symbolic Interaction.** The overarching theory that has influenced the research questions and interpretive constructionist methodology for this study is symbolic interaction. Symbolic interaction theory offers a framework to conceptualize meaning making within families who have sexual minority members. Meaning is a central piece
of symbolic interaction. Individuals act towards things, including other humans, on the basis of the meanings that the things have for them. Meaning is derived from the interaction between two people and interpreted by each individual resulting in a reciprocal, dynamic process of meaning making (LaRossa & Reitzes, 1993). Social interaction is the process through which individuals enact shared symbols and create meaning of self, others, and situations (LaRossa & Reitzes, 1993). Interactions between members of a family system are guided by these multiple levels of self-reflexivity. That is, family members are aware that the other family members are aware of the process of interaction and the meanings that each member is making from that interaction.

Symbolic interaction theory allows researchers to ask meaningful questions about the process of disclosure, how the event is interpreted, and how meaning is created within a family context. This theory guided the development of the interview schedule by incorporating questions to elicit, from non-heterosexual youth and parents of non-heterosexual youth, how the disclosure process and their subsequent interactions and relationship are co-constructed through their interactions with one another, how they interpret meaning from the disclosure experience and how they view themselves affects their interpretation of the disclosure experience. Further, symbolic interaction theory acknowledges the interpretive constructionist view that the interaction between the researcher and participants also reflects a co-constructed meaning making process that affects the data produced and thus the results of the study.
Consequences theory of disclosure. In addition to symbolic interaction theory, this study is also informed by the Consequences Theory of Disclosure, developed by Serovich (2001) and based in principles of social exchange theory (Thibaut & Kelley, 1959). Social exchange theorists maintain that individuals avoid costly relationships and interactions and seek rewarding ones to maximize the profits in their relationships or behaviors (Thibaut & Kelley, 1959). More specifically, when individuals are faced with numerous choices, they tend to select those that provide the most rewards with the least associated costs. Rewards are “pleasures, satisfactions, and gratifications the person enjoys” (Thibaut & Kelley, 1959, p. 12) and may include social, physical, psychological, or emotional dividends that satisfy or please. Costs are punishing, distasteful outcomes that one would like to avoid, or those items or experiences one values that may be relinquished in preference for an alternative reward that is of equal or greater value. The consequences theory of disclosure posits that sexual minority persons will choose whether or not to disclose to family and significant others after a careful deliberation of the rewards and costs. Disclosure occurs once the rewards for disclosing outweigh the associated costs (Serovich, 2001). This perspective can be a heuristic framework for which to explore the details about the decision to disclosure one’s sexual orientation to family. A realistic appraisal of the costs and benefits to the self, parents and their relationship before disclosure seems critical (Green, 2000) given the variety of potential rewards and costs ascertained through anticipated and actual family reactions.
to disclosure. The social exchange framework guided the development of a portion of
the interview schedule by incorporating questions to elicit motivators, anticipated costs
and rewards, strategies used that influenced the disclosure decision, as well as reactions
perceived.
CHAPTER 3: METHODOLOGY

Overview

The research design for this study utilizes a qualitative approach to understand the disclosure of a non-heterosexual orientation to family process and to explore if and how adolescent substance use is related to this experience from the perspective of both youth and parents. Participants who responded to recruitment efforts were screened to determine if they met the eligibility criteria for participation. A private appointment was set up for those who agreed to participate in order to obtain written and verbal consent and to administer the questionnaires and in-depth interview. Individual, semi-structured interviews were conducted with 22 non-heterosexual youth and 8 parents of non-heterosexual youth. The interviews with non-heterosexual youth were preceded by a brief questionnaire gathering basic demographic information and information related to their sexual identity process and followed with a series of questionnaires obtaining information about their closeness with parents, depression, risk areas, and substance use. The interviews with parents were preceded by a questionnaire gathering basic demographic information, information related to their child’s sexual identity process and closeness with their LGB-identified child and another of their children, if applicable. Constructivist grounded theory methods were employed for data analysis. The remainder of this chapter describes the study procedures in detail.
Participants

**Sampling.** Purposeful sampling techniques were employed to recruit participants. Purposeful sampling techniques seek information-rich cases that will provide insight into the questions under study (Patton, 1990). Convenience sampling was the primary sampling strategy used to recruit youth and parents. At the study outset, the utilization of a maximum variation sampling strategy was planned. Maximum variation sampling is used to capture and describe central themes or outcomes that are shared among a variety of participants. Patton (1990) goes on to explain that this sampling strategy allows researchers to “more thoroughly describe the variation in the group and to understand variations in experiences while also investigating core elements and shared outcomes” (p. 172). Efforts were made to target youth recruitment towards individuals of varying age and gender as the study progressed. However, due to pragmatic limitations, it was not possible to strategically target venues in order to recruit participants that would maximize variation in regards to degree of disclosure to family and substance use.

**Recruitment.** Participants were primarily recruited through advertising efforts with local LGB and LGB-serving organizations. Recruitment efforts focused on the following organizations: Kaleidoscope Youth Center, the only safe haven in Central Ohio specifically for LGBTQ youth, which serves youth ages 12-20; The Ohio State University Multicultural Center, LGBT Student Services; and local Parents, Families
and Friends of Lesbians and Gays (PFLAG) chapters. Recruitment sites/venues were provided flyers and cards with information about the project for posting and distribution. In addition, several other recruitment strategies were used. Research assistants for this project distributed project advertisements around the OSU central campus area, including large classroom buildings and local shops and stores. A letter about the project and a flyer was sent to several area churches and psychotherapy offices that are known for being open and affirming to the LGBT community. Information about the project was also distributed to the project coordinator of a local drop-in center for homeless youth that serves a number of LGBT identified youth. The drop-in center is affiliated with the OSU Department of Human Development and Family Science under the guidance of Dr. Natasha Slesnick.

Screening. Participants responded to recruitment efforts by email or phone and were screened to determine if they met the eligibility criteria for participation (see Appendix A for a copy of the screening form). After receiving detailed information about the study procedures and completing the screening, if the potential participant was interested a private appointment was set up for those who agreed to participate in order to obtain written and verbal consent and to administer the questionnaires and in-depth interview. Of those who formally screened, four youth could not be reached to schedule an appointment and one parent did not meet eligibility criteria.
**Inclusion/exclusion criteria.** Youth between the ages of 14-21 years who identified as non-heterosexual were eligible to participate. Parents were eligible if they had a child who was between the ages of 14-21 when the child disclosed their sexual orientation to the parents. This disclosure had to have occurred within the past five years. The five-year timeframe is appropriate because a child’s disclosure of a same-sex orientation is a significant autobiographical event for parents. Literature on memory indicates that events resulting in emotional arousal are remembered more accurately and consistently (Smith, Bibi, & Sheard, 2003). Interview strategies were employed in order to prompt successful recall of the disclosure event itself and the autobiographical detail associated with it. This includes contextualizing the event to time, environment, and person. Exclusion criteria for both parents and youth included the ability to speak and understand English. This was imperative given the verbal nature of the project. Transgendered persons were not recruited for this project because transgenderism and transsexuality are essentially gender identities and not sexual orientation identities.

**Detailed Study Procedures**

Most activities for this project, including individual interviews and data analysis, were conducted at a private research suite on the West campus of the University. This location was ideal for youth and parent participants because it was private, wheelchair-accessible, ample parking was available and it is located on the campus and local city bus line. Three youth and five parent interviews were conducted in alternative locations.
One youth was interviewed in another classroom building on the university campus, one youth and one parent were interviewed in a private room in a library, one parent was interviewed in a coffee shop, and one youth and two parents were interviewed in their own home. The criteria for selecting an alternative interview site included keeping the participant’s comfort and confidentiality and both participant’s and researcher’s safety as a priority. If determined to be eligible, an interview time was set up and directions to the research suite were provided as necessary, given the transportation situation of the participant (i.e., bus or car).

**Human Subjects Protection.** Written consent and/or assent, according to Institutional Review Board (IRB) procedures for the protection of human subjects, to participate in the study was obtained prior to the assessment and interview. Consent was obtained from all participants 18 years and older. All participants between the ages of 14 and 17 provided assent upon enrollment in the study. Parental consent was obtained from youth ages 14-17 who believed that parental involvement would not cause the youth undo stress or risk. Informed consent documents explicitly stated, and parents understood before consenting, that they were waiving all access to the youth’s data in order to ensure confidentiality. Youth ages 14-17 were asked if they could bring a parent with them to provide consent. In one instance, a potential youth participant revealed that they were not able to have a parent provide consent because they had not disclosed. In this instance, the youth was asked if they could bring another adult that
could be an advocate for them. The youth stated that he had not disclosed to any adults. This youth was informed that he would be provided with a subject advocate who he could consult with regarding his participation in the study. Subject advocates or assent monitors can be used when a child cannot acquire parental consent because doing so puts the child undue stress or risk. For this project, the individual who served as a subject advocate for the above described case was a doctoral student in human development and family science, not affiliated with this research project, who is familiar with human subjects research involving minors. She participated in the consent process, consulted with the youth privately prior to consent and served as a witness when consent was given.

At the conclusion of each appointment, participants were debriefed and provided with a resource list. The resource list included contact information for local organizations that serve LGBT youth and families as well as mental health and substance use treatment providers. It also included contact information for the project and participants were encouraged to contact the interviewer if they had any questions about their participation or needed more detailed information about any of the contacts on the resource list. Participants were reimbursed for parking or bus fare and provided with light refreshments if they were interviewed on campus. Participants were compensated for their time and participation with a $20 gift card to Target©.
Data collection. Two methods of qualitative data collection were employed; questionnaires and individual interviews.

Questionnaires. Prior to the interview, for descriptive and contextual purposes, a questionnaire was administered to all participants. The purpose of the pre-interview questionnaire was to gather demographic and biographical information in an unobtrusive and time-efficient way so that the interview and data analysis could be informed by this information. Participants were encouraged to elaborate on answers in the margins or space provided at the end of the questionnaire to encourage more contextualized information rather than forced responses.

The content of the questionnaire for youth gathered basic demographics (age, gender, ethnicity/race) and information related to the sexual identity development and integration (SIDI) process. Regarding SIDI, participants were asked about several age-related milestones, modeled after those described by D’Augelli and colleagues (1998) and how they self-identify in regards to their sexual orientation. Youth were asked to describe their sexual orientation when they first came out and currently. They were given the following parameters: gay/lesbian; bisexual, mostly gay/lesbian; bisexual, equally gay/lesbian and heterosexual; bisexual, mostly heterosexual. Several participants wrote in a different description of how they preferred to self-identify. The questionnaire also asked basic information about their disclosure to parents. This included at what age, if any, did they first tell their mother and father, as well as a rating
of their parent(s) attitudes about the youth’s sexual orientation at the time they first disclosed. In addition, four established measures were administered as the post-interview questionnaire for youth. Parent-child closeness was assessed using the Parent Child Closeness inventory (PCC; Buchanan, Maccoby, & Dornbusch, 1991). Sum scores for the nine items range from nine to 45. Buchanan and colleagues (1991) reported internal consistency at .89 for mothers and .90 for fathers. In this sample, internal consistency was high for mothers ($\alpha = .97$) and fathers ($\alpha = .95$). Depressive symptomology was assessed using the Center for Epidemiologic Studies for Depression scale (CES-D; Radloff, 1977). Among a sample of adolescents and young adults, the CES-D has been found to have high internal consistency ($\alpha = .86-.87$) (Radloff, 1991). In this sample internal consistency was high ($\alpha = .89$). A score of 16 or higher is considered the cut-off point for high depressive symptoms (Radloff, 1977). The Problem Oriented Screening Instrument for Teenagers (POSIT; Rahdert, 1991) was included to identify risk level (low-to-no-risk, medium-risk, and high-risk) in three areas: substance use, mental health, and family relations. Risk levels on these scales informed analysis. The internal consistency of the substance use and mental health scales are considered favorable ($\alpha = .77$ and $\alpha = .74$, respectfully), though the family relations scale is slightly lower than favorable ($\alpha = .63$). In addition, high intraclass correlation coefficients have been found for each scale ($r = .77$ to .88) (Knight, Goodman, Pulerwitz, & DuRant, 2001). In this sample, the chronbach’s alpha
coefficients for each scale internal consistency were as follows: substance use (α = .80), mental health (α = .78), and family relations (α = .66). Information on substance use was collected using the Adolescent Alcohol and Drug Involvement Scale (AADIS; Mayer & Filstead, 1979; Moberg, 1991) as the primary measure of quantity and frequency of drug use. The results from a validation study indicate that youth who score 37 or higher should be fully assessed for substance use disorders using a standard clinical assessment (Winters, Botzet, Anderson, Bellehumeur, & Egan, 2001). There is limited evidence on the validity of the AADIS available, but one study found high internal consistency (α = .94) and high correlations among other self-report measures of substance use (r = .72) (Winters et al., 2001). In this sample, internal consistency was acceptable (α = .71). The insights garnered from the questionnaires have been used to further contextualize the participant’s psychosocial and developmental context.

The parent-version of the pre-interview questionnaire gathered basic demographic information (age, gender, ethnicity/race) as well as information about their LGB child’s SIDI milestones. Parent-child closeness (PCC; Buchanan et al., 1991) was also assessed for parent participants by modifying the original instrument to obtain the parent’s perspective of closeness with their child. In this sample, internal consistency was high for participants’ non-heterosexual child (α = .84) and other child (α = .88). The questionnaires for both the youth and parents can be found in Appendix B.
**Individual In-depth Interviews.** Individual, semi-structured, in-depth interviews were employed with youth and parents to explore the disclosure experience and to inquire about the relationship of substance use and disclosure from the perspective of both youth and parents. The interviews were conducted using a semi-structured constructivist grounded theory format (Charmaz, 2006). In addition, the tone of the interview followed a responsive interviewing style (Rubin & Rubin, 2005). This style of qualitative research interview enables interview questions, probes, and follow up questions and the tenor of the interview to be tailored to each participant. This type of interview encourages a level of trust and genuineness between the participant and interviewer as well as allow for adaptation based on the context of the participant. The interview schedules that guided the youth and parent interviews can be found in Appendix C.

**Content and duration of youth interviews.** Interviews with youth were designed to elicit information about their decisions about disclosing to family, the process and experience of disclosure, and if and how they thought substance use was related to the disclosure process. Questions and probes in six main areas guided the youth interview: (1) description of participants’ family, (2) description of disclosure experience (to each family member), (3) experiences after disclosure, (4) nondisclosure decisions, (5) meaning and acceptance of being a gay child, and (6) the relationship of substance use and disclosure. As the participant described their family, a family form was completed.
by the interviewer. The family form indicated basic information about the youth’s relationship and disclosure status with each family member (see Appendix C). The average length of the youth interviews was 64 minutes long with a range of 35 minutes to 98 minutes.

**Content and duration of parent interviews.** Interviews with parents were designed to elicit parental perceptions of the disclosure process and experience and to gain insight into how substance use may affect the family context within which disclosure to family occurs. Questions and probes in five main areas guided the parent interview: (1) description of family, (2) relationship with child prior to disclosure, (3) the disclosure experience, (4) current relationship with child, and (5) the relationship of substance use and disclosure. The average length of the parent interviews was 84 minutes long with a range of 66 minutes to 123 minutes.

**Data Handling Procedures and Transcription.** Interviews were transcribed within two weeks and then double checked for accuracy and to verify identifying information has been removed by two research assistants. The digitally recorded audio files and all other electronic data associated with the study were maintained on a secure server. All paper copies of research materials and data, including interview transcripts were kept in a locked office and file cabinet. Only de-identified materials were ever transported outside of the secure research space to maintain participant confidentiality.
**Data Analysis.** Preliminary analysis of transcripts and pre- and post-interview questionnaires began as soon as transcription for each interview was complete resulting in interviews and data analysis occurring simultaneously. Deeper analysis occurred once the majority of data was collected.

**Questionnaires.** Analysis of the questionnaires involved synthesizing the information garnered into biographical sketches of each participant. This information was used to describe, situate and contextualize the experiences of the participants. Information obtained through the questionnaire served to provide a richer description of participants’ experiences by further contextualizing their experiences and aid in the reporting of the findings. The heterogeneity of participants’ demographic and biographical characteristics, degree and nature of substance use and disclosure and other lived experiences provides a generative source for different categories of analysis.

**Interview transcripts.** Constructivist grounded theory methods for data analysis were employed (Charmaz, 2000, 2002). This method of qualitative data analysis employs “constructivist induction” (p. 48) where understanding emerges from the data that is created through the researcher and participant interaction (Daly, 2007). A three-part coding scheme was developed through the use of initial line-by-line, open coding to identify concepts or “meaning units” (Charmaz, 2000) within each interview. Selective coding involves using recurrent concepts to begin to create categories and sorting through data. Through the use of open and selective coding, themes began to emerge.
The constant comparative method was used to sort and make sense of emerging concepts, categories and themes within and across interviews. Concepts, categories, and themes were all coded. Charmaz (2000) describes that the constant comparative method means (a) comparing interviews, (b) comparing data within the same interview, (c) comparing situations and concepts within and across interviews, (d) comparing data with the emerging category, and (e) comparing categories to each other. As concepts, categories and themes emerge from the data analysis, interview probes and follow up questions were used to allow for emerging concepts to be explored with new participants in an effort to move towards saturation and to achieve “thick description” (Geertz, 1973). The software NVIVO 9.0 was utilized in this study to aid data analysis. NVIVO was used to analyze interview transcripts, mark the occurrences of codes in the text, create hierarchal coding schemes, attach memos to text segments, and search for linkages between codes.

**Trustworthiness.** Qualitative researchers purport that there is no single version of reality or truth (Denzin & Lincoln, 2000). What is considered real and true is constructed by the interpretations of and the negotiations between researchers and participants. However, this social construction position is not void of rigorous research criteria. Establishing validity in qualitative work means establishing the credibility of the study based on a set of standard practices. This is important because it ensures that the collected data, analytic procedures, and conclusions are believable and trustworthy.
In this project, several steps were taken to ensure rigor. Peer debriefers and knowledgeable insiders were used at various stages of the research process, to guard against researcher bias in design, data collection and analysis. Knowledgeable insiders are used in various types of qualitative research in order to enhance credibility of the results by ensuring clarity, flow, and cultural sensitivity of the data collection methods, particularly when the researcher does not have the same experiences as the research participants (e.g., indentifying as a member of a cultural group) (Padgett, 1998). A female, lesbian-identified peer who was not affiliated with the project provided feedback on the youth questionnaires and interview schedule and the mother of a colleague who had disclosed his sexual orientation to family provided feedback on the parent questionnaire and interview schedule. Peer debriefing enables researchers to work with experts and/or invested constituents as research guides or critical readers and provide support (Padgett, 1998). Throughout the iterative research process, colleagues provided feedback on analytic theorizing and provided confidential support when needed. These individuals included undergraduate staff involved in transcription of the audio-recorded interviews and doctoral student colleagues. All of these individuals had signed a confidentiality agreement for this specific study; identifying information was not discussed. Triangulation means bringing together multiple data sources, research methods, investigators, and theoretical frameworks in order to collect and analyze data (Lincoln & Guba, 1985). This study applied analytic triangulation by using multiple
methods of data collection (questionnaires and interviews), as well as data from both youth and parents in order to foreground the multi-dimensional aspect of their experiences and integrate multiple perspectives to understand disclosure and substance use. Negative case analysis was incorporated into the data analysis to focus attention to outlier data that do not fit major categories of analysis to add variation and depth of understanding (Strauss & Corbin, 1990). This was achieved by focusing on both dominant and less dominant categories in order to derive more complex and nuanced shades of understanding. In addition, a system of organization that includes study procedures, human subjects protection information, participant data, and all data analysis materials was maintained throughout the project that serves as an audit trail (Lincoln & Guba, 1985).

**Definitions.** Several different terms were used throughout this study to refer to various aspects of sexual orientation and identity. The acronym LGBT is commonly used to refer to lesbian, gay, bisexual and transgender individuals. Given that transgender is essentially a gender identity and not a sexual identity, this project more accurately uses the acronym LGB. Often, particularly in research on LGB youth, those youth who are “questioning” their sexual orientation are included in studies and are represented in the acronym by the letter “Q” resulting in the full acronym LGBQ or LGBTQ. The letter Q has also been used to refer to the word queer. Recently, across disciplines and in society at large, there has been a movement towards using the term
queer to describe sexual minority individuals. The word queer is often used as an umbrella term to refer to individuals who are considered sexual minorities. This is in contrast to the use of the word queer in regards to identity politics that identifies “queer” as something different from mainstream LGBT communities and ideology. For example, the two female identified participants who identified themselves as “queer” are most likely referencing this definition as an identity label. For the purposes of the findings section of this project, the use of the word queer will be used an umbrella term for non-heterosexually identified individuals. The terms, sexual minority youth and non-heterosexual orientation, are used throughout this project as they are typically a more accurate representation of the individuals being described. All of these terms will be used interchangeably as appropriate throughout this study. One participant in the project self-identified as pansexual. According to the Merriam-Webster online dictionary, pansexual means ‘exhibiting or implying many forms of sexual expression.’ This participant explained, “Not everyone defines pansexual in the same way. I’m attracted to who I love, I don’t really think about whether you’re a boy or a girl or a girl-boy or a tranny or whatever.”
CHAPTER 4: FINDINGS

The purpose of this study was to conduct research to understand non-heterosexual youths’ experience with disclosure of sexual orientation information to family of origin and how adolescent substance use may affect this process. In this chapter, the findings are reported by specific aim. The first section provides an in-depth understanding of the process of disclosure to family for non-heterosexual youth and describes the experience from the perspective of both non-heterosexual youth and parents of non-heterosexual youth. The second section explores the relationship between adolescent substance use and disclosing one’s sexual orientation to family. Quotes and excerpts from the interviews will be presented to both describe and enrich the findings for each aim. In some instances, the quotes will be slightly modified from verbatim in order to more clearly articulate a point. Following the quotes, participant number, gender (as indicated by the M or F), and age of participant will be identified in parentheses (e.g., Y03, M, 20 or P04, F, 57); the Y indicates a youth participant, the P indicates a parent participant. First, demographic and descriptive information related to sexual identity from both youth and parents are presented.

