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Accepting gay and lesbian children: A parents perspective

Lacee' Lanai Lanier

Julia Ann Larson

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ACCEPTING GAY AND LESBIAN CHILDREN:
A PARENTS PERSPECTIVE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Lacee' Lanai Lanier
Julia Ann Larson
June 2004
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Approved by:

Dr. Rosemary McCaslin, Faculty Supervisor
Social Work

Dr. Nancy Mary, Acting Department Chair
Social Work

Dr. Rosemary McCaslin,
M.S.W. Research Coordinator
ABSTRACT

This study examined the relationships between parents' and their gay and lesbian children from the parents' perspective. Forty-seven questionnaires containing thirty-two questions were distributed and completed. This study sought to identify barriers parents experienced and the levels of acceptance prior to and after their child's disclosure, in order to assist families during the coming out process.
ACKNOWLEDGMENTS

We would like to give a special thank you to Dr. Rosemary McCaslin for her boundless energy, her tenacious dedication to the field of research and her patience as we developed our research project.

This research project would not have materialized without the collaborative effort, inspiration and hard work of the kind souls who dedicated so much of themselves in illuminating the pages of this research project.

Lacee’ would like to extend a heartfelt thank you to Frank Clark, your love, support and patience have enriched my life and taught me valuable lessons in sharing. Thank you for always taking the time to be there with a gentle smile, a helping hand and a kind word. Lacee’ would also like to thank her research partner Julia who has truly given wings to her words.

Julia would like to acknowledge Craig, Rini, Antoinette and Angelina and the boys in my life, Thank you and I Love You H.A.T.S. Your love, support and encouragement are the glue that got me through these years of school. Julia would also like to thank Lacee’. I couldn’t have done this without you. These last three years have really tested your endurance and you never gave up.
Thank you also goes out to friends and families who participated in this project. Your honesty and insight will provide others with hope and understanding.
DEDICATION

Laee' would like to dedicate this research project in remembrance of her sister, Jocelyn Marie Lane, who brought beauty and splendor to the world. The incredible pearls of wisdom that you bestowed upon me are sacred. I will forever remember your loving eyes always looking out for me. I counted on your honesty; loyalty and sisterly love as precious treasures of my heart safely kept in the memories shared.

Julia would like to dedicate this research project to all the parents and children who are struggling to re-establish relationships in their newly defined roles.
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CHAPTER ONE
INTRODUCTION

A paradigm shift is occurring in family studies. The changing view from the family as a concrete entity to recognizing family pluralism is slowly coming into reality. Families that are made up of gay and lesbian individuals are an integral part of this changing fabric of society and families.

Problem Statement

Parents’ reaction to learning of their offspring’s same sex attraction or “coming out” is considered risky for the child. The child may be exposed to verbal or physical abuse, or renounced as a family member and asked to leave. The process of acceptance creates uncertainty and disruption in the family setting. For some, acceptance never comes.

Just as the homosexual struggles with the realization and acceptance of his or her sexual orientation, so do parents. Straight mothers and fathers may find that on their sons’ and daughters’ coming out, they can no longer claim simply to be “parents,” instead they become “the parents of lesbians and gay men.” Their adult children’s sexual identity compromises the esteem associated with
parenthood, the same relationships that previously afforded status now carry stigma. (Fields, 2001)

Normal initial reactions include breaking contact, attempts to change the child by taking the child to a psychotherapist, seeking religious conversion and/or encouraging the child to have a sexual relationship with a person of the opposite sex and ignoring the issue, "the ostrich effect" (Griffin, Wirth, & Wirth, 1996).

Savin-Williams and Dube (1998) present a developmental model of parental reaction to the disclosure of their child's same sex attraction. Disclosure creates uncertainty, disruption and chaos in the family system. Their developmental model includes shock, denial, isolation, anger, and depression. Shock is the initial parental reaction upon learning of their child's orientation that may permanently affect the parent/child relationship.

