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# SPECTS

R E P O R T

LESBIAN, GAY, BISEXUAL,  
TRANSGENDERED, AND QUESTIONING YOUTH

APRIL/MAY 2001

# SIECUS

## R E P O R T

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**SIECUS POSITION STATEMENT ON SEXUAL ORIENTATION**

Sexual orientation is an essential human quality. Individuals have the right to accept, acknowledge, and live in accordance with their sexual orientation, be they bisexual, heterosexual, gay, or lesbian. The legal system

should guarantee the civil rights and protection of all people, regardless of sexual orientation. Prejudice and discrimination based on sexual orientation are unconscionable.

## THANKS TO THE YOUTH FIGHTING FOR HONESTY AND OPENNESS

Mac Edwards

My life partner Reggie and I will celebrate 28 years together next week. You can tell from the number of years that we have been together that we are not part of the younger generation of lesbians, gays, bisexuals, and transgenders (LGBTs)—or heterosexual supporters—of whom we are both so proud. But we are aware of what they are doing for themselves and for us. They are smart, strong, vocal, and determined that everyone should live their lives honestly and openly. This *SIECUS Report* is dedicated to them and their work.

As I have put together this issue, I have gained personal strength from the articles written by young people. In particular, I am talking about Jason Osher of our staff, who writes about “Coming Out Loud and Strong” as a gay person; about Amanda Schlesinger, the bisexual coleader of the Gay-Straight Alliance at St. Paul Academy in Minnesota, who tells us “We Need to Conquer Student Silence about Sexual Orientation”; and John Arrowsmith, a transgender student at the University of Evansville in Indiana, who tells us in “Some Notes on My Transgenderness” that he thinks of himself as male because, quite honestly, he is, and he’s proud of it.

### THE IDENTITY STRUGGLE

So much of what these LGBTQ young people are talking about is their *identity*. We are lucky that Caitlin Ryan and Donna Futterman, both experts in counseling youth, agreed to update a portion of their book *Lesbian and Gay Youth: Care and Counseling* as the lead article for this *SIECUS Report*. Titled “Social and Developmental Challenges for Lesbian, Gay, and Bisexual Youth,” it is a must-read for anyone interested in identity formation. I personally found it fascinating.

They point to the fact that so many LGBTQ youth are ignored by the social institutions that routinely provide emotional support and positive reinforcement for children and adolescents—families, religious organizations, schools, and peer groups. “[These youth] must negotiate many important milestones without feedback or support,” the authors explain. That’s why they have provided guidance to providers on helping these youth negotiate difficult challenges and develop appropriate skills for self-care and survival.

Next, Stephen Russell, a 4-H youth development specialist at the University of California at Davis, points out

that many of the negative mental-health and risk behaviors of LGBTQ youth are related to the challenges they face in school, including harassment and discrimination. He concludes that comprehensive education about sexual orientation and gender identity is essential for educators and school personnel to create a supportive environment for these young people.

Then, Eric Roberts, author of *What If Someone I Know Is Gay? Answers to Questions about Gay and Lesbian People*, has excerpted some of the most pertinent Q&As from his book.

Finally, Nila Marrone writes in “Advice to Latino Parents of LGBT Children” of her work at the Hartford, CT, chapter of Parents, Families, and Friends of Lesbians and Gays (PFLAG) to help Latino parents learn more about their LGBT children and, ultimately, to support and celebrate their lives.

### ALSO IN THIS ISSUE

This issue of the *SIECUS Report* also includes a great deal of information that individuals can use to support their work on behalf of LGBTQ youth.

First, we have reprinted the excellent *Statement on Homosexuality and Adolescence* developed by the Committee on Adolescence of the American Academy of Pediatrics in Washington, DC. It points to the critical need to address and seek to prevent the major physical and mental-health problems that confront these youth in their transition to healthy adulthood.

Next, we have developed a *SIECUS Fact Sheet on Lesbian, Gay, Bisexual, and Transgendered Youth Issues* that includes data on such subjects as self-concept and identity, sexual behaviors, contraceptive use, HIV risk, pregnancy, harassment and safety, sexual abuse, suicide, substance abuse, school support, student attitudes, and parental support.

Then, Stacy Weibley, *SIECUS* senior public policy associate, writes about current anti- and pro-LGBT agendas in state legislatures across the country in her article “Legislating Sexual Orientation in the States.”

Finally, we are including a 20-page *SIECUS Annotated Bibliography on Lesbian, Gay, Bisexual, and Transgender Sexuality and Related Issues* that includes not only relevant books but also publishers, and organizations.

POLL SHOWS PARENTS TAKING  
EVENHANDED APPROACH TO GAY ISSUES

Tamara Kreinin, M.H.S.A.

I recently read an interesting article in the San Francisco *Chronicle*\* where a father named Ron Mayer talked about homosexuality with his 11-year-old son, James, for the first time after the two had watched a movie with a gay character.

Mayer said that the discussion with his son came naturally. “The movie was a jumping off point. I explained to my son that gay life is just a normal part of everyday life.”

The article said that even though topics like teaching tolerance about sexual orientation continue to be divisive issues across the country, a just-released nationwide poll conducted by the Horizons Foundation suggests that parents are taking an evenhanded approach when it comes to gay issues.

Of the 1,000 parents surveyed by the Foundation:

- Seventy-six percent said they would feel comfortable talking to their children about gay issues.
- Sixty-seven percent said they believed in teaching their children that gay people are just like other people.
- Fifty-six percent said they believed prejudice and discrimination against gays are morally wrong.

PARENTS TALK, IF ASKED

Peter Teague, executive director of the Horizons Foundation, said in the article that his organization found the results of the survey (conducted by Lake Snell Perry & Associates between February 20 and 26) gauging parents’ attitudes about sexual orientation to be “encouraging.”

“A majority of the parents we surveyed felt that discrimination against gay people is morally wrong, and they want to pass those values on to their kids,” he said. “They’re concerned about harassment and the bullying that’s going on on school campuses...that being called gay is the epithet of choice on school grounds.”

He continued by saying that he found one result of the survey troubling: that 61 percent of parents said they would discuss homosexuality if their child asked, but that it would not be something they would raise on their own.

“We were convinced that parents hold the key to increasing tolerance,” he said. “What we’ve found out is that parents do hold the key, but they’re waiting to jump in, they’re waiting to be the solution.”

INTERVIEWS WITH PARENTS

The article continues with interviews of several parents in the San Francisco area.

Julie Toran, who is cochair of the San Francisco chapter of Parents, Families, and Friends of Lesbians and Gays (PFLAG), said she felt the poll results indicated progress. In talking about her lesbian daughter, she said “One of my great regrets is that I did not bring this kind of subject up in the long discussions around the kitchen table...or car rides. I could’ve, but I didn’t think to. My daughter gave us an incredible gift of her trust when she came out to us.”

Howard Nelson, a straight man, said that the topic of sexual orientation had not come up in raising his four-year-old daughter, Janessa. But before he talks to her about the subject, he said that he intends to talk to her about respect for herself and others, regardless of background. “I plan to teach her first to love herself and her family, that it’s not right to do wrong to another person.”

CONCLUSION

This issue of the *SIECUS Report* on “Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) Youth” raises serious questions about the need for such young people to build self-esteem, self-respect, and a positive identity—those positive things that come from nurturing and caring parents.

Many of the LGBTQ people in this issue are out there with their identities. They are telling their parents as well as their families, and friends of their sexual identity and demanding that they receive the respect they deserve. We salute them and their strength.

But there are many other LGBTQ individuals who are not as comfortable with themselves. In fact, they are fearful of telling people about their true selves. They are the ones who desperately need the support, respect, and love of their families and friends if they are to develop a strong sense of self worth.

This *SIECUS Report* has made me aware that we must discuss this subject in our new SIECUS Family Project to help parents talk to their children about sexuality and related issues.

\*C. Heredia, “‘Gay’ Doesn’t Mean ‘Bad,’ Many Parents Tell Children; Survey Suggests Evenhandedness in Explanations, *The San Francisco Chronicle*, April 20, 2001.

# SOCIAL AND DEVELOPMENTAL CHALLENGES FOR LESBIAN, GAY, AND BISEXUAL YOUTH

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Caitlin Ryan, M.S.W.

Washington, DC, and

Donna Futterman, M.D.

New York, NY

**A**lthough the vast majority of lesbian and gay youth become well adjusted adults who lead satisfying, productive lives, they face additional developmental challenges that require a range of coping skills and adaptation. The struggle to develop and integrate a positive adult identity—a primary developmental task for all adolescents—becomes an even greater challenge for lesbian and gay\*† youth, who learn from earliest childhood the profound stigma of a homosexual identity. Unlike many of their heterosexual peers, these adolescents have no built-in support system or assurances that their friends and family will not reject them if they reveal their sexuality.

Ignored by the social institutions that routinely provide emotional support and positive reinforcement for children and adolescents—families, religious organizations, schools, and peer groups—lesbian and gay adolescents must negotiate many important milestones without feedback or support.<sup>1</sup> They must learn to identify, explore, and ultimately integrate a positive adult identity despite persistent negative stereotypes of lesbian and gay people. They must learn to accept themselves, and to find intimacy and meaning through relationships, work, and connections with the broader community. They also must learn to protect themselves against ridicule, verbal and physical abuse, and exposure. And until they develop relationships with accepting adults and peers, they must do this alone. The social and emotional isolation experienced by lesbian and gay youth is a unique stressor that increases vulnerability and risk for a range of health and mental-health problems.<sup>2</sup>

From a very early age, negative attitudes about homosexuality are communicated and reinforced through social institutions and media. Children learn to think that being gay is deviant and unnatural. Although many of these attitudes are changing, they learn from a variety of credible sources—their families, teachers, religious leaders, friends—that being lesbian or gay means living alone, being rejected and ostracized, forgoing a meaningful career or satisfying intimate relationships, and not being accepted or integrated into the broader society. By the time they enter early adolescence, when social interaction and sexual striving coincide with formulating an adult identity, they have learned to hide same-sex feelings, attractions, and behaviors from others and often from themselves.

Prejudice, fear, and hatred of homosexuals (or *homophobia*) are also internalized. As adolescents struggle to reconcile societal myths and misconceptions about homosexuality with the realization that they might be lesbian or gay, these internalized feelings of stigma and self-hatred increase existing vulnerabilities, affect self-esteem, and for many gay youth, restrict life choices. The extent to which lesbian and gay adolescents find supportive relationships with peers and adults and develop positive coping skills will determine their successful adaptation to stigma and their quality of life. Access to a caring, nonjudgmental provider who will offer appropriate services and referrals will help lesbian, gay, and bisexual adolescents negotiate difficult challenges and develop appropriate skills for self-care and survival.

## IDENTITY DEVELOPMENT

During adolescence, males and females begin to consolidate adult identity. Identity is a complex integration of cognitive, emotional, and social factors that make up a person's sense of self. These factors include gender (personal sense of being male or female), gender roles (social and cultural expectations of masculinity and femininity), personality (individual traits and disposition), and sexual orientation (sexual attractions and behaviors).