Demographic and Descriptive Characteristics of Participants

Characteristics of Youth. Table 1 illustrates demographic characteristics of the youth who participated in this study. Youth participants included 10 females (45%) and 12 males (55%) age 14 to 21 ($M = 18.86$, $SD = 1.72$). All youth participants identified
their ethnicity/race as White with three exceptions where one youth each identified as Latino (4.54%), Black (4.54%), and Biracial (4.54%), resulting in 13.63% of the youth participants identifying as an ethnic or racial minority. Socioeconomic status information was not collected; however, the majority of the youth participants over the age of 18 were in college. Most of the youth described that they were under the care of two parental figures during their childhood, in most cases a biological mother and a father/step-father. One youth was homeless at the time of data collection. Given the skewed distribution of characteristics of the sample, analysis based on environmental factors was not possible. Youth were asked on the pre-interview questionnaire how they currently self-identify in regards to sexual orientation and were given the following parameters: (a) gay/lesbian, (b) bisexual, mostly gay/lesbian, (c) bisexual, equally gay/lesbian, (d) bisexual, mostly heterosexual. Youth were also informed at the administration of the questionnaire that they should write in more accurate responses if necessary. Nine youth identified as gay (40.91%, all male), one identified as lesbian (4.54%, female), eight identified as bisexual (40.91%; 3 males, 6 females), two identified as queer (9.09%; both female), and one identified as pansexual (4.54%; female).
Table 1. Demographic Characteristics of Youth Participants

<table>
<thead>
<tr>
<th>ID</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity*</th>
<th>Sexual Orientation</th>
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<tr>
<td>2</td>
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</tr>
<tr>
<td>3</td>
<td>20</td>
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<td>White</td>
<td>Gay</td>
</tr>
<tr>
<td>4</td>
<td>20</td>
<td>M</td>
<td>White</td>
<td>Gay</td>
</tr>
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<td>Bisexual</td>
</tr>
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<td>6</td>
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<td>M</td>
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<td>Gay</td>
</tr>
<tr>
<td>7</td>
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<td>Gay</td>
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<td>Bisexual</td>
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<td>Pansexual</td>
</tr>
<tr>
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<td>19</td>
<td>F</td>
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<td>Queer</td>
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<tr>
<td>14</td>
<td>18</td>
<td>F</td>
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<td>Bisexual</td>
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<tr>
<td>22</td>
<td>16</td>
<td>M</td>
<td>White</td>
<td>Gay</td>
</tr>
</tbody>
</table>

* White = not of Hispanic origin, Biracial = black and white

Table 2 presents an overview of sexual identity development milestones for the youth participants. Youth reported that they were first aware of being attracted to persons of the same sex between the ages of 6 and 18 \( (M = 12.45, SD = 2.99) \). They reported an average of a three-year difference between first wondering if they were
lesbian, gay, or bisexual and self-identification. The average age of first identifying as lesbian, gay, or bisexual and age of first disclosure was 16.02.

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Min</th>
<th>Max</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>At what age were you first aware of being attracted to same-sex persons</td>
<td>6.00</td>
<td>18.00</td>
<td>12.45</td>
<td>2.99</td>
</tr>
<tr>
<td>At what age did you engage in same-sex sexual behavior (beyond kissing)</td>
<td>12.00</td>
<td>20.00</td>
<td>16.47</td>
<td>2.24</td>
</tr>
<tr>
<td>At what age did you, if ever, engage in opposite-sex sexual behavior (beyond kissing)</td>
<td>12.00</td>
<td>20.00</td>
<td>15.73</td>
<td>2.53</td>
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<tr>
<td>At what age did you first wonder if you might be LGB</td>
<td>10.00</td>
<td>18.00</td>
<td>13.05</td>
<td>1.94</td>
</tr>
<tr>
<td>At what age did you first identify as LGB</td>
<td>11.00</td>
<td>20.00</td>
<td>16.02</td>
<td>2.46</td>
</tr>
<tr>
<td>At what age did you tell someone that you were LGB</td>
<td>11.00</td>
<td>20.00</td>
<td>16.02</td>
<td>2.25</td>
</tr>
</tbody>
</table>

Table 2: Youth Sexual Identity Development Milestones

It was most common for youth to first disclose a non-heterosexual orientation to a straight peer \( (n = 7, 31.8\%) \) or a gay peer \( (n = 6, 27.3\%) \), followed by their mother \( (n = 3, 13.6\%) \). Most youth described that they were “somewhat uncomfortable” \( (n = 10, 45.5\%) \) with their sexual orientation when they first told someone, followed by “somewhat comfortable” \( (n = 6, 27.3\%) \), “very uncomfortable” \( (n = 4, 18.2\%) \) and “very comfortable” \( (n = 2, 9.1\%) \). Level of distress followed a similar pattern with 11 youth reporting they were “somewhat distressed” \( (50\%) \), followed by “distressed” \( (n = 6, \)
27.3\%), “very distressed” (n = 3, 13.6\%) and “not at all distressed” (n = 2, 9.1\%). The majority of the youth described themselves as “very comfortable” with their sexual orientation (n = 17, 77.3\%). Four youth reported that they were “somewhat comfortable” (18.2\%) and one youth reported they were “very uncomfortable” (4.5\%).

**Characteristics of Parents.** Table 3 illustrates demographic characteristics of the parents who participated in this study. Eight parents participated in the study, six mothers (75\%) and two fathers (25\%), age 34-57 (M = 47.3, SD = 8.14). All parents identified their ethnicity/race as White with one exception where one participant identified himself as Black (12.5\%). Six of the parents had a son and two had a daughter who they reported identified as LGB. Three of the mothers were a parent of a youth who also participated in the study.

<table>
<thead>
<tr>
<th>ID</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity*</th>
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</tr>
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<tr>
<td>8</td>
<td>55</td>
<td>F</td>
<td>White</td>
<td>15</td>
</tr>
</tbody>
</table>

* White = not of Hispanic origin

Table 3: Demographic Characteristics of Parent Participants
Parents reported that their child first disclosed their non-heterosexual orientation to them between the ages of 13 and 21 ($M = 16.62$, $SD = 3.15$). Concerning comfort with sexual orientation at initial disclosure, two parents stated they were “very comfortable” when their child first disclosed their sexual orientation to them (25%), two parents stated they were “somewhat comfortable” (25%), three parents stated they were “somewhat uncomfortable” (37.5%), and one parent stated they were “very uncomfortable” (12.5%). Regarding comfort with their child’s sexual orientation at the time of the interview, three parents reported they were “very comfortable” (37.5%) and five reported they were “somewhat comfortable” (62.5%). None of the parents reported they were currently uncomfortable with their child’s sexual orientation.

**Specific Aim 1: Describe the Process of Disclosing a Non-Heterosexual Identity to Family and Describe the Meaning of the Experience from the Perspective of Both Youth and Parents.**

In this section, the findings about disclosure of sexual orientation to family from the perspective of both youth and parents will be explored. Given the scope of the project, disclosure decisions and experiences with parent(s) will be the primary focus with disclosure decisions and experiences with other family members used to elucidate themes as warranted. The findings will be presented in accordance with three temporal categories that encapsulate pertinent aspects of the disclosure to family process: (1) the decision to disclose, (2) the disclosure event, and (3) the ongoing familial relationship.
Within each category, themes will be presented and described that often transcend the temporal aspects of the disclosure process. Finally, *becoming a queer son or daughter* will be presented as a narrative to describe the disclosure to family experience\(^1\).

**The Decision to Disclose.** Eighteen of the 22 youth in the study (81.8\%) had disclosed their same-sex attractions or sexual identity to at least one of their parents. Of the 22 youth in the study, only four (18.2\%) had not disclosed their non-heterosexual orientation to any family members. Ten of the 22 youth in the study made a planned decision to disclose their same-sex attractions or queer identity to their mother and seven youth made a planned decision to disclose to their father. Seven youth described their disclosure to their mother as unplanned and six youth described their disclosure to their father as unplanned.

**Four Interrelated Factors.** Four interrelated factors emerged as primary influences of youth’s disclosure decisions to family. For most youth, more than one of these factors contributed to them personally disclosing their same-sex attractions or queer identity to various family members. These factors include the youth’s SIDI process, relationship dynamics between the youth and family member, messages received about non-heterosexual attraction and identities, and the youth’s expectations of the disclosure outcome. Each factor is presented and how they intersect to inform disclosure decisions will be highlighted (see Figure 1). At the conclusion of this section,

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\(^1\) The use of this phrase is an elaboration upon the process “becoming an LGB offspring” referenced in D’Augelli’s (1994; 2006) human development model of LGB sexual identity development.
the mechanism through which the disclosure decision is made will be proposed and described.

**SIDI process.** Youth participants had varying SIDI trajectories specifically in regards to coming out to self, friends, and family. Some participants came out to self and others simultaneously while others reported longer periods of time (e.g., 1-4 years) between coming out to self and coming out to family. Youth’s SIDI process affected the decision to disclose to one’s parent(s) in different ways. This was evidenced in the data at a basic level, in which youth described how being ready to disclose to family was
related to how comfortable they were with their same-sex attractions and their confidence in their sexual orientation. One youth stated, *I wanted to make sure it was something that I truly believed in* (Y07, M, 18), when he was talking about first disclosing. Similarly, one participant shared the reason he was not ready to disclose when his parents initially suspected:

*I didn’t want to do anything prematurely. I knew kind of from an early age. I just kind of wanted to make sure I knew what was true because once I did disclose it, there’s really no going back at that point. So I figured that I want to be sure, you know, this is who I truly am* (Y02, M, 19).

Another participant who has not disclosed to family described, *I was so unsure when I was in high school, you know, I was uncomfortable with it myself* (Y20, F, 20).

It was also not unusual for participants to deny their same-sex attractions if asked, if they were not yet ready to disclose: *I denied it then, because obviously I wasn’t comfortable with it* (Y15, M, 21). A participant who had been out to himself for a few years prior to disclosing to his mom described, *She would occasionally ask me, ‘are you gay’, or ‘have you ever thought about, are you gay?’ I would always get really mad and be like, ‘Oh no, no, no, no definitely not. Why would you think that?’* (Y08, M, 21). This youth also described how he has not disclosed to certain family members, friends, and acquaintances, because of where he is in his own SIDI process: *Maybe I’m not sure I’ve come out to myself, all the way yet* (Y08, M, 21). Some youth participants
also described that they did not choose to disclose to their parent(s) until they were more confident with their sexual identity, *When I told my mom, I was pretty sure, like I wasn’t on the edge or anything* (Y21, F, 14). Another youth responded to the question “Why didn’t you disclose before that time” by stating, *I just didn’t really want to* [disclose to parents yet]. *I wasn’t comfortable with the idea myself for quite awhile* (Y14, F, 18). The majority of youth who made a planned decision to disclose to their parent(s) did so because they felt ready to self-identify as non-heterosexual.

**Family dynamics.** Overall, there was a wide range of family experiences and family dynamics evidenced among the sample. Some youth described their families as very close or with a high sense of cohesion and flexible parent-child boundaries while others described their families as more disengaged and rigid in terms of family boundaries. Many youth reported a high level of parent-child closeness, as assessed by high scores on the PCC (Buchanan et al., 1991). Eleven youth reported very high parental closeness with their mother and two youth reported very high parental closeness with their father. Extremely low parental closeness was less common with three youth reporting very low closeness with their mothers and four youth reporting very low closeness with their fathers. The average score for mothers was 35.27 (SD = 10.39) and the average score for fathers was 28.47 (SD = 11.19).

The youth’s perception of emotional closeness with the family member was a significant motivator to disclose their same sex attractions or queer identity. In all of the
cases where the youth sought support from a family member regarding their same-sex attractions or sexual identity, the youth described the relationship as very close. The following youth described the reason why she decided to disclose to her mom:

*I wanted to talk to my mom about it because at the time we were the closest. I didn’t wanna talk to anybody else about it. And it’s my mom, so I wanted to tell her first. I felt like my mom was the first one I needed to tell* (Y21, F, 14).

Another youth whose parents noticed his depressed mood asked what was wrong described why he chose to disclose to them at that time: *Because of the relationship I had with my parents, I felt I could be honest with them* (Y16, M, 18). This participant described his relationship with his parents as very close and open.

*Both of these quotes illuminate the significance of how perceptions of a positive relationship dynamic with a family member influences the disclosure decision. Youth who sought support from family members in regards to their sexual identity perceived positive relationship dynamics. The intersection of SIDI process and family dynamics is elucidated by the theme seeking support. Some youth sought support from family members in regards to their early SIDI process. For example, one participant (Y05, F, 19) opened up to her mother about her confusion with her sexual identity because she felt that she could be open with her mother. Another youth described reaching out to her aunt early in her SIDI process because she was distressed regarding a relationship:*

51
It was really hard to figure out how I could describe it to her. Because I don’t think I ever called myself a lesbian at that point. I just always talked about my feelings in terms of other people. So, when I came out to my aunt, I didn’t say that I thought I was gay, I said that I thought I had feelings for another girl (Y10, F, 19).

One participant, whose mother asked her if she had feelings for one of her girlfriends, described how opening up to her mom helped her accept her feelings even though she initially was not ready to tell her mother: I didn’t wanna tell her. I just wanted to figure it out first. But with her help I was able to figure out more (Y17, F, 20). This participant described being glad that her mother asked her about her sexual orientation because it gave her the opportunity to talk with someone about her feelings.

Alternatively, the disclosure decision was also affected by perceptions of emotionally distant relationships or unpredictable family communication patterns. One youth participant elaborated on the disconnectedness she felt with her parents:

It was always kind of weird to talk to them about anything...I never knew what their response would be to things, so I never felt like if I had a problem I could just talk to them about it without them freaking out about it, basically (Y09, F, 19).
Similarly, another participant described why he decided to disclose to his mom before his dad even though his parents were together: *I wasn’t very close with him. And I didn’t really know how he’d like react and stuff* (Y03, M, 20).

The previous two quotes also illustrate how the factors that influence a disclosure decision to family are interrelated as they each involve family dynamics interacting with expectations of the disclosure outcome. Youth commonly revealed some degree of uncertainty about how their parent(s) would react to their disclosure of same-sex attractions or a queer identity. Even though this participant reported a very high degree of closeness with her mother, she expressed her concern: *I just didn’t know how she would react to her daughter being gay* (Y17, F, 20).

**Messages.** Messages youth received from friends and community, family members, and culture and society were described as an important factor in the decision making process. Some of the youth described how their parents did not send any clear messages about how they felt about same-sex attractions, which often led to youth expecting the worst: *I had heard that a lot of people do get kicked out for their sexuality and I just wasn’t sure how my mom would respond. I mean, she never, we never really talked about gay people, ever* (Y04, M, 20). Others described how they received mixed messages from their mother:

*She would always say, ‘If you’re gay you’d tell us you’re gay.’ But she’d always kinda add, ‘But if you were gay you should know it’s kind of a hard lifestyle.*
You’re not going to have an easy lifestyle.’ So I was afraid my mother had negative views of [a non-heterosexual lifestyle] (Y08, M, 21).

However, in most instances, messages from family were clearer:

The only time that my dad has ever talked about homosexuality, I was really, really young and I don’t remember what the conversation was, but I think my sister had asked him something, and I just remember my dad saying that ‘If either one of you two girls ever wanted to go that way, I wouldn’t stop you, but I’d make it really hard for you’ (Y20, F, 20).

Another participant described how he elicited a message from his mother by asking, ‘Mom what would you do if I was gay?’ And she was like, ‘You’re not.’ And that was the end of the conversation (Y19, M, 17). A few participants also described how they received messages about non-heterosexual identities and disclosure through media. I’d watch [gay-related films], over and over again…They are always kinda negative. So I kinda built myself for getting kicked out, living on the street or whatever (Y08, M, 21).

Homophobic messages from family members, friends, and community, also affected disclosure decisions:

I would watch shows with her that had gay couples in them and she would start yelling curse words and she would go, ‘that’s sick’ and ‘I don’t understand how they allow them to show something like that on TV.’ I would be sitting there with her trying to figure out how I was not gonna expose that I was gay (Y07, M, 18).
Another participant described how his interaction with his grandmother affected his expectation of the disclosure outcome: *I didn’t think she would accept me, based on comments that, that she had said growing up* (Y15, M, 21).

Youth described how messages they received about non-heterosexual attraction and identities shaped their own belief systems about their sexual identity.

*When I was younger, my brother always called me gay as an insult to me. I didn’t even know what it meant for years. So that’s part of why it was so horrible when I thought that maybe I was gay* (Y07, M, 18).

Another participant described how messages she heard from her community and peers affected her:

*It wasn’t necessarily directed at me, because I wasn’t out or anything, but it was just a lot of like, ‘that’s so gay’, and talking about other people like, ‘I bet she’s a lesbian.’ And [I’m] just sitting there like, oh my god, this could be me, I am not going to be safe if something happens and I have to tell somebody what’s going on in my head* (Y13, F, 19).

Similarly, a participant recalled the significance of a conversation between her sister’s friends over three years previous that influenced her disclosure decisions: *Oh my god, I just saw two girls holding hands. I think I’m gonna throw up!’ And then everyone in the kitchen said, ‘Oh my god, that’s so gross!’* (Y20, F, 20).
**Expectations.** The youth’s expectations of what could happen if they disclosed to a particular family member also played a crucial role in the decision to disclose. Youth identified several anticipated rewards and costs of disclosing. The most common anticipated rewards evidenced in the data included being able to be open and authentic with the family member they disclosed to. Fear of rejection and loss of financial support were the most commonly cited anticipated costs of disclosure. The youth’s SIDI process, family relationship dynamics, and messages received about same-sex attractions and non-heterosexual identities influences what the youth considers possible outcomes of disclosing to family. Two reflective questions emerged that embody the significance of expectations of the disclosure outcome:

- Can I- or do I want to- deal with the outcome?
- How will my relationship with this person change if I disclose?

Youth expressed not wanting to deal with a negative outcome. One participant described how she would consider disclosing but was so unsure about how her parents would react she was unable to decide what to do: "I was always tossing it back and forth like, maybe they’re gonna really like freak out, but maybe it’ll be ok. You know, maybe you should just tell ‘em, maybe it won’t be so bad" (Y09, F, 19). Another participant was very straightforward about her decision to not disclose to her father when she was living at home: "He would’ve just, freaked out. Like, it would’ve been the worst thing in the world" (Y12, F, 21). One participant was worried that she would lose financial support
for her education because she is unsure how her parents would react: *I don’t see why I should, especially because I don’t know how they’d react to it; and I’m financially dependent on them, so I wouldn’t want to create like, unnecessary turmoil* (Y20, F, 20).

Another participant shared, *I was a little nervous, but I didn’t expect anything drastic, like a violent response or like, get out of here. I was a little nervous about what they would say and how they would accept it* (Y16, M, 18). This quote highlights how even when a severe negative reaction is not expected (such as violence, or being forced to leave the home), that there is still a concern for the how the reaction will affect the ongoing relationship.

For many youth, how a possible negative reaction or outcome would affect the ongoing relationship with the family member was a primary concern. One participant described how significant the decision to disclose to his brother was for him:

> Rejection was the number one thing I was afraid of. I’ve always been very close to my brother. And he had told me recently before coming out, that he had always looked up to me, that I was someone that he admired. And I was so afraid that I would lose that, like I would not be that person to him anymore

(Y08, M, 21).

Another participant shared:

> I didn’t want it to be a big deal. I didn’t want them to ask me a bunch of questions about it or anything. I just wanted it to be like, it’s still me it’s just
that I am gay. I wanted to be known as [name], I don’t wanna be known as being gay (Y22, M, 16).

This participant went on to describe how important it was for him to be authentic with his family, regardless of the outcome: I’d rather be myself and get crap for it than just not be myself at all (Y22, M, 16). This participant’s description of how his identity and the disclosure to family decision interact evokes the significance of the concept of authenticity that will resurface as a recurring theme throughout the disclosure to family process.

**Disclosure Barometer.** The four interrelated factors that affect the decision to disclose same sex-attractions or a non-heterosexual identity to family coalesce to inform the youth’s disclosure barometer. The metaphor of a disclosure barometer symbolizes the sensation of a buildup of pressure for the youth. This can be described as an increased desire or need to disclose because of the influence of the youth’s SIDI process, their family dynamics, the messages they received about non-heterosexuality, and their expectations of the disclosure outcome. In essence, the disclosure barometer is the mechanism through which the decision to disclose is made, with the degree of pressure affecting whether the youth does or does not disclose. That is, when the youth feels a lot of pressure to disclose it is more likely that the youth will make the decision to disclose than when the youth feels little pressure.
One participant described how the pressure to tell his family grew the longer he was out to other people,

*I realized at a certain point, like, I can’t keep doing this, I can’t keep this up, I’m gonna have to tell [my parents] eventually. So it just kinda seemed like an inevitable time…*I came out to a lot of people around the same period* (Y02, M, 19).

