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Effects of Family and Friend Support on LGB Youths' Mental Health and Sexual Orientation Milestones

This study examined the effects of social support components and providers on mental health and sexual orientation (SO) milestones of lesbian, gay, and bisexual (LGB) youths. Data were collected on 461 self-identified LGB adolescents and young adults. Family acceptance and support yielded the strongest positive effect on self-acceptance of SO, whereas friends' support and acceptance yielded the strongest positive effect on disclosure of SO. Family support had the strongest negative effect on youth's mental distress, whereas friends' and family support had the strongest positive effect on well-being. These findings highlight the importance of the daily perceptions of LGB youth within social and familial settings, indicating that both positive and negative aspects of support affect youths' mental health and identity development.

Study on sexual minority youths during the past 20 years has documented serious mental health disparities between lesbian, gay, and bisexual (LGB) youths and their heterosexual counterparts (D'Augelli, 2006; Ryan, Huebner, Diaz, & Sanchez, 2009). These include higher rates of mental distress, suicide ideation, victimization, and substance abuse as a result of the social stigma and negative societal responses (e.g., Bradford, Ryan, & Rothblum, 1994; D'Augelli; Gibson, 1994; Hershberger & D'Augelli, 1999). Although LGB youths today disclose their sexual orientation (SO) in growing numbers and at earlier ages than previously (Herdt & Boxer, 1993; Savin-Williams, 2005), surprisingly little research has examined the effects of family and peer support on their mental health. Furthermore, although literature on SO formation and experiences of sexual minority youth emphasize the substantial effect of social support on mental health (D'Augelli; Ryan et al.), little attention has been paid to the different aspects of such support. The current study tries to fill this gap by investigating the differential effects of social support and social acceptance by family and heterosexual friends on LGB adolescents' and young adults' acceptance and disclosure of their SO and their mental health.

Social Support in the Lives of Sexual Minority Youth

Recent studies have linked minority stress, defined as stress caused to socially disadvantaged groups by their experience and internalization of victimization and negative life events, with negative mental health outcomes among LGB adults (Meyer, 2003). On the basis of social stress theory (Dressler, Oths, & Gravlee, 2005; Pearlin, 1989), minority stress theory

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maintains that both distal stressors (reflecting the degree of heterosexism in the environment) as well as proximal stressors (expectations of rejection, hiding SO from others, and internalization of societal heterosexist attitudes) affect sexual minorities' mental health (Meyer, 2003, 2007). The theory also maintains that the impact of these stressors can be alleviated by the coping resources available to the LGB individual (Meyer, 2003). Testing the minority stress model, Meyer (2003, 2007) found social support to be a source of strength for LGB adults, buffering the impact of minority stress stemming from their SO. Yet, although social support may be a source of strength for LGB adults, it may be a source of stress to LGB youths, who are in the process of consolidating their SO (D'Augelli, 2006). Life experiences and SO development of LGB youth are often characterized by efforts to seek personal and social affirmation of their identity (Cass, 1996; D'Augelli). The consolidation of their SO, manifested in developmental milestones such as self-acceptance of SO and disclosing it to significant others, reflects LGB youths' psychological adjustment to their identity (Elizur & Mintzer, 2001; Savin-Williams, 2005). The fact that sexual minority youth contend with victimization in homophobic environments makes social support a key factor in this process, affecting both their mental health and self-acceptance (Anderson, 1998; Elizur & Mintzer; Floyd, Stein, Harter, Allison, & Nye, 1999; Vincke & Van-Heeringen, 2004).

LGB development models, as well as minority stress theory, consider family role peripheral to LGB youths' consolidation of their SO on the grounds that sexual minorities disclose their SO first to friends and inform family members only at the end of the process, with parents the last to be told (Cass, 1996; Meyer, 2003; Troiden, 1989). Recent studies, however, reveal that nowadays LGB youths disclose their SO at an earlier age and to both friends and parents at about the same age (Savin-Williams, 2005). These changes are usually explained by the increased visibility of LGB persons and improvement in societal attitudes toward sexual minorities in recent years, which have made coming out easier for younger persons (Cohler & Hammack, 2007; Savin-Williams). These social changes make both friends and family members potentially significant providers of support. Indeed, research shows that LGB youth are highly concerned with both their parents' and friends' knowledge of their SO and that they fear rejection by both (Savin-Williams & Ream, 2003).

Furthermore, minority stress theory emphasizes that societal attitudes toward SO are crucial to LGB individuals' self-acceptance (Meyer, 2003, 2007). According to this theory, fear of rejection and the stresses of being in a heterosexist environment lead to internalized homophobia, that is, the internalization by LGBs of heterosexist attitudes and their concomitant rejection of their SO (Frost & Meyer, 2009; Meyer, 2003). For this reason, social support should affect not only LGB youths' mental health but also their self-acceptance of their SO and their disclosure of it to significant others.