Lesbian and gay adolescents and adults frequently describe a sense of feeling "different" from early childhood.<sup>3</sup> As they age and develop cognitively, many lesbian and gay youth begin to understand the nature of their difference and society's negative reaction to it. In identifying and learning to manage stigma, lesbian and gay adolescents face additional, highly complex challenges and tasks. Unlike their heterosexual peers, lesbian and gay adolescents are the only social minority who must learn to manage a stigmatized identity without active support and modeling from parents and family. Children and adolescents stigmatized because of race and ethnicity learn coping behaviors and survival skills from parents, families, and cultural groups that provide nurturance and support against intolerance and discrimination.<sup>4</sup> This support creates a buffer against hostility and humiliation experienced within the larger society, while providing the framework for building self-esteem and a positive sense of self. Even with positive parental support, minority adoles-

cents and adults struggle with the powerful sequelae of stigma that have significant impact on health and mental health. Ethnic minority youth who are lesbian or gay face additional stressors and developmental tasks in integrating their sexuality with their ethnic and racial identities; as a result, they often feel dually or triply stigmatized.<sup>5</sup>

Adolescence is a time of exploration and experimentation; as such, sexual activity does not necessarily reflect either present or future sexual orientation.<sup>6</sup> Confusion about sexual identity is not uncommon in adolescents. Many youth engage in same-sex behavior; attractions or behaviors do not mean that an adolescent is lesbian or gay. Moreover, sexual activity is a *behavior*, whereas sexual orientation is a component of *identity*. Many teens experience a broad range of sexual behaviors that are incorporated into an evolving sexual identity, consolidated over a period of time.<sup>7</sup>

Providers should avoid overly interpreting the significance of adolescent sexual behavior in relation to sexual identity. For example:

- Many lesbian and gay adolescents are not sexually experienced
- Many lesbian and gay adolescents may have heterosexual experiences
- Heterosexual adolescents may have same-sex experiences
- Some adolescents may self-identify as lesbian or gay without ever having had same-sex (or heterosexual) sexual experiences<sup>8</sup>

Identity development and consolidation depend on many factors, including individual maturity and experience, access to

reliable information, and availability of supportive adult role models. Although some adolescents may consolidate identity at an early age, others may not until early adulthood or even later. Increased access to information and wider availability of support services and online resources for lesbian, gay, bisexual, and transgender (LGBT) youth, have contributed to greater self-awareness of sexual identity at earlier ages.

Studies of lesbian and gay youth show that the age of coming out or self-identification as lesbian or gay has been dropping steadily.<sup>9</sup> Access to a supportive lesbian and gay community provides adolescents with increased access to positive role models and opportunities for self-affirmation and socialization that were not available to previous generations. Unlike older lesbians and gay males whose survival often depended on separating their social, professional, and emotional lives, today's generation of lesbian, gay, and bisexual youth has an opportunity to live fully integrated lives. However, self-identification at younger ages also means greater stress, more negative social pressure, and greater need for support, particularly from nonjudgmental and informed providers who can offer appropriate guidance, health education, and referrals.<sup>10</sup> The need for support is particularly critical to avoid isolation when adolescents begin to question their sexual identity.

#### COMING OUT: DEVELOPMENTAL MODEL

Coming out—acknowledging one's lesbian or gay identity—is an interactive, ongoing process through which lesbians and gay men “recognize their sexual orientation and choose to inte-

## STAGES OF HOMOSEXUAL IDENTITY FORMATION

### SENSITIZATION

The feeling of differentness as a prepubertal child or adolescent. The first recognition of attraction to members of the same gender before or during puberty.

### SEXUAL IDENTITY CONFUSION

Confusion and turmoil stemming from self-awareness of same-gender attractions. Often this first occurs during adolescence. This confusion usually is not so much due to a questioning of one's feelings as it is to the attempt to reconcile the negative societal stereotypes. The lack of accurate knowledge about homosexuality, the scarcity of positive gay and lesbian role models, and the absence of an opportunity for open discussion and socialization as a lesbian or gay person contribute to this confusion. During this stage, the adolescent develops a coping strategy to deal with social stigma.

### SEXUAL IDENTITY ASSUMPTION

The process of acknowledgment and social and sexual exploration of one's own lesbian or gay identity and consideration of homosexuality as a lifestyle option. This stage typically persists for several years during and after late adolescence.

### INTEGRATION AND COMMITMENT

The stage at which a lesbian or gay person incorporates his or her homosexual identity into a positive self-acceptance. This lesbian or gay identity is then increasingly and confidently shared with selected others. Many lesbians and gay men may never reach this stage; those who do are typically in adulthood when this acceptance occurs.

—From the American Academy of Pediatrics Statement on Homosexuality and Adolescence



grate this awareness into their lives.”<sup>11</sup> Several models of identity development have been proposed to describe the coming-out process; almost all are based on retrospective descriptions of earlier experiences recalled by adults.<sup>11</sup> Nearly all models (1) recognize the impact of stigma, which affects both the formation and expression of homosexual identity; (2) unfold over a period of time; (3) involve increasing acceptance of homosexual identity; and (4) include disclosure to non-gay persons.<sup>12</sup>

A four-stage model proposed by Troiden,<sup>13</sup> is included to help providers understand the coming-out process; however, these stages are not fixed, and individual development may vary. Stage models of sexual identity development are often criticized because identity development is an interactive rather than a linear process and occurs in the context of family systems, ethnic communities, and social systems. These models focus on individuals and privilege broad disclosure. However, disclosure should not be construed as the only measure of integrated identity.

**Stage I.** Before puberty, children experience feelings of being “different” from peers. Differences are based on gender-neutral or atypical gender-role choices or behaviors rather than awareness of sexuality. Such feelings can result in an early sense of social isolation.

**Stage II.** After puberty, adolescents become increasingly aware of sexual thoughts and feelings. By early to midadolescence, most lesbians and gay males have experienced both homosexual and heterosexual arousal.<sup>14</sup> They also have internalized widespread misconceptions about homosexuality (e.g., “gay males are effeminate,” “lesbians hate men”). The inability to identify with widespread stereotypes and lack of access to openly lesbian and gay male adult role models result in *identity confusion* and *cognitive dissonance*—a sense that what one feels or perceives is out of step with the perceptions of others. Lack of opportunity for socialization with lesbian and gay peers increases social isolation and constricts key aspects of development. When heterosexual peers are developing communication and self-disclosure skills that enhance their ability to interact and form intimate relationships, many lesbian and gay youth are learning how to hide core aspects of their identity.

**Stage III.** Adolescents are increasingly self-identifying at younger ages. Access to a well-defined community of supportive social, recreational, and religious activities, including health, mental-health, and career-related services, help to dispel negative stereotypes and provide a broader range of life choices. Interaction also provides support for managing stigma, learning how to deal with discrimination, violence, and other negative experiences that routinely occur within mainstream society.

Many adolescents try to hide their lesbian or gay identity through various coping strategies and behaviors, passing as heterosexual in most or all of their interactions.

Other coping strategies include denying same-sex feelings, trying to avoid situations that might confirm sexual identity, trying to change sexual orientation by dating or engaging in heterosexual activity, using alcohol or drugs to repress same-sex feelings or behaviors, or trying to rationalize behavior as being only temporary (a “phase” or “stage”). As they acknowledge their lesbian or gay identity, many adolescents increasingly seek out accurate information and support.

Lesbian and gay youth who lack adequate support or who remain unaware of positive options for living integrated, productive lives may develop maladaptive coping behaviors that persist into adulthood. By continuing to separate their sexual and social identities, they are at increased risk for serious health and mental-health problems, including substance abuse, depression, suicide, and HIV/AIDS.

**Stage IV.** Self-acceptance generally culminates with incorporating sexual identity into various aspects of one’s life. Commitment is symbolized by entering a same-sex primary relationship and by disclosure to heterosexual peers. As lesbians and gay males more thoroughly integrate their sexual identity into their day-to-day lives, disclosure is normalized; information is shared appropriately within the context of various situations and activities. As with other stages of identity development, prior experiences, access to resources and information, the availability of support, and personal vulnerabilities and resilience determine the degree of identity integration that occurs.

## IDENTITY DEVELOPMENT IN ETHNIC AND RACIAL MINORITIES

Although lesbians and gay males come from all racial, ethnic, and socioeconomic groups, most models of homosexual identity development are based on the experiences of middle- and upper-middle-class white lesbians and gay males.<sup>15</sup> For providers, this information is particularly important since a greater proportion of ethnic minority youth than white youth obtains health care services in community-based public-health settings. Moreover, ethnic minority youth face additional stressors and challenges in consolidating sexual, racial, and ethnic identities.

Within each cultural and ethnic group, sexuality holds different meanings, and lesbian and gay identity is shaped by various factors. These include attitudes, values, and beliefs about sexuality, stereotypes about gender and sex roles, responsibilities for childbearing, religious values, degree of acculturation or assimilation into mainstream society, and the importance of family and ethnic communities in providing acceptance and support.<sup>16</sup>

For members of ethnic minority groups, race and ethnicity form core components of identity; together with gender and sex roles (also culturally based), they frame an

evolving sense of self. By the time an adolescent becomes aware that same-sex feelings and behaviors may signal homosexual orientation, primary identity—race/ethnicity—is well established.<sup>17</sup> In a society that discriminates on the basis of race and ethnicity, strong connections with one’s family and ethnic community are essential for survival.<sup>18</sup> However, support is rarely available for an adolescent’s homosexual identity. For many ethnic groups, being lesbian or gay may represent rejection of one’s ethnic heritage.<sup>19</sup> Most ethnic minority groups consider homosexuality to be a “Western” or white phenomenon<sup>20</sup>; only among some Native-American tribes is homosexuality acknowledged in language and tribal history as part of a third-gender cultural tradition, although acceptance has largely been replaced by more negative mainstream attitudes.<sup>21</sup> Unlike racial stereotypes that are positively reframed by the family and ethnic community, negative cultural perceptions of homosexuality are reinforced. Within ethnic minority communities, as with mainstream culture, homophobia is generally high.<sup>22</sup>

Ethnic minority lesbian and gay youth are required to manage more than one stigmatized identity, which increases their level of vulnerability and stress.<sup>23</sup> To meet their emotional, educational, and practical needs, they must learn to interact with three very separate communities that have different and often conflicting values.<sup>24</sup> These include the ethnic community, the predominantly white lesbian and gay community, and mainstream society. Each community provides access to important resources, but all devalue part of the youth’s identity. Balancing the needs and demands of three separate worlds often requires lesbian and gay ethnic minorities to choose or prioritize allegiances, which results in prioritizing or suppressing (rather than integrating) key aspects of identity.<sup>25</sup>

In a mainstream society that is predominantly white, ethnic minority lesbian and gay people constitute a minority within a minority, in which both their ethnic and sexual identities are devalued and discriminated against. They face similar challenges within the predominantly white, organized lesbian/gay community, which reflects many of the values of mainstream society, including racism. Since most ethnic communities are not large enough to support self-sustaining lesbian and gay subcultures, access to lesbian and gay resources, institutions, and services requires interaction with the broader gay community; however, the only community that validates lesbian and gay identity often ignores, devalues, or discriminates on the basis of race and ethnicity.<sup>26</sup> Similarly, identifying as openly gay may jeopardize acceptance by the family and ethnic community. Because ethnic minority communities provide essential emotional and practical support, lesbian and gay youth are particularly vulnerable to rejection. As a result, many continue to hide.<sup>27</sup>

In general, lesbian and gay people of color are less visible than their white counterparts. Cultural expectations related to marriage and childbearing suggest higher levels of bisexuality and encourage less public acknowledgment of lesbian and gay identity, although relevant research is limited. Studies of ethnic minority lesbians show higher rates of childbearing, particularly among African-American and Native-American lesbians, than among white lesbians.<sup>28</sup> For providers, cultural and behavioral differences have implications for history taking, assessment, and diagnostic work-ups as well as for access to prenatal and reproductive care. The unique stressors of managing multiple levels of stigma, including race, ethnicity, homosexuality, and gender, require additional sensitivity and knowledge of appropriate community resources.