Similarly, another participant described how they felt an increased sense of pressure to disclose because they were also out to others: *I felt like I had to tell my mom and dad because I knew someone else was gonna tell them* [eventually] (Y13, F, 19).

Another participant who waited almost three years before disclosing to any family, described how the pressure to tell his brother would increase and decrease as a result of his own SIDI process, his relationship with his brother, and his fear of the disclosure outcome:

*I came out to myself at 18 and I wanted to tell him right there. Like, I was ready to go. And I remember there was certain times I would pep myself up, okay, tonight’s the night I’m just going to do it, I’m just going to bite the bullet and I’m just gonna tell him. And of course that didn’t happen, I would chicken out or, I was, I was always afraid that he would reject me, I guess, I couldn’t have that. That would have just been devastating. So I held back* (Y08, M, 21).
Similarly, another participant described a rapid onset of pressure when she thought her parents discovered her non-heterosexual orientation: *I was like, is this really happening? I’m really gonna have to tell ‘em. At that point, I was considering, just deny everything* (Y09, F, 19).

Several participants described how they seemingly increased the pressure on themselves in order to be able to disclose. One participant described he had to *muster up the courage to say it* (Y15, M, 21). This evokes that he had to build up his confidence which is a similar to the participant above who stated he had to *pep myself up* (Y08, M, 21) and another who described that he gave himself a *mini pep talk* (Y18, M, 19). These statements suggest the importance of the degree of pressure for each youth in making their disclosure to family decisions.

Most youth described how the feeling of increased pressure to disclose to family resulted in some level of distress. For example, one participant described, *I felt so guilty for not telling* (Y10, F, 19) and another stated they felt *ashamed* (Y15, M, 21). The disclosure to family decision was described as *a weight on your shoulders* (Y16, M, 18) and many participants described how they felt a relief from the sense of pressure once they disclosed: *it just felt like something had been lifted off my shoulders* (Y03, M, 20); *I was tired of bottling things up ...I was just like ahhh* (Y05, F, 19); *I feel like [disclosing] just, relieves the stress* (Y06, M, 17); *I was relieved, very happy that I got it off my chest* (Y17, F, 20); *I just felt relieved* (Y16, M, 18); *it was very relieving* (Y15, M, 19).
M, 21), I’m glad now that they found out because it’s like, done with (Y09, F, 19). The salience of this theme provides rich evidence to support the significance of the role of pressure and thus the metaphor of the disclosure barometer as the mechanism that regulates the disclosure to family decision.

Conversely, even youth who conveyed that they experienced little stress related to the decision to disclose to family, expressed a strong commitment to their non-heterosexual identity and thus their sexual orientation was more integrated into their identity than other youth. These youth expressed a desire to be authentic with other people in their lives in regards to their non-heterosexual identity, in spite of the relationships they had with their family, negative messages they may have received, or anticipated expectations. Youth who expressed little pressure with the disclosure decision at first appeared to be an exception to the proposition that the feeling of pressure that youth described was the driving force of the decision to disclose. However, upon closer analysis it was the desire to be authentic that influenced the degree of pressure to disclose for youth in these circumstances. For example, one participant who described a strained relationship with her father described her disclosure to him in a very nonchalant way: It was at lunch, in a public place. I didn’t really give him time to really react. I was just basically like, blah blah blah (Y12, F, 21). She described being very open and proud of her identity and expressed no distress about telling anyone.
Summary of the findings related to the decision to disclose. The decision to disclose to family has been described as the result of a process involving four interrelated factors (SIDI process, family dynamics, messages about non-heterosexuality, and expectations of the disclosure outcome) that affect the degree of pressure experienced by the youth. The reading of the disclosure barometer activates the decision to disclose, so that when little pressure is experienced, disclosure does not occur and when a high level of pressure is experienced, disclosure does occur. This model of the decision to disclose to family process is illustrated in Figure 2. The next section will describe the experience of the disclosure event from the perspective of both youth and parents of youth who have had a child disclose to them.

Figure 2: The Decision to Disclose to Family

The Disclosure Event. As described previously, 18 of the 22 youth in the study had disclosed their same-sex attractions or sexual identity to at least one of their parents. Youth participants disclosed to their mother and father between the ages of 12 and 20, with most disclosures occurring between the ages of 15 and 18 ($n = 13, 76.5\%, n = 9$, ...
69.3% respectively), with an average age of 16.52 and 16.61 respectively. Parent participants reported that their child disclosed to them between the ages of 13 and 21 ($n = 8, M = 16.63$). Overall, there were 38 disclosure instances to parents evidenced across the sample of youth and parent participants. Youth overwhelmingly chose to disclose to their parent(s) in person and in a private location, such as their home or car ($n = 29, 76.3\%$). The exceptions include second-hand disclosure through another family member (one of these disclosures was planned; $n = 3, 7.8\%$), by phone ($n = 2, 5.3\%$), through a letter ($n = 2, 5.3\%$), and in person in a public space ($n = 2, 5.3\%$). See Table 4.
<table>
<thead>
<tr>
<th>ID</th>
<th>Youth Gender</th>
<th>Age</th>
<th>Sexual Orientation</th>
<th>Method of Disclosure to Mother</th>
<th>Method of Disclosure to Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td>20</td>
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<td>-</td>
</tr>
<tr>
<td>2</td>
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<td>2nd Hand, (Mother)</td>
</tr>
<tr>
<td>4</td>
<td>M</td>
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<td>Gay</td>
<td>Asked, IPP</td>
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<tr>
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<td>Bisexual</td>
<td>IPP</td>
<td>n/a</td>
</tr>
<tr>
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<td>M</td>
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<td>Asked, IPP</td>
<td>Asked, IPP</td>
</tr>
<tr>
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<td>2nd Hand, (Other)</td>
</tr>
<tr>
<td>8</td>
<td>M</td>
<td>21</td>
<td>Gay</td>
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<td>IPP</td>
</tr>
<tr>
<td>9</td>
<td>F</td>
<td>19</td>
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<td>Asked, IPP</td>
<td>Asked, IPP</td>
</tr>
<tr>
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<td>F</td>
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<td>IPP</td>
<td>IPP</td>
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<td>-</td>
<td>-</td>
</tr>
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<td>IPPu</td>
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<tr>
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<td>F</td>
<td>19</td>
<td>Queer</td>
<td>IPP</td>
<td>IPP</td>
</tr>
<tr>
<td>14</td>
<td>F</td>
<td>18</td>
<td>Bisexual</td>
<td>Asked, IPP</td>
<td>Asked, IPP</td>
</tr>
<tr>
<td>15</td>
<td>M</td>
<td>21</td>
<td>Gay</td>
<td>Asked, Phone</td>
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</tr>
<tr>
<td>16</td>
<td>M</td>
<td>18</td>
<td>Gay</td>
<td>IPP</td>
<td>IPP</td>
</tr>
</tbody>
</table>

*Note: IPP = In-Person, Private; IPPu = In-Person, Public; 2nd Hand, = Second-Hand Disclosure; n/a indicates the person is not involved in the youth's life (e.g., deceased, estranged, unknown); - indicates disclosure has not occurred; * indicates parent was not part of sample*

Table 4: Disclosures to Parents
<table>
<thead>
<tr>
<th>ID</th>
<th>Youth Gender</th>
<th>Age</th>
<th>Sexual Orientation</th>
<th>Method of Disclosure to Mother</th>
<th>Method of Disclosure to Father</th>
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</thead>
<tbody>
<tr>
<td>17</td>
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<td>20</td>
<td>Bisexual</td>
<td>Asked, IPP</td>
<td>n/a</td>
</tr>
<tr>
<td>18</td>
<td>M</td>
<td>19</td>
<td>Gay</td>
<td>IPP</td>
<td>IPP</td>
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<tr>
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<td>M</td>
<td>17</td>
<td>Bisexual</td>
<td>-</td>
<td>-</td>
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<tr>
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<td>F</td>
<td>20</td>
<td>Queer</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>21</td>
<td>F</td>
<td>14</td>
<td>Lesbian</td>
<td>IPP</td>
<td>n/a</td>
</tr>
<tr>
<td>22</td>
<td>M</td>
<td>16</td>
<td>Gay</td>
<td>IPP</td>
<td>IPP</td>
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<td>20</td>
<td>Gay</td>
<td>IPP</td>
<td>*</td>
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<tr>
<td>P02Y</td>
<td>F</td>
<td>15</td>
<td>Lesbian</td>
<td>IPP</td>
<td>*</td>
</tr>
<tr>
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<td>M</td>
<td>15</td>
<td>Gay</td>
<td>*</td>
<td>2nd Hand, Mother</td>
</tr>
<tr>
<td>P04Y</td>
<td>F</td>
<td>21</td>
<td>Gay</td>
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<td>*</td>
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<td>IPPu</td>
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<td>M</td>
<td>15</td>
<td>Gay</td>
<td>IPP</td>
<td>*</td>
</tr>
</tbody>
</table>

Note: IPP = In-Person, Private; IPPu = In-Person, Public; 2nd Hand, = Second-Hand Disclosure; n/a indicates the person is not involved in the youth's life (e.g., deceased, estranged, unknown); - indicates disclosure has not occurred; * indicates parent was not part of sample
As previously described, youth participants reported a mix of planned ($n = 17$) and unplanned ($n = 13$) disclosures to family. Parent participants described disclosure experiences that indicated five planned disclosures and three unplanned disclosures. The youth participants described that nine of the unplanned disclosures to parents involved the parent(s) asking the youth directly if the youth had same-sex attractions or claimed a queer identity. The circumstances that preceded the 22 planned disclosure events evidenced across the sample could be sorted into two categories, readiness ($n = 19$) and relationship difficulties ($n = 3$). That is, in most disclosure instances, youth chose to disclose their non-heterosexual orientation or same-sex attractions to their parents when they had reached a point in their individual SIDI process where they felt ready to disclose. Conversely, some youth chose to disclose because they were having difficulties with a same-sex relationship. In these three instances, all the participants were female and disclosed, in part, to seek support from their mother. This is not to say that relationship difficulties are not a preceding circumstance for non-heterosexual male youth. In fact, relationship difficulties preceded disclosure to parents for males in three instances. However, in each of these cases, the disclosure was unplanned and prompted because the mother asked the youth what was wrong because they noticed a change in the youth participant’s mood. One of these parents described how her son came to disclose to her: *We were in the TV room on the sofa and I said, ‘I’ve had it’, I said, ‘what is going on? You’re not yourself. Something has happened. What happened?’*
(P02, F, 56). An additional three unplanned disclosure instances by female youth were preceded by relationship circumstances, but not difficulties. For example, one participant described *my mom one day asked me, you’re hanging out with [first girlfriend’s name] a lot. Do you have a crush on her* (Y17, F, 20)? This participant went on to describe confirming her same-sex attractions to her mother.

Some form of second-hand disclosure preceded six of the unplanned disclosure events. That is, in several instances the parent found out about the youth’s non-heterosexual orientation from another person. In most of these cases, the source of the information was another family member such as the other parent or a sibling. For example, one participant’s sister told their parents that the participant was gay, which then prompted the parents to ask the participant. Three of the unplanned disclosure events were the result of the participant’s same-sex relationship being discovered. In each of these cases, the parent(s) found a note in the participant’s room that alluded to the participant having a same-sex relationship. One of these participants described being confronted by her parents:

*I was just like, freaking out and like, like I knew I had to say it, like there wasn’t, like, there was no ambiguity in this letter that we were, that I could’ve said anything else at this point. I’m just like, just say it, just say it, and I couldn’t say it. And, um, finally...I had to say that I’m gay and that me and [best friend] are dating* (Y09, F, 19).
Finally, one of the unplanned disclosure events was preceded by a conflict between the participant and her father that led to the participant disclosing her non-heterosexual orientation in anger.

The circumstances that preceded the disclosure event did not seem to dramatically affect the experience of the disclosure event except in the cases of the two participants whose same-sex attractions were discovered by their parents. Both of these youth described their parent(s)’ initial reactions as “very”- or “somewhat unsupportive” and described the disclosure experience negatively. One of the participants shared,

*One of the first things that they said was ‘who else knows’. I said, ‘pretty much everybody knows’, and that, they did not like that. That tipped them over the edge. They started crying some more, and they’re like, the big thing they kept saying was like, don’t tell anybody, do not tell your grandparents, don’t tell your aunt, nobody can find out* (Y09, F, 19).

This participant went on to describe that a few days later her parents sat her down to discuss the situation:

*So I sit down, and the first thing he says- I remember this very clearly- he’s like, ‘I researched this on the internet, and there’s a lot of ways we can fix this problem.’ And I started laughing, ‘cause I’m like, it’s ridiculous, like I think he was referring to reparative therapy. And I just like started laughing, because*
I’m like, that’s so ridiculous. And then he’s like, ‘it’s not funny, it’s serious’
(Y09, F, 19).

The reaction of this participant’s parents was one of the most dramatic experiences evidenced across the sample.

**Reactions.** Regardless of whether the disclosure event was planned or unplanned, the majority of disclosure events resulted in youth reporting a wide range of reactions. Most youth participants rated their mother’s attitude about their sexual orientation at initial disclosure as “very supportive” ($n = 7, 41.2\%$), followed by “somewhat supportive” ($n = 5, 29.4\%$), “somewhat unsupportive” ($n = 3, 17.6\%$), and “very unsupportive” ($n = 2, 11.8\%$). Most youth rated their father’s attitude about their sexual orientation at initial disclosure as “somewhat supportive” ($n = 6, 46.2\%$), with “very supportive” ($n = 3$) and “very unsupportive” ($n = 3$) being endorsed by 23.1\% of the youth and one youth reporting a “somewhat unsupportive” (7.7\%) response.

Most youth participants described the initial reactions of their parents involving a docile reaction followed by a conversation between the parent and child which typically involved the parent asking a few questions, discussing the youth’s current relationship, or discussing sexual health. For example, one participant described:

*The first thing she did was hug me…asked me if I had ever had a boyfriend or if I had ever been interested in a guy…and then she had a talk with me about HIV and AIDS. I was just like, alright this is kinda awkward, but ok* (Y22, M, 16).
Another stated,

*I said, I’m bisexual. And she’s like, ok how do you, like, how do you know? Like, I’m like, I like girls, I’m attracted to girls. And she’s like, if that’s how you feel, that’s how you feel. I’m gonna be happy for you whether you’re gay, whether you’re bisexual or not, so it really doesn’t matter to me, as long as your happy* (Y21, F, 14).

This youth described that her request to visit her girlfriend again promoted her mom to ask about the relationship: *My mom was like, ‘I get the feeling that you guys aren’t really just friends.’ I know we talked for a little while and it was pretty calm* (Y14, F, 18).

Parents described that one of the first reactions they experienced when their child disclosed to them was feeling as if the picture they had envisioned of their child’s life was shattered:

*Everything that I had envisioned, you know parents have this like little ball of fantasy in their head for their children, the white picket fence, the dog, the kids, the wife. [Gay son]’s popped (snaps fingers) and it was like this void...And it’s really scary ‘cause you don’t know how to fill it...I’ve spent 20-some years with this whole reality for him and now there’s this empty void and I don’t know how to fill it* (P01, F, 42).

Another mother stated, *you have your son or daughter’s life planned out as a*
heterosexual and you see all this down the road. And they tell you they’re gay; it’s not gonna be like that. It’ll be different. Totally different. Everything changes (P05, F, 47).

Another parent described grieving and commented, you have to bury your expectation of your child’s life (P04, F, 57). The parents that described experiencing these feelings recollected that it was one of the immediate reactions to their child’s disclosure: As he was talking, this dream died a little. It’s like, okay, chances are good this isn’t going to be his life so now we have to modify it (P08, F, 55).

It was also common for parent participants to describe becoming increasingly worried for their non-heterosexually identified child’s well-being once they disclosed. Six of the parent participants described feeling some degree of worry or fear for their child. For example, when asked how she would describe her reaction when her son first disclosed, this mother stated:

I was afraid. Fear, fear was my biggest thing. I was petrified. I thought somebody would hurt him, I mean, all the horrors of um, people not accepting him. Is life gonna be hard? Afraid of him being harassed at school. How do I tell people? How are people going to treat him (P05, F, 47)?

Another parent described how her fear was a significant emotion she felt when she was processing her daughter’s disclosure to her the evening after her daughter had called to tell her: all these emotions that are, crashing over me…fear. Um, protectiveness (P04, F, 57).
Youth and parents described the disclosure event in ways that indicated the youth was typically experiencing a high degree of stress and/or emotionality. Multiple youth and parents described that the child and/or the parent was crying during the disclosure event. One parent described, *as I sat there and watched the torment in his eyes, there was so much fear…I’ve never seen fear in my son’s eyes like that before* (P02, F, 56). The immediate reactions experienced by youth and parents informed the rewards and costs youth described experiencing as a result of their disclosure.

**Rewards and costs.** The youth described experiencing a multitude of both rewards and costs of disclosing their same-sex attractions or non-heterosexual orientation to their parents. The most commonly cited rewards of disclosing to parents were feeling as if the relationship improved, feeling as if they were treated the same as always, feeling supported, feeling relived, and feeling more authentic. Each of these rewards were identified by more than six participants. For example, one participant stated that after disclosing to his father, *we got really close then* (Y06, M, 17). Another participant described how the rules about dating were not going to change for him:

[She said], *‘I’m not gonna be more lenient with you on the rules and stuff.’ And, ‘You’re not gonna get like any special permission for any of those types of rules.’ And I was just like, ‘Ok I understand.’ And that’s exactly what I wanted; I didn’t wanna be treated differently from it* (Y22, M, 16).
This participant described how both of his parents are supportive: They’re supportive so I really can’t ask for more (Y02, M, 19). One of the participants described that after disclosure, I was relived, very happy that I got it off my chest (Y17, F, 20). Another participant describes how feeling more authentic is a reward of disclosure: I can be a little bit more open with myself, like I can actually be myself around them (Y03, M, 20).

Parent participants also reported that their children experienced similar rewards as were described by the youth participants. For example, some parents also described that their children experienced relief once they disclosed to them: it just seemed like the universe came off his shoulders (P01, F, 42). This parent goes on to express how she saw a positive change in her son after he disclosed and how she felt it affected their parent-child relationship:

He was more relaxed, he slept better, he came to me with more- I mean I thought we were close- but he came to me with even deeper questions and more responses, and he opened up to me more about things I didn’t even know (P01, F, 42).

Another parent expressed that after her son’s disclosure that she feels he’s getting more confident with who he is (P02, F, 56). This father described how he believes his relationship with his son has improved since his son disclosed and he had a favorable reaction: I think our relationship has opened up quite a bit; it’s loosened up a little bit. Because he was always a bit worried that I wouldn’t care about him if he wasn’t what I
wanted him to be (P07, M, 42).

The costs of disclosing to parents identified by the youth participants were less homogeneous that the rewards that were identified. The four most commonly cited costs of disclosure were avoidance or denial of the topic of sexual orientation, asking intrusive or ignorant questions, feeling as if the relationship became worse, and becoming more protective or worried. Each of these costs were identified by more than four participants. Many of the youth described that there was a period of time when their sexual orientation or any discussion of sexual orientation was avoided: *it was kind of a don’t ask, don’t tell policy in the house, kind of thing* (Y03, M, 20). Another participant described, *we really haven’t talked about it since* [the disclosure]. *We just don’t bring it up* (Y09, F, 19). Youth also reported being dissatisfied with some of the questions that their parents asked. For example, one participant stated his parents asked, *were you abused by a priest* (Y03, M, 20) and another described that his parents asked, *Why do you think you’re feeling this way? Are you sure you’re not confused? The typical things like, did someone touch you or did someone do something to you* (Y16, M, 18). One of the participants described how she was very close with her mother, but when her mother reacted poorly to her disclosure of same-sex attractions, she expressed frustration that she could not be open with her: *I’ve definitely learned to hold some things in and just like not even mention it* (Y05, F, 19). Participants also described that their parents became more worried and/or protective of them after they disclosed:
My dad, he was like, bringing up all these statistics about AIDS and HIV and all these, uh, different STDs that are much higher for gay people. He was just like saying how I needed to be safe and I have to use condoms, and my mom was like ‘I’m going to Krogers and I’m gonna buy you condoms tomorrow’ (Y06, M, 17).

Another participant described that his mom became very protective. For the next few days, she was just scared and on a power kick. She was anticipating people to start throwing slurs and stuff and she was ready to fight (Y08, M, 21).

Less common costs of disclosure identified by the youth participants included reports that their parents expressed sadness or disappointment and being asked not to tell anyone else. One participant was asked to find another place to live (she was on summer break from college at the time of disclosure) and no participants reported their parents became angry or violent when they disclosed.

Youth and parents expressed that the disclosure event often involved unexpected elements. That is, in many cases, the disclosure event was not experienced as had been anticipated by the youth. For example, one parent described how she thought her daughter reacted to her own reaction; I think it caught her off guard. I don’t know how she expected me to react, but it wasn’t whatever she expected (P06, F, 34). One youth participant who reported her mother’s reaction as “somewhat unsupportive” described, I
expected the reaction like oh, okay, awkward silence, not constant teasing...I was just so not expecting it. I mean, I really didn’t. I was actually really hurt by it (Y05, F, 19).

Another parent described, I’m very proud of what I didn’t say. Because she later told me, I’m really glad you didn’t say, ‘I still love you’ and, ‘are you sure?’ I did not say those two things (P04, F, 57). Another youth participant described that he was not prepared for his parents’ reaction when he disclosed:

I’ve realized looking back on that, that coming out process with my parents and stuff that I wasn’t really prepared...I realized that they didn’t really know what homosexuality was and stuff. And, I wish I would have given them stuff that would have, um, got rid of those misperceptions and stuff, but I didn’t, unfortunately (Y03, M, 20).

