



## Disability Status and Associations with Family Social Support and Identity Disclosure among Gender Minority Youth

Benton M. Renley, Caroline Salafia, Kay A. Simon, Antonia E. Caba, Michael S. Argenyi, Lisa Easton & Ryan J. Watson

To cite this article: Benton M. Renley, Caroline Salafia, Kay A. Simon, Antonia E. Caba, Michael S. Argenyi, Lisa Easton & Ryan J. Watson (12 Mar 2024): Disability Status and Associations with Family Social Support and Identity Disclosure among Gender Minority Youth, LGBTQ+ Family: An Interdisciplinary Journal, DOI: [10.1080/27703371.2024.2327048](https://doi.org/10.1080/27703371.2024.2327048)

To link to this article: <https://doi.org/10.1080/27703371.2024.2327048>



Published online: 12 Mar 2024.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)



## Disability Status and Associations with Family Social Support and Identity Disclosure among Gender Minority Youth

Benton M. Renley<sup>a</sup> , Caroline Salafia<sup>a</sup>, Kay A. Simon<sup>b</sup> , Antonia E. Caba<sup>a</sup> ,  
Michael S. Argenyi<sup>c</sup>, Lisa Easton<sup>a</sup> and Ryan J. Watson<sup>a</sup> 

<sup>a</sup>Department of Human Development and Family Sciences, University of Connecticut, Storrs, Connecticut, USA;

<sup>b</sup>Department of Family Social Science, University of Minnesota, St. Paul, Minnesota, USA; <sup>c</sup>Department of Family Medicine and Community Health, University of Massachusetts Chan Medical School, Worcester, Massachusetts, USA

### ABSTRACT

Despite evidence that indicates sexual and gender minority (SGMY) youth with disabilities experience heightened health disparities compared to SGMY without disabilities, it remains unclear how potential social institutions (e.g., families) may be uniquely related to the health of SGMY with disabilities. To better understand the intersection of gender minority identity and disability status, the current study examined how disability relates to experiences of both general and SGM-specific family social support, gender identity disclosure to family, and stress related to gender/sexuality identity disclosure among gender minority youth (GMY;  $n=4,502$ ) ages 13–17. GMY with disabilities reported receiving less SGM-specific and general family support compared to GMY who did not report disabilities. Identity disclosure and disclosure stress differences by disability status were also detected among GMY, such that GMY who reported one or multiple disabilities reported greater sexual and gender identity outness. These findings underscore the importance of better understanding intersectional identities among SGMY with disabilities in the context of family experiences.

### KEYWORDS

Disability; LGBTQ+; SGM; family support; identity disclosure; gender minority

## Introduction

Youth who have disabilities and identify as sexual and gender minorities face particular social and health challenges—over 35% of sexual and gender minority students are bullied or harassed based on actual or perceived disability (Kosciw et al., 2020). Research focused on sexual and gender minority youth (SGMY) with disabilities is scarce, and previous scholarship has explicitly noted the absence of research that examines the intersection of disability and gender minority identities (Toft et al., 2019). Gender minority individuals have a gender identity that is different from their sex assigned at birth. The range of gender minority identities include binary transgender individuals (i.e., transgender male and transgender female) and other gender diverse (i.e., non-cisgender) identities such as nonbinary, agender, genderqueer, and demigender (Tatum et al., 2020). According to a meta-synthesis of research on SGMY with disabilities, of 24 reviewed articles and book chapters, only three studies involved participants with “transgender characteristics” (Duke, 2011). Disability can be conceptualized as a diagnosis, condition, or impairment that interferes with or limits functioning in daily life activities (Americans with Disabilities Act of 1990, 1990). Individuals have a variety of unique experiences and perceptions—for example a condition such as depression may be extremely disabling for one individual such that they

**CONTACT** Benton M. Renley  [ben.renley@uconn.edu](mailto:ben.renley@uconn.edu)  Department of Human Development and Family Sciences, University of Connecticut, 348 Mansfield Road, U-1058, Storrs, CT 06269, USA.

Caroline Salafia: Department of Psychiatry and Behavioral Sciences, Memorial Sloan Kettering Cancer Center, New York, USA.  
© 2024 Taylor & Francis Group, LLC

are unable to leave their home to go to work, yet another individual with depression may not be impacted in this same way. Thus, in the context of disability—there is much variation in whether or not an individual may consider a diagnosis/condition/impairment that they have to be a disability. For instance, research has shown that a diagnosis with autism does not necessarily indicate self-identifying as disabled or autistic (Shattuck et al., 2014). We know from retrospective studies that among gender minority adults, transgender individuals who are living with a disability are more likely to report having experienced multiple types of victimization (a gender minority stressor; Testa et al., 2015) compared to transgender individuals not living with a disability (e.g., lifetime intimate partner violence, non-partner sexual assault, K-12 anti-transgender violence; Messinger et al., 2021).

Developmentally, disclosing one's sexual and gender identity (i.e., coming out) is particularly important for all SGMY as it is often considered a key milestone that demonstrates healthy identity development (Savin-Williams, 1998). Furthermore, the disclosure process is associated with various psychosocial outcomes. For instance, when disclosure is met with family acceptance, this disclosure is associated with a range of positive outcomes including greater self-esteem and a lower risk for depression and substance use (Ryan et al., 2010). Disability as another form of identity can be particularly impactful—having a disability identity can mean that individuals adapt to their disability and negotiate related social stressors and daily challenges more easily. In other words, through forming a disability identity, individuals come to accept and affirm themselves as a person with a disability (Dunn & Burcaw, 2013), and may engage with other individuals with disabilities to find community (Forber-Pratt & Zape, 2017), which may provide social support and be protective in the face of stress. It remains unclear, however, how disability status relates to identity disclosure and received family support among gender minority youth (GMY). As GMY with disabilities can face double discrimination and stigma, social support, especially from family, may be particularly important in buffering these negative experiences.