## BISEXUALITY

Bisexuality has emerged more recently as a separate identity from lesbian, gay, and heterosexual identity, and understanding of bisexual identity and its development is still evolving. Bisexuals are attracted to both the same as well as the opposite gender and have relationships with heterosexual and same-sex partners (though less often at the same time).<sup>29</sup> In addition to individual identity, *bisexuality* also refers to behavior and often represents an aspect of lesbian or gay identity development (many lesbian or gay adults and adolescents describe bisexuality as a stage of identity development prior to identifying as lesbian or gay).

A few researchers have explored bisexual identity development,<sup>30</sup> and findings suggest a different developmental pattern than for lesbians and gay males. Although studies show a broad range of behaviors, for most persons who identify as bisexual, this identity appears to be added after heterosexual identity,<sup>31</sup> and self-labeling generally occurs at a later age than for lesbians and gay males.<sup>32</sup> In addition, many people may engage in bisexual behavior (sexual activity with same- and opposite-gender partners) without self-identifying as bisexual.<sup>33</sup>

Although bisexuality is common among lesbian and gay adolescents who are exploring their sexual orientation, most research on bisexuality has been conducted retrospectively in adults.†

## EXPERIENCES WITH DISCLOSURE

A critical aspect of identity management for all lesbian and gay youth is learning to assess when and with whom they can safely disclose their lesbian or gay identity. Negative experiences related to disclosure make it imprudent or even rash to come out in many settings. For example, studies show that some lesbian and gay youth have been expelled from their homes after their sexual orientation was disclosed or inadvertently discovered.<sup>34</sup> Not surprisingly, most lesbian and gay adolescents are cautious in disclosing their lesbian or gay identity to anyone.

Nevertheless, disclosure plays an important role in identity development and psychological adjustment, decreasing isolation while teaching and reinforcing identity management skills. An understanding of common disclosure patterns can help providers to assess available support, family dynamics, and resource needs. This understanding is particularly important given the isolation many adolescents experience during early stages of coming out and the correlation between isolation and suicide. Loneliness and social isolation are described as the principal causes of suicidal behaviors and suicidal potential.<sup>35</sup> Moreover, studies consistently show disproportionately high rates of attempted suicide among lesbian and gay youth.<sup>36</sup> Attempts have occurred more frequently among closeted youth and during the period immediately after self-labeling as lesbian or gay—periods when isolation is more extreme.<sup>37</sup>

When disclosure is voluntary, lesbians and gay males usually come out first to those they perceive as nonthreatening (emotionally, physically, and economically). Since friends are identified as their most important source of emotional support, lesbian and gay adolescents usually tell their friends before coming out to family members.

Although lesbian and gay friends are more likely confidants than straight friends, many adolescents, particularly those who are younger, have no friends who are lesbian or gay, an experience that access to online resources for LGBT youth is beginning to change. Rejection by heterosexual friends appears common. In one study, nearly all (93 percent) of gay male adolescents (ages 15 to 19) said that friends were their most important source of help for problems or worries; however, 41 percent said they had lost friends after disclosing their gay identity.<sup>38</sup> In a 14-city survey, nearly three fourths of lesbian and gay youth first disclosed their sexual identity to friends, and nearly half (46 percent) lost a friend after coming out to her or him.<sup>39</sup> The importance of these relationships in providing basic emotional support for lesbian and gay youth makes their loss especially painful.

Disclosure patterns are similar among ethnic minority lesbians and gay males, although community pressure to conceal lesbian or gay identity generally results in lower visibility overall. These adolescents are more likely to tell close friends, they usually perceive disclosure to their parents, extended family, and the broader ethnic community as too threatening.<sup>40</sup>

## DEFINITIONS OF TERMS

### **Coming out.**

The acknowledgment of one's homosexuality and the process of sharing that information with others.

### **Gender identity.**

The personal sense of one's integral maleness or femaleness; typically occurs by three years of age.

### **Gender role.**

The public expression of gender identity; the choices and actions that signal to others a person's maleness or femaleness; one's sex role.

### **Heterosexist bias.**

The conceptualization of human experience in strictly heterosexual terms and consequently ignoring, invalidating, or derogating homosexual behaviors and sexual orientation.

### **Homophobia.**

The irrational fear or hatred of homosexuality, which may be expressed in stereotyping, stigmatization, or social prejudice; it may also be internalized in the form of self-hatred.

### **In the closet.**

Nondisclosure or hiding one's sexual orientation from others.

### **Sexual orientation.**

The persistent pattern of physical and/or emotional attraction to members of the same and/or opposite gender. Included in this are homosexuality (same gender attractions), bisexuality (attractions to members of both genders), and heterosexuality (opposite-gender attractions). The terms preferred by most homosexuals today are lesbian, and gay men.

### **Transsexual.**

An individual who believes himself or herself to be of a gender different from his or her assigned biological gender (gender identity does not match anatomic gender).

### **Transvestite.**

An individual who dresses in the clothing of the opposite gender and derives pleasure from this action. This is not indicative of one's sexual orientation.

—from the American Academy of Pediatrics Statement on Homosexuality and Adolescence

## STIGMA AND PREJUDICE

A primary task for identity development for lesbian and gay adolescents is learning to manage a stigmatized identity. Although there are clear differences between sexual and racial identities, similar developmental tasks are required of ethnic and racial minorities who developmentally transform a stigmatized identity into a positive one.<sup>41</sup> For lesbian and gay youth who experience stigma related to sexual identity with the onset of same-sex feelings, this task is no less difficult.

Moreover, stigma has social, behavioral, and health-related consequences. Internalized self-hate and low self-esteem, stigma may be acted out behaviorally, increasing psychological distress and risk of suicide. Although most lesbian and gay adolescents grow up to lead healthy, productive lives, the experience of acknowledging same-sex feelings and integrating a positive lesbian or gay identity represents a significant developmental crisis for most individuals, regardless of age.

Lesbians and gay males who have integrated a positive identity show better psychological adjustment, greater satisfaction, and higher self-concept, with lower rates of depression or stress, than gay people in conflict with their identity.<sup>42</sup> Nevertheless, identity development takes place over time, and integrating a positive identity requires access to supportive peers and adults, accurate information, and connection to a community in which acceptance and validation are provided.<sup>43</sup> Stigma does not change; however, the way one perceives and responds to its dehumanizing effects can change.

## LIVING WITH STIGMA

Although stigma may be either visible or invisible, some health and social costs are surprisingly similar. Goffman's work on social stigma discusses the stress associated with managing stigmatized identity; visible stigma such as race requires a range of coping skills to respond to prejudice and discrimination, whereas invisible stigma, such as undisclosed homosexuality, requires careful monitoring of all interactions and an awareness that relationships are based on a lie that could be exposed at any time.<sup>44</sup> For double and triple minorities—ethnic minority lesbians and gay males—the stress is even greater since racism is a reality whether they are closeted or not, both within mainstream society and within the broader lesbian and gay community.

For adolescents and adults, the stress of hiding one's identity can be extreme; even casual conversations must be monitored and screened. Fear of discovery restricts relationships and shapes behavior. Intimacy, for example, requires disclosure. Anonymous sex may protect identity but increases risk for STDs and HIV. Although hiding may appear to protect closeted lesbians and gay males from discrimination, rejection, and loss of an accepted social identity, it isolates them from access to a supportive community, sensitive health and mental-health services, and

positive role models. Hiding is also associated with negative health and mental-health outcomes, including substance abuse, suicide, depression, and high-risk behaviors.<sup>45</sup>

However, not all gay people are invisible; some integrate their social and work lives rather than pass as heterosexual, while others may have been “discovered” and exposed, or are assumed to be gay since they fit stereotypes. Openly gay or stereotypical lesbians and gay males are at risk for discrimination and effects of internalized homophobia that range from low self-esteem to self-hate. Although internalized homophobia is buffered by access to a supportive community, positive experiences, and role models, its residual effect often remains an underlying vulnerability.<sup>46</sup>

Providers should be aware of the multiple stressors that lesbian and gay youth routinely experience, and that heighten vulnerability and increase health and mental health risks. Unlike their heterosexual peers, lesbian and gay adolescents consolidate identity against a backdrop of social disapproval, misconceptions, distorted stereotypes, and hostility. Support, access to accurate information, and appropriate referrals help counter negative experiences. Careful assessment of an adolescent's support system, coping behaviors, experiences, and attitudes about disclosure and knowledge of available community resources are important components of history taking for youth who may be lesbian or gay.

## THE EFFECTS OF PREJUDICE

In studying the effects of prejudice of socially oppressed groups, Gordon Allport describes the process of stereotyping and labeling that justify negative attitudes and discrimination and often leads to violence.<sup>47</sup> Allport found that members of victimized groups develop a series of coping strategies in response to prejudice. These include withdrawal and passivity, vigilance, self-hate, denial of membership in one's group or aggression against one's group, and expectations of rejection, discrimination, and violence. All are common coping responses used to manage the stigma of a lesbian or gay identity, particularly in earlier stages of identity development. Providers working with lesbian and gay adolescents should understand the role of stigma in enhancing vulnerabilities and the risks for various diseases and health problems.

On an ongoing basis, lesbian and gay adolescents are exposed to serious stressors that increase their risk for a range of health problems; however, most are caused by stigma and oppression.

## SOCIAL DISAPPROVAL, DISCRIMINATION, AND VIOLENCE

Although negative attitudes toward lesbian and gay people are slowly changing and many “Americans are increasingly

reluctant to condone discrimination on the basis of sexual orientation,”<sup>48</sup> discrimination persists in the lives of lesbians and gay males of all ages. Surveys of bias-related experiences among adult lesbians and gay males show that during their lifetimes, more than half have experienced some kind of violence because of their sexual orientation.<sup>49</sup> Ethnic minority lesbian and gay males are more frequent victims.<sup>50</sup> Moreover, since the advent of AIDS, violence against lesbians and gay males has steadily increased.<sup>51</sup> Between 1985 and 1989, reported incidence of anti-gay violence grew by nearly 350 percent.<sup>52</sup> Still, many crimes are not reported.