This participant goes on to articulate how significant experiencing unexpected distress was for him:

I had these preconceived notions that everything would be okay and then they would understand everything and they’d just be accepting; big hugs, Kumbayah kind of thing. But, it was not like that at all. When I kind of realized that, I just got really stressed out. Like, they don’t understand me at all. Like this is going to be a lot of work and I wasn’t prepared for this much work and stuff (Y03, M, 20).
Summary of the findings related to the disclosure event. Regardless of the expectations youth had when they approached the decision to disclose to their parents, an appraisal of the disclosure experience was generally informed by how youth experienced the reactions of their parents and the rewards and costs gleaned from the disclosure event. Whether the disclosure was planned or unplanned, the strategy used to disclose, and in most instances, the preceding circumstances, did not seem to influence youth’s perceptions of the disclosure event.

The Ongoing Familial Relationship. The experience of disclosing same-sex attractions or a non-heterosexual orientation to parents is a process and cannot be thoroughly understood as an isolated event. The ongoing relationship the youth has with his/her parent(s) after the disclosure event plays a significant role in how the disclosure to family process is experienced. This section will present evidence from the data exploring how the parent-child relationship was affected by the disclosure experience. Changes in parent-child closeness and the significance of time will be described. Finally, the process of becoming a queer child will be explored.

Youth participants were asked to rate, on a five point likert-type scale, the relationship they had with their parent(s) in terms of closeness prior to disclosure and at the time of the interview. Regardless of initial rating, across the 29 parent-child relationships where the parents knew the youth was not-heterosexual, parental closeness decreased in eight instances, stayed the same in 11 instances, and increased in 10 parent-
child relationships. Parent-child relationships that were perceived by the youth participant to have a high degree of emotional closeness prior to disclosure were less likely to evidence a decrease in closeness after disclosure. Of the youth who perceived their relationship with their mother to be very close \((n = 10)\), only two reported that their closeness with their mother decreased after they disclosed. Of the youth who perceived their relationship with their father to be very close \((n = 3)\), only one reported their closeness with their father decreased after they disclosed. Parent-child closeness was not assessed before and after disclosure for parent participants.

**Significance of time.** It was apparent across the sample of youth and parents that the passage of time affected the disclosure to family experience for both youth and parents. The amount of time itself did not seem important, but rather the substantive quality of what happened for parents over time. That is, some parents were perceived to have adjusted to the idea of their child’s non-heterosexual orientation over varying amounts of time. One youth participant describes her perception of her parents’ process of the disclosure experience:

*I know for the first couple weeks afterwards, they were still sort of adjusting to it and they still weren’t quite comfortable with the idea. I can’t think of any examples right now, but it was very under the surface. There was a period of ‘we’re not quite adjusted to the idea yet’, but then after awhile, it became just sort of a part of life* (Y14, F, 18).
Another participant who reported his mother’s initial reaction as “very unsupportive” and later described her exhibiting supportive behaviors, such as apologizing for her initial reaction and asking about her son’s boyfriend, when asked his opinion about what he thought changed for his mom, responded:

*I think she had just gotten use to the idea really, I can’t pinpoint anything in particular, I just think she had to warm up to it a lot before she could accept it and deal with it in a positive way* (Y04, M, 20).

Parents also described becoming more comfortable with their child’s non-heterosexual orientation over time. One parent who reacted by becoming overprotective and hyper-vigilant of her son’s safety and well-being described, *Once I finally realized that my son was gonna be safe, I got that out of my system. Then we just went back to normal life* (P01, F, 42). Another parent described that it took her some time getting used to the idea before she could fully accept her son (P05, F, 47).

Sometimes, youth expected their parent(s) to adjust over time. For example, one participant described how his parents always stressed open communication and that on the drive to college with his parents his dad asked for him to let them know if he was dating anyone to be open about it with them. He described, *I figured that was their way of trying to be like, ‘we’re trying to be ok with this, so talk to us about it’* (Y18, M, 19). However, when he casually mentioned to his mom that he had a date and would not be home for dinner, his mom called him later. He expressed, *she was really upset. She was*
like, ‘I can’t believe you told me that’ (Y18, M, 19). He went on to describe how even though it had been about two years since he disclosed to his mother that she was still uncomfortable with his sexual orientation.

**Becoming a Queer Son or Daughter.** The decision to disclose, the disclosure event, and the ongoing relationship with one’s family coalesce to reveal the process of becoming a queer child. *Becoming a queer son or daughter* emphasizes how disclosing one’s non-heterosexual orientation to parents affects how non-heterosexual youth understand and experience their evolving roles in their family. The importance of authenticity and the significance of the familial relationship are recurring themes throughout the disclosure to family experience that support the influence of this process. Several data excerpts will be presented in this section, which may have been presented in part previously, in order to provide a thicker description of this process and to highlight the intersection of these two themes.

One example of the application of components of the disclosure to family experience to the conceptualization of the process of becoming a queer son or daughter is during the decision to disclose when non-heterosexual youth consider how disclosing to their parents will affect them. Participant three, who described a *second coming out* to his parents over three years after he first disclosed, explained why he chose to readdress his sexuality with his parents:
I started dating and I realized that I wanted my parents to be part of this. I wanted to end this don’t ask, don’t tell kind of policy in my house and kind of just be open with them and stuff and be able to talk with them about anything (Y03, M, 20).

He chose to disclose to his parents again, because he was ready to move beyond the existing parent-child dynamic that resulted from his first disclosure experience to his parents. During the time since his first disclosure to his parents and his decision to disclose again, he described having more information about non-heterosexuality and experiencing more SIDI related activities. The above quote exemplifies his realization that he was no longer comfortable with the relationship dynamic between he and his parents and his desire for that relationship to be more authentic.

Being authentic has been previously noted as a component of both the SIDI and expectations factors that influences the disclosure decision, as well as a common reward of disclosure. The process of becoming a queer son or daughter extends the significance of authenticity as a concept related primarily to self to the parent-child relationship. That is, as a non-heterosexual youth moves through the disclosure to family experience authenticity becomes an important component of the parent-child relationship. As a youth feels more authentic with their self, they desire for their parent(s) to begin to view them as the person they feel they are.
The disclosure to family experiences described by both youth and parents in this study suggest that disclosure experiences that are perceived as more successful emphasize a balance of the parent(s) treating the non-heterosexual youth the same as before they disclosed and acknowledging the youth’s non-heterosexuality. Parents who acknowledge their child’s non-heterosexuality as an important component of their son or daughter and who integrate the child’s non-heterosexuality into their schema of their child are perceived to be more comfortable and accepting of their child’s non-heterosexual orientation. Showing interest in queer-related activities such as PFLAG, Pride events, and queer books, television and film and asking about, inviting over, and being welcoming to same-sex significant others were the most commonly referenced ways that parents showed their comfort and acceptance of their child’s non-heterosexuality.

At the same time, overly focusing on the youth’s non-heterosexuality is not typically perceived as a helpful component of the disclosure to family experience. While it may convey to the youth that the parent cares and is acknowledging the child’s non-heterosexuality, it is also reinforcing the idea that the youth is now different than they were before. For example, participant 22, male, age 16, described how he did not want his parents’ perception of who he was as a person to change once he disclosed: “it’s still me, it’s just that I am gay.” Being treated the same as always was also one of the most commonly cited rewards of disclosure across the youth sample. Similarly, another
participant expressed, *I don’t want them to see a lesbian. I just want them to see me* (Y10, F, 19).

However, avoiding the youth’s non-heterosexuality is perceived by youth as a commonly cited cost of disclosing to parents. One participant, whose parents reacted extremely negatively to her disclosure, described:

*I don’t know exactly how they phrased this, but basically they were like, ‘we don’t wanna know what’s going on in your life’ and ‘we’re just completely separating ourselves from you.’...We literally said no words to each other for a good like, three or four weeks...We really haven’t talked about it since then. We just don’t bring it up. And we like can talk about stuff, but that’s [non-heterosexuality] like completely not talked about* (Y09, F, 19).

While the degree of her parents’ reaction is exaggerated, as compared to other youth in this sample, her experience highlights how the parent-child relationship is affected by the disclosure experience. Another participant described how his father’s denial of his non-heterosexuality negatively affected their relationship:

*It’s part of me being a little offended that he denies my sexuality. If I ever bring it up or make a slight mention of it, he’ll not say anything, which is another thing my dad did that I didn’t appreciate. Whenever he wasn’t willing to- or didn’t want to- discuss the subject, he just goes silent on me* (Y16, M, 18).

Participant nine went on to describe how she felt about her parents’ reaction: *I feel like*
it’s just completely ridiculous. Like the one part of me you don’t like and you just like completely throw everything else away. Like, it’s really dumb (Y09, F, 19).

The youth in the sample described experiences that indicate variance in the desired amount of emphasis of their non-heterosexuality in the parent-child relationship. That is, some youth wanted their parents to acknowledge their non-heterosexuality more while others were satisfied or did not want their sexual orientation to influence how the parent viewed them. This suggests that becoming a queer son or daughter is not a uniform process that is intuitive to non-heterosexual youth and parents of non-heterosexual youth, but rather a process where the salience of roles must be negotiated within each parent-child relationship.

The interviews with parents of non-heterosexual youth revealed that the parallel process of becoming the parent of a queer son or daughter is an appropriate narrative to conceptualize the parental experience of the disclosure to family process as well. Parents of non-heterosexual youth begin this process once they learn their child is not heterosexual. As described previously in the reactions section of the disclosure event, one of the first reactions most parents experience is feeling as if the picture they had envisioned of their child’s life was shattered. In essence, this means that the parent then has to create a new identity for his- or herself as the parent of a queer son or daughter.

It was common for parents to describe their fears and vulnerabilities with understanding what it means for them to be the parent of a queer son or daughter. One
parent expressed her fear that she would make mistakes in relating with her daughter now that she knew that her daughter identified as a lesbian. She described, *you’re like an ocean liner trying to turn around in the middle of the Pacific; and you’re bound to have some missteps along the way* (P04, F, 57). She went on to describe that she shared her fear with her daughter a few months after her daughter disclosed to her; *I will say the wrong thing. I will hurt your feelings. I just know I will; but it will never be intentional* (P04, F, 57). Another parent when asked how accepting she considers herself of her son’s identification as a gay male stated:

*Well, right now, I can sit here and tell you ‘oh, I’m really accepting’, but he’s not brought a man home yet, so that’ll be a different thing that I’ll have to, I mean that will actually be, when he’s in a relationship, that will tell the tale of how accepting I really am inside* (P08, F, 55).

Disclosing to others that their child is not heterosexual and how others’ reactions to this knowledge affects the parent and their conceptualization of their self are also significant experiences of the process of becoming the parent of a queer son or daughter. After going, *into the closet*, after her son disclosed to her, one parent described:

*N ow I gotta start dealing with it. If he wants to bring [her son’s boyfriend] around family events and things like that, well then, we’re gonna have to tell the family, because I’m not gonna exclude him. And then I got to the point where, if people weren’t gonna accept him, then they were not gonna be in my life. I*
made a decision, if anybody gives me any type of negative feedback or you know, says bad things or don’t want him around or don’t wanna accept him then, I’m done with them. I drew a line (P05, F, 47).

Several other parents described assuming similar stances as the parent of a queer son or daughter. One parent described that she was making her daughter’s well-being a priority regardless of how that affected her relationships with others: If that means that we grow even further apart, I’m sorry but that’s just the way it’s gonna be. I’m not gonna put [daughter] in a situation where she can’t be who she is (P06, F, 34). A mother who was recalling a conversation she and her son had about him disclosing to extended family, shared that she told him, okay, just know that I’m behind you. She went on to describe, I was looking at my son and thinking, I will go to bat for you, I will go do whatever I need to do to protect you, to allow you to be what you were born (P02, F, 56). Another parent shared her ambivalence about certain family members knowing, but that her commitment to her son’s well-being was most important: they would never be allowed to hurt him without me stepping in there and saying ‘that’s enough’ or whatever, but I don’t know if I want those relationships to be cut off entirely, which is something I would be likely to do if they blasted my son (P08, F, 55).

Becoming a queer son or daughter, and the parallel process of becoming the parent of a queer son or daughter, is a complex process that emphasizes the relational nature of the disclosure to family experience. Non-heterosexual youth and parents of
non-heterosexual youth describe how the disclosure experience creates challenging experiences and results in new understandings of what it means to be a son or daughter who identifies as non-heterosexual and a parent of a child who identifies as non-heterosexual. Further, the narrative of becoming also emphasizes that it is an active, ongoing process.

**Summary of Specific Aim 1.** The process and meaning of the experience of disclosing a non-heterosexual identity to family has been described within the framework of three temporal categories that encapsulate pertinent aspects of the disclosure to family process: (1) the decision to disclose, (2) the disclosure event, (3) the ongoing familial relationship. The disclosure barometer, informed by four interrelated factors, has been described as the mechanism through which the decision to disclose is made. Data from both youth and parents evidenced varied perceptions of the disclosure event that involved a multitude of reactions experienced and reported rewards and costs of disclosing. The data suggest that disclosure to parents cannot be fully understood as an isolated event and that conceptualizing the disclosure experience as *becoming a queer son or daughter* is an appropriate narrative to describe this complex process.

**Specific Aim 2: Explore Whether Adolescent Substance Use is Related to the Process of Disclosing Sexual Orientation to Family; and If So, How.**
In this section, the findings regarding the relationship between adolescent substance use and disclosing one’s sexual orientation to family are explored. First, an overview of the degree of youth substance use evidenced in the sample is presented by synthesizing the data collected on substance use from both the questionnaires and interviews. Second, findings are presented that highlight youth and parent perceptions of the possible relationship between the disclosure to family experience and adolescent substance use.

**Prevalence of Substance Use.** The quantity and frequency of substance use was assessed by analyzing data collected from section A of the AADIS (Mayer & Filstead, 1979; Moberg, 1991). The most commonly used substances were alcohol and marijuana. Eighteen youth indicated they had tried alcohol and nine reported they drink alcohol "several times a week" or more. Marijuana was the next most commonly used substance with 12 youth reporting they had tried it and 4 youth reporting they use marijuana "several times a week" or more. Nine youth reporting having smoked tobacco and only one youth reported smoking “several times a week.” Five youth reporting having tried hallucinogens (e.g., LSD or mushrooms), with two reporting they use hallucinogens “several times a year.” Three youth reported they had tried amphetamines (e.g., speed, meth, Ritalin, ecstasy), with one youth reporting they use amphetamines “several times a year.” Three youth reported they had taken tranquilizers such as Valium or Prozac without a prescription and one of the youth reports they use
tranquilizers “several times a month.” Finally, one participant reported having tried heroin and one participant reported having tried inhalants.

Section B of the AADIS assess the severity of substance use and includes cut-off criteria for further assessment. Eleven of the 22 youth participants’ scores on section B of the AADIS indicated that they should be further evaluated to determine if substance use is a problem. Eight participants had incomplete data on the AADIS; therefore, sum scores could not be calculated. The substance use risk scale on the POSIT (Rahdert, 1991) assesses if alcohol and drug use interferes with the youth’s life. Two of the 22 participants’ scores on the substance use scale of the POSIT indicated high risk for a substance use problem, seven participants’ scores indicated medium risk, and eleven participants’ scores indicated low risk. Three participants risk level for the POSIT substance use scale could not be determined due to missing data.

Data from the AADIS, POSIT substance use risk scale and participant age were taken into consideration to develop a multidimensional substance use risk profile (SURP) for each participant, which classifies them as no risk, low risk, medium risk, medium-high risk, and high risk. By classifying the participants substance use severity in this way, the participant’s age, and the youths’ self-report of type of substance and how often it is used, and the degree to which alcohol and drug use affects their daily lives can be taken into account. Two participants were classified has high (9%), four
participants as medium-high (18%), four as medium (18%), six as low (27%), and six as none (27%). This information can be found in Table 5.

<table>
<thead>
<tr>
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<th>Substance Use Risk</th>
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<tbody>
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<tr>
<td>2</td>
<td>Med-High</td>
</tr>
<tr>
<td>3</td>
<td>Low</td>
</tr>
<tr>
<td>4</td>
<td>Low</td>
</tr>
<tr>
<td>5</td>
<td>None</td>
</tr>
<tr>
<td>6</td>
<td>Med</td>
</tr>
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</tr>
<tr>
<td>8</td>
<td>Med</td>
</tr>
<tr>
<td>9</td>
<td>Med-High</td>
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<tr>
<td>10</td>
<td>Med</td>
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<tr>
<td>11</td>
<td>High</td>
</tr>
<tr>
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<tr>
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</tr>
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<tr>
<td>22</td>
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</tr>
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Table 5: Youth Substance Use Risk Profiles

**Youth Substance Use and Well-Being.** The youth participants’ SURPs were cross-referenced with indicators of mental health and several indicators of family dynamics in the study to determine if relationships between youth substance use and
these areas of adolescent well-being could be evidenced. Youths’ scores on the CES-D which assess depressive symptoms and the mental health subscale of the POSIT were used as indicators of mental health. Youths’ scores on the family subscale of the POSIT, reported parental closeness, and parental reactions to the youth’s disclosure of non-heterosexuality and family dynamics as assessed through the in-depth interview were used as indicators of family dynamics. All of the mental health and family dynamics variables were given a value label to indicate their significance (e.g., low, medium, high, or positive and negative). Cut off scores for the instruments suggested by the given instrument’s psychometric properties were used if available (e.g., a high score on the CES-D was determined as a score that was at or above the clinical cut-off suggested for the instrument). In all other cases, the indicator variable value labels were determined using the constant comparison method, consistent with constructivist grounded theory methodology. A matrix of these variables can be seen in Table 6.
<table>
<thead>
<tr>
<th>ID</th>
<th>Substance Use Risk Profile</th>
<th>Mental Health</th>
<th>Family Dynamics</th>
</tr>
</thead>
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<td></td>
<td></td>
<td>CES-D Depression</td>
<td>POSIT Mental Health</td>
</tr>
<tr>
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<td>LOW</td>
<td>LOW</td>
</tr>
<tr>
<td>2</td>
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<tr>
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*Note: Missing data is indicated with a blank cell*

Table 6: Youth Substance Use Profiles and Well-Being Indicators
Table 6 continued

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<td>CES-D Depression</td>
<td>POSIT Mental Health</td>
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<td>HIGH</td>
<td>HIGH</td>
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<tr>
<td>22</td>
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</table>

*Note: Missing data is indicated with a blank cell*
Of the 12 youth whose SURP was none or low, four met clinical criteria for a depressive disorder according to their scores on the CES-D and five participant’s scores on the mental health subscale of the POSIT indicated medium risk. Of the four youth whose SURP was medium, none met clinical criteria for a depressive disorder and two of these participant’s scores on the mental health subscale of the POSIT indicated medium risk. Of the six youth whose SURP was medium-high or high, two met clinical criteria for a depressive disorder, one of these youths’ scores on the mental health subscale of the POSIT indicated high risk and three indicated medium risk. Given the mixed results of the mental health indicators and the SURP of the youth, no significant relationships could be evidenced from these data.

Of the 12 youth whose SURP was none or low, one participant’s POSIT family subscale indicated high risk, one participant reported a low level of closeness with his mother and father, one described mixed reactions to his disclosure of his sexual orientation to his parents, and five described negative family dynamics. Of the four youth whose SURP was medium, none of these participants’ scores on the POSIT family subscale indicated high risk, one reported a low level of closeness with her mother, three reported a low level of closeness with their father, one described mixed reactions to his disclosure of his sexual orientation to his parents, and one described negative family dynamics. Of the six youth whose SURP was medium-high or high, two participants’ scores on the POSIT family subscale indicated high risk, three reported a low level of
closeness with their mother, two reported a low level of closeness with their father, one described mixed reactions to his disclosure of his sexual orientation to his parents, one described negative reactions to her disclosure of her sexual orientation to her parents, and three described negative family dynamics. The results of this exploration into possible relationships between youth participants’ SURP and indicators of family dynamics evidence a high degree of variability. That is, some youth with a SURP indicating a high degree of substance use show little evidence of poor family dynamics, while the data from other youth with a SURP indicating a high degree of substance use do show evidence of poor family dynamics. Similarly, youth with low or no substance use also evidence a wide range of family dynamics. These data suggest that no significant conclusions can be made about the relationship between youth participants’ SURP and family dynamics.

**Disclosure and Substance Use.** Youth participants were asked several questions during the interview to gain insight into whether their substance use changed in any direction during their disclosure to family experience. Youth were also asked if they thought their substance use was in any way related to their sexual orientation. The majority of youth described substance use experiences that appeared unrelated to their sexual orientation or their disclosure to family experience. For example, youth who had used alcohol or other drugs described exploring these substances at various times in their adolescence that did not seem to be related to any specific SIDI milestones such as
coming out to self or disclosing to someone else. Further, only two participants stated that they felt their substance use was in any way related to their sexual orientation. One other youth participant described his substance use experiences in a way that provides some evidence that his substance use was related to his sexual orientation, despite his personal belief that there was not a relationship.

Of the three youth whose data evidenced a possible relationship between his/her substance use and sexual orientation, two described exploring substances within the context of a same-sex relationship. One youth described that he first started using drugs because the person he was interested in was a user. He described:

_He was the person who made me realize I was gay in the first place at 18. He was really into drugs, and I felt like we were moving in separate directions. I felt like the only way that we could be closer would be for me to, ya know, smoke weed_ (Y08, M, 21).

