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Exploring the Impact of Religious Upbringings on Sexual and Gender Minority Youth

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Abstract

Sexual and Gender Minority Youth (SGMY) growing up in religious households that are not accepting of their sexual and/or gender identity experience unique stressors pertaining to the strained relationship between organized religion and the LGBTQ+ community. This review sought to define the impacts from those upbringings, examine protective factors, and provide a basis for preventing negative health outcomes. A search for literature was conducted through Google Scholar and PsychINFO searches utilizing keywords such as “SGMY” and “religious upbringing.” The papers discussed in the present review span from the years 2000 to 2022 and contain both research studies and other literature reviews. Since these outcomes are not universally experienced by SGMY with religious upbringings, this literature review explored the relationship to determine how religiosity interacts with sexual and/or gender minority status in both positive and negative ways. Overall conclusions found a pattern between negative health outcomes, such as mental health and/or substance abuse, and a religious upbringing for SGMY. Limitations, suggestions for future research, and real-world implications were then discussed, specifically pertaining to prevention and intervention programs to support those who identify as SGMY in their development and well-being.

Keywords: religion, LGBTQ+, sexual identity, gender identity, religiosity, adolescent development

Exploring the Impact of Religious Upbringings on Sexual and Gender Minority Youth

According to the minority stress model, sexual and gender minorities face heightened, chronic stress due to their oppressed minority status (Meyer, 2003). Based upon this theory, the constant mistreatment of LGBTQ+ youth is directly responsible for the increased prevalence of negative health outcomes in this population. More recent studies have sought to elucidate the types of negative health outcomes experienced by sexual and gender minorities. Scholars have found that these minority groups engage in substance use at higher rates than their other peers (Felner et al., 2020) and suffer higher rates of depression and suicidal ideation (Gibbs & Goldbach, 2015; King et al., 2008). Such adverse outcomes are not only found among adults, but also Sexual and Gender Minority Youth (SGMY), the focus of the current paper.

The United Nations (1981) defines "youth" as persons aged 15-24, and this paper will extend that definition to refer to any individual within the comprehensive age range of 10-24. SGMY face heightened rates of mental health conditions (Green & Feinstein, 2012; King et al., 2008; Ross et al., 2018; Russell & Fish, 2016) and bullying (Marshall & Allison, 2019). Further, these youth report that religion plays a role in the stigma that they face (McCormick & Krieger, 2020). Some religions are inclusive of LGBTQ+ persons, such as Unitarian Universalism, Episcopalism, and Evangelical Lutheranism. (Human Rights Campaign, n.d.-f, n.d.-b, n.d.-e). However, other religions (e.g., Southern Baptists, Roman Catholicism, and Jesus Christ of Latter-Day Saints) have doctrines that do not endorse and/or prevent full participation in religious rituals for LGBTQ+ persons (Human Rights Campaign, n.d.-d, n.d.-c, n.d.-a). Religion is the foundation on which many individuals place their anti-gay and anti-trans attitudes, shown in a study that found a significant correlation between religiosity and homophobic beliefs (Plugge-Foust & Strickland, 2000). Consequently, such beliefs have the potential to harm the

well-being of SGMY. For instance, SGMY who grow up in these types of religious households report experiencing enhanced stressors related to the religious affiliation of their caregivers. These youth may believe their parents would not support one or more of their identities, and would dismiss, degrade, or outright harm them if they were to find out about their actual gender or whom their child falls in love with.

However, not all SGMY who grow up in religious households experience negative health outcomes (Miller et al., 2020; Rosenkrantz et al., 2016). Therefore, prevention and intervention strategies can utilize the mediating and protective factors to guide effective action. The aim of this review was to show that SGMY who experience family acceptance, kindness, and a strong sense of community support would have reduced negative health outcomes compared to peers who grow up in households that do not support their identity. The review begins by explaining the negative health outcomes for sexual and gender minorities, followed by examining the impact of religious socialization. Thereafter, protective factors are explored to identify the ways in which some youth succeed and others struggle. Limitations and future research directions are then discussed along with the implications of these findings.