After the initial shock, Savin-Williams and Dube go on to say, that parents will move into the stage of denial and/or isolation to allow them time to redefine the relationship. The inability to understand changing roles often times lead to anger, frustration and even rage with their children. Parents sometimes experience a loss of control, no longer being able to live in denial.
Depression, another stage, involves parents who try to maintain the family secret and maintain their family’s social status. They live with “the elephant in the closet,” not knowing to whom to disclose their secret, leading parents to feelings of depression. Depression is anger turned inward. Parents carry the stigma of feeling they have caused their child to “choose” their new lifestyle. They distance themselves from friends, family and other social interaction. They feel shame and sadness for their child who is living a life that is not accepted in this homophobic society. Consistent with societal stereotypes they imagine the sexual aspects of being gay believing that their child will inevitably be lonely in their old age or face a life of discrimination (Savin-Williams & Dube, 1998). These beliefs lead to further depression and facing the reality that their son/daughter will not be heterosexual that could possibly lead to issues of mourning and loss.

Purpose of the Study

The purpose of this study was to gain insight into the parental relationship and roles at disclosure of an offspring’s homosexual preference. The study was also conducted to provide social workers with knowledge about
attachment theory and how it affects parental reactions to learning of their child’s homosexuality. Along with this, information gathered will assist parents in their own “coming out” process, protecting the integrity of the differentiated self in the family system.

Specifically, this study has attempted to answer the following questions. 1) Does a securely attached relationship between parents and their children prior to disclosure of the children’s same sex attraction result in higher levels of acceptance after their disclosure? Also are securely attached offspring more likely to have a supportive and accepting relationship with parents after self-disclosure, in comparison to those that were not securely attached prior to disclosure? 2) Are securely attached homosexual offspring more likely to self disclose at an earlier age?

Significance of the Project for Social Work

The project is significant because a major feature of the Generalist Intervention Model (GIM) assessment phase assumes that social workers attempt to address issues at a micro, mezzo, and macro levels. At the micro level social workers could assist individuals who are coming out to family members. At the mezzo level the social worker could
help to improve family relationships while establishing newly defined roles for each family member. At the macro level social workers could fight against the social injustice of heterosexism. Social workers have a role in helping individuals and their families' work through the coming out process to keep family systems intact.
CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter discusses relevant studies and publications addressing the "coming out" process and its impact on the family dynamics. The objective in this literature review is to examine parents' reactions to learning of their child's same sex attraction and the parents' process of acceptance.

"Coming Out" Process

Specifically, "coming out" is defined as one to disclose one's same-sex attraction to others. This is considered a burdensome undertaking in the establishment of a gay or lesbian sexual identity (Cass, 1984; Troiden, 1989). Of all those to whom they may disclose their sexual identity; coming out to family is considered an important process for many gay men and lesbians. Several authors suggest the decision to reveal one's sexual identity to parents and siblings, or other relatives can provoke considerable anxiety, as both the potential risks and benefits are typically great (Ben-Ari, 1995; Elizer, 2001; Rosenberg, 2002; Savin-Williams, 1989). Disclosure to family may ultimately affect not only the gay or lesbian
individual, but family members as well. Consequently, understanding the family’s response to such a disclosure of homosexuality by a family member is an important endeavor for experts in the fields of social work, gay and lesbian studies and family therapy.

Gay men and lesbians are ordinarily viewed as being estranged from their family of origin and unable to have families of their own (Laird, 1993, Weston, 1991). Media often excludes gays and lesbians from the family, and coming out is often portrayed as a rejection by the family (Weston, 1991). Even among scholars, the family of origin is viewed as a source of rejection and homophobia.

“Coming out” to family does sometime lead to rejection or estrangement. Youth can be susceptible to physical violence, sexual abuse, being thrown out of their home, or being forced into treatment to “cure” their homosexuality (Savin-Williams, 1998) These responses present a significant social problem; however, permanent estrangement from family is somewhat rare (Weston, 1991).

“Coming out” as a rule is recognized as a developmental role that established their identity as a gay or lesbian person (Cass 1996; Troiden, 1989). In essence, “coming out,” especially to family, allows an individual to blend gay and straight lives, declare
maturity, renegotiate power within family relationships, and test power of family ties. "Coming out" to the family of origin is important to gay and lesbian couples in preparation of the establishment of other relationships (Laird, 1993).

Some gay children experience rejection by their parents and other close relatives. Research shows these children struggle with acknowledgement, acceptance and disclosure of their sexual orientation, putting them at greater risk for substance abuse, unsafe sex, running away, depression and suicide (Hersherger, Pilkington, & D’Augelli, 1998).