Another participant described a similar experience. She described:

_I met this other girl and she got me into it…On our first date she like whipped out a bowl and I was like, I dunno what this is, really, I’ve heard about it, but I just went along with it like I had been doing it all of this time or something._

_From there on, I was smoking pot and drinking a lot_ (Y17, F, 20).

The other participant who believed her substance use could have been related to her sexual orientation described that she used drugs to _gain acceptance_ and _to prove_
something to the peers she was hanging out with (Y13, F, 19). She described that she was going through a difficult time during that part of her adolescence and in addition to drinking alcohol and smoking marijuana, she would abuse her antidepressants and exhibited self-injurious behavior in the form of cutting. According to the experiences described by the youth, the substance use of all three of the participants whose data evidenced possible relationships between substance use and sexual orientation was related to fitting in with peers, socializing, and/or dealing with emotional pain. None of the youth described any experiences that would suggest that their substance use was related specifically to disclosing to their family.

While the majority of participants did not describe specific experiences where a relationship between their substance use and their sexual orientation could be evidenced, the experiences they described evidenced similar reasons for exploring substance use; specifically, fitting in with peers and socializing. For example, one participant described why he does not believe his substance use was related to his sexual orientation, I think that it's more like recreation. Like, I wanna go and socialize with people. Drinking just makes me louder and I just get more social with people. I'm just more open with everyone (Y06, M, 17). Another participant who felt her substance use was unrelated to her sexual orientation described how she felt it was more related to her social environment. She stated, I don't want to say I was like, peer pressured or anything, but
I mean it was fun. That was kind of what everyone who I was hanging out with was into (Y02, M, 19).

Youth participants were also asked to share their opinion on whether they felt that non-heterosexual youth used drugs and alcohol more or less than heterosexual youth. Thirteen participants (59.1%) stated that they felt that non-heterosexual and heterosexual youth use the same amount of alcohol and other drugs. When asked to elaborate on why they believed that, participants most commonly stated that they did not think sexual orientation was related to substance use. For example, one participant stated, I really don’t think it’s sexuality-based (Y10, F, 19). Similarly, another participant expressed, I believe that your sexual orientation doesn’t affect what kind of drugs you feel like doing or what you drink (Y19, M, 17). Six participants (27.3%) stated that they felt non-heterosexual youth used more alcohol and other drugs than heterosexual youth. For example, one of the participants described his personal experience of having a gay friend who was a walking black out who used drugs to avoid caring about his lack of family support. He stated, I would say if you did a percentage, gay teens probably use more substances (Y07, M, 18). Another participant stated that, I think [substance use] might be a bit more glamorized in the gay community. I feel a lot of gay men have low self-esteem and that’s sort of a way of letting go of that, like, if I disconnect from my body, disconnect from my thoughts, and how I feel about myself, I’m good. I can be the fun person that loves everyone (Y16, M, 18). Another participant
was aware that the majority of data shows that sexual minority adolescents use more substances. When asked if she felt non-heterosexual youth use more substances than heterosexual youth, she stated, *absolutely, statistics show it* (Y13, F, 19). One participant (4.5%) felt that in his experience, heterosexual youth used more alcohol and other drugs than non-heterosexual youth, but he acknowledged that his perception is based on the majority of his peers that use substances are heterosexual. Two participants’ (9.1%) responses to the question could not be determined. In one case this was because the question was not asked by the interviewer; in the other case, the participant failed to respond to the question and the interview moved forward.

When describing their personal opinions about whether non-heterosexual youth use more substances than heterosexual youth, nine of the 22 youth participants (41%) expressed that they felt non-heterosexual youth sometimes use alcohol or other drugs as a coping mechanism to deal with issues related to their sexual orientation. Youth sometimes felt that coping could be a factor, even if they had no personal experiences that would suggest this to be the case. For example, one participant stated, *like they could use drugs or alcohol to like cope or get through it or stuff. But mostly, I haven’t like seen that, but I can see like how it would be like that* (Y22, M, 16). Another participant described, *I think, especially if in your experience it is hard for you to accept your sexuality, I think there’s a strong trend of using substances to cope with the distress that you feel* (Y20, M, 20). Several participants specifically referred to
escaping. On participant described understanding how *somebody who feels scared or, worried would resort to something like drugs to escape* (Y08, M, 21). Another participant, who referenced escaping, went on to provide several insightful thoughts regarding the potential relationship between high rates of substance use among sexual minority youth and disclosing to parents:

*Drugs, in general, may be for some people a way to escape. Especially if they think that their parents really hated [non-heterosexuality] or if they actually do tell and their parents actually do lash out at them...Now that I know my family hates me and I don’t have anything to live up to; I’ve already disappointed them. Why not disappoint them further? Why do I care?...Some people who have had a normal life and then have it all come crashing down- it might be more than any one person could take at a time* (Y01, F, 20).

Similarly, another participant also shared how substance use and disclosing may be related:

*If they use [alcohol and other drugs] and they’ve already told people, then I think it might be because of the support issue. Not having as much support and they’re like stressed out and feel that’s the only thing that’s gonna make them not feel anything* (Y21, F, 14).

The youths’ descriptions of their substance use experiences also provided insight into other coping strategies used by non-heterosexual youth. For example, one
participant who described a difficult high school experience but little alcohol or drug use described, *my escape was videogames* (Y01, F, 20). Another participant described that she would *drown [her]self in schoolwork* (Y13, F, 19). Several other participants who reported little or no drug use but had more difficult family experiences also described commitments to other interests, such as academics.

**Summary of Specific Aim 2.** Alcohol and marijuana were the most commonly used substances among the youth in this sample. Across the sample, there was relatively low use of other substances. Little evidence emerged from analyses exploring possible relationships between youth substance use and indicators of mental health and family dynamics. Only three youth’s descriptions of their substance use experiences evidenced any relationship between their substance use and their sexual orientation. Further, no youth described personal experiences that suggested a relationship between substance use and disclosing to family. The findings regarding youths’ perceptions of whether non-heterosexual or heterosexual youth use more substances suggest that, while perceptions of which group uses more varies, many non-heterosexual youth believe that sexual minority youth, in general, often use alcohol or other drugs to cope with issues related to their sexual orientation.
CHAPTER 5: DISCUSSION

The purpose of this study was to conduct research to understand the experience and process of disclosure to family for non-heterosexual youth and parents of non-heterosexual youth as well as to explore if and how adolescent substance use affects this process. Given the two primary aims of the project, the discussion will address each aim consecutively. Relevant literature and existing theories will be used throughout the discussion to compare and contrast findings from this study. Additionally, the findings will be contextualized according to the relatively healthy nature of this sample as compared with other research on sexual minority youth. Limitations of the study will be discussed. In conclusion, areas for future research and clinical implications will be provided.

**The Process and Experience of Disclosing to Family.** The decision to disclose one’s non-heterosexual orientation to parents was described as the result of a process involving four interrelated factors (i.e., SIDI process, family dynamics, messages about non-heterosexuality, and expectations of the disclosure outcome) that affect the degree of pressure experienced by the youth. The reading of the disclosure barometer activates the decision to disclose, so that when little pressure is experienced, disclosure does not occur and when a high level of pressure is experienced, disclosure does occur.

The four factors elucidated by the voices of the youth in this study are supported by previous literature (e.g., D’Augelli et al., 2005; Riley, 2010; Rivers & Gordon, 2010).
The expectations of the disclosure outcome are hypothesized as anticipated costs and rewards in accordance with the Consequences Theory of Disclosure (Serovich, 2001). The most common anticipated rewards evidenced in the data included being able to be open and authentic with the family member they disclosed to. Fear of rejection and loss of financial support were the most commonly cited anticipated costs of disclosure. These are consistent with previous research on anticipated rewards and costs of disclosure (e.g., D’Auggeli, 2005; Potoczniak et al., 2009; Savin-Williams, 2001b). The model of the decision to disclose to family that emerged from the findings of this study suggest that it is not the anticipated costs and rewards (the expectations factor) alone that affect the disclosure decision, but rather a complex interplay of the four factors: SIDI process, family dynamics, messages about non-heterosexuality, and expectations of the disclosure outcome.

The findings suggest that for most youth, more than one factor plays a role in their disclosure decision. For example, a youth who has been out to self for a year, is comfortable with his or her same-sex attractions, has a close relationship with his or her mother, attended an accepting church for many years, and believes his or her mother will be surprised, but not angry, would be more likely to choose to disclose than a youth who just realized they had same-sex attractions, is not close with his or her parents, who was raised in a very conservative home and community where homophobic remarks were not uncommon and is scared of getting kicked out of the house. While this
comparison may seem commonsensical, this study emphasizes that it is the combination of a variety of factors that affects the decision to disclose, and the degree to which each factor influences a particular disclosure decision varies across youth.

While the interplay of each of the four factors is informative, the role of existing family dynamics in the decision to disclose is of particular interest given the family focus of this study. Youth in the study described how the nature of their relationship with their family member influences the disclosure decision. Relationships that were perceived to be positive as well as relationships that were perceived as less positive or negative both affected the disclosure decision. For example, all but two of the ten youth who made a planned decision to tell their mother described their relationship as close prior to disclosure. Further, only one of the youth who had not disclosed to their mother at the time of the interview described her relationship with her mother as close.

A central reflective question that emerged that embodies the significance of the familial relationship in making disclosure decisions is “how will my relationship with this person change if I disclose?” This prevalent concern among the youth in this study reflects the dyadic nature of disclosure decisions to family. Further, it is consistent with existing research that reports fear of a damaged relationship as a concern of youth prior to disclosure (D’Augelli et al, 2005; Potoczniaık et al., 2009; Savin-Williams, 1998). The majority of research on the disclosure of a non-heterosexual orientation to family is focused on individual level variables (Heatherington & Lavner, 2008). This study
provides further evidence that dyadic level variables are not only important to consider, but are a central factor in disclosure decision making.

In some cases, youth who perceived positive relationships successfully sought support from their parents and other family members in regards to issues around their sexual identity. This suggests family members can be a positive source of support during the early phases of the SIDI process that are often considered a predominately internal process that can be difficult for youth (Carrion & Lock, 1997; Cass, 1979, 1984; Riley, 2010). As same-sex attractions and behavior are becoming more visible and prevalent (Savin-Williams, 2011), parents should be prepared to not only answer questions about same-sex attraction and identity, but to provide accurate and authentic support to their children.

Non-heterosexual youth in this study also described not being ready or wanting to deal with any negative outcomes that could be experienced if they chose to disclose to family. The reflective question, “Can I- or do I want to- deal with the outcome?” exemplifies this concern. The concept of disclosure self-efficacy\(^2\) provides a constructive lens for understanding the significance of this question and is congruent with the Consequences Theory of Disclosure (Serovich, 2001). Disclosure self-efficacy is the belief that one is capable of disclosing in a way to minimize potential costs and maximize potential rewards. This question also represents well how the four factors

\(^2\) The concept of disclosure self-efficacy has been used to understand disclosure of other stigmatized identities, such as living with HIV (Kalichman & Nachimson, 1999).
interact to inform disclosure decisions. For example, youths’ comfort and confidence with their non-heterosexual identity influences one’s disclosure self-efficacy. Further, youths’ family dynamics and messages they have received about non-heterosexuality and disclosure in particular, informs one’s appraisal of the possible outcomes.

Researchers of disclosure decision making posit that disclosure decisions are goal-directed behavior (Chaudoir & Fisher, 2010; Derlega & Grzelak, 1979; Omarzu, 2000). Chaudoir and Fisher (2010) suggest that individuals are motivated by either approach-focused goals or avoidance-focused goals; approach focused goals serve to pursue positive outcomes and avoidance focused goals serve to prevent negative outcomes. Applying this framework to the findings of this study would suggest that youth who consider how his or her relationship with the family member will improve if they disclose could be considered an approach focused goal while youth who consider if they can deal with the potential negative outcomes an avoidance focused goal. However, the youth in this study described disclosure decisions that involved considering both the positive and negative possibilities of how the relationship could change and their ability and willingness to handle potential outcomes of the decision to disclose. The reduction of disclosure goals to either approach-focused or avoidance-focused from Chaudoir and Fisher’s (2010) model may be heuristic for understanding the disclosure decisions of some individuals with stigmatized identities, however, it does not seem to allow for the complexity and relational emphasis of the disclosure decisions.
of the non-heterosexual youth in this study. This view is also inconsistent with the Consequences Theory of Disclosure (Serovich, 2001) which posits that individuals weigh both the costs and rewards of disclosure. The data from this study suggests that few, if any, youth disclosed their same-sex attractions or non-heterosexual orientation for one specific reason that was solely approach-focused or avoidance-focused.

In contrast to Chaudoir and Fisher’s (2010), Derlega and Grzelak (1979) and Omarzu (2000) suggest there are five possible goals that motivate disclosure: (1) social approval, (2) intimacy, (3) relief of distress, (4) social control, and (5) identity clarification. These goals more clearly align with the non-heterosexual youths’ descriptions of their disclosure decisions to family, specifically if they are considered factors, as this study describes, versus goals. For example, a non-heterosexual youth would not likely disclose to their parents to gain social approval, yet, as the findings from this study suggest, the person may consider how their decision to disclose may affect their social approval in making their disclosure decision. Similarly, relationship intimacy, relief of distress, and identity clarification were clearly articulated by the youth in this study as factors associated with the disclosure decision. Omarzu’s (2000) disclosure decision model (DDM) also specifies that goals may be combined, overlap, or in conflict with one another. This is an important aspect that is missing from Chaudoir and Fisher’s (2010) model that assumes a person is motivated to disclose by either

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3 See Derlega and Grzelak (1979) and Omarzu (2000) for a detailed description of each goal.
approach-focused or avoidance-focused goals. Omarzu (2000) states, “the desire to tell someone about a distressing experience may conflict with the need to be liked or accepted” (p. 179). This is a particularly constructive example that emphasizes how a youth may want to disclose to a particular person, such as a parent, but still fears a negative reaction, and is concerned about how the disclosure will affect the relationship.

The model of sexual orientation disclosure decision making suggested in this study posits that the concept of a disclosure barometer represents the mechanism through which the decision to disclose is made. Informed by the four interrelated factors, the youth’s reading of the disclosure barometer activates the decision to disclose, so that when little pressure is experienced, disclosure does not occur and when a high level of pressure is experienced, disclosure does occur. Omarzu’s (2000) disclosure decision model posits that it is possible for disclosure goals to overlap and combine. To that end, the model goes on to specify that it is the salience of the goal(s) that necessitates disclosure. While not described in detail in the model, the concept of salience as suggested by Omarzu (2000) is a useful lens to understand how youth weigh the various factors that influence the degree of pressure felt to disclose to family; particularly if using a symbolic interaction perspective to understand the relational nature of the disclosure to family decision. As symbolic interaction theory states, one’s perception of self is based on the way one perceives others to view them. Therefore, a sexual minority youth’s perception of self is based, in part, on the ways he perceives his
parent(s) to view him (Willoughby et al., 2008). The findings suggest that the degree of pressure felt by the youth as a result of how the four interrelated factors are experienced, may also be mediated by the salience of particular roles for the youth (e.g., daughter, lesbian, good kid, lesbian daughter) and/or the meaning associated with such roles. For example, a gay-identified youth who is not close to his father may not see his role as a son as salient and has little understanding of how his identity as a gay son would affect the parent-child relationship. This study’s in-depth focus on the decision to disclose is a unique contribution to the family science literature on the disclosure to family experience (see Rivers & Gordon, 2010 for an exception). The findings suggest that the Consequences Theory of Disclosure (Serovich, 2001), symbolic interaction theory, and literature on disclosure decisions from other disciplines may also provide constructive lenses to deepen understanding of this complex aspect of the disclosure to family process.

Most of the youth in the study had disclosed their same-sex attractions or non-heterosexual identity to their parent(s). The age of disclosure to parents reported by the youth and parents in this study is consistent with previous literature. The majority of the youth disclosed to their parent(s) face-to-face. However, it was not uncommon for youth to use other methods for disclosing to other family members, such as by phone or through social media (e.g., changing their Facebook profile). Research that emphasizes the disclosure strategies of sexual minority youth to their families is scarce (e.g., Riley,
2010), and it could be because little variability has been evidenced in samples, such as the case in this study.

The most common circumstances that preceded the disclosure event in this study were readiness and relationship circumstances. Most of the youth who made a planned decision chose to disclose their non-heterosexual orientation or same-sex attractions to their parents when they had reached a point in their individual SIDI process where they felt comfortable and confident enough to disclose and were able to handle the potential outcomes that resulted from disclosing. That is, they perceived themselves to have disclosure self-efficacy. The youths’ relationship circumstances preceded most of the remaining disclosures. In some of these instances, the youth sought support from their parent(s); in others, the parent(s) asked the youth about their same-sex relationships. In all of these circumstances, the dyadic nature of the disclosure event was evident in the disclosure accounts. Disclosure occurred not solely based on the individual, independent desires or needs of the youth, but also on the relational nature of the expectations of the disclosure outcome.

The circumstances that preceded the disclosure event did not affect the experience of the disclosure event except in the cases of the two participants whose same-sex attractions were discovered by their parents. Both of these participants described their disclosure experiences in a negative way and reported negative parental reactions. Interestingly, second-hand disclosures preceding unplanned disclosure events
were not experienced as negative. Therefore, there appears to be a qualitative difference of a non-heterosexual youth’s experience of his or her parent(s) discovering non-heterosexuality versus the parent being told, either by the youth himself or even by others. It could be that parents who choose to confront their children in a negative way are more likely to have negative views of non-heterosexuality than parents who discover or think their child may not be heterosexual but choose to broach the subject more carefully or wait until their child comes to them. However, the data for this study do not provide enough evidence to confirm this assertion. More research with parents or parent-child dyads would need to be conducted in order to explore this possibility.

Data from both youth and parents evidenced diverse perceptions of the disclosure event that involved a multitude of reactions experienced and reported rewards and costs of disclosing which is consistent with the existing literature (e.g., Bouris et al., 2010; Riley, 2010; Ryan et al., 2009; Ryan et al., 2010; Saewyc, 2011). Over 69 percent of the youth in the study reported their parent(s) reactions as somewhat- or very supportive. The immediate reactions of parents to youth disclosure most commonly described by the youth and parents in the study were docile and followed by a conversation between the youth and parents that often involved the parent asking the youth questions. While some of the questions asked were not interpreted by the youth in a positive way, such as “are you sure” or questions that were perceived as intrusive of their privacy, overall, these conversations were generally interpreted as positive and/or
supportive. This finding is particularly informative given that much of the literature on sexual minority youths and their families tends to focus on negative experiences (Savin-Williams, 2001a).

Many, but not all, parents in the study described that when their child disclosed to them that they experienced feeling as if their expectations of what they had envisioned for the child’s life were shattered. In some ways, this reaction is consistent with previous literature that suggests parents often experience feelings similar to the grief process (Beeler & DiProva, 1999; Fields, 2001; Goodrich, 2009; Herdt & Koff, 2000; Phillips & Ancis, 2008; Riley, 2010; Robinson et al., 1989; Willoughby et al., 2008). Parents may feel they will be denied anticipated rituals, such as marriage and baby showers, and virtually no social scripts exist when the family is faced with these rituals involving a lesbian or gay couple (Johnson & Colucci, 1999). However, there is another dimension of the loss of the existing expectation of the child’s life that co-occurred for many of the parents this study, that Beeler and DiProva (1999) called “developing alternative visions of the future” (p. 451). More recent research with parents have found this to be a common theme as well (Fields, 2001; Goodrich, 2009; Phillips & Ancis, 2008). Some of the parents described that this feeling of loss was fleeting and they were more focused on the well-being of their child. Further, it is interesting that none of the youth that were interviewed described that their parents experienced such a reaction. This seems to indicate that some parents may be able to
mask their feelings of loss in the disclosure moment with their child in order to protect them from interpreting a negative reaction. For example, one of the parents in the study stated that she was glad that her daughter called her instead of told her in person so that her daughter could not read her facial expressions as she absorbed that her daughter identified as a lesbian. Research on the disclosure experience with parent-child dyads would be needed to verify this assertion.

Parents and youth in the study described that concern and worry was a common initial reaction of parents. This finding is also consistent with existing literature (Goodrich, 2009; Phillips & Ancis, 2008; Robinson et al., 1989) that finds concern for their child’s safety and well-being common. Johnson and Colucci (1999) suggest that this type of concern is normal for parents of non-heterosexual youth, because they may be anxious about their child’s venture into the world because of the dominant cultures’ lack of acceptance of the gay and lesbian community and desire for their child to not have a more difficult life.

It was also common for the disclosure event to be highly emotional for both youth and parents. In some cases, parents seemed to mask their emotion and their general demeanor was interpreted as calm. However, multiple youth and parents described that the youth and/or the parent was crying during the disclosure event. The high degree of emotion experienced during disclosure for the participants in this project is also consistent with existing literature (Phillips & Ancis, 2008). Disclosure scholars
suggest that intimate disclosures (i.e. those that occur within the parent-child relationship) that contain a higher degree of emotion may be viewed more positively as compared to more fact-based disclosures that may contain little emotional content (Chaudoir & Fisher, 2010). The youth and parents in this study did not express that experiencing the disclosure event as highly emotional was negative unless the emotions expressed were disappointment (not sadness or concern) or anger. For example, one youth described the emotional climate when he was disclosing as chaotic, but when it became calmer, he felt better about the experience. Participant’s stories also suggest that the feeling of relief or unburdening for the child, or seeing that degree of emotion in their child, often triggers a high degree of emotion in both parents and youth. These findings and previous literature suggest that experiencing a high degree of emotion during the disclosure event is normal and can be healthy for the parent-child relationship. Sexual minority youth and parents should not be afraid of- and be prepared to experience this type of emotion that may occur during the disclosure experience.