This study examines the impacts of perceived social support, defined as individuals' subjective evaluation of the quality of support received or available (Procidano, 1992). The study's focus on perceived support is based on research demonstrating that the effects of social support are more strongly linked to individuals' perceptions of support than to actual supportive behaviors (Vincke & Van-Heeringen, 2002; Wethington & Kessler, 1986). It is also based on minority stress theory and research, which point to the detrimental effects of expectations of negative events or responses on the mental health of sexual minorities (Meyer, 2007).

The construct of perceived social support consists both of perceived social support and perceived social undermining, which refers to individuals' belief that others are criticizing or expressing negative affects toward them or hindering their goal attainment (Vinokur & Van Ryn, 1993). Some scholars treat these as distinct components of the construct of social support (Cranford, 2004), whereas other scholars view these as existing on a continuum (Walen & Lachman, 2000). In either case, the literature holds that both are essential to the mental health effects of social support. Indeed, findings show that both positive social support and lack of social undermining effect individuals' mental health by buffering the impact of stressful life events (Lakey, Tardiff, & Drew, 1994; Rhodes & Woods, 1995). In light of this, we hypothesized the following:

> *Hypothesis 1*: Social support (perceived social support and lack of perceived social undermining) will have (a) significant positive correlations with LGB youths' well-being and significant negative

correlations with their psychological distress and (b) significant positive correlations with their SO self-acceptance and SO disclosure.

For sexual minorities, social acceptance of their SO is yet another important component of social support (Elizur & Ziv, 2001; Hershberger & D'Augelli, 1995). Social acceptance differs from social support in that it refers to the perceived acceptance of the individual's SO by significant others (Elizur & Ziv). Elizur and Ziv found that family acceptance of adult LGB family members' SO is significant to their SO consolidation and mental health. Other studies have found that social acceptance buffered the negative effects of verbal victimization among LGB youth (Hershberger & D'Augelli). In this article, ''social acceptance'' refers to the respondents' perception of family members' and friends' actual or anticipated response to their SO. Accordingly, we hypothesized the following:

Hypothesis 2: Social acceptance of SO will have a significant positive correlation with LGB youths' well-being, a significant negative correlation with their psychological distress, and a significant positive correlation with their attainment of SO milestones (SO self-acceptance and SO disclosure).

In view of the absence of prior empirical knowledge, we explore the differential effects of friend and family acceptance of SO on both the youths' SO milestones and mental health.

In addition to social support and acceptance, researchers have emphasized the importance of examining different sources of support (Elizur & Hirsh, 1999; Vinokur & Van Ryn, 1993). A distinction is made between close and intense relationships (e.g., intimate spousal relationships), in which support and undermining have stronger effects on adjustment, and more distant and proximal relationships (e.g., friends), where the effects of support are less pronounced (Cranford, 2004; Vinokur & Van Ryn). As pointed out above, however, the nature of this distinction is uncertain among LGB youths. Some scholars claim that relations with close friends are more important in the lives of LGB adults than relations with family (Weston, 1991). Yet LGB youth consolidate their SO while they still live with their families and still have close and intense relations with their parents and siblings (D'Augelli & Hershberger, 1993; Savin-Williams, 2005). Indeed, Hershberger and D'augelli's (1995) finding that family support predicts the psychological adjustment of sexual minority youth underlines the importance of family relations in the lives of LGB adolescents. SO development literature highlights the importance of family support in sexual minority individuals' acceptance and disclosure of their SO to others (Alderson, 2003; Elizur & Mintzer, 2001). In light of these findings, we hypothesize the following:

Hypothesis 3: Family support will have stronger impacts on LGB youths' SO self-acceptance, SO disclosure, and mental health than friends' support.

Most studies on sexual minorities treat them as a homogenous group. Recent studies, however, found differences among subgroups of sexual minorities. Male and female sexual minority youths were found to differ in the timing of their SO development trajectories (Floyd & Stein, 2002; Savin-Williams, 2005). Bisexual youths were consistently found to have poorer mental health and less social support than gay or lesbian youths (e.g., Rosario, Hunter, Maguen, Gwadz, & Smith, 2001; Russell & Concolacion, 2003). Moreover, as pointed out earlier, although family support is regarded as peripheral to the self-acceptance and disclosure of LGB adults, the facts that LGB youngsters are in the process of acquiring their SO and live at home makes family influence more significant for them (Savin-Williams). In contrast, no gender differences were found in the mental health, social support, self-acceptance, or disclosure patterns of sexual minority persons (see D'Augelli, 2006, for review). Accordingly, we hypothesized the following:

Hypothesis 4: Levels of social support and acceptance, mental health, and SO milestones will be lower among bisexual than lesbian/gay youths and lower among adolescents than young adults. No gender differences are expected in these variables.