Parental Response

Research also shows that parents of gender-nonconforming children experience secondary stigmatization that can result in isolation and feelings of shame. Shame and guilt are terms used interchangeably in describing parental reactions to their children’s “coming out” although psychological theory and research studies indicate that these are quite different affective experiences (Tangney, 1991). Shame projects guilt outside the self or by hiding from other. Shame-prone individuals appear to accept less responsibility for their actions and
exhibit low levels of empathy by placing the focus on the serf (Reimer, 1996). On the other hand, proneness to guilt has been negatively correlated with externalization of blame, interpersonal anger, and hostility (Tangney et al., 1996). Findings suggest that proneness to shame and proneness to guilt may lead to different ways of experiencing and handling interpersonal events such as a child disclosing his homosexuality. Considering general cultural attitudes about homosexuality and the theory outlined above, it seems plausible that the shame-prone parent was more concerned with how others perceive his or her parenting than with his or her child's difficulties in coming to terms with a socially stigmatized identity. Guilt prone parents are more like to respond to a child's disclosure with an overall negative evaluation of themselves or of their child (Armesto, 2001).

Other research demonstrates that the usual family response to disclosure of homosexuality is acceptance rather than rejection of the disclosing family member. The initial reaction starts with crisis and eventually works through stages to acceptance, although some families may never achieve this end. Although these models have provided an understanding for the families who have just
learned that they have a gay or lesbian son or daughter, important questions remain unanswered.

The stages models are unclear as to how families tend to move from one stage to the next. What sort of personal interactions, activities, and talk determine progression? The family members' acceptance is crucial but what happens after acceptance? What does acceptance means and how is it processed in the family? The family process would likely change over time as acceptance and integration are likely to be gradual and subject to change. Consequently, an important question is: How do family relationships change after they have accepted a family member's homosexuality? How does the family system and its structure, boundaries, and relationships change? Do the identities of the family members change? Is there a shift in the how they viewed homosexuality from the past?

Disclosure of homosexuality has a profound immediate effect on the family. First, it brings discussion on sexuality into the family (Weston, 1991). Discussion of sexuality can be difficult for some families. Emotionally, disclosure is a direct connection to "total personhood" (Weston, 1991). In disclosing, a family member is identifying with a new family group (Cohen & Savin-Williams, 1996) Family members may find it difficult
to understand and accept this newly defined role (Savin-Williams, 1998). Family members may experience feelings of betrayal in their relationships since disclosure is often experienced as a reflection of the family (Laird, 1993). Families worry about their own identity and role. Family members may struggle with a feeling of vulnerability or feel stigmatized (Crosbie-Burnett, Foster, Murray, & Bowen, 1996; Laird, 1993).

Previous models have used grieving as a theme to convey the experience of families following disclosure (Laird, 1993; Savin-Williams, 1998). This view most often represents parents and grandparents involved in grief and loss for the hopes and dreams of the future of the family member.

Although grieving may be an important component of a family’s response to disclosure, the family’s effort to blend their gay family member is equally important in their response. It is not assumed that the integration was a natural process to resolve grief, or that grief must be resolved before acceptance is accomplished.

Laird (1993) illustrates the challenges that gays and lesbians have integrating their lives in view of their family of origin. Laird points out there are few rituals
to establish gay bonds and are not recognized by society at large. Second, when gay men and women create their own families, making connections with their family of origin proves to be difficult due to fewer links between gay culture and families, each making little provision for one other. Laird (1993) asks, how do the gay or lesbian person and his or her relationships “fit on the family tree?” Gay men and lesbians invent themselves and their relationships, but their families must try to integrate gay family members and their significant other into the lives of the family.

Family members also have an important story to tell, how they “found out stories.” When family members share their stories of how they found out their child is gay or lesbian the story is punctuated with loss and reclamation. Most research focuses on the loss rather than on the reclamation.

Loss sets the stage, but the true heroic story is the ability to accept the change and to reclaim the meaning and essence of the continued relationship. The common thread of “finding-out” stories and the “coming-out” stories is that both represent a new beginning. Ultimately the beginning may be overshadowed by uncertainty, grief and loss, fear, confusion, and mourning, but some
researchers are beginning to look beyond trauma to "recreation and redefinition" (Laird, 1993), from loss to reclamation.