Method

A review of the literature was conducted through Google Scholar and PsycINFO databases. Keywords such as “SGMY,” “religious upbringing,” and “parental religiosity” were used. Articles were selected for the review by title relevance and careful reading of abstracts to ensure pertinence; articles selected were read in more depth. The articles in this review span the years 2000 to 2022.

Negative Health Outcomes for SGMY

Minority Stress Model

The minority stress model articulates the unique stressors experienced by sexual minorities as a pathogenic factor for mental health conditions (Meyer, 2003). This model has been used to explain similarly unique stressors experienced by other minorities, such as people of color. The theory provides a thorough explanation regarding why sexual and gender minorities experience these negative health outcomes at higher rates than other heterosexual, cisgender youth their age. Defining and popularizing the term *minority stress*, can be utilized to develop a common framework for researchers to assist populations facing discrimination and biases. According to the model, populations experience stress unique to their status, and not associated with inherent problems to the minority itself. Some scholars suggest that being LGBTQ+ was a contributing factor to the psychopathological disparity seen between minority and majority populations. The minority stress model suggests stigmatized groups are treated poorly by society and this mistreatment is leading to their psychopathology, not minority status. Therefore, this model is utilized to discuss the adverse outcomes for SGMY, namely internalizing symptoms and substance use (Meyer, 2003).

Mental Health

Past research has shown SGMY experience depression and anxiety at higher rates than their heterosexual, cisgender peers (King et al., 2008). For example, the Trevor Project (2022), a LGBTQ+-focused non-profit organization, showed that nearly half of SGMY reported serious suicidal ideation, and nearly three quarters report symptoms of anxiety. Such disparities warrant investigation into possible causes such that adequate prevention strategies can be developed. In regard to these stressors, the rates of generalized anxiety disorder (GAD) being almost twice that of heterosexuals (Ross et al., 2018). Moreover, it has been found that SGMY use substances at higher rates than their majority peers (Mereish, 2019). Additionally, Dahl and Galliher (2012)

conducted a qualitative study in which SGMY were interviewed regarding their religious upbringings, and several SGMY shared that their familial religiosity had a causative effect on their stress due to their minority status. Such minority stress in turn was noted to be the cause of adverse psychological mental health.

Impact of Religious Upbringing on SGMY

Positive Effects

A religious upbringing can have multiple positive effects on adolescent development (Barry et al., 2018; Rosenkrantz et al., 2016). The majority of 13-17 year-olds not only report the same religious affiliation as their parents, but also engage in similar degrees of religious practices (Mitchell, 2020). Indeed, Barry and colleagues (2013) found that practicing faith activities in the home (e.g., religious discussions, prayer over meals, reading sacred texts) predicted emerging adults' religious beliefs and practices (after controlling for those levels the prior year). Also, such religious socialization can shape other outcomes as well. Specifically, Barry and colleagues (2018) found that emerging adults who perceived their family religious socialization during their childhood as important were most likely to report prosocial behavior toward strangers a year later than were those who felt such family religious socialization was less important. Thus, parents serve as important religious models to their children, and these experiences can have a positive impact on their development.

Engagement within a religious community can provide a sense of peace and making sense of the world (Rosenkrantz et al., 2016). Additionally, religious communities can be a source of strength during times of crisis (Stone et al., 2003). Further, the likelihood that these religious communities can influence youth's religious identity is noteworthy (Fisherman, 2016), particularly in some communities where there is extensive youth programming (e.g., evangelical

Protestant youth groups; Atske, 2019). Moreover, SGMY who grow up in religious households will acknowledge the potentially beneficial communal aspect (e.g., youth groups, frequent religious services, community service opportunities, family programming; Rosenkrantz et al., 2016). Furthermore, these youth highlight that, under the condition that their faith tradition and religious community were affirming, their religious identity was a significant strength for them in the coming-out process.