Sexual Minority Youth in Israel

This study was carried out in Israel. Other than not being able to legally marry, Israeli sexual minorities, like their peers in other Western societies, enjoy various nondiscriminatory laws and regulations (e.g., equality in workplace, adoption, and cohabitation). Moreover,

since the mid-1990s, LGBT movements have been formed and public and institutional awareness has evolved markedly (Kama, 2005), to the point where today there are, for example, openly gay parliament members and city councilors and annual pride marches. In the past decade, services providing for the needs of LGB adolescents and young adults were established, including the Israeli Gay Youth (IGY) Organization and a shelter for LGBT youths who ran away from or were thrown out of their homes because of their SO. Thus, like their older peers, sexual minority adolescents and young adults face fewer formal restrictions and societal sanctions in Israel today than their predecessors (Pizmony-Levi, Shilo, & Pinhassi, 2009).

Several features of Israeli society may impinge on sexual minority adolescents and young adults in a way relevant to the current research. For reasons anchored in Jewish history, the family is more central in Israel and family values stronger than in other Western countries (Katz, 2001). This may intensify LGB youths' concerns about coming out to parents and family, even as it makes total rejection by family quite rare (Kama, 2005). Furthermore, Israel's small geographic size makes for a dense social interweave in which it is very difficult for persons to act anonymously in any sphere, including the sexual one (Kama). Israeli Jewish youngsters, unlike their counterparts in other countries, must enter a mandatory service period in the Israeli Defense Force (IDF) by the age of 18. Scholars often refer to the mandatory service as a significant phase in the lives of Jewish citizens toward adulthood, both psychologically and socially (Mazali, 1998). The fact that Israel is still a nation struggling to preserve its existence and the consequent centrality of the military service in Israeli society fosters a certain machismo, which affects the society's attitudes toward issues involving SO (Dar & Kimhi, 2001). Indeed, studies show that although there are no restrictions on LGB persons serving in the IDF, most LGB soldiers prefer not to reveal their SO in the army even if they have come out in the civilian sphere (Shilo, Pizmony Levi, Kama, & Pinhassi, 2006).

Method

Participants

Participants were 461 self-identified LGB youths and young adults, equally divided between men ($n = 233$, 50.3%) and women, between 16 and 23 year olds ($M = 18.23$, $SD = 1.83$). Most participants self-identified as gay or lesbian ($n = 339$, 73.5%), the rest as bisexual ($n = 122$, 26.5%). Most identified themselves as secular ($n = 392$, 85%) and Jewish ($n = 433$, 93.9%), but some called themselves ''traditional'' ($n = 62$, 13.5%) or ''religious'' ($n = 7$, 1.5%). The sample comprised participants from 121 cities and towns, representing all seven demographic clusters in Israel (Israeli Central Bureau of Statistics, 2004). Most participants were living at home with their parents ($n = 416$, 90.2%). Most ($n = 228$, 88%) of the 259 participants under age 18 were attending school. The mean ages at which they disclosed their SO were 16.08 ($n = 420$, $SD = 1.83$) to friends and 16.6 ($n = 286$, $SD = 1.92$) to a family member.

Procedure

All study procedures were reviewed and approved by the Tel Aviv University and the IGY Organization Institutional Review Boards. Owing to the difficulty of obtaining a representative LGB sample (Diamond & Savin-Williams, 2003; Sell, 2007), three sampling procedures were employed.

1. *Youth groups:* Twenty-two social and recreational youth groups belonging to the IGY Organization, which comprised all youth groups in Israel at that time, were asked to and agreed to participate. Four hundred sets of questionnaires were delivered to the group coordinators between April and June 2006, and 195 filled-out questionnaires (49%) were returned. Of these, 36 were removed because of a large number of missing items, leaving 159 sets of questionnaires for analysis.
2. *Online:* Five web-based forums aimed at LGB youth were identified (e.g., *Youth Sexual Identity Forum*, *Young Gay Men Forum*, and *Young Bisexual Forum*). Forum moderators were asked, and agreed, to allow their members to participate in the study. In October 2006, 327 filled-out questionnaires were returned. Of these, 86 were removed from this study because they had too many missing items or because the respondent's age fell outside these study parameters. Another 31 questionnaires were excluded because the birth date matched that of a manually

distributed questionnaire, suggesting that the two may have been filled out by the same person. This left 210 questionnaires garnered by this method for analysis.

3. *Snowballing:* Respondents from the youth groups were given questionnaires and asked to relay them to friends who met the research requirements (LGB youth, aged 16–23). A similar request posted in the web forums asked participants to forward the study's web link to eligible friends. This method brought 35 manual and 73 online questionnaires. Of these, 16 were eliminated because of a large number of missing items, leaving 92 sets of questionnaires for analysis.