Theoretical Approach to This Study

Although the empirical research on sexual orientation is in its infancy, there is no reason to think that existing developmental theory and models cannot encompass and address the common and unique aspects of homosexual individuals. Furthermore, embedding the development of adolescents into existing theoretical models will assist in conceptualizing the process. Finally, aspects of the developmental experience of homosexual children allow the study of essential theoretical questions such as the impact of withdrawal of preexisting family during adolescence.

Bowlby’s theory of attachment provides a way to understand the need for human beings to make strong affectionate bonds to significant others. According to Bowlby (1969, 1980), attachment behaviors are innate and promote survival of the species. Attachment figures allow the child a secure base from which to explore, affording the child safety when threats are encountered. Attachment behavior contributes to the individual’s survival by
keeping her or him in touch with caregivers, thereby reducing threat to their being.

According to Bowlby, an individual's expectations about self and others are learned from infancy through adolescence (Bowlby, 1980). In addition, the internalized model is a work in progress across time that is affected by the stability of the quality of attachment relationships and the individual's continued ability to secure and maintain certain patterns of response.

The secure attachment allows the individual the ability to experience the environment and return safely to the security of these relationships when the outside world becomes threatening. It also provides the individual with an internalized representation of the world as a safe and predictable place, even when the individual is not with those primary relationships. Further, Bowlby maintains that attachment history with caregivers influence social relationships and personality development because individuals come to behave in ways that are consistent with their expectations for self and others. Individuals who develop secure attachments to their primary relationships are more self-confident and are able to meet the challenges and demands of life and possess more control of their emotions.
In contrast, children who form insecure attachments to primary relationships do not learn the skills necessary to cope with negative experiences and do not develop good problem-solving skills.

In describing family relationships, Bowenian theory delineates the need for balance between the life forces of individuality and togetherness (LaSala, 2001). Bowen (1978) theorizes that the lack of secure attachment result in poor transitioning through the healthy stages of development resulting in enmeshment or splintering of families. Bowen writes that the undifferentiated person reacts emotionally, positively or negatively, to the dictates of family members. These individuals have little autonomous identity, finding it difficult to separate themselves from others.

The differentiated person is able to take a stand on issues that gives them the freedom to decide what they believe and act on those beliefs. This enables individuals to be in intimate contact without being reflexively shaped by them (Nichols & Swartz, 2000).

Summary

The literature review reveals parents and children who had secure attachments prior to disclosure of their
children’s sexual orientation also had higher levels of acceptance prior to and after disclosure. The literature also provides theory and findings about the dynamics of family relationships during the “coming out” process.

“Coming out” has become less complex with the awareness of the gay and lesbian movement (Weston, 1991). It gained momentum as a culturally understood act, and it is recognized as a positive change of discourse for gay and lesbian lives. This has given the gay and lesbian population a sense for a rite of initiation and belonging. The role of “coming out” stories is equally important in the cultural sphere in giving a voice to this population in representation of their own lives without repression. These personal stories portray the individual’s and family member’s response and struggles of acceptance in the newfound relationships as well as how these events impacted them in their coming out process.

Herdt and Boxer (1983) suggest that the act of “coming out” is important, but not as important as to whom you are coming out. This is also noted in “finding out” stories; finding out is not as critical as finding out in a particular socio-cultural context. Cultural acceptance for the gay and lesbian population has increased over time (Savin-Williams, 1998). There is no protocol for a gay or
lesbian person to blend his or her significant relationships with families of origin and create a life within a society that has no rituals, norms, or models for their acceptance. Although grief and loss issues remain as a central theme, the cultural sphere for families learning about their children’s sexual orientation was increasingly positive. The challenge remains in integrating both lifestyles into a homogenous family unit. It is unequivocally important that families begin to build cultural models that allow the acceptance of gay men, lesbians, and their families (Jennings, 2003).
Data Collection and Instrumentation

Participants were asked to complete a self-administered questionnaire survey design that was comprised of items measuring levels of acceptance, support systems, barriers and parent/child relationship. Specific questions addressed parents' feelings, anxiety, concerns and understanding of their children's lifestyle. The questionnaire was also designed to measure the parent's experience of the "coming out" as it pertained to the parents disclosing their child's sexual orientation to family, friends, and the community.

Using an exploratory approach provided an understanding of parents living with the reality of their child's sexual preference. The gay and lesbian movement has opened the door for extensive research on homosexual population but little research is available on the parents, many of which had stereotypical homophobic beliefs about homosexuality.