Quasi-Positive Outcomes

SGMY from religious upbringings can have positive developmental traits. However, as described in a study by Dahl and Galliher (2012), these outcomes are not a result of amicable relationships between the youth and their upbringing. Some reported increased identity affirmation, but these youth went on to describe that their affirmation was out of survival, not encouragement. In other words, these youth had experienced significant *in*validation, and forged an exceptionally strong view of themselves as a means of self-preservation. Similarly, the researchers contend that the equitable treatment and view of all others was formed out of rejection of their identities. Youth who expressed the sentiment that they viewed all others fairly and equally also expressed they did this as it is the *opposite* of their religious education. Particularly, their religious upbringing taught them that others were unequal and less-than the majority (i.e., cisgender and heterosexual), and participants stated that they rejected that belief. While having a strong sense of self and an equality-focused view of others would indicate positive development, they are deemed ‘quasi-positive’ outcomes because they developed out of rejection to the religious upbringing, not out of acceptance.

Mental and Emotional Wellbeing Effects

SGMY identify that the religious discrimination they experienced are directly related to their psychopathological symptoms (Beagan & Hattie, 2015; Dahl & Galliher, 2012). Barnes and Meyer (2012) showed that sexual minority youth had higher levels of internalized homophobia, which they note is related to negative health outcomes such as anxiety and suicidal ideation. This finding aligns with the qualitative statements from the study by Dahl and Galliher (2012), wherein several participants endorse feeling inadequate, with one stating they felt like an "evil creature" (p. 1614). Macbeth and colleagues (2022) showed that perceptions of parental religiosity and stigma were related to depression, alcohol use, and cannabis use. Further, some SGMY report a significant delay in their sexual exploration compared to their heterosexual peers (Beagan & Hattie, 2015).

Loss of Community and Support

While the positive effects of religious community does exist for SGMY, the opposite effect can also occur (Barnes & Meyer, 2012). In some circumstances, these youths recount being kicked out of their religious communities (Beagan & Hattie, 2015; Dahl & Galliher, 2012). These communities represent the central point for socialization and community, and the sudden removal of that hub is damaging to the youth. They experience not only a loss of their main socializing center, peer groups, mentorship opportunities, and even employment or career opportunities, but also the system they would rely on for support. Moreover, religious communities provide one of three foundational socializing contexts to promote citizenship, in addition to school and family (Russell, 2002). A lack of social and peer opportunities can produce loneliness and isolation, which are known to have negative health outcomes in adolescents (Vanhalst et al., 2018).

Protective Factors for SGMY

Family Acceptance

Uncovering the mediating factors that influence the health outcomes of SGMY with religious upbringings is paramount to discovering effective prevention/intervention methods for these youth. Roe (2017) found that family support mediated the negative effect of a religious upbringing on SGMY. Negative health outcomes for SGMY in religious households are either partially or *entirely* reduced based on the amount of support from the parents. In sum, religious parents who are accepting mitigate or eliminate the negative health outcomes associated with a religious upbringing for SGMY. Moreover, this holds true regardless of religious affiliation, as studies show that even children raised in non-religious households, with unsupportive parents, still exhibited negative health outcomes (Miller et al., 2020). Considering this research, family-based interventions may prove to be valuable in reducing the adverse effects of lack of familial acceptance on SGMY health.

Although family acceptance was related positively to health outcomes, lower levels of family acceptance were found among the subset of households that were religious compared to those who identified as non-religious (Miller et al., 2020). Specifically, they found that the only youth who reported lower levels of depression than the average came from households who identified as either Jewish, Catholic, or having no religion. Every other religious identity in the study had depression means higher than average. These findings infer that many religious backgrounds are more likely to be unaccepting of their children should they be members of a sexual and/or gender minority, resulting in impacts to well-being (Miller et al., 2020).

Perceived Stigma

Within the scope of protective factors for SGMY is the perception of caregiver's attitudes to sexual and/or gender minorities. Macbeth and colleagues (2022) elucidated this idea even

further, investigating mediating factors in health outcomes for sexual and gender minorities with religious upbringings. They found that perceived familial stigma fully mediated the link between perceived parental religiosity and rates of depression and cannabis use, and partially mediated the link between perceived parental religiosity and alcohol use for sexual and gender minorities. While this study was performed on young adults (~70% ages 18-34 years old), the subject of family stigma is directly related to upbringing. The results of this study indicate that SGMY who perceive their caregivers and families to have positive attitudes towards LGBTQ+ identities, regardless of the religiosity of those family members, could avoid the negative health outcomes associated with SGMY with a religious upbringing (Macbeth et al., 2022). To that end, it becomes a protective factor for SGMY to perceive their caregivers and families to be supportive of LGBTQ+ identities. However, the same study revealed that perceived parental religiosity was significantly related to perceived familial stigma, which would indicate that SGMY who see their parents as more religious also tend to see them as less supportive of their minority status. Therefore, SGMY's perceptions of caregivers' or family members' perceptions of their sexual and gender minority status could serve as a protective or risk factor depending upon whether the perceptions are positive or negative about their marginalized status.