Of the 461 questionnaires available for analysis, 40.8% were manual and 59.2% Internet based. The manually distributed and online questionnaires shared the same design—beginning with a description of the study, stating that participation was completely voluntary, and asking youths aged 16–23 to take part in a study whose purpose was to understand issues relating to the lives of sexual minority youth. Participants signed a statement of informed consent, stating that they understood the terms of the study and agreed to participate in it. The online questionnaire was hosted in a secure URL.

The use of the two sampling methods yielded a sample that was heterogeneous in its SO disclosure. A pitfall in sampling LGB social youth groups is that participants are usually in advanced stages of their coming out, creating a biased sample of youths who disclosed their SO (Sell, 2007). Comparison of the web and social group participants, however, showed that the only significant group difference was in the *SO disclosure* measure ($t_{(459)} = 3.36$, $p < .01$). Participants in the web sample were more closeted ($M = 3.16$, $SD = 0.94$) compared with the social group sample ($M = 3.45$, $SD = 0.85$).

A potential pitfall of web-based sampling, namely that it may exclude segments of the population studied (e.g., based on age or ethnicity) because of differential computer accessibility and use (Meyer & Wilson, 2009), is not really applicable to this study. Ninety-two percent of Israelis 25 years old or less have access to the Internet and use it on a daily basis (Israeli Central Bureau of Statistics, 2009). LGB youth and young adults are known to be a population with Internet access (Jones & Fox, 2009).

Measures

Sociodemographic data. Data were obtained by asking participants their age, gender, birthplace, birth date, religiosity, current living arrangements, current educational or military status (high school, university, and military service), and current SO from among the following five options: (a) gay or lesbian; (b) bisexual, but mostly gay or lesbian; (c) bisexual, equally gay/lesbian and heterosexual; (d) bisexual, but mostly heterosexual; and (e) heterosexual (D'Augelli, Pilkington, & Hershberger, 2002). Participants who endorsed an option that includes bisexuality (b, c, and d) were coded ''bisexual.'' Participants were divided into adolescent and young adult age groups based on their social status regarding army services, which begins at age 18 or later. Adolescents were defined as all those who had not yet started their mandatory military service ($N = 294$, age range : 16–18.5), young adults as those who were serving or had already served in the IDF and were currently university students or working ($N = 167$, age range : 18–23).

Mental health. Mental health was assessed via the Mental Health Inventory (Veit & Ware, 1983). This is a widely used 38-item measure of psychological distress and psychological well-being, providing a global mental health index. The distress scale consists of 25 items assessing anxiety, depression, and loss of control (e.g., ''how much of the time, during the past month, have you felt depressed?''); the well-being scale comprises 13 items measuring general positive impact (e.g., ''how much of the time, during the past month, have you felt calm and peaceful?''). Items are administered on a 5-point scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). For the purpose of this study, the Hebrew translation of the scale was used (Florian & Drori, 1990). Confirmatory factor analysis reconfirmed the two-factor structure (distress and well-being). The fit was satisfactory (Hu & Bentler, 1999): $\chi^2(483, N = 461) = 1{,}079.89$, $p < .001$ goodness-of-fit index (GFI) = 0.878, comparative fit index (CFI) = 0.943, root mean square error of approximation (RMSEA) = 0.052. Reliability was high: $\alpha = .96$ for the distress scale and $\alpha = .92$ for the well-being scale. Scores were calculated as the mean of the items comprising each index; the higher the scores, the greater the well-being and the greater the distress.

LGB identity formation milestones. Two milestones were assessed.

LGB self-acceptance was assessed by the Hebrew version (Elizur & Mintzer, 2001) of Bell and Weinberg's (1978) LGB self-acceptance questionnaire. The scale consists of 13 questions tapping respondents' acceptance of their SO (e.g., ''To what extent do you think same-gender orientation is as normal as heterosexuality?''). Participants were asked to indicate their agreement with the statements on a 5-point scale ranging from 1 (*very much*) to 5 (*not at all*). Confirmatory factor analysis reconfirmed the existing single factor of self-acceptance. The fit was satisfactory (Hu & Bentler, 1999): $\chi^2(32, N = 461) = 115.94$, $p < .001$, GFI = 0.951, CFI = 0.948, RMSEA = 0.076. In this study, $\alpha = .84$. Scores were calculated as the mean of index items; the higher the score, the greater the self-acceptance of SO.