Although many providers may not be aware of the extensiveness of anti-gay violence, a report about bias crime sponsored by the National Institute of Justice found that “homosexuals are probably the most frequent victims.”<sup>53</sup> At highest risk are lesbian and gay youth and young adults. Significant numbers report having been verbally, physically, or sexually assaulted and abused by family members and peers.<sup>54</sup> In studies conducted in nine cities and three states, including Pennsylvania, Wisconsin, and Maine, one third to one half of the lesbian and gay participants reported having been victimized in junior and senior high school.<sup>55</sup> A review of anti-gay violence on college campuses reveals that 55 to 72 percent of lesbian and gay male samples reported verbal or physical abuse; 64 percent of abusers were peers, and 23 percent were faculty, staff, and administrators.<sup>56</sup> Among students surveyed at Yale University, more than 42 percent had been physically abused, and nearly one in five had been assaulted two or more times because of their sexual orientation.<sup>57</sup>

Studies show that although some youth are victimized at home, much abuse occurs in schools and other community settings.<sup>58</sup> For example, in the *1995 Massachusetts Youth Risk Behavior Survey*, lesbian, gay, and bisexual youth and those who reported same-sex behavior were more than four times as likely as heterosexual peers to have skipped school during the past month because they felt unsafe or to have been threatened or injured with a weapon during the past 12 months.<sup>59</sup> Adolescents who are open about their sexual orientation, who are suspected of being lesbian or gay, or who behave in ways associated with lesbian or gay stereotypes are the most frequent victims.<sup>60</sup> Among adolescents receiving services at a New York City agency, more than 42 percent had been physically abused, and nearly one in five had been assaulted two or more times because of their sexual orientation.<sup>61</sup>

### EFFECTS OF VICTIMIZATION

Typically, depression, anxiety, fear, low self-esteem, and self-blame follow victimization, together with a range of somatic symptoms. A more serious complication may be posttraumatic stress disorder. Those who are seriously hurt have no choice but to seek help from others, such as parents

or teachers; doing so, however, may cause further victimization, since having to reveal sexual orientation may lead to rejection, ostracism, violence, or being forced out of their homes.<sup>62</sup> An added threat for closeted gay youth who witness pervasive anti-gay abuse in school and community settings is the realization that this could happen to them; fear of discovery increases anxiety, thus reinforcing their sense of devaluation and isolation and encouraging them to hide.<sup>63</sup>

Moreover, witnessing bias-related discrimination and violence through the media, hearing reports of what happens to others, and having personal experiences with discrimination and abuse have a sobering impact on such key developmental tasks as career development and life choices. Mental-health providers and youth-service workers have observed for some time that lesbian and gay adolescents face restricted life choices as a result of prejudice, discrimination, and internalized homophobia.<sup>64</sup> For some lesbian and gay youth, school failure limits options early. Ridicule and physical abuse at school and inadequate support or disapproval at home may result in poor grades, truancy, or dropping out of school. In one study, for example, more than two thirds of gay and bisexual males ages 15 to 19 reported having been subjected to verbal or physical abuse at school related to their sexual orientation. Of these, 28 percent dropped out, four fifths reported recent changes in school performance, and two fifths acknowledged having been truant at least ten times during the previous year.<sup>65</sup>

Career development, which is intimately linked to self-concept and identity, is also affected. Believing they will never be accepted into mainstream society, some lesbian and gay youth abandon career or educational goals, and others may opt for stereotypic jobs. Although all adolescents are socialized to strive for common expectations and ideals, lesbian and gay youth soon realize that such goals are only relevant or achievable by their heterosexual peers.<sup>66</sup> In a study of sexual orientation and stress in the workplace, for example, nearly half of lesbians and gay males surveyed said that sexual orientation had influenced their choice of career.<sup>67</sup>

### RUNAWAYS / “THROW-AWAYS”

#### AND INSTITUTIONALIZED YOUTH

Rejected by family and friends and the cumulative effects of harassment, ridicule, and physical abuse cause some lesbian and gay youth to run away, whereas others may be forced out of their homes after parents discover their sexual orientation.<sup>68</sup> Although the actual number of lesbian and gay runaways and “throw-aways” is not known, some estimates suggest that one in four street youth may be lesbian or gay.<sup>69</sup> Local estimates are even higher. Agencies serving street youth in Los Angeles estimate that 25 to 35 percent of homeless youth are lesbian or gay; and in Seattle, 40 percent of homeless youth are estimated to be lesbian or gay.<sup>70</sup>



The stressors that lead lesbian and gay youth to leave home and school also increase the potential for exploitation. Without employable skills, some turn to prostitution, drug dealing, or other illicit activities for survival.<sup>71</sup> Others enter foster care, youth homes, and social-service systems where they are at risk for further discrimination, neglect, harassment, and violence.<sup>72</sup> A study of lesbian and gay youth in New York City's child welfare system, for example, showed that more than two thirds (70 percent) had been victims of violence because of their sexual orientation, while more than half (56 percent) said they had stayed on the streets, at times, where they felt safer than living in group or foster homes.<sup>73</sup>

Like their heterosexual peers, homeless and runaway youth who are lesbian, gay, or bisexual have multiple health and social problems, often resulting from abuse and neglect. These include serious substance abuse and mental-health problems, high risk for suicide, STDs (including extremely high risk for HIV/AIDS), pregnancy, and a range of untreated and chronic conditions.

Lesbian and gay youth may also become involved with the juvenile justice system as a result of substance abuse, prostitution, and running away. They may cycle in and out of institutions, where few will openly identify, fearful of further victimization and abuse from both peers and staff.

### **PROVIDERS' ATTITUDES AND PERCEPTIONS**

Although the American Psychiatric Association (APA) removed homosexuality from its list of psychiatric disorders in 1973, negative attitudes persist and continue to affect the treatment provided to many gay people.<sup>74</sup> Beyond health services, lesbian and gay adolescents are at risk for discrimination and inappropriate or compromised care in mental-health, foster-care, and detention facilities, and in a range of community settings.<sup>75</sup> As a result, many lesbian and gay clients are fearful of disclosing their sexual orientation to providers and believe that doing so will result in rejection, discrimination, or poor care.<sup>76</sup> Unfortunately, many studies confirm their fears.<sup>77</sup>

Research on provider training, attitudes, and perceptions of lesbian and gay clients further demonstrate that negative and homophobic attitudes among a sizeable proportion of providers in a variety of disciplines.<sup>78</sup> In a national survey of attitudes toward lesbian and gay patients, nine out of 10 lesbian and gay physicians reported observing anti-gay bias in patient care.<sup>79</sup> More than two thirds knew of lesbian and gay patients who had received poor care or who were denied care because of their sexual orientation. And although nearly all agreed that physician knowledge of a patient's sexual orientation was important to ensure that specific medical needs were addressed, two thirds believed that patients who come out to providers will

receive inferior care. Such biases extends to lesbian and gay providers as well. Among 711 lesbian and gay physicians responding to the survey, more than half had been discriminated against by medical peers, one in three had experienced economic discrimination by their peers, and one in seven had been victims of violence by their peers because of their sexual orientation.<sup>80</sup>

Negative attitudes and perceptions and discriminatory care have life-long implications for lesbian and gay youth. During adolescence, attitudes about health, self-care, and help-seeking behaviors are formed. Negative or discriminatory experiences can undermine provider-client trust and cause lesbian and gay clients to withhold important information, avoid routine or preventive care, and delay seeking help until health problems are well advanced. Such behaviors are routinely observed in lesbian and gay clients of all age groups.<sup>81</sup>

By keeping sexual orientation secret, many lesbian and gay adolescents seek to protect themselves from potential abuse. However, this information is an important part of their medical histories that helps providers understand what types of tests may be indicated, what kinds of referrals may be appropriate, and what types of health prevention information are needed. Despite the relevance for treatment and care, few providers routinely ask clients about their sexual orientation. In a statewide survey of lesbians' perceptions of their primary care providers, one out of 10 physicians inquired about their clients' sexual orientation.<sup>82</sup> Although many providers claim that asking their clients about sexual orientation will make the provider uncomfortable, nearly all lesbians in the study who discussed this information with providers felt comfortable doing so. Similar findings related to lesbians' experiences with gynecologic care show that while 41 percent had disclosed their sexual orientation to physicians, fewer than one in 10 had ever been asked about sexual orientation by physicians.<sup>83</sup>

### **DENIAL AND MINIMIZATION**

A common response among health and mental-health providers to an adolescent's concerns that he or she might be lesbian or gay is to deny or minimize such concerns. This response is generally based on the misconception that homosexual behavior is merely a "phase" or "stage" out of which adolescents ultimately grow.<sup>84</sup> Some providers may fear that discussing same-gender concerns will actually encourage homosexuality or potentially "cause" an adolescent to "become" homosexual.<sup>85</sup> Although a larger proportion of adolescents is sexually active with same-gender partners than will ultimately consolidate adult homosexual identity, such fears are false.<sup>86</sup> When expressed or acted out by providers, they may undermine the client-provider relationship and result in increased anxiety, secrecy, and failure to share pertinent information.<sup>87</sup>

## HEALTH AND MENTAL-HEALTH CONCERNS

The medical needs and concerns of lesbian and gay youth are similar to those of heterosexual teens; however, denial and fear of discovery make lesbian and gay youth less likely than their heterosexual peers to seek medical care, and they are unlikely to acknowledge homosexual orientation or sexual activity.<sup>88</sup> Some concerns, such as substance abuse, are more common to vulnerable and stigmatized groups, and several studies suggest that lesbians and gay males are at high risk for substance abuse.<sup>89</sup> Other studies report different patterns of alcohol and drug use, including higher rates of alcohol-related problems and more widespread use of marijuana and cocaine than among heterosexuals.<sup>90</sup> More troublesome for lesbian and gay youth is use of alcohol and drugs to cope with stigma-related stress, which may heighten vulnerability for chemical dependency in later years.<sup>91</sup> Recent school-based studies show higher rates of substance use among lesbian, gay, and bisexual youth than among heterosexuals.<sup>92</sup> Use of alcohol and drugs is also associated with high-risk sexual behaviors and HIV infection.

Like their heterosexual peers, lesbian and gay youth who are sexually active are at risk for STDs, including HIV/AIDS. At particular risk are young gay and bisexual men, who constitute a second major wave of HIV infection. Seroprevalence rates in this group range from 9.4 percent in a San Francisco sample ages 17 to 22 to a median of 30 percent among those attending STD clinics nationwide.<sup>93</sup> A recent seven-city study of 15- to 22-year-old males who have same-sex partners found an overall seroprevalence rate of 7.2 percent, with highest rates among youth who had mixed race and African-American backgrounds (16.9 percent).<sup>94</sup> Attempts to pass as heterosexual or to deny same-sex attraction or identity may result in bisexual behavior, which also increases risk for pregnancy.

Lesbian and gay youth, particularly those who are out or assumed to be gay, are more frequent victims of bias-related crime and assault than adults; the most frequent victims are ethnic minority lesbian and gay youth.<sup>92</sup> However, the reasons for assault may be overlooked by providers rendering follow-up care. Hate crimes and anti-gay violence, in particular, have behavioral, psychological, and somatic sequelae, which heighten vulnerability and risk for health and mental-health problems.<sup>95</sup> Without appropriate follow-up care, including accurate assessment and referral for needed counseling and support, survivors may internalize the assault and try to deny or minimize its impact, thus intensifying psychological or physical problems. Because adolescent victims of anti-gay violence are not likely to reveal why they were attacked, providers should consider this possibility and carefully assess follow-up counseling and support needs when treating youth who have been assaulted or raped.