The data examined for this paper were gathered from a self-administered questionnaires handed to the participants by the researchers.
Procedures

Once the researchers obtained permission from the Department of Social Work Human Subjects Committee to conduct the study, the data was collected, beginning July 2003 and ending August 2003.

The researchers attended two scheduled PFLAG support group meetings in Riverside and San Bernardino Counties. To obtain the highest participation possible, all participants in the study used a survey that ensured anonymity. The group facilitator of the PFLAG meetings in San Bernardino and Riverside Counties introduced the project and researchers. The study was handed out to participants. Participants had the option of taking the survey home to complete, providing them a stamped self-addressed envelope or completing and handing it in at the meeting. A designated area was set up to allow for privacy while completing the questionnaire.

Measures

The dependent variable of this study was current level of acceptance and the primary independent variables used were the child’s age of disclosure and the relationship prior to and after disclosure. The levels of measurement for all three variables were ordinal and
respondents were asked to rate answers on a scale of 1 (highest) to 5 (lowest).

Additional data were gathered and analyzed to search for other trends. These data included parent’s age, ethnicity, gender, education, religiosity, and household income.

Protection of Human Subjects

Researchers informed the participants of the purpose of the study both prior to handing out the survey as well as with a copy of the verbal consent attached to the survey. Included in the survey was a copy of the verbal consent and a debriefing form. The informed consent explained every aspect of the study and ensured protection not only for the research participant but also for the social workers that were carrying out the study. As specified by the Department of Health and Human Services codes, informed consents requires that research participants fully understand what their participation entails and they freely agree to participate. There was a signature line where participants marked indicating that they read or heard a complete description of the research project.
Participants were informed that their consent forms would be numbered and kept separate from the questionnaire to insure confidentiality.

Data Analysis

This study sought to identify the relationships between gay and lesbian children and their parents before and after disclosure of their sexual orientation.

The data were analyzed to find the associations between secure attachments and higher levels of acceptance, and whether or not securely attached homosexual offspring were more likely to self-disclose at an earlier age than those who less secure parental attachments.

Summary

Chapter Three addressed the study design and collection of data. Also addressed were specifics regarding what data were collected, time frames and from what sources.
CHAPTER FOUR

RESULTS

Introduction

This chapter will look at the data collected from a questionnaire that was completed by forty-seven (47) parents of gay and lesbian children.

Presentation of the Findings

All participants (N = 47) of the study were either biological or step-parents. The fathers represented 31.9 percent (N = 15), mothers 59.6 percent (N = 28); stepfathers 4.3 percent (N = 2); and stepmothers 4.3 percent (N = 2).

![Bar Chart]

Figure 1. Parent’s Gender
Parents’ sexual orientation as reported revealed that 91.5 percent (N = 43) were heterosexual, 6.4 percent (N = 3) lesbian and 2.1 percent (N = 1) did not report.

![Parent's Sexual Orientation](image)

Figure 2. Parents’ Sexual Orientation

The age of the participants (X = 58.85) ranged from 37 to 85 with 21.3 percent being 37 to 49 years old (N = 10). The majorities, 60 percent, were between the ages of 50 and 70 (N = 29), and 14.92 percent of the sample indicated that they were between the ages of 72-85 years old (N = 8). The modal age for survey participants was between the range of 51 and 61.
Figure 3. Parents’ Age

The greatest percent of participants identified themselves as Caucasian 74.5 percent (N = 35); Hispanic was 14.9 percent (N = 7); identified as African American were 2.1 percent (N = 4); and 2.1 percent (N = 1) not reported.
When respondents reported their highest level of education, 4.3 percent (N = 2) indicated that they had some high school education; 14.9 percent (N = 7) indicated that they were high school graduates; 17 percent (N = 8) had attended some college; 6.4 percent (N = 3) maintained that they had a two-year college degree; 23.4 percent (N = 11) reported having a four-year college degree; 14.9 percent (N = 7) declared they had a graduate degree and 19.1 (N = 9) of the participants reported having a post-graduate degree.
The estimated gross annual household income of 14.9 percent (N = 7) of the participants was between $20,000 and $40,000 annually; the majority of the respondents, 38.3 percent (N = 18), reported gross annual incomes of $40,000-$60,000; 10.6 percent (N = 5) reported $60,000-$80,000, 4.3 percent (N = 2) had income of $80,000-100,000. 17.0 percent (N = 8) claimed an income of greater than $100,000 annually.
Figure 6. Parents' Annual Income