### ***Gender minority stress theory***

Gender minority individuals with disabilities must contend with living as a double minority, which oftentimes entails facing “double discrimination” or “layered stigma”—such that these individuals experience cumulative stigma and discrimination associated with both their disability and their gender minority identity (Fraleigh et al., 2007; McCann et al., 2016; Ramasamy et al., 2021). Minority stress suggests that individuals who hold marginalized sexual and gender identities experience unique proximal (e.g., internalized stigma and self-concealment) and distal stressors (e.g., discrimination and harassment; Brooks, 1981; Hendricks & Testa, 2012; Meyer, 2003). By way of an intersectional perspective (Crenshaw, 1989), individuals with disabilities may experience these same avenues of chronic minority stressors, albeit specific to disability (Lund, 2021). Such stressors include ableism, or the discrimination, prejudice, and social prejudice against individuals with disabilities that stem from the belief that people with disabilities are inferior to individuals without disabilities. While these instances of ableism would best be described as distal stressors, internalized ableism becomes a proximal stressor that is linked to negative mental health issues and negative body issues (Jóhannsdóttir et al., 2022).

In an expansion of minority stress theory, gender minority stress theory assesses minority stressors that are specific to holding a gender diverse identity (e.g., non-affirmation where one's gender identity is not affirmed by others (Testa et al., 2015). Related to identity disclosure, GMY may conceal their gender identities from their family members, especially if these youth perceive a risk of potential psychological (e.g., rejection) or physical harm (e.g., assault; Toft et al., 2019). Consequently, as proposed by gender minority stress theory, these unique sources of chronic stress contribute to negative experiences. However, gender minority stress theory also suggests that protective factors, such as familial social support, can buffer the effect of negative minority stress on health outcomes (Hendricks & Testa, 2012).

## ***Sexual and gender minority identity, disability, and family***

Although having multiple identities may present realities of cumulative discrimination and marginalization, individuals with multiple minoritized identities are often reduced to a singular identity (Kahn & Lindstrom, 2015). That is, youth with disabilities may only be seen as being disabled while other marginalized identities are ignored or invalidated. Particularly for GMY, qualitative research has identified that both sexual and gender minority youth with disabilities face experiences of identity questioning and denial from their caregivers as they are desexualized (i.e., lacking or incapable of sexual desire or sexuality) and/or are infantilized (i.e., patronized and treated younger than their age; Duke, 2011; Ramasamy et al., 2021; Toft et al., 2019). As a product of infantilization, those with gender diverse identities may be perceived as too complex for these youth to understand (Toft et al., 2020). Furthermore, both sexual and gender minority youth with disabilities report that caregivers believe being sexual and/or gender diverse is just a phase (Toft, 2020; Toft et al., 2019). Other sexual gender minority (SGM) young adults and adults have also expressed that professionals and family members thought they were confused about their gender and sexual identities on account of their autism spectrum disorder (Hillier et al., 2020).

Among SGM individuals with disabilities, identity disclosure is likely nuanced given that research has begun to show that disclosure is not a one-time decision, but rather, individuals continuously disclose or conceal their (SGM and/or disability) identity depending on the context (Miller, 2015; Miller et al., 2019). Visibility of one's SGM and disability identities can also influence identity management and expression (Miller et al., 2019). This is to say that some disabilities (e.g., depression) and identities (e.g., sexual orientation) may not be visible to others, meaning an individual can decide whether to disclose or hide these identities. For instance, given people with disabilities are customarily stigmatized, gender identity concealment (i.e., being perceived as cisgender) can be a protective strategy to keep GMY with disabilities safe by protecting them from additional stigma (Toft et al., 2019). Though youth report seeking acceptance and support, fear of rejection is cited as the main reason for gender identity concealment from family and friends (Toft et al., 2019). SGM adults with intellectual disabilities report that families typically responded negatively to their SGM identities, which sometimes prompted individuals to engage in selective disclosure or to entirely conceal and suppress SGM identities in other contexts (Ramasamy et al., 2021). Ultimately, it is burdensome to continually manage the appearance and disclosure associated with an identity (Miller et al., 2019), let alone multiple stigmatized identities as is the case with gender minority and disability identities.

### ***The current study***

The existing body of predominantly qualitative research suggests that GMY with disabilities may have particularly challenging relationships with their family, especially with their parents or caregivers (Duke, 2011; Hillier et al., 2020; Ramasamy et al., 2021; Toft et al., 2019, 2020). It remains unclear how disability relates to family social support, gender identity disclosure to family, and stress related to gender identity disclosure. Without better understanding the experiences of GMY with disabilities, it is difficult to understand the best ways to support GMY and their families. Thus, the current study utilized existing quantitative data to determine to the extent to which family support, gender identity disclosure, and identity disclosure stress among GMY varied based the disability status (i.e., no disability, one disability, two or more disabilities, do not know) that GMY identified with. As the nature of this work is exploratory, the current study sought to determine how each of these outcomes varied—independent of each other—relative to the number of disabilities that GMY identified with.

## Methods

### *Data sample and procedure*

Data were drawn from *LGBTQ+ National Teen Survey* (Watson, Wheldon, & Puhl, 2020), collected in 2017 in collaboration with The Human Rights Campaign (HRC) with the aim of broadly assessing the experiences of LGBTQ+ youth in the U.S. Eligible participants were between the ages of 13 and 17 years old, resided in the U.S. at the time of survey completion, and identified as a sexual or gender diverse individual. Participant recruitment occurred through a variety of different methods including social media (e.g., social media influencers (members of the LGBTQ+ community themselves who held various different identities), Twitter, and HRC's community partners. Following electronic assent, youth anonymously completed an online self-report survey *via* Qualtrics. Participants were given the option to enter a raffle for gift cards and/or were all offered wristbands from HRC at the end of the survey. The researchers obtained a waiver of parental consent, and the University of Connecticut Institutional Review Board (IRB) approved all aspects of the study.