The initial reactions of the disclosure event informed the rewards and costs that youth experienced as a result of disclosing to their parent(s). This is consistent with Goodrich’s (2009) and Phillips and Ancis’ (2008) models of the parent experience of the disclosure process, in that both described that initial reactions were typically emotion focused followed by interpretation of the experience that involved more cognitive-behavioral elements. The most commonly cited rewards of disclosing to parents were
feeling as if the relationship improved, feeling as if they were treated the same as always, feeling supported, feeling relived, and feeling more authentic. The four most commonly cited costs of disclosure were avoidance or denial of the topic of sexual orientation, asking intrusive or ignorant questions, feeling as if the relationship became worse, and becoming more protective or worried. Almost all of the disclosure experiences of the youth in the sample evidenced instances of both rewards and costs of disclosure to their parents. This is an assumption that is present in much of the literature on reactions to non-heterosexual disclosure; however, it is often difficult to ascertain the degree to which some individuals experience rewards versus costs of disclosing. One exception is Savin-Williams and Ream (2003), who reported that mothers who were perceived to be supportive or very supportive also responded with some degree of negativity. This result is similar to the findings of this study that also showed that the majority of youth reported that their parent(s) were supportive, yet described experiencing both rewards and costs because of their disclosure. Interestingly, youth that reported their parents were unsupportive also described experiencing some rewards of disclosure. Only one youth in this sample who disclosed to her parents reported being asked to leave the home. Further, while a few youth in this study did report very unsupportive reactions to their disclosure, no one described being rejected by their parent(s) because of their non-heterosexual orientation. This research provides further evidence that it is most common for youth to experience rewards, and that costs of
disclosing to family (Ryan et al., 2010) and extreme reactions (either positive or negative) are rare (Willoughby et al., 2008).

Research has documented that parental acceptance and rejection are two different constructs (Perrin, Cohen, Gold, Ryan, Savin-Williams, & Schorzman, 2004) and that both accepting (Ryan et al., 2010) and rejecting (Ryan et al., 2009) parental reactions affect the health and well-being of sexual minority youth. While many non-heterosexual youth fear relationship deterioration or family rejection (D’Augelli et al., 2005; Riley 2010), the results of this study and others (e.g., Willoughby et al., 2008) suggest that non-heterosexual youth should be more accurately informed of the likelihood of potential risks and benefits of disclosure.

The theme of parental concern and worry for the safety and well-being of their non-heterosexual child was evidenced across the youth and parents in the study as an initial reaction and an actual cost and reward. For example, concern and worry was interpreted as a cost when the parent was perceived as being overprotected and interpreted as a reward when the youth expressed feeling supported by their parent. This distinction is important for non-heterosexual youth, parents, and the family science literature in particular. Johnson and Colucci (1999) suggest that adjustment of family rules, expectations and boundaries that are necessary in adolescence and emerging adulthood may be difficult when a family is dealing with fear of social persecution and parents may want to protect their gay or lesbian adolescent. Indeed, emerging literature
is suggesting that parents advocate for their child if he or she is mistreated because of their non-heterosexual identity and believe that their child can have a happy future (Ryan et al., 2010). Some parents may have difficulty balancing the desire to protect their child and keep them safe and believing their child can be safe and happy in a social environment where homophobia is still prevalent. The parents in this sample described struggling with these issues and often sought the support of friends, other family members, various forms of media, and groups such as PFLAG. Other researchers have found that parents who are supportive of their non-heterosexual children also have benefited from these forms of support (Goodrich, 2009; Phillips & Ancis, 2008).

Consistent with recent literature that has looked beyond initial reactions of a child’s disclosure of a non-heterosexual orientation; the findings of this study suggest that disclosure to parents cannot be fully understood as an isolated event (Beeler & DiProva, 1999; Goodrich 2009; Phillips & Ancis, 2008). Rather, the findings from this study suggest that disclosure of a non-heterosexual orientation to family is best understood as a dynamic process that involves decision-making and a dyadic, reciprocal, simultaneous exchange informed by individual, dyadic, and social contexts that impacts both the non-heterosexual youth and the family member (Chaudoir & Fisher, 2010). In contrast with Chaudoir and Fisher (2010), who suggest the dyadic nature of the disclosure process is triggered after the disclosure event occurs, the findings from this
study suggest that the disclosure decision-making process may also be informed by the dyadic nature of the parent-child relationship.

The disclosure process can affect specific behaviors and perceptions of self and the relationship (Chadoir & Fisher, 2010). Parent-child relationships that were perceived by the youth participant to have a high degree of emotional closeness prior to disclosure were less likely to evidence a decrease in closeness after disclosure. While this is not a causal relationship and the degree of closeness reported after disclosure may not be exclusively related to the disclosure event, it does support previous research that suggests that positive disclosure experiences are related to existing positive family dynamics (Savin-Williams & Ream, 2003). Most of the participants in the study also described that parents became more accepting over time, which is consistent with previous research (e.g., Beeler & DiProva, 1999; Goodrich, 2009; Lee & Lee, 2006; Phillips & Ancis, 2008; Potoczniiak et al., 2009; Savin-Williams & Ream, 2003).

The findings from this study suggest that conceptualizing the disclosure experience as *becoming a queer son or daughter* may be an appropriate narrative to describe this complex process. This understanding of the disclosure process is consistent with symbolic interaction theory and the methodology of this study, constructivist grounded theory. Constructivist grounded theory accentuates the enacted processes that emphasize how persons construct meanings and actions (Charmaz, 2006).
The gerund, becoming a queer son or daughter, represents the emergent theoretical

category of this study.

Becoming a queer son or daughter represents the dynamic disclosure process that
involves a dyadic, reciprocal, simultaneous exchange between non-heterosexual youth
and their parent(s). Symbolic interaction describes the process through which
individuals enact shared symbols and create meaning of self, others, and situations
(LaRossa & Reitzes, 1993). The disclosure of a non-heterosexual youth to their
parent(s) changes the parent-child relationship because the way a parent perceives and
interacts with the youth and how the youth perceives and interacts with the parent is
necessarily affected. Parental appraisals of self (and a sexual minority youth’s
perception of parental appraisals of self) shape how a sexual minority youth experiences
the disclosure to family experience. The relational emphasis of the disclosure
experience is supported by the findings of this study.

Disclosing to parent(s) introduces new roles into the family. Interactions among
family members that occur throughout the disclosure process affect the consideration
and interpretation of the salience of particular identities. Non-heterosexual youth must
consider what it will mean to become a queer son or daughter. Likewise, once a child
discloses their non-heterosexual orientation, a parent begins the process of becoming the
parent of a queer son or daughter. There are a few examples of existing literature that
emphasize the parent-child familial role in the disclosure process (D’Augelli, 1994,
2006; Goodrich, 2009; Phillips & Ancis, 2008; Saltzburg, 2004) but none of the literature has taken a symbolic interaction approach that emphasizes the relational nature of this experience. D’Augelli’s (1994, 2006) human development model of LGB youth sexual identity development considers the role of the family and larger ecological context within the SIDI process of sexual minority individuals. The findings from this project support D’Augelli’s assertion of the importance of disclosing to family as an integral component of the SIDI process. This project provides further evidence that the SIDI process may not be adequately understood from an individual perspective.

Multiple identities are enacted within various roles and an individual’s commitment to a particular identity influences its salience (LaRossa & Reitzes, 1993). The stories of the youth from this study confirm this theoretical assertion. Some of the youth participants in the study described how they did not expect their parents’ perceptions of them as the good, successful kid in the family to change as a result of their sexual orientation because they believed their parents’ valued academic achievement more than whether they had a child that was not heterosexual. Similarly, youth who were apathetic about a family member’s reaction did not appear as concerned with potential or actual negative changes in the relationship with that person as much as they valued their identity as a sexual minority youth. For example, a youth is essentially considering, “how will my disclosure of my non-heterosexual orientation affect how my mother views me as her daughter?”
The multiple levels of self-reflexivity that occur within a family become emphasized when viewing the process of disclosure through the lens of symbolic interaction theory. Family members are aware that the other family members are aware of the process of interaction and the meanings that each member is making from that interaction. However, there was little support from the youths’ stories that it was common for youth to consider how their parent would view themselves as the parent of a queer son or daughter as a result of the disclosure. It may be that the depth of this level of multi-layered self-reflexivity is not common among youth in adolescence and young adulthood from a psychosocial development level (Eisenberg, Cumberland, Guthrie, Murphy, & Shepard, 2005; c.f. Steinberg, 2007). That is, youth in adolescence and young adulthood are generally more focused on their own wants and needs and may not readily enact this type of perspective taking.

Family members are also affected by societal norms and scripts; in that, non-heterosexual youth and parents who have had a child disclose their sexual orientation to them are necessarily influenced by perceptions of societal meanings of being the parent of a non-heterosexual child. This is evidenced in the data of both youth and parents. Messages received about non-heterosexuality are an interrelated factor of the decision to disclose for youth. Additionally, parents described disclosing to others and the concern for their child’s safety and well-being in a homophobic society as significant elements of the disclosure experience.
The findings from this study suggest that symbolic interaction theory and the consequences theory of disclosure are applicable frameworks to understand the complex and dynamic disclosure process of becoming a queer son or daughter and the parallel process of becoming the parent of a queer son or daughter. Further, the findings are supported by the existing literature on the process of disclosing a non-heterosexual orientation to family. This study provides a unique contribution to the literature that places the emergent findings of the disclosure to family experience within an existing theoretical framework.

**Sexual Orientation, Disclosure, and Substance Use.** The findings of substance use prevalence among the sexual minority youth in this sample are low considering average use reported by adolescents and young adults in Ohio (ODADAS; 2007) and as compared to average use among college students in the United States (ACHA; 2011). One exception is marijuana use. Over 27% of the youth in this sample reported using marijuana several times a month, compared to approximately 17% of high school students in Ohio reporting using in the past 30 days and approximately 14% of college students reporting use in the past 30 days. While these statistics from the Ohio high school and college student data do not distinguish reported use by sexual orientation, a general comparison is reasonable. Further, the findings of prevalence of substance use among the youth in this sample are in contrast to a growing body of existing literature that documents increased drug use among sexual minority youth as
compared to their heterosexual counterparts (e.g., Coker et al., 2010; Corliss et al., 2010; Marshal et al., 2008; Marshal et al., 2009; Needham & Austin, 2010; Saewyc, 2011).

Little evidence emerged from analyses exploring the possible relationship between youth substance use and indicators of mental health. This was an unexpected finding given that mental health disparities have been documented among sexual minority youth (e.g., Coker et al., 2010; Needham & Austin, 2010; Saewyc, 2011). In addition, little evidence also emerged from analyses exploring the possible relationship between youth substance use and indicators of family dynamics. This was also an unexpected finding as emerging literature has suggested that dynamics of family relationships are related to substance use among sexual minority youth (Bouris et al., 2010; Coker et al., 2010; Needham & Austin, 2010; Padilla et al., 2010; Ryan et al., 2009; Ryan et al., 2010; Saewyc, 2011).

The primary purpose of exploring substance use in this study was to ascertain if and how substance use among sexual minority youth is related to the disclosure to family process. This was accomplished by interviewing sexual minority youth to elicit their own opinions about this possible relationship and synthesizing the data they reported on their substance use, mental health, family relationship, and sexual identity development and integration milestones. The findings indicate that that substance use among this sample of non-heterosexual youth is not related to the disclosure to family experience. However, data from three of the youth suggests a relationship between their
substance use and their sexual orientation. In each of these cases, fitting in with peers, socializing, and/or dealing with emotional pain seemed to be factors in the use, which are consistent with reasons why adolescents regardless of sexual orientation engage in substance use (e.g., Boys, Marsden, & Strang, 2001; Comeau, Stewart, & Loba, 2001; Kuntsche, Knibbe, Gmel, & Engels, 2005; Novacek, Raskin, & Hogan, 1991). Given the relatively small amount of evidence suggesting a possible relationship, it is difficult to make any conclusions about whether substance use may be related to sexual orientation among the youth in this sample.

This study was based on the assertion that there are two mechanisms by which disclosure could be related with increased substance use. First, youth may use substances or increase use to cope with anxieties resulting from concealing their non-heterosexual status from their families or feeling as if they cannot or should not disclose. Second, family reactions may be protective or could contribute to increased use of substances. That is, if disclosure to parents and other family members goes poorly, youth may turn to substance use or increase use as a way of acting out in reaction to a negative disclosure experience. Alternatively, if family reactions are positive, the increased family support and perceptions of connectedness that may result could serve to minimize youths’ substance use. While the findings of this study did not provide evidence to support either of these assertions, it is interesting that two of the youth in the
study alluded to both of the suggested pathways of which substance use and disclosure may be related.

Though the findings suggest that substance use may not related to the disclosure to family experience and the findings suggesting a relationship between substance use and sexual orientation in general are inconclusive, many of the youth in the sample believed that substance use is often used to cope with issues related to sexual orientation. Saewyc (2011), in her review of the literature on adolescent sexual orientation and health disparities, describes that the minority stress model has been referenced across this literature base to provide a primary theoretical explanation to health disparities among non-heterosexual youth. The minority stress model suggests stigma, discrimination, and stress associated with the SIDI process places non-heterosexual youth at increased risk for substance use, and other negative health outcomes. The data from the youth in this study suggests that this may be a useful theoretical model to further explore how substance use and sexual orientation may be related. Willoughby and colleagues (2010) suggest, “youth who feel rejected by their family members may gravitate towards delinquent peers, which may, in turn, lead to higher levels of substance use” (p. 418).

Despite the limited conclusions that can be drawn from this study regarding the relationship between substance use and disclosure, and sexual orientation in general, this study makes a unique contribution to the literature by exploring these questions from the
perspective of the youth themselves. This resulted in some unique perspectives on why sexual minority youth use substances more than heterosexual youth as well as alternative coping strategies used by sexual minority youth. Much more research is needed on the relationship between substance use and sexual orientation among non-heterosexual youth in order to provide a greater understanding of the disproportionate rates of substance use frequently cited in the literature.

Caution should be taken when interpreting the findings from this study. The lack of relationships evidenced between adolescent substance use and well-being, family dynamics, sexual orientation and the disclosure to family process are likely due to the sample of youth in this study: primarily high-functioning youth from relatively high-functioning families. The youth participants all described their families in ways that evidenced positive parenting characteristics. Many of the youth described that their parent(s) had firm rules and expectations for the youth, in addition to the high degree of closeness as reported by the youth. The fact that 18 of the youth had disclosed to their parent(s) and none of the 22 youth described being afraid of the possibility of severely negative reactions such as violence, suggests that the youth considered their families to be safe environments.

This study provides a contribution to the literature in that the perspective of higher-functioning sexual minority young adults is presented. However, it is important to note that these findings do not refute the prevailing literature base that clearly
documents negative health outcomes of sexual minority youth. Rather, it is plausible that high-functioning sexual minority youth are not at as great of risk for negative health outcomes. This is consistent with Ryan and colleagues’ (2009; 2010) findings that found no to low family rejection and high amounts of family acceptance were related to fewer negative health outcomes, including substance use. Ryan and colleagues also found that higher levels of family acceptance were related to increased healthy outcomes such as greater self-esteem and overall health (Ryan et al., 2010). Given that the overwhelming majority of the youth described their families as accepting of their non-heterosexual orientation, it is likely that these youth experience similar positive health benefits. Further, this has significant implications for the findings related to substance use. For example, it is likely that the youth in this project were parented in ways that encouraged the youth to develop more positive coping skills than youth from more stressful family environments. This could in turn affect both the youths’ perspective of their substance use as related to their sexual orientation or disclosure to family process and the degree to which they use substances. One of the most important findings of this project is that high-functioning sexual minority youth, from high-functioning families, whose parents do not react negatively, report low levels of substance use and evidence few substance use problems.

Limitations
There are a number of limitations of this study. First, the findings of this study cannot be generalized to all non-heterosexual youth and parents of non-heterosexual youth. However, generalizability is not a goal of qualitative research. Rather, the rigor of qualitative research is achieved by implementing practices to ensure the trustworthiness of the study. Situating the research epistemologically and theoretically, providing detailed methodology, and including in-depth understanding of the participants and their contexts enables the reader to have enough information to assess the degree to which the findings can be applied to other contexts or settings (Lincoln & Guba, 1985).

Second, there are a number of sample limitations to consider. The sample for this study is not ethnic or racially diverse. Previous research has documented that there may be unique factors that affect the disclosure to family experience for ethnic and racial minorities (e.g., Bouris et al., 2010; Merighi & Grimes, 2000). The small number of non-white participants in the project does not allow for comparisons to be made by race and ethnicity. Theoretical sampling, a hallmark of grounded theory methodology, was not exhausted. In constructivist grounded theory, theoretical sampling involves seeking pertinent data to continue to develop the emerging theory (Charmaz, 2006). The pragmatic limitations of a dissertation project prohibited sufficient theoretical sampling to reach saturation. Constructivist grounded theory methodology adopts a critical view of saturation that goes beyond repetition and finding the same patterns. Rather,
saturation is dependent upon theoretical sampling (Charmaz, 2006). As such, saturation was not achieved for this project. For example, it is likely that additional youth participants who have not disclosed to any family members would provide a richer understanding of non-disclosure decisions that could enrich the model of disclosure to family decisions suggested by the findings of this study. Additionally, only eight parents were recruited for the study. As with much of the existing literature with parents of sexual minority youth, the perspectives of fathers was limited (e.g., Goodrich, 2009; Saltzburg, 2004). While qualitative research traditionally does not require large samples, grounded theory studies benefit from larger samples to more richly inform emergent analysis (Charmaz, 2006). Given the small sample of parents, the data from the parent participants did not evidence a high degree of saturation. Some themes were evidenced, but it is likely that a larger sample of parents would have enabled more conclusions to be drawn focused on the parent experience of the disclosure process.

In general, the sample recruited for this project were high-functioning youth and families. Extremely negative disclosure to family experiences were rare. It is highly likely that a larger sample would have revealed a wider variety of disclosure to family experiences. Given that the substance use prevalence reported by the youth participants was low for the majority of substances, it is difficult to determine whether the lack of relationship between substance use and the disclosure to family experience and sexual orientation in general evidenced in the data is due the nature of the sample. Future
research should employ recruitment techniques to ensure a wider spectrum of adolescent substance users are included. Much of the research on sexual minority youth has been critiqued for the possibility of over-estimating negative experiences and worst-case scenarios, given that much of the sampling and recruitment strategies rely on reaching sexual minority youth through support groups and organizations that serve the LGBT community (Bouris et al., 2010; Savin-Williams, 2001a; Savin-Williams, 2005). Conversely, the youth and the parents in this study reported mostly positive family disclosure experiences. While recruitment efforts for this project did target support groups and LGBT serving organizations, most of the youth in the project were recruited through announcements and/or flyers in classes, student organizations, local businesses, and word of mouth. It is plausible that some sexual minority youth who may not feel the need to share their story or experiences through support groups or are not involved in an LGBT specific organization have healthier experiences and family relationships than those that do seek out this type of support. Future research should explore whether these factors do make a difference in perceptions and experiences of the disclosure to family process.

Finally, the data that emerged on the relationship between substance use and disclosure and sexual orientation was substantively thin. It is plausible that the interview questions that were asked to elicit insight into the possible relationship between substance use and disclosure were too specific and did not allow for more
nuanced data to emerge. Additionally, youth and parents were not asked similar questions about parent-child communication about substance use. Thus, the divergent data collected from youth and parents on substance use prevented synthesis of the youth and parent data.

**Future Research**

The findings from this study suggest several areas for future research that would deepen and strengthen the literature base on the disclosure to family experience for non-heterosexual youth and their families. Aside from this study, no other known research in the family science literature has taken such an in-depth approach to the decision aspect of the disclosure to family process. More research is needed on this crucial aspect of the process, particularly given the breadth of scholarly support for the development of interventions for non-heterosexual youth (e.g., Bouris et al., 2010; Heatherington & Lavner, 2008; Ryan et al., 2010; Saewyc, 2011). A detailed understanding of the decision making process is warranted in order to effectively intervene. The findings from this study suggest that family dynamics in particular play an important role in the decision to disclose. Future research should include standardized measures of family dynamics such as the family adaptability and cohesion evaluation scale (FACES- IV; Olson, 2011) which assesses adaptability, cohesion, communication and satisfaction. In addition, research has already documented that parental responses to disclosure and emotional aspects of the parent-child relationship
are related to health outcomes for non-heterosexual youth (see Bouris et al., 2010 for a review). Another gap in the literature base is limited information about how preceding circumstances and specific disclosure strategies affect subsequent disclosure outcomes. More research should focus on examining these specific elements of the disclosure event. This is particularly important for the development of effective interventions. It is thus imperative to continue to strengthen this literature base and examine additional factors that may shape the disclosure to family experience and thus affect health outcomes (Bouris et al., 2010; Padilla et al., 2010).