SO disclosure was assessed by a 20-item questionnaire developed by Ravitz (1981). The first four questions ask whether (yes/no) the respondents disclosed their SO to four key persons: father, mother, and best male and female heterosexual friends. The other 16 questions query verbal and behavioral modes of disclosure with different people and in a variety of social settings (e.g., ''To what extent do you share intimate information regarding your SO with close friends?''; ''To what extent do you think you will appear at public/family meetings with an intimate same-gender partner?''). Responses are given on a 5-point scale ranging from 1 (*usually*) to 5 (*never*). Answers to the first four items were coded as 1 (''yes'') and 5 (''no''). The scale was developed in Hebrew. For this study, we changed the item ''To what extent do you think you will appear with an intimate same-gender partner at workplace social events?'' to ''To what extent do you think you will appear with an intimate same-gender partner at social events in school/army settings?'' to suit the social lives of LGB youth and young adults. Confirmatory factor analysis reconfirmed the three-factor structure (SO exposure to key persons, verbal SO exposure, and behavioral SO exposure) and the existing overall factor of SO exposure. The fit was satisfactory (Hu & Bentler, 1999): $\chi^2(53, N = 461) = 502.41$, $p < .001$, GFI = 0.898, CFI = 0.936, RMSEA = 0.069. Reliability in this study for the overall factor was high, with $\alpha = .91$. Scores were calculated as the mean of index items; the higher the score, the greater the SO disclosure.

Social support and acceptance of SO. Support by family and friends was assessed by the Hebrew translation (Tiferet, 2005) of the questionnaire developed by Abbey, Abramis, and Caplan (1985). It consists of eight items tapping perceived social support and five items tapping perceived social undermining from close individuals. The social support items represent the four functions of social support proposed by House (1981): emotional, appraisal, informational, and instrumental support. The social undermining items refer to actions that directly undermine and diminish one's sense of self-worth. In this study, participants responded to the statements twice: first with regard to family members, where items were worded to fit family members as support providers (e.g., ''my family cares for me as a person''; ''my family acts in an unpleasant or angry manner toward me'') then with regard to friends, where items were worded to fit heterosexual friends as support providers (e.g., ''my friends treat me with respect''; ''my friends misunderstand the way I think and feel about things''). Items were rated on 5-point Likert-type scale (1 = *not at all*, 5 = *a great deal*). Confirmatory factor analysis of the items of the friends' support scale reconfirmed the two-factor structure (friends support and friends undermining) and the overall factor of global friends' support. The fit was satisfactory: $\chi^2(27, N = 461) = 168.68$, $p < .001$, GFI = 0.945, CFI = 0.965, RMSEA = 0.060. Confirmatory factor analysis testing the family support scale reconfirmed the two-factor structure (family support and family undermining) and the overall factor of global family support. The fit was satisfactory (Hu & Bentler, 1999): $\chi^2(63, N = 461) = 222.19$, $p < .001$, GFI = 0.928, CFI = 0.961, RMSEA = 0.074. In this study, $\alpha = .90$ for social support from friends and $\alpha = .94$ for social support from family. Scores were calculated as the mean of the items comprising the scale, with reversed scores for the undermining items; the higher the score, the more support from each support provider.

Acceptance of SO by family and friends was assessed via the Hebrew version (Elizur & Mintzer, 2003) of the scale developed by Ross (1985) to measure actual and anticipated societal reactions to SO. In the original version, participants are presented with a list of 20 persons and asked to rate the actual or anticipated response of each to their SO on a 9-point scale (1 = *rejection*, 9 = *acceptance*). In the Hebrew

version, the scale was shortened and divided into two subscales: perceived family acceptance, referring to the responses of seven family members (e.g., mother, father, sister, and aunt), and perceived acceptance by friends, referring to the responses of eight persons in the participant's close social network (e.g., close heterosexual male friend). In this study, we removed ''your boss'' and changed ''friends at work'' to ''friends at school/in army settings'' to suit the youths' lives. Confirmatory factor analysis of the 14 items did not match the two-factor structure; we removed two items that had a loading below .1 on the expected factor ''friends' acceptance'' (''teachers'' and ''parents' friends''). The second confirmatory factor analysis confirmed the two-factor structure (family acceptance of SO and friends' acceptance of SO). The fit was satisfactory: $\chi^2(29, N = 461) = 170.62$, $p < .001$, GFI = 0.941, CFI = 0.943, RMSEA = 0.073. Reliability in this study was good: $\alpha = .81$ for the family acceptance scale; $\alpha = .82$ for the friends' acceptance scale. Scores were calculated as the mean of the items comprising each index; the higher the score, the greater the perceived acceptance of SO by family/friends.

Results

Correlational Analyses

Means, standard deviations, and correlations between all variables are presented in Table 1.

As can be seen, the sample was characterized by relatively high levels of SO self-acceptance, well-being, and support and acceptance from both family and friends, along with moderate levels of mental distress and SO disclosure. Support and acceptance from both family and friends correlated significantly and positively with participants' well-being and significantly and negatively with participants' mental distress. Similarly, friends' support and acceptance correlated significantly and positively with both SO milestones. In contrast, family support did not correlate with participants' SO disclosure or SO self-acceptance.

Hypotheses Testing

Structural equation modeling (SEM) with maximum likelihood procedures were applied, using AMOS (Arbuckle, 2007). SEM has the advantage of enabling the testing of all sets of relationships simultaneously. The structural model tested (Figure 1) includes the direct effects of the four support variables (family support, family acceptance, friends' support, and friends' acceptance) on LGBs' mental health and SO milestones. The model yielded excellent fit to the data (Hu & Bentner, 1999): $\chi^2(3, N = 461) = 2.34$, $p > .45$, GFI = 0.999, CFI = 1.000, RMSEA < 0.001.