### *Measures*

#### *Disability status*

As part of the sociodemographic questions in the survey, youth received the question "Do you consider yourself to have a disability?" with the response options of "Yes," "No," or "Don't know." Youth were able to indicate whether they had one or multiple disabilities.

#### *General family social support*

Participants completed a 3-item measure of general family social support drawn from the National Longitudinal Study of Adolescent Health and Young Adulthood (Crockett et al., 2010; Procidano & Heller, 1983). Participants received the prompt "How much do you feel that..." followed by "1) ...your family cares about your feelings, 2) ...has lots of fun together, and 3) ...pays attention to you?" with response options on a scale of 0 (Strongly Disagree) to 4 (Strongly Agree). Higher average scores indicate greater family social support. The measure had good reliability ( $\alpha = .83$ ) in this sample.

#### *SGM family social support*

Participants responded to an 8-item measure that assessed the degree to which youth felt supported in their SGM identity by family members (Gamarel et al., 2020). The initial prompt for the measure asked participants, "How much do you feel that [your family]..." with items that reflected positive (e.g., "Tell you that you are a role model as an LGBTQ person?") and negative (e.g., "Taunt or mock you because you are an LGBTQ person?") experiences of SGM family social support. The 4 negative items were reverse coded and joined with 4 positive items to create the scale. The positive and negative subscales consisted of four items each and were rated on a scale of 0 (Never) to 3 (Often). Higher scores indicate that youth felt greater support related to their SGM identity. The measure had good reliability ( $\alpha = .86$ ) in this sample.

#### *Gender identity outness to family*

Youth responded to the question, "For each of the following groups, how many people currently do you think know that you are transgender or nonbinary?" Options included parents, siblings, and grandparents/extended family members. To assess gender identity outness to family members, we averaged responses from youth for the parents, siblings, and grandparents/extended family members items. Response options were also on a 0 (None) to 5 (All) scale with higher

scores indicating greater outness to one's parents or family related to their gender identity. A response of "not applicable" was chosen by participants who did not have parents, siblings, or extended family members. In those situations, participants' responses were set to missing for the respective items.

### ***SGM disclosure statement stress to parents and siblings***

Youth were asked to rate the level of stress that they experienced when they disclosed their SGM identity to parents and siblings. Specifically, youth responded to the items "When you told your parents for the first time that you were LGBTQ" and "When you told your brothers or sisters for the first time that you were LGBTQ." Response options were on a scale of 0 (No Stress) to 4 (Extremely Stressful), with higher scores indicating greater experiences of stress during the disclosure process. A response of "not applicable" was chosen by participants who did not have parents, siblings, or extended family members. In those situations, participants' responses were set to missing for the respective items.

### ***SGM 'found out' stress to parents, siblings, and extended family members***

Youth were asked to rate the level of stress that they experienced when an individual found out that they were SGM (i.e., did not have the choice to disclose their SGM identity). Specifically, youth received the item "When your parents found out you were LGBTQ without you telling them," with additional items specific to siblings and extended family members. Response options were on a scale of 0 (No Stress) to 4 (Extremely Stressful), with higher scores indicating greater experiences of stress when a family member found out the youth's SGM identity. A response of "not applicable" was chosen by participants who did not have parents, siblings, or extended family members. In those situations, participants' responses were set to missing for the respective items.

### ***Covariates***

Participants self-reported their age in years. For gender identity we asked participants "What is your current gender identity? Please select all that apply." Response options included "male," "female," "trans boy," "trans girl," "nonbinary," "genderqueer/gender non-conforming," and a write-in option. For sexual orientation we asked participants, "How do you describe your sexual identity?" Response options included "gay or lesbian," "bisexual," "straight," and "something else." Caregiver education was assessed by asking highest levels of education obtained by one/two caregivers with the response options that included "less than high school or GED," "high school or GED," "vocational/technical school," "some college," "college graduate," and "postgraduate degree or higher." Higher scores on this variable indicate higher levels of caregiver education. For sex assigned at birth, participants were asked "What sex were you assigned at birth?" with response options "male" and "female." Of note, if participants selected male at birth and indicated their current gender was female they were included as trans girls. Similarly if participants selected female at birth and indicated their current gender was male they were included as trans boys. Participants were asked "In which state do you live," states were then recoded into 4 regions: Northeast, Midwest, South, and West.

### ***Data analytic plan***

We utilized a gender diverse subsample from the *LGBTQ+ National Teen Survey* ( $n=5,635$ ) from the total sample of 17,112 SGM youth. In other words, to be included in this subsample, youth needed to identify as a gender minority person (i.e., not cisgender). From this subsample of  $n=5,635$ , we removed any participant who did not (a) report a disability status (i.e., did not respond to the disability status question;  $n=193$ ) or (b) did not respond to study outcome questions ( $n=935$ ). Our

final data analytic sample consisted of 4,502 gender minority youth. We only included participants with responses on all study variables because the vast majority of participants who did not respond to any of the study outcomes were also participants who terminated the study early (e.g., completing only the demographic section and closing the survey). To compare group means in outcomes variables across disability status, a generalized linear model (GLM) was conducted for each study outcome to investigate group differences based on disability status. All GLMs were adjusted models to include age, nonbinary status, caregiver education (as a proxy for socioeconomic status), assigned sex at birth, and geographic region as covariates. As all youth in the sample were a gender minority, youth who identified as heterosexual were still included in all analyses given the language of the study outcomes (i.e., items state LGBTQ identity rather than sexual orientation). Bonferroni corrections were included as part of post-hoc analyses to account for family wise error rate.

## Results

Within the analytic sample, 13% ( $n=583$ ) of youth reported one disability, 10% ( $n=453$ ) reported two or more disabilities, 26% ( $n=1,176$ ) did not know their disability status, and 51% ( $n=2,290$ ) did not report a disability. See [Table 1](#) for all sociodemographic characteristics of youth based on group.