## MENTAL HEALTH

Studies of lesbian and gay adolescents show broad use of counseling services, when services are available.<sup>96</sup> Nearly three quarters (72 percent) of 15- to 19-year-old gay males in one study sought help from psychologists or psychiatrists<sup>97</sup>; nearly two thirds (62 percent) of a national sample of lesbians ages 17 to 24 reported use of mental-health professionals such as peer counselors and support groups. Reasons for seeking mental-health services commonly include issues related to sexual orientation, family conflict, concerns about relationships, substance abuse, depression, and anxiety. Referrals are also made for attempted suicide and conduct disorders.

Many though not all of these problems emerge as adolescents begin to confront the stigma of homosexuality and struggle with reframing negative myths and misconceptions, reconciling dreams and expectations of a socially accepted heterosexual identity with an emerging lesbian or gay identity. Without an awareness of positive options for relationships, education, and career, lesbian and gay youth have difficulty imagining satisfying, productive lives. Common psychological reactions to the stigma of being lesbian or gay include adjustment problems, impaired psychosocial development, family alienation, inadequate interpersonal relationships, alcohol and drug abuse, depression, suicidal ideation, and sexual acting out.<sup>98</sup> Youth also report that dealing with their gay identity requires them to develop social skills to find support and crisis management skills that heterosexual youth may not achieve until later in life.<sup>99</sup> Lack of support and inaccurate information about homosexuality further compound these problems, particularly when providers misinterpret (and thus misdiagnose) psychological responses to an emerging lesbian or gay identity.

With appropriate support, including access to accurate information, assistance with developing positive coping and social skills, gradually exploring sexuality, and enhancing the quality of interpersonal relationships, issues of sexual identity ultimately get resolved.

Preexisting vulnerabilities engendered by dysfunctional or addicted parents, emotional deprivation, physical and sexual abuse, severe stress, and prejudice may inhibit the development of a positive gay identity. Moreover, adolescents with such histories may comprise the majority of youth who attempt or complete suicide or who experience serious chemical dependence.<sup>99</sup> Regardless of prior trauma, however, the reported prevalence of suicidal ideation and attempted suicide among lesbian and gay youth is alarmingly high. Based on available research, reported suicide attempts among lesbian and gay youth range from 20 to 42 percent, compared with estimated rates of eight to 13 percent among high school students in general.<sup>100</sup> These rates remain consistently high regardless of sample, geographic area, or time period.

Given the multiple stressors that lesbian and gay youth experience in the process of coming out, psychosocial assessment should be included as part of routine history taking; moreover, providers should be familiar with symptoms of depression and suicide and should periodically review psychosocial status during the provision of primary care services. As a result of wider access to information and increasing availability of support services for lesbian and gay youth adolescents are self-identifying at younger ages as lesbian or gay. Thus, providers are more likely to see increasing numbers of adolescents who raise issues about sexual orientation and who require nonjudgmental counseling and appropriate referrals.

### ATTEMPTS TO REVERSE SEXUAL ORIENTATION

Before Kinsey's groundbreaking study provided a framework for understanding sexual diversity, medical treatment of homosexuals focused on trying to change their sexual orientation. Based on the assumption that homosexuals were mentally ill, such attempts ranged from severe exercise and aversive conditioning to drug treatment, electroconvulsive shock, brain surgery, and hysterectomies.<sup>101</sup> Kinsey documented the broad range of human sexual behavior, and numerous studies have consistently shown no difference in psychological adjustment between homosexuals and heterosexuals.<sup>102</sup> Although the APA removed homosexuality from its list of mental disorders more than 20 years ago, efforts to change sexual orientation persist and have intensified in recent years.<sup>103</sup>

Generally unsuccessful over time, attempts to change sexual orientation raise many ethical concerns and contribute to negative self-esteem and mental-health problems.<sup>104</sup> Nevertheless, providers may be asked by parents or even by youth to assist in changing their sexual orientation. Experts in adolescent medicine recommend against such attempts. The APA cautions: "Therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in sexual orientation."<sup>105</sup>

In addition, the APA states that "there is no published scientific evidence supporting the efficacy of 'reparative therapy' [also known as conversion therapy] to change one's sexual orientation."<sup>106</sup>

There are a few reports in the literature of efforts to use psychotherapeutic and counseling techniques to treat persons troubled by their homosexuality who desire to become heterosexual; however, results have not been conclusive, nor have they been replicated. There is no evidence that any treatment can change a homosexual person's deep-seated sexual feelings for others of the same sex.<sup>107</sup>

Acknowledging the role of social disapproval and homophobia in sexual identity conflict, the APA further states that "any person who seeks conversion therapy may be doing so because of social bias that has resulted in internalized homophobia."<sup>108</sup>

### CONCLUSION

Many health and mental-health concerns of lesbian and gay youth are associated with how they are perceived in the social environment. And stigma has a powerful impact on self-perception, behavior, and health outcomes. However, the experiences of lesbian and gay youth *can* be mediated and enhanced by sensitive, informed, and nonjudgmental providers.

Appropriate care for lesbian and gay adolescents does not require special skills or extensive training. Rather, it is an awareness that not all youth are heterosexual, a sensitivity in conducting routine interviews, and an understanding of the stressors that affect lesbian and gay youth that will enable providers to access and address the needs of lesbian and gay males. In fact, quality care for lesbian and gay youth is quality care for *all* youth.

Unless providers learn to appropriately care for these youth, the kinds of inappropriate and insensitive care reported by many of these youth and described repeatedly in studies of adolescents and adults will be perpetuated, and the preventive and life-affirming interventions that could make a profound difference in the lives of these youth will continue to be denied.

Lesbian and gay youth are evolving a new concept of identity while leading a new way out of the closet. When they are free to come out and integrate their lives, they leave behind the costs of compartmentalized and hidden lives experienced by earlier generations of lesbians and gay men. There is no doubt that lesbian and gay youth are coming out at younger ages and are in need of appropriate care and support. What remains to be seen is if they will receive such support.

In leading a new way out of the closet, lesbian and gay youth are also the community of tomorrow. It seems appropriate to close with one of their youthful voices, hopeful and proud:

We are the community of tomorrow. How we are treated now, our experiences now, who we are able to become will affect the world of tomorrow. Even though we're young and gay, we're people just like you.

*Chris, age 17*

- ★ The limited perspective research on sexual orientation development in adolescents shows several patterns of bisexual behavior: many lesbian and gay youth have heterosexual experiences before identifying as lesbian or gay; some may identify



as “bisexual” for a period of time, while consolidating a lesbian or gay identity, perceiving “bisexual” as a less stigmatizing label; while others who have same-sex experiences as adolescents and predominantly heterosexual experiences as young adults may later report both opposite-sex and same-sex experiences.

Although bisexual youth are included in research featured in this article, studies cited here predominantly focus on lesbian and gay youth and young adults. Research is still evolving on bisexual identity, particularly among adolescents.

\* Although bisexual youth may not be mentioned consistently throughout this article, providers should assume that the same treatment approaches and concerns generally apply to caring for adolescents who identify as bisexual as they do to lesbian or gay youth, or to those who are questioning their sexual identity.

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## QUESTIONING YOUTH: PART OF AN EXPANDING CATEGORY OF IDENTITIES

Although the term *questioning youth* has recently been used as part of an expanding category of identities associated with lesbian and gay youth (e.g., lesbian, gay, bisexual, and transgender youth), the meaning varies and little research has been done to explore the experiences of these youth. Providers who work with queer youth note the expansive and creative categories that many of these adolescents use to express their non-heterosexual identities and observe that existing categories such as lesbian, gay or bisexual are often too limited to represent the diversity of these youth.

In the only publication in the professional literature on questioning youth, to date, Gary Hollander points out that “describing one’s self as *questioning* may provide a means to preserve dependence in high prestige, dominant groups like family, sports teams, or racial groups, while maintaining some benefits of association with a lower prestige, non-heterosexual group.”<sup>1</sup>

Questioning may also be more likely to be associated with age. In a Minnesota school-based survey, Gary Remafedi and colleagues found that identity consolidation increased with age: 1 in 4 twelve year-olds were unsure of their sexual orientation which declined to 1 in 20 by age 18. As currently used, Hollander reports that questioning youth are often perceived to have either a

homosexual or bisexual orientation, with an unformed gay or bisexual identity.<sup>2</sup>

Although the term lacks specificity, it is clear that many questioning youth are using online support groups for queer youth, participating in Gay Straight Alliances in schools, and striving to find ways to understand and integrate their sexual identities.

Since questioning youth who are sexually active may be assumed to have both opposite sex and same-sex experiences, they are at risk for sexually transmitted infections, HIV, and pregnancy—another reason for providing comprehensive sexuality education and for taking detailed sexual histories with all youth who receive health and mental health services.

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# LGBTQ YOUTH ARE AT RISK IN U.S. SCHOOL ENVIRONMENT

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**L**esbian, gay, bisexual, transgendered, and questioning (LGBTQ) youth are a group at risk. Studies of these youth show they are at risk for some of the most compromising outcomes experienced by adolescents.<sup>1</sup> Several pertain directly to education and schooling: poor academic performance, negative school attitudes, or victimization. Recent research has also begun to link their negative mental-health and risk behaviors to challenges they face in the school environment, including harassment and discrimination.<sup>2</sup>

Research demonstrates that teachers play an important role in creating a supportive school environment for LGBTQ youth; thus, comprehensive education about sexual orientation and gender identity is essential for educators and school personnel.

However, there is little research on effective harassment prevention and intervention strategies related to issues of sexual orientation and gender identity; therefore, more research is critically needed to provide schools with the tools necessary to create supportive educational environments for these students.

## LGBT YOUTH AT RISK

Research indicates that LGBTQ adolescents are at higher risk than their heterosexual peers for victimization, for using and abusing drugs and alcohol, and for contemplating or attempting suicide.<sup>3</sup>

Why are LGBTQ adolescents at risk? During adolescence, young people face the fundamental developmental task of dealing with their emerging sexuality.<sup>4</sup> The difficulties associated with this developmental process are exacerbated for LGBTQ youth; they must simultaneously negotiate the challenges of adolescence and, at the same time, deal with the cultural stigma of homosexuality.<sup>5</sup> As for all at-risk youth, the important sources of support in their lives—family, friends, church, and school—are critically important for their healthy development. While some youth may find support when coming out at home, church, school, or among friends, the challenge for far too many is that these basic supports are either indifferent or hostile.