Fifty-one percent (N = 24) reported a religious affiliation, 46.8 percent (N = 22) reported no religious affiliation and 2.1 percent (N = 1) did not respond to the question.
Figure 7. Parents' Religious or Not

Respondents reported their child's sexual identity as gay 46.8 percent (N = 22), 44.7 percent (N = 21) as lesbians and 8.5 percent (N = 4) as bi-sexual.

Figure 8. Child's Sexual Identity
Additional information related to the study provided insight into the barriers parents of gay and lesbian children experience in their struggle to understand and accept their children’s sexual orientation. Barriers assessed in this study included: beliefs (religious, own beliefs), emotional reaction (inadequacy as a parent, anger, shame), and society (societal views, fear of AIDS and legal concerns). The results of the Chi Square measuring the parents’ current level of acceptance and the barriers for acceptance, 40.4% the respondents identified beliefs as a barrier, 29.8% of the respondents identified emotional barriers, and 68.1% of the respondents identified societal barriers. Although it would appear that societal barriers weigh heavily on the minds of parents, they were not found to impact the parent and child bond.

Hypothesis #1: This study sought to determine if a securely attached relationship between parents and their children prior to disclosure of the children’s same sex attraction would result in higher levels of acceptance after their disclosure. Also hypothesized was whether or not securely attached children were more likely to have a supportive and accepting relationship with parents after
self-disclosure, in comparison to those that were not securely attached prior to disclosure.

In order to determine this, an Independent Sample T-Test was used that identified the parents' current level of acceptance juxtaposed against the relationship between the parent and the child before the disclosure. The differences between the mean acceptance scores (1.07 for close relationships; 1.60 for estranged relationships) were significant (P=.000); with parents who had a close relationship with their child prior to disclosure had a higher level of acceptance.

Only four respondents reported having a strained relationship prior to and after disclosure, therefore, these data could not be analyzed for significance.

Hypothesis #2: This study also sought to determine if securely attached homosexual offspring are more likely to self-disclose at an earlier age.

An Independent Samples T-Test comparing the mean age of disclosure for each group (close relationship mean = 22.31 and estranged relationship mean = 18.40) found no significant difference between the groups, P = .196, t = 1.3, df = 42.
Summary

A significant relationship was found between the parents' current level of acceptance and the relationship between the parent and the children before disclosure. Based on the sample, surveyed parents who reported having a close relationship prior to their child's disclosure continue to have a close relationship.

No significant correlation was found between the parent and offspring relationship at the age of disclosure.
CHAPTER FIVE

DISCUSSION

Introduction
This chapter discusses the conclusions of the results found in the data reporting, the limitations identified in the study and the recommendations for social work practice, policy and research.

Conclusions
Several conclusions were reached in the process of this study. A significant relationship was found between the parents' current level of acceptance and the parent and offspring relationship prior to disclosure, as measured by the tests described in Chapter Four. This means that parents and children who had a close relationship prior to disclosure continued to have a close relationship.

The first hypothesis examined whether or not a securely attached relationship between parents and their children prior to disclosure would result in higher levels of acceptance. The results of the study showed moderate support for this hypothesis; while the correlation between parent's initial reaction and current relationship supports the hypothesis. Due to the overrepresentation of
parent's reporting a close relationship and the same size, data from parents' reporting a strained relationship could not be analyzed separately. However, the four respondents who reported an estranged relationship prior to their child's disclosure remained estranged after disclosure.

The second hypothesis examined whether or not securely attached gay and lesbian are more likely to self disclose at an earlier age. The conclusion drawn from this sample found no significant difference between the child’s age of disclosure and the parents' level of acceptance.

Limitations

Several limitations have been identified in the study. First, the sample size was small. Although a significant effort was made to increase the number of participants by contacting several PFLAG groups in the surrounding communities, many group leaders failed to respond to the researchers request for participants. This may have been a limiting factor because data from a broader education distribution, as well as a wider range of sexual identity may have made a significant difference in the findings.