### Family social support

There were significant differences in general family social support,  $F(21, 3764) = 12.25$ ,  $p < .001$ ,  $\eta_p^2 = .06$ , in addition to significant post-hoc differences based on disability status. Specifically, youth with no disabilities reported significantly greater general family social support compared to all other groups (i.e., one disability, multiple disabilities, and youth who did not know their disability status),  $ps < .001$ .

There were also significant differences in SGM family social support,  $F(21, 3696) = 8.11$ ,  $p < .001$ ,  $\eta_p^2 = .04$ , in addition to a significant post-hoc difference based on disability status. Youth with no disabilities reported significantly greater SGM family social support compared to youth who did not know their disability status,  $p = .001$ .

### Experiences of gender identity outness

There were significant differences in measures of youth's gender identity outness to parents,  $F(21, 3576) = 43.77$ ,  $p < .001$ ,  $\eta_p^2 = .20$ . Youth with multiple disabilities reported significantly greater gender identity outness to parents compared to youth with no disabilities,  $p = .007$ , and youth who did not know their disability status,  $p = .023$ . Youth with one disability reported significantly greater gender identity outness to parents compared to youth who do not have disabilities,  $p = .016$ .

There were significant differences in youth's gender identity outness to their entire family,  $F(21, 3591) = 44.12$ ,  $p < .001$ ,  $\eta_p^2 = .21$ , in addition to a significant post-hoc difference based on disability status. Youth with one disability reported significantly greater gender identity outness to their entire family compared to youth with no disabilities,  $p = .019$ .

### Experiences of stress in SGM identity outness

There were no significant differences based on disability status in stress when youth were able to choose when they disclosed their identity. Although the overall models were significant regarding youth's SGM identity disclosure to parents,  $F(21, 2773) = 4.64$ ,  $p < .001$ ,  $\eta_p^2 = .03$ , and siblings,  $F(21, 2336) = 2.88$ ,  $p < .001$ ,  $\eta_p^2 = .03$ , there were no significant post-hoc differences based on disability status.

**Table 1.** Demographic characteristics and comparisons by disability status.

	One ( <i>n</i> =583)	Two+ ( <i>n</i> =453)	Don't know ( <i>n</i> =1176)	No disability ( <i>n</i> =2290)
Age	15.52 (1.30)	15.89 (1.16)	M (SD) 15.31 (1.31)	15.43 (1.32)
Nonbinary status			<i>n</i> (%)	
Binary	345 (59.4)	228 (50.3)	629 (53.5)	1333 (58.2)
Nonbinary	238 (40.8)	225 (49.7)	547 (46.5)	957 (41.8)
Gender identity				
Agender/Demigender	17 (2.9)	16 (3.5)	36 (3.1)	56 (2.5)
Binary trans boy	193 (33.1)	166 (36.7)	443 (37.7)	820 (35.8)
Binary trans girl	19 (3.3)	18 (4.0)	31 (2.6)	113 (4.9)
GNC/Genderfluid	53 (9.1)	20 (4.4)	87 (7.4)	204 (8.9)
Nonbinary	233 (40.0)	181 (40.0)	421 (35.8)	714 (31.2)
Sexual orientation				
Asexual	53 (9.1)	51 (11.3)	106 (9.0)	151 (6.6)
Bisexual	127 (21.8)	112 (24.7)	262 (22.3)	590 (25.8)
Heterosexual	17 (2.9)	12 (2.7)	44 (3.7)	145 (6.3)
Lesbian/Gay	114 (19.6)	94 (20.8)	256 (21.8)	550 (24.0)
Pansexual	173 (29.7)	107 (23.6)	304 (25.9)	544 (23.8)
Queer	50 (8.6)	38 (8.4)	99 (8.4)	190 (8.3)
Questioning	26 (4.5)	13 (2.9)	50 (4.3)	67 (2.9)
Other	23 (4.0)	26 (5.7)	55 (4.7)	63 (2.8)
Assigned sex at birth				
Female	524 (89.9)	415 (91.6)	1072 (91.2)	2018 (88.1)
Male	59 (10.01)	38 (8.4)	104 (8.8)	272 (11.9)
Race/ethnicity				
Asian	19 (3.3)	8 (1.8)	32 (2.7)	79 (3.5)
Black	26 (4.5)	12 (2.7)	30 (2.6)	87 (3.8)
Hispanic/Latino	33 (5.7)	24 (5.3)	124 (10.5)	201 (8.8)
White	380 (65.2)	308 (68.0)	747 (63.5)	1577 (68.86)
Bi-/multiracial	104 (17.8)	92 (20.3)	226 (19.2)	326 (14.2)
Something else	19 (3.3)	9 (2.0)	16 (1.4)	16 (.7)
Geographic region				
Northeast	111 (19.0)	75 (16.6)	194 (16.5)	445 (19.4)
Midwest	135 (23.2)	101 (22.3)	281 (23.9)	575 (25.1)
South	202 (34.7)	162 (35.8)	450 (38.3)	792 (34.5)
West	135 (23.2)	115 (25.4)	251 (21.3)	478 (20.9)
Caregiver education				
Less than high school or GED	12 (2.1)	9 (2.0)	40 (3.4)	51 (2.2)
High school or GED	67 (11.5)	52 (11.5)	152 (12.93)	298 (13.0)
Vocational/technical school	16 (2.7)	13 (3.9)	31 (2.64)	70 (3.1)
Some college	94 (16.1)	69 (15.2)	180 (15.31)	343 (15.0)
College graduate	163 (28.0)	142 (31.4)	383 (32.57)	771 (33.7)
Postgraduate	179 (30.7)	135 (29.8)	255 (21.68)	595 (26.0)

Note. Sample sizes and categories in the table do not always match throughout due to variable limitations (e.g., binary/nonbinary status and gender identity do not match).