An important oversight of the literature on sexual minority youth is the inclusion of the perspectives of parents, siblings, and other family members. This study is rare in that it included the perspective of youth and parents of non-heterosexual youth on the disclosure to family experience. Scholars have suggested that siblings may play an important role in the disclosure to family process (Beaty, 1999; Savin-Williams, 1998; Toomey & Richardson, 2009). Further, there is no known literature focused on the impact and experience of disclosure to other family members such as grandparents and other extended family. The disclosure experiences of the youth in this study suggest that this is a fruitful area for future research. Future research should also include the perspectives of multiple family members and assess both dyadic and family level variables. This will require researchers to think critically about complex methodologies (both qualitative and quantitative) and data analysis procedures in order to achieve a
valuable systemic analysis of the disclosure to family experience (Heatherington & Lavner, 2008). In addition, prospective studies focused on sexual minority youth and their families are needed that can document both short and long term effects of the disclosure to family experience.

It will be necessary to examine the emergent model of sexual orientation disclosure decision making and the process becoming a queer son or daughter more critically. Utilizing a grounded survey approach would be an effective methodology to build upon the findings of this study by conducting theoretical sampling (Charmaz, 2006; Currie, 2009). Subsequently, it would be productive to determine if these two aspects of the disclosure to family process are applicable for other sexual orientation disclosures (i.e., other family members, peers, co-workers, etc.).

Moreover, it is imperative for scholars to use family theories to more fully understand the diverse family experiences of gay and lesbian individuals (Demo & Allen, 1996). Reviews of the field of family science’s inclusion of gay and lesbian families (Allen & Demo, 1995; Demo & Allen, 1996) have suggested that these families can “provide a fertile testing ground and simultaneously pose interesting and provocative challenges for dominant family theories” (Demo & Allen, 1996, p. 423). For example, Willoughby and colleagues (2008) examined parental reactions using family stress theory and Lee and Lee (2006) explored the voices of accepting and supportive parents of gay sons using human ecology theory and a social constructivism
framework. This study has examined the emerging findings with symbolic interaction theory and the Consequences Theory of Disclosure (Serovich, 2001), which is based on concepts from social exchange theory. Additionally, research on disclosure from other disciplines has provided models from which this research was compared and contrasted. Future research in this area should continue to critically examine their findings through the lenses of traditional theories and suggested explanatory models.

Finally, much more research is needed on substance use among sexual minority youth. The inconclusive findings from this study should not deter future researchers for continuing to examine the possible relationship between substance use and disclosure to family among non-heterosexual youth. Both qualitative and quantitative research should be used to explore these relationships since there is still a dearth of research in this area. The literature that does exist linking substance use among sexual minority youth and family dynamics suggest that there is still much to learn in this area (e.g., Bouris et al., 2010). Understanding how parents and non-heterosexual youth communicate about substance use, parental monitoring, and parental expectations may be aspects of the parent-child relationship to focus on; given the perspectives on substance use among non-heterosexual youth by the participants in this study. Additionally, future research should explore adaptive and maladaptive coping strategies used by sexual minority youth.

**Clinical Implications**
The findings from this study suggest that couple and family therapists and other helping professionals can assist non-heterosexual youth who are considering or who have already disclosed to their family in a variety of ways. First, the study suggests a framework for sexual orientation disclosure decisions that may be useful for clinical practice. Clinicians should encourage non-heterosexual youth to consider how the four interrelated factors affect the degree of pressure they feel to disclose to a particular family member. To assist youth with this task effectively, it is necessary to explore thoroughly where the youth is in his or her SIDI process, discuss the messages they have internalized about non-heterosexuality and disclosure, and understand the youth’s relationships with their family of origin. Sexual minority youth tend to overestimate the likelihood of experiencing negative consequences of disclosure and should be encouraged to critically think about a realistic appraisal of potential costs and rewards of disclosing. Conversely, same-sex attractions and behavior are becoming more visible and prevalent (Savin-Williams, 2011) with younger cohorts becoming aware and disclosing significantly earlier (Grov et al., 2006). It is plausible that as society is becoming more accepting of non-heterosexuality, youth may begin to feel more comfortable disclosing to others, including their parents and other family. It is important for helping professionals to be aware of these trends but also sensitive to the unique context of the youth and their family one is working with in order to provide the best services.
Beyond assisting with the disclosure decision process, helping professionals may be tasked with preparing non-heterosexual youth with disclosing to a particular family member. In general, more research is needed before specific suggestions can be made that would direct how elements of the disclosure event will affect subsequent disclosure outcomes. However, the findings from this study suggest that the disclosure event is likely to be highly emotional for the youth, as well as the parent. Further, this study, as well as literature on disclosure decisions in general, suggest that intimate disclosures (such as those that occur within the parent-child relationship) that contain a higher degree of emotion may be viewed more positively as compared to more fact-based disclosures that may contain little emotional content (Chaudoir & Fisher, 2010). Clinicians should prepare youth to expect a high degree of emotion and work with them to increase their capacity and self-efficacy for handling the emotional climate of the disclosure event. In addition, it is likely that parents and other family members will ask questions such as “are you sure,” “how long have you known,” why didn’t you tell me earlier,” “do you have a boyfriend/girlfriend,” “have you been sexually active with someone of the same-sex?” Clinicians should prepare youth to consider what kinds of questions they may be asked and how much information they are willing to share.

In sum, clinicians should be prepared to assist non-heterosexual youth who are considering disclosing to family to understand and accurately read their disclosure barometer. A simple model would encourage youth to think critically about three
elements: (1) Readiness- Am I ready?; (2) Expectation- How will the relationship change?; and (3) Preparedness- Can I handle whatever happens?

Clinicians should also be prepared to help non-heterosexual youth and their families adjust after disclosure. The disclosure experience introduces new roles into the family system. Helping professionals can assist the family in exploring the meaning of these new roles. For example, clinicians could assist parents who have difficulty balancing the desire to protect their child and keep them safe and believing their child can be safe and happy in a social environment where homophobia is still prevalent. Also, much of the self-help literature targeted towards parents parallels the disclosure experience with the grief process (Martin, Hutson, Kazyak, & Scherrer, 2010).

Clinicians should understand that parents might experience some degree of loss related to the expectations they had for their child. However, as same-sex relationships are becoming more prevalent and normalized, experiencing disclosure as loss may become less common. The prevailing literature suggests that parents play a crucial role in the health and well-being of sexual minority youth (e.g., Bouris et al., 2010). To that end, clinicians should be prepared to support parents and families in becoming accepting, and at the very least, not respond negatively, to their non-heterosexual child(ren) (Ryan et al., 2009; Ryan et al., 2010; Willoughby et al., 2010).

Clinicians should emphasize the systemic dynamics of the disclosure to family experience for non-heterosexual youth and their families. Existing family therapy
theories can be useful to understand and intervene with these youth and their families. For example, Bowen theory’s concepts of differentiation and family triangles may be particularly useful to understand the disclosure to family experience (Heatherington & Lavner, 2008). Contextual therapy’s notion of multidirected partiality could also direct clinicians to emphasize other family members’ perspectives and needs. The emphasis on attachment and emotion in emotion focused therapy could also provide a productive lens from which to work with non-heterosexual youth and their families. Clinicians should not be discouraged of working from their existing theoretical frameworks as long as they are well informed and consider the unique needs of sexual minority youth and their families.

Despite the inconclusive findings regarding the relationship between substance use and the disclosure to family process, helping professionals should attend to adolescent substance use when working with sexual minority youth. Existing literature continues to document the disproportionate rates of substance use reported by sexual minority youth as compared to their heterosexual counterparts (e.g., Marshal et al., 2008; Saewyc, 2011). Further, emerging data suggests that aspects of the parent-child relationship- including responses to disclosure- are associated with substance use severity (e.g., Bouris et al., 2010; Rosario et al., 2009; Ryan et al., 2009; Ryan et al., 2010). Clinicians should be knowledgeable about this literature base and should address the health related consequences of parental rejecting reactions, including substance use.
Some of the youth in this study suggested that non-heterosexual youth may use more substances than heterosexual youth in order to cope with stress associated with being non-heterosexual in a heteronormative society. This is consistent with previous literature that suggests “gay-related stress” is a widely hypothesized reason for the high rates of substance use and other negative health outcomes (Rosario et al., 2004, p. 1624; Saewyc, 2011). Finally, clinicians should explore the coping strategies used by non-heterosexual youth. Encouraging healthy coping behaviors among non-heterosexual youth will likely reduce using substances as a coping strategy.

To conclude, it is imperative that the research community provides clinicians and other helping professionals with methodologically strong, feasible, and innovative, research-based interventions that protect against negative health outcomes and foster resilience and coping among sexual minority youth and their families.
REFERENCES


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Substance Abuse and Mental Health Services Administration (SAMHSA). (2001). *A provider’s introduction to substance abuse treatment for lesbian, gay, bisexual, and transgender individuals*. DHHS Publication no. (SMA) 01-3498. Rockville MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment


APPENDIX A: SCREENING FORM

Queer Family Project
Eligibility Log

“How did you hear about the project?” ____________________________________

Inform them that you need to read over the eligibility information with them:

“The purpose of this project is to better understand lesbian, gay, and bisexual youths’ experience of disclosing their sexual orientation to family of origin from the perspective of both youth and parents. We will be interviewing youth ages 14-21 and parents of LGB youth who had a child disclose to them in the last five years when the child was age 14-21. Prior to the interview you will be asked to fill out a brief questionnaire. It is expected that the questionnaire and interview will take approximately 2 hours. All of the information is confidential and will not be shared with anyone.

Do you have any questions?”

Note: If they have specific questions or concerns that you are unable to answer, please refer to Erika Grafsky for clarification.

“Would it be okay if I asked some questions to determine if you are eligible to participate?:” Use the recruitment log to record the answers and other contact information needed.

“Are you an LGB adolescent OR are you the parent of a child that identifies as lesbian, gay or bisexual?”

If they answer YOUTH go to the next section. If they answer PARENT Go to the grey section.

### YOUTH SECTION

How do you self-identify in regards to your sexual orientation?

- Gay
- Lesbian
- Bisexual
- Queer
- Other ___________________ [Straight]

<table>
<thead>
<tr>
<th>What is your age?</th>
<th>If between 14-21, Age:</th>
<th>Under 14 or Over 21, Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Have you told your parents that you are not heterosexual?

- Yes
- No

If yes, who? (mother, father, etc)

Determine Eligibility (Go to next white section)

### PARENT SECTION

Do you have a child that has disclosed to you that they are gay, lesbian or bisexual?

- Yes
- No

Notes:

<table>
<thead>
<tr>
<th>How old was your child when they disclosed this information to you?</th>
<th>If between 14-21, Age:</th>
<th>Under 14 or Over 21, Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did this child disclose to you between 2004 and now?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
## ELIGIBILITY

NOTE: If you have selected any response that is italics and underlined, the caller does not qualify for participation in the study.

**IF NOT ELIGIBLE:** "Unfortunately, you do not qualify for participation in the study. However, if we choose to expand the eligibility criteria, may we re-contact you?" If the answer is yes, record their name and contact information, as well as reason they were not eligible under the original inclusion criteria in the recruitment log. If a participant requests to know why they were ineligible, please state "To protect other participants we are not at liberty to share this information." (repeat this phrase if necessary)

**IF ELIGIBLE:** "You do qualify for participation. The questionnaire and interview will take approximately two hours and you will be compensated with a $20 Target gift card. Would you like to go ahead and schedule?"

### IF PARTICIPANT IS UNDER 18:

ask..."Do you feel comfortable having a parent come with you to the appointment to provide consent for your participation?" If yes, go ahead and schedule/provide directions. If the participant answers "No," ask "Do you have another family member or person in your life over age 18 that can come with you and consent on your behalf?" If the participant answers "No," ask "Do you feel comfortable with us making someone available for you to discuss your participation in the project?" If the participant answers "No" explain why it is necessary to involve a subject advocate.

Ask the participant if they will be driving or taking the bus, and provide directions and information on parking if they are driving. Let them know that parking and bus fare will be reimbursed. If participant is unable to travel to the office, inform them that you will contact Erika to see if different arrangements can be made for the interview and that she will contact them back ASAP—BE SURE TO RECORD THEIR CONTACT INFO BELOW.

Schedule appointment in Outlook using participant's first name only and telephone number, see scheduling example below: (Please notify Erika (eggrafskyy@ehe.osu.edu) that you have scheduled a participant, including the date/time) Example: John

### CONTACT INFORMATION

**Contact info (Name, number, email):**

<table>
<thead>
<tr>
<th>Can we contact them for other studies or if eligibility criteria change?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why not eligible? (Do NOT tell Caller)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WAIT!!! Have you:**

(1) Found out if they need a subject advocate/parent? & (2) Given them directions, explained

**Notes:**
APPENDIX B: QUESTIONNAIRES

Youth Pre-Interview Questionnaire

Thank you for agreeing to participate in my study about LGB youth and their families. There are two components for your participation: completion of this questionnaire and an in-person interview. The purpose of this questionnaire is to gather some information about your coming-out experiences and some basic information about you and your well-being (including mental health and experiences with substance use). I'd like to remind you that this information will be kept confidential, not connected with your name, and used for the purposes only as described in the Informed Consent Form you just signed. The questionnaire is in two parts, a pre-interview and post-interview portion.

Please feel free to ask me questions, make comments in the margins, or at the end because I am especially interested in getting your personal feedback.

What is your age?

What is your gender? Male _____ Female _____ Transgender _____

What is your ethnicity/race? ________________________________

Religious affiliation? ________________________________

Information about your LGB identity and coming-out process

At what age:

- did you first become aware of being attracted to the same-sex person? _____
- did you engage in same-sex sexual behavior (beyond kissing)? _____
- did you, if ever, engage in opposite-sex sexual behavior (beyond kissing)? _____
- did you first wonder if you might be gay, lesbian, or bisexual? _____
- did you first identify yourself as gay, lesbian, or bisexual? _____
- did you first tell someone that you were gay, lesbian, or bisexual? _____

Without using the person's name, please answer the next three questions as specific as possible (i.e. gay peer, straight peer, mother, brother, coach, friend's mom, etc):

Who did you tell first? ________________________________
Who did you tell next? ________________________________
Who did you tell after that? ________________________________

How would you rate your comfort/lack of comfort with your sexual orientation at the time you were first disclosing?

1 2 3 4
Very Comfortable Somewhat Comfortable Somewhat Uncomfortable Very Uncomfortable

How would you rate your level of emotional distress/lack of distress with your sexual orientation at the time you were first disclosing?

1 2 3 4
Not at all Distressed Somewhat Distressed Distressed Very Distressed

155
At what age, if at all, did you first tell...

your mother?  
your father?  

How would you rate your mother's attitudes about your sexual orientation at the time you first disclosed to her?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Supportive/ Very Positive</td>
<td>Somewhat Supportive/ Somewhat Positive</td>
<td>Somewhat Unsupportive/ Somewhat Negative</td>
<td>Very Unsupportive/ Very Negative</td>
<td></td>
</tr>
</tbody>
</table>

How would you rate your father's attitudes about your sexual orientation at the time you first disclosed to him?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Supportive/ Very Positive</td>
<td>Somewhat Supportive/ Somewhat Positive</td>
<td>Somewhat Unsupportive/ Somewhat Negative</td>
<td>Very Unsupportive/ Very Negative</td>
<td></td>
</tr>
</tbody>
</table>

At what age, if at all, did you first...

join an LGB organization?  
go to an LGB event/place (Kaleidescope, Bar, GSA event)?  
participate in an LGB chatroom or online site?  
other?  

How would you describe your sexual orientation when you first came out?

____ Gay/Lesbian  
____ Bisexual: mostly gay/lesbian  
____ Bisexual: equally gay/lesbian and heterosexual  
____ Bisexual: mostly heterosexual  

How would you describe your sexual orientation currently?

____ Gay/Lesbian  
____ Bisexual: mostly gay/lesbian  
____ Bisexual: equally gay/lesbian and heterosexual  
____ Bisexual: mostly heterosexual  

How would you rate your comfort/lack of comfort with your sexual orientation currently?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Comfortable</td>
<td>Somewhat Comfortable</td>
<td>Somewhat Uncomfortable</td>
<td>Very Uncomfortable</td>
</tr>
</tbody>
</table>
Youth Post-Interview Questionnaire

Using the scale below, please circle the number before each statement which best describes how you felt or behaved this way DURING THE PAST WEEK.

1 = Rarely or none of the time (less than 1 day)
2 = Some or a little of the time (1-2 days)
3 = Occasionally or a moderate amount of time (3-4 days)
4 = Most or all of the time (5-7 days)

DURING THE PAST WEEK:

1 2 3 4 I was bothered by things that usually don't bother me.
1 2 3 4 I did not feel like eating; my appetite was poor.
1 2 3 4 I felt that I could not shake off the blues even with help from my family or friends.
1 2 3 4 I felt that I was just as good as other people.
1 2 3 4 I had trouble keeping my mind on what I was doing.
1 2 3 4 I felt depressed.
1 2 3 4 I felt that everything I did was an effort.
1 2 3 4 I felt hopeful about the future.
1 2 3 4 I thought my life had been a failure.
1 2 3 4 I felt fearful.
1 2 3 4 My sleep was restless.
1 2 3 4 I was happy.
1 2 3 4 I talked less than usual
1 2 3 4 I felt lonely.
1 2 3 4 People were unfriendly.
1 2 3 4 I enjoyed life.
1 2 3 4 I had crying spells.
1 2 3 4 I felt sad.
1 2 3 4 I felt that people dislike me.
1 2 3 4 I could not get "going."

157
Instructions: Please write the relationship of each guardian into the parent 1 and/or parent 2 spot.

Example. Parent 1. Mom Parent 2. Dad

Use the following scale:

Not at all 1 2 3 4 Very 5

Answer the following questions about Parent 1:

___ 1. How openly do you talk with this parent?
___ 2. How comfortable do you feel admitting doubts and fears to this parent?
___ 3. How interested is this parent in talking to you when you want to talk?
___ 4. How often does this parent express affection or liking for you?
___ 5. How well does this parent know what you are really like?
___ 6. How close do you feel to this parent?
___ 7. How confident are you that this parent would help you if you had a problem?
___ 8. If you needed money, how comfortable would you be asking this parent for it?
___ 9. How interested is this parent in the things you do?

Answer the following questions about Parent 2: ________________________________

___ 1. How openly do you talk with this parent?
___ 2. How comfortable do you feel admitting doubts and fears to this parent?
___ 3. How interested is this parent in talking to you when you want to talk?
___ 4. How often does this parent express affection or liking for you?
___ 5. How well does this parent know what you are really like?
___ 6. How close do you feel to this parent?
___ 7. How confident are you that this parent would help you if you had a problem?
___ 8. If you needed money, how comfortable would you be asking this parent for it?
___ 9. How interested is this parent in the things you do?

Please answer all of the questions. If a question does not fit you exactly, pick the answer that is mostly true. If you are over 18, you may write in N/A, if it applies to a specific question. You may see the same or similar questions more than once. Please just answer each question as it comes up.

Please circle your answer. If you do not understand a word, please ask for help.