The majority of the participants were Caucasian, middle-aged adults. They were also middle to upper middle
class and highly educated. Additionally, most participants were recruited from established gay support groups. Being highly education and middle aged could be major factors in the samples high acceptance levels. Given the limitations, the results of this study may not reflective of the entire population of parent’s ability of acceptance of their homosexual children.

Recommendations for Social Work Practice, Policy and Research

The study of the barriers for parents of gay and lesbian children may be a fruitful research area with important implications for both clinical practice and social policy.

If this study were to be replicated some methodological revisions should be made. The first revision would be in the terms of sample recruitment. In order to obtain more generalized data, attempts should be made to recruit samples with wider age ranges, and educational backgrounds as well as those not involved in a gay support organization. These factors could result an overall broader distribution and result in findings different from those in the current study.

If this study were to be replicated some methodological revisions should be made. The first
revision would be in terms of sample recruitment. In order to obtain more generalized data, attempts should be made to recruit samples with wider age ranges, and educational backgrounds, as well as parents who do not belong to a gay support group. These factors could produce an overall broader distribution and result in findings different from those obtained in the current study.

Future research should also include qualitative and quantitative research that includes both parents and children. This combination gives researchers a better understanding of the impact of parental attachment with regards to their child's development of identity and acceptance.

The study could be used by social workers as an educational tool to better understand of gay and lesbian family relationships and the barriers that they face in the coming out process. The study could also be used as a starting point for social workers to address their own biases toward homosexuality.

Conclusions

The purpose of this study was to examine the impact of a child's "coming out" has on relationships between parents and their children. The results of this study
found parents who had secure attachments were better able to accept their child's newly revealed sexuality. Additional research is needed to provide more useful data in gaining a better understanding about the issues homosexual children and their parents face. This study addressed only a minute portion of the picture. Future research will hopefully clarify the nature of the relationship between early parental influence and how they integrate a gay or lesbian family member once they have come to accept his or her homosexuality.
APPENDIX A

QUESTIONNAIRE
PLEASE ONLY COMPLETE THIS SURVEY IF YOU ARE THE BIOLOGICAL OR STEP-PARENT OF A GAY, LESBIAN OR BI-SEXUAL CHILD.

Today's Date: ________________

1. Parent:  Mother   Father   Stepparent M ___ F ___

2. What is your age? ________

3. What is your ethnicity? (Circle all that apply)
   Caucasian          African         American Hispanic
   Asian/Pacific Islander Native American Other

4. Your sexual orientation? (Please circle)
   Heterosexual
   Lesbian
   Gay Male
   Bisexual

5. Religious Affiliation ________________

6. Highest level of formal Education: (Please Circle)
   No High School        Some High School
   High School Graduate  Some college
   2-year college        4-year college
   Graduate Degree       Post-Graduate

7. Households gross annual income: (Please circle)
   Less than $20,000  20,000-40,000  40,000-60,000
   60,000-80,000  80,000-100,000  More than 100,000

8. Your child's age at disclosure ________

9. Your age at time of your child's disclosure: ________
10. How would describe your reaction to your child's disclosure? (Please Circle)
   Very receptive   Somewhat receptive   Neutral
   Unreceptive   Very unreceptive

11. Are you estranged from your child? ________

12. What barriers have made it difficult for you to accept your child's sexual preference?
   a. Religious belief
   b. Own personal beliefs
   c. Inadequacy as a parent
   d. Anger
   e. Fear of AIDS
   f. Legal concerns
   g. Shame
   h. Societal view
   i. Other ________________________________

13. What would help you accept your child's sexual orientation? (Please Circle)
   a. Education
   b. Religious tolerance
   c. Family and friends support
   d. Support groups
   e. Nothing will help
   f. Other ________________________________

14. Do you have other family members that have gay, lesbian or bisexual children?
   Yes   No

15. Do you have friends who have gay, lesbian or bisexual children?
   Yes   No
The following questions pertain to the parent's "coming out" process for disclosure of your child's sexuality to others:

16. Have you "come out" to anyone? Who? (Please Circle)
   - Family member
   - Friend
   - Counselor/Therapist
   - Religious leader
   - Other

17. How would you describe their overall acceptance to your coming out to others? (Please Circle)
   - Very supportive
   - Somewhat supportive
   - Neutral
   - Unsupportive
   - Very unsupportive