Although overall models were significant, there were no significant post-hoc differences in experiences of found out stress related to parents,  $F(21, 1316) = 2.35, p = .001, \eta_p^2 = .04$ , or siblings,  $F(21, 1581) = 2.62, p < .001, \eta_p^2 = .02$ . However, there was a significant difference regarding outness among the entire family,  $F(21, 1581) = 2.62, p < .001, \eta_p^2 = .03$ , in addition to a significant post-hoc difference based on disability status. Specifically, youth who had one disability reported significantly greater experiences of stress compared to youth with no disabilities,  $p = .048$ . See Table 2 for additional details on these analyses.

## Discussion

Overall, we found that GMY of different disability statuses receive different levels of family social support and have different experiences with identity disclosure and related stress. Given



**Table 2.** Descriptive statistics for study outcomes among gender minority youth by disability status.

	Total	One <sup>a</sup>	Two+ <sup>b</sup>	Don't know <sup>c</sup>	No disability <sup>d</sup>	Test statistics	$\eta_p^2$
		M (SD)					
General family social support (n = 3786)	2.20 (1.01)	2.06 (1.05) <sup>d</sup>	1.99 (1.02) <sup>d</sup>	2.08 (1.00) <sup>d</sup>	2.34 (.98) <sup>abc</sup>	F(21, 3764) = 12.25***	0.06
LGBTQ + family social support (n = 3718)	1.32 (.79)	1.30 (.77)	1.24 (.81)	1.24 (.76) <sup>d</sup>	1.38 (.79) <sup>c</sup>	F(21, 3696) = 8.11***	0.04
Gender outness (parents; n = 3598)	1.47 (1.61)	1.61 (1.62) <sup>d</sup>	1.76 (1.71) <sup>cd</sup>	1.43 (1.56) <sup>b</sup>	1.40 (1.62) <sup>ab</sup>	F(21, 3576) = 43.77***	0.20
Gender outness (entire family; n = 3613)	1.30 (1.40)	1.42 (1.43) <sup>d</sup>	1.49 (1.47)	1.28 (1.35)	1.24 (1.41) <sup>a</sup>	F(21, 3591) = 44.12***	0.21
Disclosure stress (parents; n = 2795)	3.38 (1.02)	3.41 (.97)	3.41 (1.00)	3.40 (.99)	3.35 (1.04)	F(21, 2773) = 4.64***	0.03
Disclosure stress (siblings; n = 2358)	2.16 (1.41)	2.17 (1.44)	2.23 (1.35)	2.20 (1.39)	2.12 (1.42)	F(21, 2336) = 2.88***	0.03
Found out stress (parents; n = 1338)	3.44 (1.13)	3.46 (1.10)	3.52 (1.05)	3.39 (1.16)	3.44 (1.13)	F(21, 1316) = 2.35***	0.04
Found out stress (siblings; n = 919)	2.26 (1.57)	2.31 (1.59)	2.44 (1.60)	2.24 (1.56)	2.22 (1.57)	F(21, 1581) = 2.62***	0.02
Found out stress (extended family; n = 1603)	2.85 (1.32)	3.00 (1.28) <sup>d</sup>	2.95 (1.26)	2.92 (1.31)	2.73 (1.34) <sup>a</sup>	F(21, 1581) = 2.62***	0.03

Note. All models were adjusted to include age, nonbinary status, caregiver education (as a proxy for socioeconomic status), assigned sex at birth, and geographic region. Superscripts indicate a class that is significantly different than the reference class.

\*\*\*  $p < .001$ .

the need to better understand and support GMY with disabilities and their families, the current study expanded on previous literature in two major ways. First, this study examined experiences of family social support, gender and sexual identity disclosure to family, and stress related to gender/sexual identity disclosure among GMY with disabilities. Second, many studies oftentimes consider participants who respond as “don’t know” regarding disability status as “missing” for analytic purposes, but across investigations of family outcomes in this study youth who did not know their disability status were included so to better understand this large and important group of GMY.

We found that for both general and SGM-specific social support, youth who did not report disabilities experienced greater support from their family. More specifically, youth who did not report a disability had both greater general social support relative to youth in all other groups and greater SGM-specific social support relative to youth who do not know their disability status. These findings are in line with previous research that has documented a lack of support from parents and caregivers among SGM with disabilities (Hillier et al., 2020; Toft, 2020; Toft et al., 2019). Intersectionality theory (Crenshaw, 1989) and minority stress theories (Brooks, 1981; Hendricks & Testa, 2012; Meyer, 2003) may help to explain these findings. It is possible that youth who experience intersecting sources of oppression and marginalization (i.e., GMY with disabilities) experience greater discrimination and minority stress in the family context, and thus perceive lower general family support than youth without disabilities. For instance, GMY may experience non-affirmation (Hendricks & Testa, 2012; Testa et al., 2015) where family members misgender or refer to them by their name assigned at birth that they no longer use (i.e., “deadname”) which in turn may leave them feeling unsupported by their family. This non-affirmation may be particularly prevalent for GMY with disabilities as previous scholarship has documented the infantilization of these youth by family members that perceive gender diverse identities as being too complex for their child to understand on the basis of them having a disability (Toft et al., 2020). We did not find differences in SGM-specific social support between youth who did not report disabilities and youth with one or two or more disabilities. This finding could be attributed to a situation where youth come out about their gender identity later than when they either receive a disability diagnosis or begin to identify with their disability (Toft, 2020). That is, it may take some time for youth to fully acknowledge and understand their gender diverse identity, especially if they are also navigating other aspects of their identity and life experiences—such as having a disability. Thus, it is possible that at the time of survey completion, these youth had not disclosed their gender diverse identity to their family as they were not ready to come out. As such, youths’ perception of SGM-specific family support may not depend as much on the number of disabilities one has.

We found that GMY with two or more disabilities reported greater gender identity outness to parents compared to GMY with no disabilities and those who did not know their disability status. Research that examines identity outness for young, disabled sexual and gender minority youth is scarce (Toft, 2020), thus more research is needed to further our understanding of how experiences of disability and experiences of identity outness may intersect for youth. We also found that GMY with one disability reported significantly greater gender identity outness to parents compared to GMY who do not have a disability. Previous qualitative research has indicated that individuals felt as though disclosing information about their sexuality presented an opportunity to share information about disability, and some themes indicated using coming out to work against heteronormativity and ableism simultaneously (Toft, 2020). It may be the case that having these dual identities presents an opportunity for greater gender identity outness compared to youth with no disabilities and those who don’t know their disability status, but more research is needed at the specific intersection of gender diverse identities and disability.