Additionally, multigroup confirmatory analyses were carried out to test the validity of the baseline model (Figure 1) for the data across groups (men and women, gay/lesbian and bisexual, and adolescent and young adult). The model presented excellent fit to all comparisons (Table 2). The regression weights of the predictors' effects across all groups (gender, SO, and age) were similar to those of the baseline model. Hence, the findings regarding Hypotheses 1 – 3 are presented on the basis of the baseline model, which pertains to the entire sample (Figure 1). Group differences are addressed in presenting the findings pertaining to Hypothesis 4.

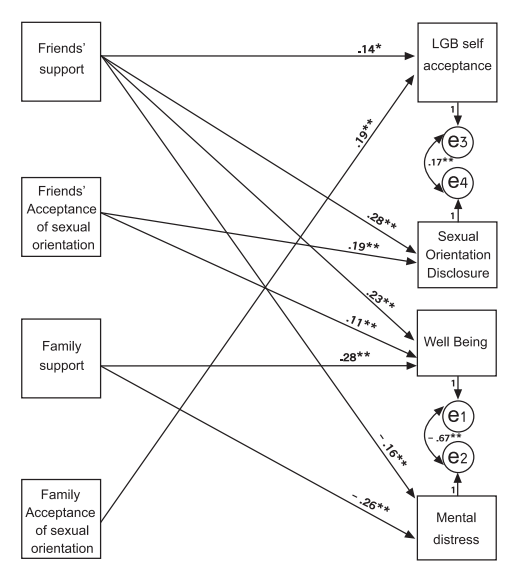
Table 1. *Descriptive Statistics of and Correlations Among the Variables in the Study (*N = *461)*

Variable	*M*	*SD*	1	2	3	4	5	6	7
1. SO self-acceptance	4.20	0.65	1						
2. SO disclosure	3.28	0.91	0.33**	1					
3. Family support	3.71	0.87	0.07	0.06	1				
4. Friends support	4.12	0.65	0.23**	0.45**	0.26**	1			
5. Family acceptance	5.99	1.99	0.24**	0.17**	0.44**	0.18**	1		
6. Friends' acceptance	7.75	1.32	0.25**	0.43**	0.11*	0.59**	0.33**	1	
7. Mental distress	71.12	22.8	−0.22**	−0.16**	−0.34**	−0.27**	−0.23**	−0.19**	1
8. Well-being	47.13	12.5	0.21**	0.25**	0.36**	0.39**	0.22**	0.29**	−0.73**

Note: SO = sexual orientation.

*$p < .05$. **$p < .01$.

FIGURE 1. RESULTS OF AN SEM FOR THE PREDICTION OF SO MILESTONES AND MENTAL HEALTH OUTCOMES ($N = 461$).



Note: Only significant relationships are presented. To simplify the figure, we do not present covariances among variables, although they were tested and found to be significant. $^{*}p < .05$. $^{**}p < .01$.

Hypothesis 1, that social support will be associated with the youths' mental health and SO milestones, was partially supported. Friends' support was significantly and positively associated with SO self-acceptance ($\beta = .14$), SO disclosure ($\beta = .23$), and well-being ($\beta = .23$), and significantly but negatively associated with mental distress ($\beta = -.16$). Family support was significantly associated only with mental health outcomes: positively with well-being ($\beta = .28$) and negatively with mental health ($\beta = -.26$), but it was not associated with SO disclosure and self-acceptance.

Hypothesis 2, that social acceptance of the participants' SO will affect their SO milestones and mental health, was partly confirmed. Its effect was largely on the SO milestones. Of the predictor variables, family acceptance of the participants' SO was strongly associated with their SO self-acceptance ($\beta = .19$), and friends' acceptance was strongly associated with SO disclosure ($\beta = .19$). But only friends' acceptance had a significant association with the participants' well-being ($\beta = .10$), and it was weak.

Hypothesis 3, that family support will have stronger impacts on participants' mental health and SO milestones than friends' support, was also partly confirmed. Family support had a stronger association than friends' on participants' well-being and distress. But it had no significant effect on SO milestones, and friends' support had the strongest association on SO disclosure.

To test Hypothesis 4 concerning the gender, SO, and age subgroups, we performed independent sample t tests. The findings are presented in Table 3.

As can be seen, no gender differences were found. The under 18s had significantly higher mental distress and significantly lower SO disclosure than the young adults. The strongest differences were between bisexual and gay/lesbian participants: Bisexuals reported significantly higher mental distress and significantly lower friend and family acceptance of SO, self-acceptance of SO, SO disclosure, and well-being.