18. Who is the supportive person in your life?

19. Who is the least supportive person in your life?

20. Have you had negative experiences with the disclosure of your child's homosexuality?
   - Yes
   - No
21. Using the scale below, please assign the number to how you felt when your child disclosed to you that they were gay or lesbian.
   1) Never   2) Sometimes   3) Most of the Time   4) Always
   I feel:
   a. Depression
   b. Anger
   c. Shock
   d. Denial
   e. Isolation
   f. Stigmatized
   g. Question own identity
   h. Blamed self
   i. Blamed others
   j. Questioned parenting ability
   k. Loss of control
   l. Feelings of mourning and/or loss

22. What measures were taken to address these feelings? (Please Circle)
   a. Confided in family member
   b. Confided in close friend
   c. Sought mental health counseling
   d. Sought religious counseling
   e. Education through research
   f. Attended support group
   g. Other ____________________________

23. Can you openly discuss relationship issues and sexuality with your child?
   Yes        No

24. Is your child involved in a relationship?
   Yes        No
25. Do you accept your child’s partner?
   Yes  No

26. Are you actively involved in your child’s life at this time?
   Yes  No

27. What is your level of acceptance at this time?
   Please Circle:
   a. Very receptive
   b. Somewhat receptive
   c. Neutral
   d. Unreceptive
   e. Very unreceptive

28. How long has it taken you to arrive at this level of acceptance?
   ________________________

29. If you haven’t accepted your child’s homosexuality, briefly provide your concerns?
   ________________________

30. Prior to the knowledge of your child’s homosexuality what would best describe your relationship? (Please Circle)
   a. Estranged
   b. Strained
   c. Somewhat Close
   d. Close
   e. Enmeshed (Too Close)

31. Since you have learned of your child’s homosexuality, what best describes your relationship?
   a. Estranged
   b. Strained
   c. Somewhat Close
   d. Close
   e. Enmeshed (Too Close)
APPENDIX B

INFORMED CONSENT
INFORMED CONSENT

The researchers will seek approval for the study from the Department of Social Work Human Subject’s Committee.

Researchers will inform the participants with the purpose of the study both prior to handing out the survey as well as in writing attached the survey. Included in the survey will be a written consent and a debriefing form. The voluntary and informed consent will explain every aspect of the study and ensure protection not only for the research participant but also for the social workers that are carrying out the study. As specified by the Department of Health and Human Services codes, informed consents requires that research participants fully understand what their participation entails and they freely agree to participate. There will be a signature line where participants will sign, indicating that they have read or heard a complete description of the research project (American Association on Mental Deficiency, 1977). There may be a pen or other token gift available for all participants.

Participants will also be informed that their consent forms will be numbered and kept separate from the questionnaire to insure confidentiality.
APPENDIX C

DEBRIEFING STATEMENT
DEBRIEFING STATEMENT

The study you have just participated in is conducted by Lacee Lanier and Julia Larson and is designed to explore parent's levels of acceptance for disclosure of their children’s sexual orientation. The questions were designed to elicit the responses that were necessary to draw conclusions about the process of acceptance. Participants were instructed not to disclose the nature of the study to other potential participants to prevent bias data.

Thank you for your participation if you have any questions or concerns about this study please feel free to contact Dr. Rosemary McCaslin at (909) 880-5501.

The results of this study will be available in the PFAU library at California State University of San Bernardino, San Bernardino, California.

If this study has brought up any personal issues that you feel need further discussion, please call your local Mental Health Department or your local PFLAG Chapter (Parents Friends and Families of Gay and Lesbians).

Riverside County Department of Mental Health
(909) 358-4500

San Bernardino County Department of Behavioral Health
(909) 387-7055

Riverside PFLAG Chapter
(760) 202-4430

San Bernardino PFLAG Chapter
lepflag@lepflag.org
REFERENCES


This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:
   Team Effort: Julia Larson & Lacee' Lanier

2. Data Entry and Analysis:
   Team Effort: Julia Larson & Lacee' Lanier

3. Writing Report and Presentation of Findings:
   a. Introduction and Literature
      Team Effort: Julia Larson & Lacee' Lanier
   b. Methods
      Team Effort: Julia Larson & Lacee' Lanier
   c. Results
      Team Effort: Julia Larson & Lacee' Lanier
   d. Discussion
      Team Effort: Julia Larson & Lacee' Lanier