The findings of the present study also indicated no differences across groups by disability when it came to SGM disclosure stress. Previous research specific to college students found that students managing disability and sexual and gender minority status viewed disability disclosure as riskier in university settings compared to SGM disclosure (Miller et al., 2018). This study acknowledged that

intersectional identity management processes are complex, and more research is needed to understand how students approach disclosure and experience disclosure stress in the context of living with sexual and gender minority status as well as disability. Future research could further our understanding in youth specifically examining multiple layers of stress, including measurement of both SGM identity stress disclosure as well as disability status stress disclosure.

Previous research has shown mixed findings regarding sexual and gender identity disclosure patterns and outcomes. Some studies have found that disclosing sexual identity brings mental health benefits (Ragins, 2004), while other studies suggest that positive outcomes are context-dependent (Legate et al., 2012). Additionally, comfortability of gender identity disclosure has been found to vary depending on the context, such as in healthcare settings, where this mixed disclosure has been associated with higher levels of depression and lower levels of self-esteem (McKay & Watson, 2020). Given that research on sexual and gender identity disclosure is mixed, the present study aimed to examine how other factors, such as disability and status may impact this disclosure.

We expanded on previous research by examining gender identity disclosure in the contexts of disability and family. Numerous factors can affect the perception of disability, which may in turn influence GMY sexual and gender identity disclosure to family. Most of the participants in the study by Miller et al. (2019) identified as having disabilities that would traditionally be labeled as hidden or invisible, and themes of passing for privileged identities (e.g., straight, able-bodied) were also discussed. Future research could examine how the visibility of disability/type of disability status could impact sexual and gender identity disclosure to family. Identity salience of both sexual and gender identity as well as disability identity could potentially impact the timing of disclosure (e.g., having a disability may impact stages of gender identity formation and vice versa) and should be explored. Overall, future research is needed to help expand our knowledge on gender and sexual identity disclosure within the context of disability status.

As it relates to the current study's inclusion of GMY who didn't know whether they had a disability, many GMY experience several barriers to healthcare which may prevent them from meeting with a clinician or may present challenges to obtaining diagnostic labels from a clinician. Thus, relative to cisgender youth, GMY may have a particularly difficult time assessing their disability status—consequently—GMY experiencing certain difficulties or challenges may report they “don't know” their disability status. It may be that youth who do not know their disability status cannot access a healthcare provider to evaluate their disability status unless a caregiver feels the youth is having “enough” difficulty to warrant such a visit. Such challenges can be particularly problematic, for example, without diagnostic labels (i.e., diagnoses) youth may be unable to obtain needed accommodations in school. These healthcare barriers can include discrimination, fears related to identity disclosure, worries about confidentiality, and incompetent providers (i.e., who lack knowledge about sexual, gender, or disability identities; Hillier et al., 2020). Depending on disability type, structural barriers may also obstruct GMY from obtaining healthcare (e.g., transportation issues, walking distance, lack of ramps; Hillier et al., 2020; Brothers, 2003 *via* Maroney & McGinley, 2020). GMY may shun healthcare to avoid gender-specific challenges (e.g., providers using incorrect names and pronouns). Also, in line with previous research, one's gender identity and disability may conflict such that an individual may strategically disclose one particular identity—and not the other—depending on context (Ballan et al., 2011; Miller et al., 2019). For example, in order to receive accommodations for school (e.g., needing a diagnosis for ADHD in order to receive extended time on tests), youth may decide to disclose only their disability to a healthcare provider. Or, in order to receive a gender incongruence diagnosis to access hormone replacement therapy, youth may only share their gender diverse identity with a provider. Thus, GMY who do not know whether they have a disability may have a disability but face challenges and obstacles that prevent them from obtaining an official diagnosis from a medical provider. It is possible that youth who reported having disabilities—who had greater social support relative to youth who did not know their disability status—experienced less of these sorts of challenges. By way of family being more supportive, it is possible these family members may be more involved in

their children's lives and are more willing to take their children to meet with a provider to evaluate and determine their disability status.

The present study has several strengths and adds to the existing body of limited research on GMY living with disabilities. First, the present study includes self-report of both gender and disability status. Second, the present study includes various options for disability status, including clinical diagnosis, non-clinical diagnosis, and a "don't know" option response of disability. A latent class analysis on "don't know" responses in surveys from youth indicated that giving respondents the possibility of selecting this response option could guarantee more realistic and valuable answers (Montagni et al., 2019). Previous research has also indicated that "don't know" option responses can strengthen the validity of collected data given that participants are able to answer the survey questions without feeling forced to provide a straight answer (Dillman, 2012). Additionally, in the context of disability, youth may be facing signs and symptoms without the opportunity to receive a clinical diagnosis at the time point in which the survey was completed. This unique group can provide additional insight about GMY who are unsure of their disability status, and future work could explore what factors are associated with this "don't know" response, as well as assess individuals' concerns and reports of this status.