1. Do you have so much energy you don't know what to do with it?  
   Yes  No
2. Do you brag?  
   Yes  No
3. Do you get into trouble because you use drugs or alcohol at school?  
   Yes  No
4. Do your friends get bored at parties when there is no alcohol served?  
   Yes  No
5. Is it hard for you to ask for help from others?  
   Yes  No
6. Has there been adult supervision at the parties you have gone to recently?  
   Yes  No
7. Do your parents or guardians argue a lot?  
   Yes  No
8. Do you usually think about how your actions will affect others?  
   Yes  No
9. Have you recently either lost or gained more than 10 pounds?  
   Yes  No
10. Have you ever had sex with someone who shot up drugs?  
    Yes  No
11. Do you often feel tired?  
    Yes  No
12. Have you had trouble with stomach pain or nausea?  
    Yes  No
13. Do you get easily frightened?  
    Yes  No
14. Have any of your best friends dated regularly during the past year?  
    Yes  No
15. Have you dated regularly in the past year?  
    Yes  No
16. Do you have a skill, craft, trade or work experience?  
    Yes  No
17. Are most of your friends older than you are?  
    Yes  No
18. Do you have less energy than you think you should?  
    Yes  No
19. Do you get frustrated easily?  
    Yes  No
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Do you threaten to hurt people?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>21. Do you feel alone most of the time?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>22. Do you sleep either too much or too little?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>23. Do you swear or use dirty language?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>24. Are you a good listener?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>25. Do your parents or guardians approve of your friends?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>26. Have you lied to anyone in the past week?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>27. Do your parents or guardians refuse to talk with you when they are mad at you?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>28. Do you rush into things without thinking about what could happen?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>29. Did you have a paying job last summer?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>30. Is your free time spent just hanging out with friends?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>31. Have you accidentally hurt yourself or someone else while high on alcohol or drugs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>32. Have you had any accidents or injuries that still bother you?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>33. Are you a good speller?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>34. Do you have friends who damage or destroy things on purpose?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>35. Have the whites of your eyes ever turned yellow?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>36. Do your parents or guardians usually know where you are and what you are doing?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>37. Do you miss out on activities because you spend too much money on drugs or alcohol?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>38. Do people pick on you because of the way you look?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>39. Do you know how to get a job if you want one?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>40. Do your parents or guardians and you do lots of things together?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>41. Do you get A's and B's in some classes and fail others?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>42. Do you feel nervous most of the time?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>43. Have you stolen things?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>44. Have you ever been told you are hyperactive?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>45. Do you ever feel you are addicted to alcohol or drugs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>46. Are you a good reader?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
47. Do you have a hobby you are really interested in?  
Yes  No
48. Do you plan to get a diploma (or already have one)?  
Yes  No
49. Have you been frequently absent or late for work?  
Yes  No
50. Do you feel people are against you?  
Yes  No
51. Do you participate in team sports which have regular practices?  
Yes  No
52. Have you ever read a book cover to cover for your own enjoyment?  
Yes  No
53. Do you have chores that you must regularly do at home?  
Yes  No
54. Do your friends bring drugs to parties?  
Yes  No
55. Do you get into fights a lot?  
Yes  No
56. Do you have a hot temper?  
Yes  No
57. Do your parents or guardians pay attention when you talk with them?  
Yes  No
58. Have you started using more and more drugs or alcohol to get the effect you want?  
Yes  No
59. Do your parents or guardians have rules about what you can and cannot do?  
Yes  No
60. Do people tell you that you are careless?  
Yes  No
61. Are you stubborn?  
Yes  No
62. Do any of your best friends go out on school nights without permission from their parents or guardians?  
Yes  No
63. Have you ever had or do you now have a job?  
Yes  No
64. Do you have trouble getting your mind off things?  
Yes  No
65. Have you ever threatened anyone with a weapon?  
Yes  No
66. Do you have a way to get to a job?  
Yes  No
67. Do you ever leave a party because there is no alcohol or drugs?  
Yes  No
68. Do your parents or guardians know what you really think or feel?  
Yes  No
69. Do you often act on the spur of the moment?  
Yes  No
70. Do you usually exercise for a half hour or more at least once a week?  
Yes  No
71. Do you have a constant desire for alcohol or drugs?  
Yes  No
72. Is it easy to learn new things?  
Yes  No
73. Do you have trouble with your breathing or with coughing?  
Yes  No

161
74. Do people your own age like and respect you? Yes No
75. Does your mind wander a lot? Yes No
76. Do you hear things no one else around you hears? Yes No
77. Do you have trouble concentrating? Yes No
78. Do you have a valid driver's license? Yes No
79. Have you ever had a paying job that lasted at least one month? Yes No
80. Do you and your parents or guardians have frequent arguments which involve yelling and screaming? Yes No
81. Have you had a car accident while high on alcohol or drugs? Yes No
82. Do you forget things you did while drinking or using drugs? Yes No
83. During the past month have you driven a car while you were drunk or high? Yes No
84. Are you louder than other kids? Yes No
85. Are most of your friends younger than you are? Yes No
86. Have you ever intentionally damaged someone else's property? Yes No
87. Have you ever stopped working at a job because you just didn't care? Yes No
88. Do your parents or guardians like talking with you and being with you? Yes No
89. Have you ever spent the night away from home when your parents didn't know where you were? Yes No
90. Have any of your best friends participated in team sports which require regular practices? Yes No
91. Are you suspicious of other people? Yes No
92. Are you already too busy with school and other adult supervised activities to be interested in a job? Yes No
93. Have you cut school at least 5 days in the past year? Yes No
94. Are you usually pleased with how well you do in activities with your friends? Yes No
95. Does alcohol or drug use cause your moods to change quickly like from happy to sad or vice versa? Yes No
96. Do you feel sad most of the time? Yes No
97. Do you miss school or arrive late for school because of your alcohol or drug use? Yes No
98. Is it important to you now to get or keep a satisfactory job? Yes No
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>99. Do your family or friends ever tell you that you should cut down on your drinking or drug use?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>100. Do you have serious arguments with friends or family members because of your drinking or drug use?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>101. Do you tease others a lot?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>102. Do you have trouble sleeping?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>103. Do you have trouble with written work?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>104. Does your alcohol or drug use ever make you do something you would not normally do - like breaking rules, missing curfew, breaking the law or having sex with someone?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>105. Do you feel you lose control and get into fights?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>106. Have you ever been fired from a job?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>107. During the past month, have you skipped school?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>108. Do you have trouble getting along with any of your friends because of your alcohol or drug use?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>109. Do you have a hard time following directions?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>110. Are you good at talking your way out of trouble?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>111. Do you have friends who have hit or threatened to hit someone without any real reason?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>112. Do you ever feel you can’t control your alcohol or drug use?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>113. Do you have a good memory?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>114. Do your parents or guardians have a pretty good idea of your interests?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>115. Do your parents or guardians usually agree about how to handle you?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>116. Do you have a hard time planning and organizing?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>117. Do you have trouble with math?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>118. Do your friends cut school a lot?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>119. Do you worry a lot?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>120. Do you find it difficult to complete class projects or work tasks?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>121. Does school sometimes make you feel stupid?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>122. Are you able to make friends easily in a new group?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>123. Do you often feel like you want to cry?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>124. Are you afraid to be around people?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>125. Do you have friends who have stolen things?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>126. Do you want to be a member of any organized group, team, or club?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>127. Does one of your parents or guardians have a steady job?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>128. Do you think it’s a bad idea to trust other people?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>129. Do you enjoy doing things with people your own age?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>130. Do you feel you study longer than your classmates and still get poorer grades?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>131. Have you ever failed a grade in school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>132. Do you go out for fun on school nights without your parents’ or guardians’ permission?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>133. Is school hard for you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>134. Do you have an idea about the type of job or career that you want to have?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>135. On a typical day, do you watch more than two hours of TV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>136. Are you restless and can't sit still?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>137. Do you have trouble finding the right words to express what you are thinking?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>138. Do you scream a lot?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>139. Have you ever had sexual intercourse without using a condom?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Adolescent Alcohol and Drug Involvement Scale: AADIS

### A. Drug Use History

For each drug listed, please circle one number under the category that best describes your use pattern. If you are currently in residential treatment or secure custody, please answer regarding how often you typically used it, before you entered treatment or were taken into custody. Consider only drugs taken without prescription from your doctor; for alcohol, don't count just a few sips from someone else's drink.

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Never Used</th>
<th>Tried But Quit</th>
<th>Several Times a Year</th>
<th>Several Times a Month</th>
<th>Several Times a Week</th>
<th>Week-Ends Only</th>
<th>Several Times a Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Tobacco (Cigarettes, cigars)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Alcohol (Beer, Wine, Liquor)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Marijuana or Hashish (Weed, grass, blunts)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>LSD, MDA, Mushrooms Peyote, other hallucinogens (ACID, shrooms)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Amphetamines (Speed, Ritalin, Ecstasy, Crystal)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Powder Cocaine (Coke, Blow)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Rock Cocaine (Coke, coke, freebase)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Hashish (Acid, Downers, ludes, blues)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>PCP (Angel dust)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Heroin, other opiates (smack, horse, opium, morphine)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Inhalants (Glue, gasoline, spray cans, whiteout, rush, etc.)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Valium, Prozac, other tranquilizers (without Rx)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>OTHER DRUG</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

165
3. **AADIS**
These questions refer to your use of alcohol and other drugs (like marijuana, weed, or cocaine, rock). If you are currently in residential treatment or in custody, please answer regarding the time you were living in the community before you started treatment or were taken into custody. Circle all the answers which describe your use of alcohol and/or other drug(s). Even if none of the answers seem exactly right, please pick the ones that come closest to being true. If a question doesn't apply to you, you may leave it blank.

1. **How often do you use alcohol or other drugs (such as weed or rock)?**
   - a. never
   - b. once or twice a year
   - c. once or twice a month
   - d. every weekend
   - e. several times a week
   - f. every day
   - g. several times a day

2. **When did you last use alcohol or drugs?**
   - a. never used alcohol or drugs
   - b. not for over a year
   - c. between 6 months and 1 year ago
   - d. several weeks ago
   - e. the last week
   - f. yesterday
   - g. today (or the same day I was taken into treatment or custody)

3. **I usually start to drink or use drugs because:** (Circle all that apply)
   - a. I like the feeling
   - b. to be like my friends
   - c. I am bored; or just to have fun
   - d. I feel stressed, nervous, tense, full of worries or problems
   - e. I feel sad, lonely, sorry for myself

4. **What do you drink, when you drink alcohol?**
   - a. wine
   - b. beer
   - c. mixed drinks
   - d. hard liquor (vodka, whisky, etc.)
   - e. a substitute for alcohol

5. **How do you get your alcohol or drugs?** (Circle all that you do)
   - a. Supervised by parents or relatives
   - b. from brothers or sisters
   - c. from home without parents' knowledge
   - d. get from friends
   - e. buy my own (on the street or with fake/falsified ID)

6. **When did you first use drugs or take your first drink?** (Circle one)
   - a. never
   - b. after age 15
   - c. at ages 14 or 15
   - d. at ages 12 or 13
   - e. at ages 10 or 11
   - f. before age 10

7. **What time of day do you use alcohol or drugs?** (Circle all that apply)
   - a. at night
   - b. afternoons/after school
   - c. before or during school or work
   - d. in the morning or when I first awoke
   - e. I often get up during my sleep
   - f. to use alcohol or drugs

8. **Why did you take your first drink or first use drugs?** (Circle all that apply)
   - a. curiosity
   - b. parents or relatives offered
   - c. friends encouraged me, to have fun
   - d. to get away from my problems
   - e. to get high or drunk

9. **When you drink alcohol, how much do you usually drink?**
   - a. 1 drink
   - b. 2 drinks
   - c. 3-4 drinks
   - d. 5-9 drinks
   - e. 10 or more drinks
10. Whom do you drink or use drugs with? (CIRCLE ALL THAT ARE TRUE OF YOU)
   a. parents or adult relatives 
   b. with brothers or sisters 
   c. with friends or relatives own age 
   d. with older friends 
   e. alone 

11. What effects have you had from drinking or drugs? (CIRCLE ALL THAT APPLY TO YOU)
   a. loose, easy feeling 
   b. got moderately high 
   c. got drunk or wasted 
   d. became ill 
   e. passed out or overdosed 
   f. used a lot and next day didn't remember what happened 

12. What effects has using alcohol or drugs had on your life? (CIRCLE ALL THAT APPLY)
   a. none 
   b. has interfered with talking to someone. 
   c. has prevented me from having a good time 
   d. has interfered with my school work 
   e. have lost friends because of use 
   f. has gotten me into trouble at home 
   g. was in a fight or destroyed property 
   h. has resulted in an accident, an injury, arrest, or being punished at school for using alcohol or drugs 

13. How do you feel about your use of alcohol or drugs? (CIRCLE ALL THAT APPLY)
   a. no problem at all 
   b. I can control it and set limits on myself 
   c. I can control myself, but my friends easily influence me 
   d. I often feel bad about my use 
   e. I need help to control myself 
   f. I have had professional help to control my drinking or drug use. 

14. How do others see you in relation to your alcohol or drug use? (CIRCLE ALL THAT APPLY)
   a. can't say or normal for my age 
   b. when I use I tend to neglect my family or friends 
   c. my family or friends advise me to control or cut down on my use 
   d. my family or friends tell me to get help for my alcohol or drug use 
   e. my family or friends have already gone for help about my use 

Developed by D. Paul Maberg, Center for Health Policy and Program Evaluation, University of Wisconsin Medical School. Adapted with permission from Mayer and Filsrud's "Adolescent Alcohol Involvement Scale" (Journal of Studies on Alcohol 40: 291-300, 1979) and Maberg and Hahn's "Adolescent Drug Involvement Scale" (Journal of Adolescent Chemical Dependency, 2: 75-88, 1991).
Parent Pre-Interview Questionnaire

Thank you for agreeing to participate in my study about LGB youth and their families. There are two components for your participation: completion of this questionnaire and an in-person interview. The purpose of this questionnaire is to gather some information about your child’s coming-out experiences and some basic information about you and your family. I would like to remind you that this information will be kept confidential, not connected with your name, and used for the purposes only as described in the Informed Consent Form you just signed.

Please feel free to ask me questions, make comments in the margins, or at the end because I am especially interested in getting your personal feedback.

What is your age? _____

What is your gender? Male _____ Female _____ Transgender _____

What is your ethnicity/race? __________________________

Religious Affiliation? __________________________

What is your current relationship status? _____ Married/Domestic Partner

_____ Dating a steady partner/Cohabitating

_____ Single

Have you ever been divorced? Yes _____ No _____

Please list your immediate family members, without listing their names (i.e. Husband, Daughter, Son), and their ages, starting with your partner, if applicable, and then your children.

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Current Age</th>
<th>Does this person live with you currently, Yes or No?</th>
<th>Does this family member identify as LGB, Yes or No?</th>
</tr>
</thead>
<tbody>
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168
Now I would like to ask you some questions about your LGB child:

At what age was your child when he/she first disclosed to you that they were gay, lesbian, or bisexual? ______

Did someone else tell you that your child was gay, lesbian, or bisexual BEFORE your child did? No _____ Yes _____, if yes, who? _______________________

Did you suspect that your child might be gay, lesbian, or bisexual prior to them telling you? No _____ Yes _____

Who was the first person you told that your child was gay, lesbian, or bisexual (i.e. spouse, friend, sister, mother, minister) ______________________, or I haven’t told anyone _____

Who was the second person you told? ______________________

How does your child self-identify? ______ Gay/Lesbian
                                ______ Bisexual
                                ______ Other?

How would you rate your comfort/lack of comfort with your child’s sexual orientation at the time you first found out?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Comfortable</td>
<td>Somewhat Comfortable</td>
<td>Somewhat Uncomfortable</td>
<td>Very Uncomfortable</td>
</tr>
</tbody>
</table>

How would you rate your comfort/lack of comfort with your child’s sexual orientation currently?

<table>
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<tr>
<th>1</th>
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<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Comfortable</td>
<td>Somewhat Comfortable</td>
<td>Somewhat Uncomfortable</td>
<td>Very Uncomfortable</td>
</tr>
</tbody>
</table>

How much do your religious beliefs or moral values affect your current comfort/lack of comfort with your child’s sexual orientation?

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<th>1</th>
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<th>3</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Very Much</td>
<td>Somewhat</td>
<td>Only A Little</td>
<td>Not At All</td>
</tr>
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</table>
Instructions: Please fill out these questions. Read the prompts carefully as the questions regard your perspective about your relationship with your LGB child and another of your children (in this case, choose the child closest in age to your LGB child, if applicable).

Please write the first name of child in the appropriate spot.

LGB child: ___________________ Other child: ___________________

Use the following scale:

Not at all 1 2 3 4 Very 5

Answer the following questions about your LGB child: _______________________

___ 1. How openly do you talk with this child?

___ 2. How comfortable do you feel admitting doubts and fears to this child?

___ 3. How interested is this child in talking to you when you want to talk?

___ 4. How often does this child express affection or liking for you?

___ 5. How well does this child know what you are really like?

___ 6. How close do you feel to this child?

___ 7. How confident are you that this child would help you if you had a problem?

___ 8. If you needed help with something (e.g. with the computer or running errands) how comfortable would you be asking this child for it?

___ 9. How interested is this child in the things you do?

Answer the following questions about your other child: _______________________

___ 1. How openly do you talk with this child?

___ 2. How comfortable do you feel admitting doubts and fears to this child?

___ 3. How interested is this child in talking to you when you want to talk?

___ 4. How often does this child express affection or liking for you?

___ 5. How well does this child know what you are really like?

___ 6. How close do you feel to this child?

___ 7. How confident are you this child would help you if you had a problem?

___ 8. If you needed help with something (e.g. with the computer or running errands) how comfortable would you be asking this child for it?

___ 9. How interested is this child in the things you do?

APPENDIX C: INTERVIEW SCHEDULES

Part I- Interview Schedule for Youth

I will be asking you questions regarding your decision about whether to disclose your sexual orientation to your parents and other family members; and if you have disclosed, what those experiences were like for you. Please know that there are no 'right' or 'wrong' answers to these questions and that your responses will not be identified with your name.

First I am going to ask about your decisions and experiences disclosing to particular family members, but I would like to start by asking you to describe your family in general. While you are describing your family, I will be making some notes indicating who you consider in your immediate family.

Probe for general perception of family dynamics like how close they see their family, how strict are the parents, (e.g. Do you guys talk openly about things that bother you?)

How would you describe your relationship with your parents?

Fill in the family disclosure comfort information form throughout this portion of the interview.

Tell me about your experience disclosing to (insert family member).

Describe what you were thinking prior to disclosing to (insert family member).

Probe for circumstances that precipitated disclosure (e.g. What was going on for you at that time?)

Probe for reasons for and against disclosing (e.g. What good things did you think would come from disclosing to (insert family member)? Why did you want to tell to (insert family member)?)

Probe for anticipated reactions (e.g. How did you think (insert family member) would respond?)

What held you back from disclosing to (insert family member) before then?

How did you decide to disclose to (insert family member)?

Probe for strategies used (e.g. Where did you disclose? Were other people around?)

What happened during and after you told (insert family member)?

Probe for perceived feelings (e.g. What did it feel like to disclose to (insert family member?)

Probe for perceived reactions (e.g. What did (insert family member) say? How did (insert family member) respond?)

Repeat as necessary for each family member indicated on pre-interview questionnaire.

Now I would like to ask you questions regarding your experiences after disclosure.

Tell me about what your relationship is like now with (insert family member).

How has your relationship changed since you disclosed?

Do you think (insert family member) is comfortable with your being gay (or bisexual)?
How do you know?

Probe for specifics (e.g. What does he/she do, What does he/she say, that lets you know they are ok with it?)

How does (insert family member) show you that they are not okay with you being gay (lesbian or bisexual)?

Repeat as necessary for each family member indicated on pre-interview questionnaire.

I am also wondering about your decisions to NOT disclose your sexual orientation to particular family members.

Can you tell me about your decision to not disclose your sexual orientation to particular family members?

Why have you decided not to disclose to (insert family member)? (i.e. What’s holding you back?)

Probe for specifics (e.g. Is there something about them as a person that is part of your reason for not telling them?)

How did you think (insert family member) would respond if you did tell them?)

How does being gay affect your interactions with your family?

How does being gay come up in conversations?

What happens when it is brought up?

What would it mean for you to be accepted as gay (or lesbian, bisexual) in your family?

Possible probe: Do you feel accepted in your family?

Think about your family as a whole, how do you know that you are accepted? (e.g. Like, what kinds of things does your family do that send you that message?)

What things would need to change in your family for you to feel (more) accepted?

Now I would like to ask you questions about how you think your substance use is related to your decision to disclose your sexual orientation to your family.

When you first realized that you might be gay, lesbian, or bisexual, can you describe to me your involvement with drugs and alcohol?

Did your substance use change when you were deciding whether or not to come out to your family? And if so, describe what that was like.

Probe for why the change happened in either direction.

How did your substance use change once you did come out to your family?
Probe for why the change happened in either direction.

*In general, do you think youth that are not heterosexual use drugs more than straight teens?*

*Can you describe to me why you believe that?*

*How do you think your substance use is related, if at all, to your sexual orientation?*

*Well, those are all the questions that I have. Thank you for taking the time to share these things with me. Do you have any feedback for me or anything you would like to add?*

Please list up to six family members (without using their names), start with those who you live with and then add those who you feel closest to, (i.e. Mother, Father, Sister, Brother, Maternal Grandmother, Paternal Aunt, etc.)

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Do they know you are not heterosexual? Yes or No?</th>
<th>Did you disclose to them personally? Yes or No?</th>
<th>If not, who told (e.g. mom, sister)?</th>
<th>How close were you with this person before they knew? (1-5)</th>
<th>1= not close at all 5 = very close</th>
<th>How close are you with this person now? (1-5)</th>
<th>1= not close at all 5 = very close</th>
<th>If this person does not know, how likely are you to tell them in the next year? (1-5)</th>
<th>1= will not tell 5= definitely will tell</th>
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Part II- Interview Schedule for Parents

I will be asking you questions regarding your experiences with having a child who disclosed that they were gay, lesbian, or bisexual to you. I will also be asking your opinion about how adolescent substance use may affect the disclosure process. Please know that there are no ‘right’ or ‘wrong’ answers to these questions and that your responses will not be identified with your name.

First I am going to ask about your experience with having your child disclose to you that they were gay (lesbian or bisexual), but I would like to start by asking you to describe your family in general. While you are describing your family, I will be making some notes indicating who you consider in your immediate family.

Probe for general perception of family dynamics like how close they see their family, how strict were they as parents, (e.g. Do you feel like your family talks openly with one another?)

How would you describe your relationship with your son/daughter prior to when they disclosed?

Describe what it was like for you when your child disclosed their sexual orientation to you?

Probe for details about the event (e.g. When did they disclose?, How did they tell you?, Who else was around when they told you?)

Can you think back and describe your initial response?

What was the most difficult part of the actual disclosure event for you?

What part do you think went well?

Why do you think your child chose to disclose to you when they did?

Probe for details about what they think might have been going on for their child at the time.

What was your relationship like with them in the next few months after they disclosed?

How has having a gay (lesbian or bisexual) child impacted you?

Probe for details (e.g. How has having a gay son/daughter changed the way you see yourself as a parent?)

How would you describe your relationship with your son/daughter now?

How would you describe how accepting you are of your son/daughter’s sexual orientation?

Probe for details (e.g. How do you show them that you are accepting?, In what ways do you show your son/daughter that you are not okay with their sexual orientation?)

Did you find it difficult to tell other people (e.g. your other family members, friends, etc.) that your child is gay (lesbian or bisexual)?

What were some of those experiences like for you?
Now I would like to ask you some questions about substance use and family.

When your child was an adolescent, did you and your child discuss substance use?

Are you aware of any experiences your child might have with drugs and alcohol?

If yes, do you feel as if their experiences with substance use were problematic? How so?

Do you feel that your child’s experiences with substance use are related in any way to their sexual orientation? How so?

How would you describe your experiences with substance use?

How do you think substance use affects your family relationships?

Did you ever need to disclose information about yourself to your parents that you worried would impact your relationship with them?

Can you describe what that was like for you?

Well, those are all the questions that I have. Thank you for taking the time to share these things with me. Do you have any feedback for me or anything you would like to add?