**Victimization.** Several studies have examined associations between adolescent sexual self-identity or same-gender sexual behavior and experiences of violence. Data

from the *1995 Vermont Youth Risk Behavior Surveillance* indicated that, among young men, same-gender sexual behavior was associated with more frequent reports of threats of physical violence, threats or injuries with a weapon at school, and fights that resulted in a need for medical attention.<sup>6</sup>

Similarly, a study of the *1993 Massachusetts Youth Risk Behavior Surveillance* found that, among sexually active youth, those who had engaged in same-sex sexual behavior were more likely to have been threatened or injured with a weapon at school and to have been in 10 or more physical fights.<sup>7</sup>

Likewise, students in the *1995 Massachusetts Youth Risk Behavior Surveillance* who identified themselves as LGB reported higher frequencies of having been threatened with a weapon at school, fighting, and injuries from fighting that required medical attention.<sup>8</sup>

Finally, data from the *National Longitudinal Study of Adolescent Health* showed that youth who report same-gender romantic attractions are more likely than their peers to experience extreme forms of violence and to witness violence.<sup>9</sup>

**Substance use and abuse.** Substance use and abuse rates well above national averages have been reported in several studies of gay male adolescents.<sup>10</sup>

Data from the *1993 Massachusetts Youth Risk Behavior Surveillance* showed that youth who had engaged in same-sex sexual behavior were significantly more likely than those who did not to use alcohol, marijuana, cocaine, and other illegal drugs.<sup>11</sup> A study using the *1995 Massachusetts Youth Risk Behavior Surveillance* showed that LGB-identified youth were more likely to begin using marijuana and alcohol at young ages, to have higher lifetime rates of crack/cocaine use, and to report more recent use of tobacco than their peers.<sup>12</sup> A study based on the *1995 Vermont Youth Risk Behavior Survey* showed that male youth who engage in same-gender sexual behaviors were more likely than other sexually active males to smoke cigarettes, use tobacco, drink alcohol, and use marijuana at school.<sup>13</sup> Finally, data from the *National Longitudinal Study of Adolescent Health* indicated that youth reporting romantic attractions to the same gender were more likely than their peers to abuse alcohol.<sup>14</sup>

**Suicide.** One of the most widely known risks for LGBTQ youth, and one of the most researched topics in the area of adolescent sexual orientation, is suicide. Due to the dif-

difficulties of studying suicide cases, no past studies have demonstrated that LGBTQ youth are more likely to commit suicide than their heterosexual peers.<sup>15</sup> However, studies of LGBTQ youth consistently indicate that they are at higher risk for thinking about and attempting suicide.<sup>16</sup> More recent population-based studies have affirmed these reports. Higher rates of suicidal thoughts and attempts have been reported among:

- Gay- and bisexual-identified boys in a statewide study of Minnesota high schools<sup>17</sup>
- Youth who reported same-gender sexual behavior in the *1993 Massachusetts Youth Risk Behavior Surveillance*<sup>18</sup>
- LGB-identified youth in the *1995 Massachusetts Youth Risk Behavior Surveillance*<sup>19</sup>
- Youth who reported same-gender romantic attractions or relationships in the *National Longitudinal Study of Adolescent Health*<sup>20</sup>

Recent research has indicated that without question, adolescent same-gender sexual orientation is a significant risk factor for suicidal thoughts and behaviors.<sup>21</sup>

### SCHOOL ENVIRONMENT

One of the most important contexts for child and adolescent development is school. Next to the family (and faith for some youth), school plays a critical and fundamental role in the lives of children and adolescents in our society. It plays an important role both in the development of academic and occupational skills as well as the personal and social skills that shape the first 20 years of life.

Peers play an important role in the school environment. For LGBTQ youth, peers are often the first people to whom they come out, and they may also be the people from whom

LGBTQ receive the most harassment or victimization. In many high schools, verbal abuse, graffiti, and other antigay activities permeate everyday relations among students.<sup>22</sup>

A recent study reported that the increased prevalence of suicide among sexual minority youth is associated with the loss of friends due to the disclosure of sexual orientation.<sup>23</sup> A survey of high school students conducted by the Massachusetts Governor's Commission on Gay and Lesbian Youth revealed that 97.5 percent of 398 respondents reported hearing homophobic remarks at school, and 49 percent reported frequently hearing such comments.<sup>24</sup>

Much research on LGBTQ youth within school environments has been written by and for school counselors with the goal of creating supportive school environments.<sup>25</sup> Studies have also begun to document the negative attitudes of school counselors and teachers toward LGBTQ youth which contribute to an overall hostile school environment for LGBTQ youth.

Data from a national survey of 289 secondary school counselors indicates that 20 percent expressed misgivings regarding their own ability to adequately counsel gay adolescents.<sup>26</sup> One fourth of counselors reported that teachers exhibit prejudice toward gay students, and 41 percent believed schools were inadequate in their actions to assist these students.

A study of 89 male and 31 female homosexual youth found that only one fourth of the students stated that they were able to talk with school counselors about sexual orientation. Half asserted that homosexuality had been discussed in their classes, yet within that group, almost half stated that its treatment was negative.<sup>27</sup>

Given the generally hostile school climates that exist

## HOW STRAIGHT EDUCATORS CAN CREATE SUPPORTIVE SCHOOL ENVIRONMENTS FOR LGBTQ YOUTH

Straight educators can help to create supportive school environments for LGBTQ youth in the following ways:

- Wear a button or hang a poster showing their support for LGBTQ issues.
- Speak up and challenge students when they make homophobic or anti-gay remarks.
- Conduct a "School Climate Survey" to assess the climate for LGBTQ youth at their school.
- Use inclusive language that does not assume that everyone is heterosexual and that acknowledges the possibility that some students may be LGBTQ. (For example, use the word "date" rather than "boyfriend" or "girlfriend" and the word "spouse" rather than "husband" or "wife.")
- Use the words "gay," "lesbian," bisexual," "transgender," or "questioning" in positive ways.
- Ask their LGBTQ colleagues, friends, or students how they can be allies.
- Be an advocate for school policies that challenge anti-gay bias and support LGBTQ students.
- Support their school's Gay-Straight Alliance—or help students in their schools start one.
- Educate themselves—read books or attend cultural events on LGBTQ topics.
- Educate their colleagues—seek training on LGBTQ issues for their schools.

—Stephen Russell

for LGBTQ youth, it is important to acknowledge that school-based homophobia has negative health consequences for LGBTQ students.<sup>28</sup> School-based homophobia has been linked to lower self-esteem and a higher likelihood of self-destructive behaviors.<sup>29</sup> A recent study documents that lesbian and gay students go to school counselors for assistance with depression, poor self-esteem, social isolation, and elevated suicide risk.<sup>30</sup>

What can make a difference in school environments? Results from the *National Longitudinal Study of Adolescent Health* indicate that relationships with teachers played a leading role in explaining school troubles experienced by sexual minority adolescents (getting along with teachers, getting along with other students, and getting homework done). Youth with positive feelings about their teachers were significantly less likely than their peers to experience these school troubles.<sup>31</sup>

Thus, research shows that while schools are often hostile toward LGBTQ students, teachers can play an important role in creating supportive school environments where all youth can grow and learn. Training and support are needed to provide teachers and other school personnel with the knowledge and skills to support LGBTQ youth in school settings.

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## COMING OUT LOUD AND STRONG

Picture it. It is 1988. A 17-year-old boy growing up in a Jewish and Italian Brooklyn neighborhood comes out of the closet to his mother. Oy vay! It was April and the first night of Passover. What can I say? I am Jewish, originally from Brooklyn, and gay. Barbra Streisand is my religion. Mom was very smart and had already figured it out. But it was difficult nonetheless. She was concerned, wondering where I had gone so early on Saturday mornings for the past few months, not to return until the evening.

### SUPPORT GROUP

The answer was that I was attending a support group for gay and lesbian youth. I learned about this group through an advertisement on the back cover of *The Village Voice*, a weekly New York City newspaper. After glancing at the ad for weeks, I finally took the step to call the phone number. I spoke to someone I would meet a few weeks later when I gathered enough courage to attend.

The group operated out of an AIDS services center in another borough of New York City, and was facilitated by one of the center's staff members. It took me about two hours each way to travel by subway to the 11 a.m. meetings every Saturday. Saturdays became my salvation.

Still needing support after leaving that group, I traveled every week to meetings held by Gay and Lesbian Youth of New York (GLYNY), a support and social group for gay and lesbian young people held at the Gay and Lesbian Community Services Center in New York City's Greenwich Village. We met every Saturday at 3 p.m. I made some gay and lesbian friends, expanded my support network, and began to feel comfortable in my own skin. I also became an activist, attending ACT-UP demonstrations and my first Gay Pride parade in June of that same "coming out" year.

I began college just a few months earlier and so I sought out the gay and lesbian student group on campus, called the Gay and Lesbian Alliance (GALA). This not only deepened my activism, but also expanded my social network and comfort level. Within months I was the vice president of GALA and later the president.

### SOMETHING WAS MISSING

Prior to attending these groups, I felt uncomfortable with myself even though I had (and still have) a fantastic group of friends dating back to high school. I knew there was something missing. I found out it was truth—being true to myself, to my friends, and to my mother and family.

Through my work with these groups and through the network of people who now surrounded me, I encountered many successful gay and lesbian people, just regular folks—social workers, doctors, teachers, writers, and artists—who were also gay or lesbian. Because of the timing of my coming out, I also learned quickly about AIDS—an awful, ongoing education. Learning about AIDS as I did put things into perspective and made coming out seem like a walk in the park.

How did it turn out? Not bad. It is now 13 years later. Mom is great. (She always was.) Family is wonderful. Old friends are still friends. New friends have come along. I found a partner in life. And me? I am just fine.

If you think a young person in your life might be gay, lesbian, bisexual, transgender, or questioning his or her sexuality, I encourage you to just be there. You do not have to start a discussion. Just be sensitive and offer your ear. That is the best thing a friend, parent, aunt, uncle, or grandparent can do for a young person facing such issues about his or her sexuality.

—Jason I. Osher  
SIECUS Director of Development



# STATEMENT ON HOMOSEXUALITY AND ADOLESCENCE

Committee on Adolescence  
American Academy of Pediatrics  
Washington, DC

**H**omosexuality is the persistent sexual and emotional attraction to members of one's own gender and is part of the continuum of sexual expression. Many gay and lesbian young people first become aware of and experience their sexuality during adolescence. Therefore, pediatricians who care for teenagers need to understand the unique medical and psychosocial issues facing homosexually oriented young people.

## ETIOLOGY AND PREVALENCE

Homosexuality has existed in most societies for as long as recorded descriptions of sexual beliefs and practices have been available. Societal attitudes toward homosexuality have had a decisive impact on the extent to which individuals have hidden or made known their sexual orientation.

In 1973, the American Psychiatric Association reclassified homosexuality as a sexual orientation/expression rather than as a mental disorder.<sup>1</sup> The etiology of homosexuality remains unclear, but the current literature and the vast majority of scholars in this field state that one's sexual orientation is not a choice; that is, individuals no more choose to be homosexual than heterosexual.<sup>2</sup> However, the expression of sexual behavior and lifestyle is a choice for all teenagers regardless of sexual orientation.

During the adolescent years, many youths engage in sexual experimentation. Sexual behavior during this period does not predict future sexual orientation. Gay, lesbian, and heterosexual youths may engage in sexual activities with members of the same or opposite sex. Kinsey et al.,<sup>3</sup> from their studies in the 1930s and 1940s, reported that 37 percent of men had at least one homosexual experience resulting in orgasm. From the same cohort, Kinsey reported that four percent of women and 10 percent of men were exclusively homosexual for at least three years of their lives. Sorenson<sup>4</sup> surveyed a group of 16- to 19-year-olds and reported that six percent of the females and 17 percent of the males had at least one homosexual experience. While the Kinsey data suggest that four percent of adult men and two percent of adult women are exclusively homosexual in their behavior and fantasies, the current prevalence of homosexual behavior and identity among adolescents remains to be defined.