The present study also has several limitations. Related to the methodology, participants were not provided with a definition of disability in the survey's disability parent question. Participants that indicated that they had a disability self-reported the disability category, but not the specific disability diagnosis. As such, individuals may have incorrectly identified their disability or failed to identify their disability as actually meeting the criteria of a disability. Second, we do not know the age of disability onset (congenital vs. acquired), severity, access to healthcare services, or treatment characteristics. These factors may influence family support and identity disclosure unaccounted for by the present study. GMY struggling with severe disabilities may not be represented in these analyses and may not have had access to participate. Future research could examine how these disability factors affect family support and identity disclosure. Third, the data are from a non-representative sample and there are also limitations of self-report and small sample sizes which make it difficult to generalize findings on a large scale. The majority of the participants in the present analysis were also non-Hispanic white and assigned female at birth, making it difficult to generalize these findings to more diverse populations. The diversity of our sample may also in part be a product of the influencers we were able to work with for recruitment. Lastly, the current study is unable to disentangle the complexities of outness to parents fully given youths' dependence on their families for housing and other resources. Related to outness, some survey items were specific to gender (e.g., gender identity outness) and other items (e.g., SGM family support) asked about both gender and sexual identity. For GMY who also hold a sexual diverse identity, this could have potentially impacted their responses as some youth may have caregivers who accept their child's sexual identity, but not gender identity, or vice versa. Future research may find it helpful to study constructs like familial support separately for both gender and sexual identity.

### ***Implications and conclusion***

Our findings extend previous qualitative research on SGMY to reveal that GMY of different disability statuses receive different levels of family social support and have different experiences with identity disclosure and related stress. As GMY with disabilities receive less social support from their families, these results can inform targeted information and support services for these youth and their families. These findings can also inform future directions of research, as much disability and family research has focused on how family copes with having youth with disabilities and not as much on the experiences of these youth within the context of their families (Banks, 2003; Kyzar et al., 2012). Further research could also elucidate why, in considering these findings together, GMY with disabilities receive less social support from their families and yet report greater sexual and gender identity outness. All in all, these findings provide evidence that an intersectional perspective is needed to best understand GMY who have disabilities.

## Disclosure statement

Caroline Salafia is currently supported by T32 CA00946 at Memorial Sloan Kettering Cancer Center with additional support/resources from their Cancer Center Support Grant (P30 CA008748).

## ORCID

Benton M. Renley  <http://orcid.org/0000-0002-7570-8869>

Kay A. Simon  <http://orcid.org/0000-0003-1645-2231>

Antonia E. Caba  <http://orcid.org/0000-0002-7760-3964>

Ryan J. Watson  <http://orcid.org/0000-0001-7824-7714>

## References

- Americans with Disabilities Act of 1990. (1990). 42 U.S.C. § 12102.
- Ballan, M. S., Romanelli, M., & Harper, J. N. (2011). The social model: A lens for counseling transgender individuals with disabilities. *Journal of Gay & Lesbian Mental Health*, 15(3), 260–280. <https://doi.org/10.1080/19359705.2011.582073>
- Banks, M. E. (2003). Disability in the family: A life span perspective. *Cultural Diversity & Ethnic Minority Psychology*, 9(4), 367–384. <https://doi.org/10.1037/1099-9809.9.4.367>
- Brooks, V. R. (1981). *Minority stress and lesbian women*. Free Press.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989, 139.
- Crockett, L. J., Veed, G. J., & Russell, S. T. (2010). Do measures of parenting have the same meaning for European, Chinese, and Filipino American adolescents? Tests of measure equivalence. In S. T. Russell, L. J. Crockett, & R. K. Chao (Eds.), *Asian American parenting and parent-adolescent relationships* (pp. 1735). Springer.
- Dillman, D. (2012). Introduction to special issue of survey practice on item nonresponse. *Survey Practice*, 5(2), 1–3. <https://doi.org/10.29115/SP-2012-0013>
- Duke, T. S. (2011). Lesbian, gay, bisexual, and transgender youth with disabilities: A meta-synthesis. *Journal of LGBT Youth*, 8(1), 1–52. <https://doi.org/10.1080/19361653.2011.519181>
- Dunn, D. S., & Burcaw, S. (2013). Disability identity: Exploring narrative accounts of disability. *Rehabilitation Psychology*, 58(2), 148–157. <https://doi.org/10.1037/a0031691>
- Forber-Pratt, A. J., & Zape, M. P. (2017). Disability identity development model: Voices from the ADA-generation. *Disability and Health Journal*, 10(2), 350–355. <https://doi.org/10.1016/j.dhjo.2016.12.013>
- Fraley, S. S., Mona, L. R., & Theodore, P. S. (2007). The sexual lives of lesbian, gay, and bisexual people with disabilities: Psychological perspectives. *Sexuality Research and Social Policy*, 4(1), 15–26. <https://doi.org/10.1525/srsp.2007.4.1.15>
- Gamarel, K. E., Watson, R. J., Mouzoon, R., Wheldon, C. W., Fish, J. N., & Fleischer, N. L. (2020). Family rejection and cigarette smoking among sexual and gender minority adolescents in the USA. *International Journal of Behavioral Medicine*, 27(2), 179–187. <https://doi.org/10.1007/s12529-019-09846-8>
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, 43(5), 460–467. <https://doi.org/10.1037/a0029597>
- Hillier, A., Gallop, N., Mendes, E., Tellez, D., Buckingham, A., Nizami, A., & O'Toole, D. (2020). LGBTQ+ and autism spectrum disorder: Experiences and challenges. *International Journal of Transgender Health*, 21(1), 98–110. <https://doi.org/10.1080/15532739.2019.1594484>
- Jóhannsdóttir, Á., Egilson, S. P., & Haraldsdóttir, F. (2022). Implications of internalised ableism for the health and well-being of disabled young people. *Sociology of Health & Illness*, 44(2), 360–376. <https://doi.org/10.1111/1467-9566.13425>
- Kahn, L., & Lindstrom, L. (2015). “I just want to be myself”: Adolescents with disabilities who identify as a sexual or gender minority. *The Educational Forum*, 79(4), 362–376. <https://doi.org/10.1080/00131725.2015.1068416>
- Kosciw, J. G., Clark, C. M., Truong, N. L., Zongrone, A. D., Gay, L., & Glsen, S. E. N. (2020). *The 2019 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. Gay, Lesbian and Straight Education Network (GLSEN), New York, NY. <http://www.glsen.org>.
- Kyza, K. B., Turnbull, A. P., Summers, J. A., & Gómez, V. A. (2012). The relationship of family support to family outcomes: A synthesis of key findings from research on severe disability. *Research and Practice for Persons with Severe Disabilities*, 37(1), 31–44. <https://doi.org/10.2511/027494812800903247>
- Legate, N., Ryan, R. M., & Weinstein, N. (2012). Is coming out always a “good thing”? Exploring the relations of autonomy support, outness, and wellness for lesbian, gay, and bisexual individuals. *Social Psychological and Personality Science*, 3(2), 145–152. <https://doi.org/10.1177/1948550611411929>
- Lund, E. M. (2021). Examining the potential applicability of the minority stress model for explaining suicidality in individuals with disabilities. *Rehabilitation Psychology*, 66(2), 183–191. <https://doi.org/10.1037/rep0000378>