Management of Family Rejection

For the SGMY who experience family rejection, effective coping strategies can be employed to prevent significant harm. While the adverse outcomes can still occur to these youth, resulting from their parents' beliefs, coping strategies may minimize that harm into a less severe form. Youth management strategies fell into four broad categories: using religious identity content to reduce the impact of negative messages, using sexual minority identity content to reduce the impact of negative messages, adding new information to invalidate the negative

messages, and distancing from or rejecting the message (Gibbs & Goldbach, 2021). As an example, a teen using the religious identity content strategy may buffer prejudiced messages by claiming that God made them, and therefore they are not a mistake. In contrast, adding new information may include criticisms of religious texts or finding religious figures who accept them. These strategies were reported to be effective for youth struggling with unaccepting families, who are the ones most at risk of developing negative health outcomes (Beagan & Hattie, 2015; Dahl & Galliher, 2012; Macbeth et al., 2022; Miller et al., 2020; Roe, 2017). These skills can be taught and developed, providing a potential avenue for intervention strategies to be implemented. This specific intervention is focused on developing a skillset within the SGMY to assist them in developing healthier coping skills and strategies to employ during moments of discrimination, bias, or rejection; thus, avoiding the comparative complexity of family-based interventions.

Limitations and Future Research

Throughout the studies reviewed, there was a significant overrepresentation of White and/or Christian samples. However, there were differences between different religious sects in some studies that should be studied more in depth for verification purposes (Miller et al., 2020). This literature review further suggests that there is a need for research on religions outside of Christianity and to include more diverse populations. For example, the African Methodist Episcopal (AME) church may have significantly different views on SGMY than Presbyterian or Roman Catholic churches, which might be important distinctions to make to consider additional cultures. Furthermore, these samples may suffer from a sampling bias in that the youth who register for and participate in these studies are allowing themselves to engage with their identity, which may present a confound. There may be more who do not accept their identity and are in

denial, or who are simply scared to participate, which might pull the data in a certain direction. Solving this research gap may be difficult, but blanket surveys to children in religious households asking vague questions about sexuality may prove useful in identifying children that are closeted; more importantly, without compromising their safety. Finally, more research should be done on protective factors, especially in the realm of tools under the control of the youth themselves. Gibbs and Goldbach (2021) identified management techniques of these youth, but more work can be done to further elucidate the subject.

Implications

The aim of this review was to present a summary of the research involving the effects of religious upbringings on SGMY. Moreover, it focused on providing a solid foundation with information on both prevention and intervention techniques to assist these vulnerable youth. SGMY need help to navigate difficult situations they may be placed in. Programs and resources to benefit these children need to be developed and implemented to provide them with help and assistance in navigating their experiences. The impact of these households can vary from positive to unsettling to traumatic or life-threatening, as suicide rates for youth that do not feel family support are almost twice as likely to attempt suicide (The Trevor Project, 2022). Abreu and others (2021) proposed several suggestions to schools, but were clear that, until oppressive systems were removed and SGMY were treated as equals, they would merely be surviving and never thriving.

Conclusion

SGMY experience a wide array of negative health outcomes due to the increased stressors placed upon them, given their minority identity. This literature review demonstrated how religious upbringings can have harmful effects on SGMY, as many of these children believe

they are being raised by people who do not love or support them. Exploring the ways that negative health outcomes can be minimized or eliminated is key in assisting vulnerable SGMY to become healthy, well-adjusted adults. In conclusion, understanding the problem is necessary for the design of the solution, but understanding the impact of religious upbringing on SGMY is necessary to design prevention and intervention programs. Finally, the benefits of effective programming can improve lives of SGMY that are suffering and save lives that might otherwise be lost.

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