DISCUSSION

The study findings confirm the importance of support from both family and friends, as well as of different components of that support, to the mental health and identity formation of the LGB youths examined in this study. Consistent with previous theoretical claims and research findings on the impact of social support on a variety of adult populations (Abbey et al., 1985; Horwitz, McLaughlin, & White, 1998;

Table 2. *Goodness-of-Fit Indices of Multigroup Confirmatory Analyses Across Gender, Sexual Orientation, and Age (*N = *461)*

Model	*df*	χ^2	*p*	GFI	CFI	RMSEA
Women and men	6	2.88	.82	0.998	1.000	0.000
Bisexual and gay/lesbian	6	6.28	.39	0.997	1.000	0.000
Adolescents and young adults	6	3.67	.46	0.998	1.000	0.000

Note: GFI = goodness-of-fit index; CFI = comparative fit index; RMSEA = root mean square error of approximation.

Table 3. *Group Differences for Social Support, SO Milestones, and Mental Health Variables Across SO Categories, Gender, and Age*

	Sexual Orientation					Gender					Age				
	Gay/Lesbian ($n = 339$)		Bisexuals ($n = 122$)			Men ($n = 233$)		Women ($n = 225$)			Adolescents ($n = 294$)		Young Adults ($n = 167$)		
Variable	*M*	*SD*	*M*	*SD*	*t*	*M*	*SD*	*M*	*SD*	*t*	*M*	*SD*	*M*	*SD*	*t*
Friends' support	3.97	0.80	3.87	0.81	−1.10	3.75	0.96	3.91	0.94	1.87	4.40	0.58	4.44	0.55	−0.77
Friends' acceptance of SO	7.28	1.37	6.87	1.38	−2.81**	7.65	1.33	7.86	1.32	−1.74	7.71	1.38	7.83	1.23	−1.01
Family support	3.58	0.98	3.51	0.89	−0.73	4.81	1.21	4.71	1.33	0.91	3.82	0.71	3.91	0.77	−1.24
Family acceptance of SO	5.61	1.81	5.01	1.89	−3.04**	6.17	1.88	5.82	2.09	1.85	5.85	1.91	6.26	2.11	−2.07*
LGB self-acceptance	4.29	.03	3.95	0.06	−4.66**	4.16	0.64	4.25	0.66	−1.49	4.20	0.65	4.22	0.65	−0.22
SO disclosure	3.41	.87	2.89	0.90	−5.68**	3.23	0.93	3.31	0.89	−0.92	3.18	0.91	3.44	0.89	−3.02**
Well-being	47.91	12.19	44.93	13.20	−2.26*	47.65	12.14	46.88	12.67	0.66	46.69	13.00	47.90	11.58	−1.01
Mental distress	69.79	23.15	74.88	21.55	2.11*	69.44	22.46	72.25	22.39	−1.30	73.26	23.00	67.34	22.03	2.69**

Note: SO = sexual orientation.

*$p < .05$. **$p < .01$.

Manne, Taylor, Dougherty, & Kemeny, 1997; Procidano, 1992; Vinokur & Van Ryn, 1993), including LGBs (Cass, 1996; Elizur & Ziv, 2001; Troiden, 1993), the findings show that both the support providers and the support components examined are significant to LGB youths' mental health and identity development.

Three of the four support components examined were found to directly affect the participants' well-being. The strongest effects came from family support, followed by friends' support and friends' acceptance of SO. These support components can be understood as resilience factors among a population at risk (Luthar, Chicchetti, & Becker, 2000). Their direct effects add to the insights of minority stress theory. This theory maintains that the support components moderate the impact of sexual minority stress (Meyer, 2003), as does some of the research based on it (Kertzner, Meyer, Frost, & Stirratt, 2009). Our findings among LGB youths in the process of developing their identity show that they have direct effects as well.

In addition, the findings also show that each of the support providers (heterosexual friends and family members) and each of the support components (perceived support and acceptance of SO) had its own distinct impact on LGBs' mental health and SO milestones. More specifically, the findings show that friends' support and acceptance of SO has a stronger impact on SO disclosure than family support, whereas acceptance by family has a stronger impact than acceptance by friends on self-acceptance as LGB. Put somewhat differently, these findings suggest that friends' support makes a distinctive contribution to the public-social coming out process, whereas family acceptance has a distinctive impact on the inner process of self-acceptance. They further suggest that family acceptance is critical for LGB youths to feel all right about their SO. With this, it cannot be ruled out that family acceptance and the self-acceptance of SO that it fosters increases after the disclosure of SO facilitated by friends' support. Further study is needed to examine the dynamic relations among family and friends' support, coming out, and self-acceptance and well-being.