## SPECIAL CONCERNS

Gay and lesbian adolescents share many of the developmental tasks of their heterosexual peers. These include establishing a sexual identity and deciding on sexual behaviors, whether choosing to engage in sexual intercourse or to abstain. Due to the seriousness of sexually transmitted diseases (STDs), abstinence should be promoted as the safest choice for all adolescents. However, not all youths will choose abstinence. The current reality is that a large number of adolescents are sexually active. Therefore, all adolescents should receive sexuality education and have access to health care resources. It is important to provide appropriate anticipatory guidance to all youths regardless of their sexual orientation. Physicians must also be aware of the important medical and psychosocial needs of gay and lesbian youths.<sup>5</sup>

## HIV

The HIV epidemic highlights the urgency of making preventive services and medical care available to all adolescents, regardless of sexual orientation or activity. Heterosexual and homosexual transmission of HIV infection is well established. The role of injectable drug abuse in HIV transmission is also well known.<sup>6</sup> Sex between males accounts for about half of the nontransfusion associated cases of acquired immunodeficiency syndrome (AIDS) among males between the ages of 13 and 19.<sup>7</sup> While not all gay adolescents engage in high-risk sex (or even have sex), their vulnerability to HIV infection is well recognized. The pediatrician should encourage adolescents to practice abstinence; however, many will not heed this important message. Thus, practical, specific advice about condom use and other forms of safer sex should be included in all sexuality education and prevention discussions.

## ISSUE OF TRUST

Quality care can be facilitated if the pediatrician recognizes the specific challenges and rewards of providing services for gay and lesbian adolescents. This care begins with the establishment of trust, respect, and confidentiality between the pediatrician and the adolescent. Many gay and lesbian youths avoid health care or discussion of their sexual orientation out of fear that their sexual orientation will be disclosed to others. The goal of the provider is not to

identify all gay and lesbian youths, but to create comfortable environments in which they may seek help and support for appropriate medical care while reserving the right to disclose their sexual identity when ready. Pediatricians who are not comfortable in this regard should be responsible for seeing that such help is made available to the adolescent from another source.

### SPECIAL ASPECTS OF CARE

A sexual history that does not presume exclusive heterosexuality should be obtained from all adolescents.<sup>8</sup> Confidentiality must be emphasized except in cases in which sexual abuse has occurred. It is vital to identify high-risk behavior (anal or vaginal coitus, oral sex, casual and/or multiple sex partners, substance abuse, and others).

**Physical examination.** A thorough and sensitive history provides the groundwork for an accurate physical examination of youths who are sexually experienced.<sup>9</sup> Depending on the patient's sexual practices, a careful examination includes assessment of pubertal staging, skin lesions (including cutaneous manifestations of STDs, bruising, and other signs of trauma), lymphadenopathy (including inguinal), and anal pathology (including discharge, venereal warts, herpetic lesions, fissures, and others). Males need evaluation of the penis (ulcers, discharge, skin lesions), scrotum, and prostate (size, tenderness). Females need assessment of their breasts, external genitalia, vagina, cervix, uterus, and adnexa.

**Laboratory studies.** All males engaging in sexual intercourse with other males should be routinely screened for STDs, including gonorrhea, syphilis, chlamydia, and enteric pathogens. The oropharynx, rectum, and urethra should be examined and appropriate cultures obtained when indicated.<sup>10</sup>

Immunity to hepatitis B virus should be assessed. Immunization is recommended for all sexually active adolescents and should be provided for all males who are having or anticipate having sex with other males.<sup>11</sup> HIV testing with appropriate consent should be offered; this includes counseling before and after voluntary testing.

Women who have sex exclusively with other women have a low incidence of STDs but can transmit STDs and potentially HIV if one partner is infected. Since lesbian women who engage in unprotected sex with men face risks of both sexually acquired infections and pregnancy, the pediatrician should offer them realistic birth-control information and counseling on STD prevention.

**Psychosocial issues.** The psychosocial problems of gay and lesbian adolescents are primarily the result of societal stigma, hostility, hatred, and isolation.<sup>12</sup> The gravity of these stresses is underscored by current data that document that gay youths account for up to 30 percent of all completed adolescent suicides.<sup>13</sup> Approximately 30 percent of a surveyed group of

gay and bisexual males have attempted suicide at least once.<sup>14</sup> Adolescents struggling with issues of sexual preference should be reassured that they will gradually form their own identity<sup>15</sup> and that there is no need for premature labeling of one's sexual orientation.<sup>16</sup> A theoretical model of stages for homosexual identity development composed by Troiden<sup>17</sup> is summarized in the box on page 6. The health care professional should explore each adolescent's perception of homosexuality, and any youth struggling with sexual orientation issues should be offered appropriate referrals to providers and programs that can affirm the adolescent's intrinsic worth regardless of sexual identity. Providers who are unable to be objective because of religious or other personal convictions should refer patients to those who can.

Gay or lesbian youths often encounter considerable difficulties with their families, schools, and communities.<sup>18</sup> These youths are severely hindered by societal stigmatization and prejudice, limited knowledge of human sexuality, a need for secrecy, a lack of opportunities for open socialization, and limited communication with healthy role models. Subjected to overt rejection and harassment at the hands of family members, peers, school officials, and others in the community, youths may seek, but not find, understanding and acceptance from parents and others. Parents may react with anger, shock, and/or guilt when learning that their child is gay or lesbian.

Peers may engage in cruel name-calling, ostracize, or even physically abuse the identified individual. School and other community figures may resort to ridicule or open taunting, or they may fail to provide support. Such rejection may lead to isolation, runaway behavior, homelessness, domestic violence, depression, suicide, substance abuse, and school or job failure. Heterosexual and/or homosexual promiscuity may occur, including involvement in prostitution (often in runaway youths) as a means to survive. Pediatricians should be aware of these risks and provide or refer such youths for appropriate counseling.

**Disclosure.** The gay or lesbian adolescent should be allowed to decide when and to whom to disclose his or her sexual identity. In particular, the issue of informing parents should be carefully explored so that the adolescent is not exposed to violence, harassment, or abandonment. Parents and other family members may derive considerable benefit and gain understanding from organizations such as Parents, Families, and Friends of Lesbians and Gays (PFLAG).<sup>19</sup>

**Concept of therapy.** Confusion about sexual orientation is not unusual during adolescence. Counseling may be helpful for young people who are uncertain about their sexual orientation or for those who are uncertain about how to express their sexuality yet might profit from an attempt at clarification through a counseling or psychotherapeutic initiative. Therapy directed specifically at

changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation. While there is no current literature clarifying whether sexual abuse can induce confusion in one's sexual orientation, those with a history of sexual abuse should always receive counseling with appropriate mental-health specialists. Therapy may also be helpful in addressing personal, family, and environmental difficulties that are often concomitants of the emerging expression of homosexuality. Family therapy may also be useful and should always be made available to the entire family when major family difficulties are identified by the pediatrician as parents and siblings cope with the potential added strain of disclosure.

### SUMMARY OF PHYSICIAN GUIDELINES

Pediatricians should be aware that some of the youths in their care may be homosexual or have concerns about sexual orientation. Caregivers should provide factual, current, nonjudgmental information in a confidential manner. These youths may present to physicians seeking information about homosexuality, STDs, substance abuse, or various psychosocial difficulties. The pediatrician should ensure that each youth receives a thorough medical history and physical examination (including appropriate laboratory tests), as well as STD (including HIV) counseling and, if necessary, appropriate treatment. The health care professional should also be attentive to various potential psychosocial difficulties and offer counseling or refer for counseling when necessary.

The American Academy of Pediatrics reaffirms the physician's responsibility to provide comprehensive health care and guidance for all adolescents, including gay and lesbian adolescents and those young people struggling with issues of sexual orientation. The deadly consequences of AIDS and adolescent suicide underscore the critical need to address and seek to prevent the major physical and mental-health problems that confront gay and lesbian youths in their transition to a healthy adulthood.

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# WE NEED TO CONQUER STUDENT SILENCE ABOUT SEXUAL ORIENTATION

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**A**t our school, we see differences converge. The kaleidoscope of opinions and personalities I encounter every day at school amazes me. However, not every person here feels safe to share all of who they are, and our diversity is diminished. There is fear of intolerance. There are a lot of secrets. I have a secret, but I no longer want to keep it hidden. I am bisexual. I am disclosing this because I need to represent the silent LGBT members of our school community. I am proof that we exist, and my story is one of many.

I am telling you about myself because I am concerned about our community, the school which I love and care about so much. I, and others, have had to be dishonest about ourselves and our sexual orientations. I want this to change. I envision our school a place where no one feels silenced or afraid, for any reason, and acceptance and openness can become universal values. My story is about silence. I believe we need to conquer silence.

## LESSON OF SILENCE

For years I have guarded my words carefully and swallowed back every candid thought related to my sexual orientation. While I've become more comfortable speaking up about LGBT rights and issues, I've censored myself at every step.

I used to be different. When I was 11 years old, I viewed gay and straight as equal. One day at my ballet studio, a classmate asked me if I would be with a guy or a girl when I grew up. In a moment of innocent honesty, I told her that I didn't know yet, and that I didn't think anyone could really know yet. She stared back at me and then burst out laughing. "Are you gonna marry a girl?" she asked, in a teasing, menacing voice.

I knew I had made a mistake. I was embarrassed, and I wanted to take back what I'd admitted. But that time, although my classmate ridiculed me about it for a while, I held fast to what I'd said. I had learned my lesson of silence, however, and I never said anything like that again. I learned to question in secret. I figured things out on my own, and I thought I could just shut up and I would be all right. I practiced denial. Yet that's never the end or the solution.

One day, in ninth grade, I was getting some books from my locker when I overheard a conversation going on a few feet away. One student was making fun of his friend's "fruity" jacket. "That is the gayest thing I have ever seen," he said. "You look like a fag." Immobilized by anger, I stood there just

wanting to disappear. I can still remember that moment with the perfect clarity that extreme emotion imparts. I was on fire with unhappiness and frustration, despite the fact that it was definitely not the first time I had heard that kind of remark.

I wanted desperately to speak up. I wanted to say that when you use those words as insults, you become hateful. This is not right, and it hurts me. But my fear prevented me. I thought that if I spoke up, others would think I must be gay to be offended. I wanted to fade away into the background, avoid teasing, and keep my secret safe. So I stayed mute, feeling useless and dead. Maybe I saved myself some grief that day. But a tiny part of me died then, leaving a black spot of shame and pain deep inside me. Every time I stayed quiet, I was killing myself from the inside out.

## MOVING ON FROM SILENCE

At school, I've still never called anyone on a homophobic comment. When you deny pieces of yourself like this, you can never be whole. Only when I began to be honest to myself about who I was, to tell my friends, and to speak up for LGBT rights, could I be truly happy. I am beginning to be happy. I decided it was time for me to move on from silence. I'm only an activist who truly draws on her own experience when I am honest. I can't speak for everyone here, and I know I don't have all the answers. But I can say with certainty that what GLBT people and students need is respect—the same respect justly accorded to every human being.

We shut up, we hide ourselves, because we fear what will happen if we don't—rejection, teasing, abuse. There is no one here who hasn't experienced alienation because they are not the same as the majority. And no difference is worth less than another is. I believe in equality of race, of gender, or class—and of sexual orientation. Most of us stand behind the first three.