- Maroney, M. R., & McGinley, M. (2020). Mental health for sexual and gender minority individuals with physical or cognitive disabilities. In Esther D. Rothblum (ed.), *The Oxford Handbook of Sexual and Gender Minority Mental Health*(pp.406-417). Oxford Academic. <https://doi.org/10.1093/oxfordhb/9780190067991.013.36>
- McCann, E., Lee, R., & Brown, M. (2016). The experiences and support needs of people with intellectual disabilities who identify as LGBT: A review of the literature. *Research in Developmental Disabilities*, 57, 39–53. <https://doi.org/10.1016/j.ridd.2016.06.013>
- McKay, T., & Watson, R. J. (2020). Gender expansive youth disclosure and mental health: Clinical implications of gender identity disclosure. *Psychology of Sexual Orientation and Gender Diversity*, 7(1), 66–75. <https://doi.org/10.1037/sgd0000354>
- Messinger, A. M., Guadalupe-Diaz, X. L., & Kurdyla, V. (2021). Transgender Polyvictimization in the U.S. Transgender Survey. *Journal of Interpersonal Violence*, 37(19-20), NP18810–NP18836. <https://doi.org/10.1177/08862605211039250>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Miller, R. A. (2015). “Sometimes you feel invisible”: Performing queer/disabled in the university classroom. *The Educational Forum*, 79(4), 377–393. <https://doi.org/10.1080/00131725.2015.1068417>
- Miller, R. A. (2018). Toward intersectional identity perspectives on disability and LGBTQ identities in higher education. *Journal of College Student Development*, 59(3), 327–346. <https://doi.org/10.1353/csd.2018.0030>
- Miller, R. A., Wynn, R. D., & Webb, K. W. (2019). “This really interesting juggling act”: How university students manage disability/queer identity disclosure and visibility. *Journal of Diversity in Higher Education*, 12(4), 307–318. <https://doi.org/10.1037/dhe0000083>
- Montagni, I., Cariou, T., Tzourio, C., & González-Caballero, J.-L. (2019). “I don’t know”, “I’m not sure”, “I don’t want to answer”: A latent class analysis explaining the informative value of nonresponse options in an online survey on youth health. *International Journal of Social Research Methodology*, 22(6), 651–667. <https://doi.org/10.1080/13645579.2019.1632026>
- Procidano, M. E., & Heller, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. *American Journal of Community Psychology*, 11, 1–24. <https://doi.org/10.1007/BF00898416>
- Ragins, B. R. (2004). Sexual orientation in the work place. *Research in Personnel and Human Relations*, 23, 35–120. [https://doi.org/10.1016/S0742-7301\(04\)23002-X](https://doi.org/10.1016/S0742-7301(04)23002-X)
- Ramasamy, V., Rillotta, F., & Alexander, J. (2021). Experiences of adults with intellectual disabilities who identify as lesbian, gay, bisexual, or transgender within mainstream community: A systematic review of qualitative studies. *JBI Evidence Synthesis*, 19(1), 59–154. <https://doi.org/10.111124/JBIES-20-00032>
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205–213. <https://doi.org/10.1111/j.1744-6171.2010.00246.x>
- Savin-Williams, R. C. (1998). The disclosure to families of same-sex attractions by lesbian, gay, and bisexual youths. *Journal of Research on Adolescence*, 8(1), 49–68. [https://doi.org/10.1207/s15327795jra0801\\_3](https://doi.org/10.1207/s15327795jra0801_3)
- Shattuck, P. T., Steinberg, J., Yu, J., Wei, X., Cooper, B. P., Newnan, L., & Roux, A. M. (2014). Disability identification and self-efficacy among college students on the autism spectrum. *Autism Research and Treatment*, 2014, e924182. <https://doi.org/10.1155/2014/924182>
- Tatum, A. K., Catalpa, J., Bradford, N. J., Kovic, A., & Berg, D. R. (2020). Examining identity development and transition differences among binary transgender and genderqueer nonbinary (GQNB) individuals. *Psychology of Sexual Orientation and Gender Diversity*, 7(4), 379–385. <https://doi.org/10.1037/sgd0000377>
- Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity*, 2(1), 65–77. <https://doi.org/10.1037/sgd0000081>
- Toft, A. (2020). Identity management and community belonging: The coming out careers of young disabled LGBT+ persons. *Sexuality & Culture*, 24(6), 1893–1912. <https://doi.org/10.1007/s12119-020-09726-4>
- Toft, A., Franklin, A., & Langley, E. (2019). Young disabled and LGBT+: Negotiating identity. *Journal of LGBT Youth*, 16(2), 157–172. <https://doi.org/10.1080/19361653.2018.1544532>
- Toft, A., Franklin, A., & Langley, E. (2020). “You’re not sure that you are gay yet”: The perpetuation of the “phase” in the lives of young disabled LGBT+ people. *Sexualities*, 23(4), 516–529. <https://doi.org/10.1177/1363460719842135>
- Watson, R. J., Wheldon, C. W., & Puhl, R. M. (2020). Evidence of diverse identities in a large national sample of sexual and gender minority adolescents. *Journal of Research on Adolescence: The Official Journal of the Society for Research on Adolescence*, 30(S2), 431–442. <https://doi.org/10.1111/jora.12488>