The finding that family support had the strongest impact on the youths' mental health (well-being and distress) emphasizes the importance of family reactions to LGB youths' SO and lends further support to previous findings showing the impact of family reactions

to LGB youngsters' SO on their emotional well-being (D'Augelli & Hershberger, 1993; Savin-Williams, 2005). It also raises the question of whether the claim that family is less important than friends, the ''family of choice,'' to the emotional well-being of sexual minorities (Weston, 1991) applies to LGB youths. The findings on friends' support are consistent with the understanding of adolescence as a developmental stage when youngsters move their focus from their families to their friends and social relationships (Malekoff, 1997). They suggest that LGB youths be viewed from the perspective of adolescence, not only from that of a minority group (e.g., Savin-William).

The demographics of the current study allowed us to test the differences in social support and mental health of different subgroups. They show significant differences between bisexuals and their gay and lesbian peers and between younger and older sexual minority youths. Bisexual youths scored significantly lower in well-being and higher in mental distress than their gay/lesbian peers. These findings, consistent with findings of some previous studies (Rosario et al., 2001; Russell & Concolacion, 2003), suggest that bisexuals are a high-risk group. The findings also show that bisexuals reported less acceptance than gays and lesbians by both family and friends. This finding suggests that their heightened vulnerability may be anchored in their lack of acceptance. Indeed, both within and outside the LGBT community, bisexuals are viewed with suspicion and distrust (Rosario et al.).

With respect to the age groups, the findings show that the adolescent participants reported lower levels of SO disclosure, less family acceptance of their SO, and more mental distress than the young adults. These findings highlight the vulnerability of LGB adolescents in terms of both SO formation process and family response to it. They also support our assumption that with time LGBs disclosure of SO influences positively on family acceptance, reducing youths' mental distress.

This study has several limitations. First the efforts we made to attain a broad, heterogeneous sample were only partially successful. Although the sample contains male and female youths of various SOs, most of the study participants self-identified as LGB and secular and reported coming from high socioeconomic status families. It is not unlikely that these features affected the social support the participants received from their families and friends. As has been reported elsewhere, a representative sample is, however, extremely hard to attain when studying sexual minority populations (Sell, 2007). Our use of web sampling in addition to youth group sampling enabled us to reach participants who were closeted. Further study among youngsters with different religious orientations and from lower socioeconomic strata is needed to determine the generalizability of the findings.

Questions of generalizability are also raised by the fact that this study was carried out on an Israeli sample. Previous studies on LGBs in Israel observed that Israeli society is characterized by strong traditional family values and tends to be intolerant of sexual minorities (Kama, 2005). More recent studies, however, have found that attitudes toward homosexuality are similar in Israel and the United States and that Israeli LGB youth resemble their American counterparts in the timing of their identity formation process (Pizmony-Levi et al., 2009; Shilo, 2009).

Third, given the cross-sectional design of this study, our attributions of causality must be taken with caution. Although our explanations are embedded in theory and research, alternative explanations cannot be ruled out. We cannot be sure, for example, that the participants' perceptions of support were outcomes rather than antecedents of their mental health. Longitudinal study is needed to better understand the causal relationships among the examined variables.

Notwithstanding these limitations, the study advances our understanding of the mental health of sexual minority youths. Most research on sexual minority youths focuses on the detrimental effects of their verbal and physical victimization (D'Augelli, 2006; Floyd et al., 1999; Ryan et al., 2009; Vincke & Van-Heeringen, 2004). This study focused instead on their day-to-day experiences of acceptance and rejection. More specifically, our use of an instrument that allowed us to explore both perceptions of support and undermining by support providers allowed us to assess these daily experiences often neglected by scholars studying sexual minority youths (Horwitz et al., 1998). The findings show that these less salient phenomena are also associated with the mental health and consolidation of SO of LGB youths. Furthermore, unlike most previous studies on

sexual minority youths, this study examined their acceptance and support from family as well as friends. It was thus able to show the importance of both family and friends to their mental health and sexual identity formation as well as the distinctive contribution of each. In addition, this study's findings take us beyond the understandings of minority stress theory in that they show the direct impact of acceptance and support on the participants' mental health. This study suggests that when assessing stressors related to sexual minority youth, it is important to take account of the factors that relates to their SO formation process as well as the importance of family and friends as support providers.

The findings also have implications for practice and research. For practice, they suggest that counselors working with sexual minority youths should focus on interventions that increase support and acceptance from family, friends, and others in the social environment. They also suggest that special attention be given to bisexual youths, whose lack of acceptance and particular vulnerability the study findings show. In particular, the findings emphasize the importance of helping bisexual youths accept their SO, acknowledge that bisexual youths tend to conceal their SO, and help them in the process of coming out to friends and family. Furthermore, special attention should be given to develop interventions that increase acceptance by both family and friends of youths who self-identify as bisexuals. In a similar vein, the findings underscore the importance of researching different sources and components of social support, both in Israel and abroad. Longitudinal studies are recommended to test the causal relationships and dynamics among the support/acceptance and sexual identity formation/mental health variables.

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