Yet somehow, it has been difficult for us to fully support people who are not heterosexual. This is simply not right. We are all human beings capable of compassion and reason. We know that a gay person is a person too. I believe in equality. As a leader in the Gay-Straight Alliance, I try to enhance awareness, educate, and promote tolerance at St. Paul Academy. I have been wonderfully surprised by the positive reactions of so many students and faculty. I have faith in our ability as a community to change and grow, and we have done so much already. But we still have problems.

## TAKE COURAGE TO BE YOURSELF

The assumptions we make are part of the reasons for silence and intolerance. We live in a society where 90 percent of the population is heterosexual, and it is easy to forget about the other 10 percent. We assume heterosexuality. We prefer to think of our community as a place where the gay minority doesn't exist. Attempting to identify those who aren't straight, who aren't like everyone else, we resort to stereotyping and categorizing based on appearance and affect. But we are all individuals, gay or straight. The more we believe in stereotypes, the more we leave no room for people to be open and to defy assumptions. People don't want to step out of their comfortable position of presumed heterosexuality. They don't want to have to change their opinion of someone else if they found out that person was gay.

I have a wish for all of us. Don't take everyone's supposed straightness for granted. If you didn't know I was bisexual, who else are you making assumptions about? If everyone stopped making judgments, we would all be freer. The other problem is intolerance. Jokes, insults, attacks—where do they come from? I still don't understand how unease becomes hostility and violence. We learn as children how to manage in a society where we must share, work together, and learn from differences of opinion. Here at St. Paul Academy, that is a necessity. For the most part, it is also a reality. But the little things make a difference—calling someone a “lesbo” or a “fruit” is still hurtful. Differences can be met not with derision but with an open mind.

Think of me as just an example. There are others here who have similar stories. You just might not have heard them yet. Think before you say, “That's so gay.” Let your knowledge of the individual, not their sexual orientation, determine your respect for them. Take courage to be yourself. Defeat fear and ignorance with friendship and respect. It is the connections we share with each other that will help those who are silent. Friendship is what will make the difference between insensitivity and humanity.

You all have friends who you love. Don't underestimate the power of being a true friend, because that bond is where tolerance can really begin, whether between student and student, or student and parent, or student and teacher. If someone you cared about came out to you, could you still love them? Yes, you can, and they need you to. I say thanks to my family and all my friends, who have done just that. Unconditional acceptance is the greatest gift you can offer, and that's a message to take home with you.

## LET RESPECT WIN OUT

When I envisioned this speech, I thought about my ninth-grade self, stuck silent in that hallway. What would I tell her now?

Well, Amanda, 14 years old, here I am. It's not as bad as you thought, getting here and surviving. I've still got a story, and it's a difficult one, but it has a happy ending. Maybe one day our school will be an environment where you would have never felt alone, never felt wrong. I think it will. I know you had hope, and you had ideas, and I still do, endlessly. The Indigo Girls sang, “The bitter pill I swallow is the silence that I keep.”

It is bitter indeed, but it can be temporary. Let our school be a place where that silence can be overcome by consideration and acceptance. Let respect win out.

*This senior speech is reprinted with permission of the Gay, Lesbian, and Straight Education Network (GLSEN) which sponsors Gay-Straight Alliances in schools throughout the United States. For more information, write to GLSEN, 121 West 27th Street, Suite 804, New York, NY 10001. Visit the GLSEN Web site at [www.glsen.org](http://www.glsen.org) for more “Yearbook” speeches and stories.*

—Editor

## SIECUS WEB SITE “BEST OF NET 2001”

Dr. P. Sandor Gardos of About.com's “Sexuality Guide” has named the SIECUS Web site the “Best of the Net 2001” in the advocacy category for our site's quality, information, and design.

About.com has also linked its site to the SIECUS Web site so that its readers can find information on sexuality related issues, including comprehensive sexuality education and sexual rights.



# SOME NOTES ON MY TRANSGENDERNESS

John Arrowsmith

Atlanta, GA

*The author of this article is a 19-year-old preoperative female-to-male transsexual who has just finished his sophomore year at the University of Evansville in Indiana. He eventually wants to have both upper and lower surgery to complete the female-to-male process. This is his story as excerpted with permission from his Web site (<http://jarrow27.tripod.com>) —Editor*

**S**o what is it like to be transgender? Oh it's not so bad. It is sometimes hard to come to terms with the fact that I have been living my life as what I believe to be the wrong gender. As I start to look deep inside myself and grab hold of the male who has been screaming to get out, I see that he is who I have been all along, I just didn't know it. After surgery, I will still be the same person on the inside (if not better). I just have to match my body to my mind. It is like a caterpillar metamorphosis in a way—transforming the body to break free and fly.

This is the part where I get all deep and personal, right? Well, while I'm not gonna go into a soul-searching life story here, I will give some basic facts about my life in regard to my transition. I am doing this because I like to help others who need someone to talk to about their transition or gender issues. Cool? I have a lot to say, so I think it's best if I sort it into groups: (1) introduction, (2) school, (3) passing, (4) bathrooms, and (5) trans friends.

## INTRODUCTION

I now consider myself transgender, though I didn't always. In fact, this is a relatively new thing—as of August 1999. Once I came to realize that I felt male inside, I realized that I have always felt that way. I tried my whole life to be like a boy, pretend I was a boy, do boy things, and all that. I have been in female denial for years. I never ever liked being a girl.

I have told my parents that I want a sex change. They took it pretty well, considering the intensity of the blow (which cannot be avoided). They support me fully, my father especially, and I appreciate all they do for me. My best friend, Abby, was the first person I came out to. It was hard for her at first (we were dating at the time), but she overcame her fears and has come to love me no matter how my outside changes, because it is the inside of me that she truly loves.

A lot of my friends feel like that, and I am lucky to have them. I think this is the part where I run around in circles with my thoughts (more so than the rest of this article). A lot of my friends talk about how they don't want to be named in my bio. They're all into being in a gray area. I dunno how I really feel about me being like that. I'm what's sometimes called "old school," meaning I want to go "all the way" with my transition (hormones, upper surgery, lower surgery).

My goal is to pass completely as John. It's not that I think that if someone doesn't go all the way that they're not really transgender, so please don't think that. I say that people are unique. Each person knows him or herself best. But as for me personally, I don't like it when people look at me and can't tell if I'm a girl or a boy. I want them to know that I'm a boy. I'm sick of people avoiding pronouns, stumbling over their sentences, or even just flat out calling me "she." So does this mean that I'm confident in my inner boyness or that I'm insecure about myself being female and don't want people to find out? I dunno. As much as I think women rock the planet and are superior, I don't like being female at all. I've never liked being female, being a girl, none of that. I've always wished I was a boy. I'm proud to be trans, but if I could redo all this, I'd want to be a boy. That's just how I feel.

In a lot of ways, I want to have the stereotypical nuclear family; I want the wife and dog and 2.5 kids in a white house with black shutters. I'm not saying you can't have that if you don't fit a cookie-cutter mold. (It's so easy to offend people when talking about stuff like this.) I'm just saying that for me, personally, I want to sink back into the wallpaper in a lot of ways once I get where I feel comfortable. I'm not proud of being female, but I don't/won't deny it. I am proud to be "trans," and I'm privileged to be a part of this community. I don't think it's a contradiction that I'm proud to be trans even though I wish I were a male. Do I make sense to you?

Right now I am technically a "female boy." What that means is my sex (anatomy) is female but my gender is male. Most of this world is either male/man or female/woman, but then there are those of us who cross those lines. I think there are "feminine" aspects about my personality, but most of my concerns are anatomical. I think of myself as a male. It's what I am. I'm staying in the female dorm, but away from school I use the guy's bathroom. My friends call me "he." That's what is correct. I think when we look at people and use "sir" or "ma'am" it's not because we assume they

have a certain anatomy or not, it's because that person fits into a gender stereotype (some more than others) that is associated with those terms. It could be haircuts, clothes, mannerisms, anything. I don't think I'm a man right now, not until I go through puberty (again [sigh]...), and that'll be in my twenties. Right now I'm just a happy-go-lucky little boy in a female body.

### SCHOOL

My passing situation at school is really up in the air right now. I talked to the dean of students in February about being trans at school, and I've been promised a single apartment next year. Fine, let me shower and shave in peace. They're still debating whether or not to let me use the guy's bathrooms in the campus buildings. They understand where I'm coming from, but they don't want to break the law. So I'm still awaiting the verdict. I do sneak in the guy's room every once in a while

I wasn't always planning on being out at school, and only in January did I actually attempt to be out. I put a sign on my door in the all-girls dorm that says "YES, my name is John, YES, I am transgendered, YES, I am a 'boy,' and YES, I live here! Details available inside." I've had one or two people ask questions (with positive reactions), but most people either ignore me or just don't want to know/ask. I've heavily debated speaking about my trans issues on campus, and I'll probably do it. I want people to have the chance to know who I am and what I'm about. I'm not a monster. I'm a normal guy in so many ways. I'm here to get an education, not to scare people or threaten them. I'm tired of hiding and lying to people.

A lot of people knew me before I changed my name, and usually word gets around before anyone has to ask me about it. Surprisingly, most people don't need more than my saying, "Well, I just didn't like it." Abby told one of her teachers about my name change. The teacher's response was, "So is it 'he' now? Or still 'she?'" That blew me away! I had no idea that anyone here would be so accepting and flowing with this change. All my close friends here have adapted, not even slipping once. Some of my teachers think I'm a guy, but I've had to come out to a few. But the students? They can think what they want. I don't usually correct anyone. After all, I do live in the all-girls dorm, so it's not like it's any huge secret. I live there because that's where my friends are. I'm getting out next year. I need a living space where I can be me.

### PASSING

Passing is often a difficult thing. Even though most of my nontrans friends are lesbians, I am more comfortable around straight people because I can pass much easier with them. It is kinda nice sometimes to be around people who aren't aware that there are more than two genders. They'll see

short hair and baggy clothes and automatically think "boy." What's the worst is being around lesbians who just assume I'm some cute "babydyke." I really enjoy being around my trans friends because they accept me at face value for who I say I am, not what's under my clothes. It's good to have people who are going through the same things; everyone needs that understanding.

But back to passing. I have found a few things that help me through. Of course, wearing baggy clothes is more masculine and helps hide curves. Hooray for baggy khakis and cargo pants. I have a neoprene waist trimmer that I wear to bind my chest. It is blue, adjustable and only cost me five bucks. It naturally draws body heat, so it gets warm (and really sweaty). If I wear an undershirt under it, it's more comfortable. I'm so used to it, I don't even notice it anymore. I find that it works pretty well for me, cause I have a medium sized chest. I started shaving my face a few months ago, but it's only necessary once every week or so to get rid of that peach fuzz. My favorite thing about shaving is that it comes so naturally to me. When I first lathered up, I wasn't nervous or scared or anything. I felt like I had done it for years, like I was born to do it. It felt RIGHT. When I am home, I have a great time walking around in public with my head held high, knowing that others perceive me as a boy. I can tell that people do because they act differently toward me.

### PACKING

I have the "female-to-male prosthesis" by Joseph D'Arenzio. I love it! I have the medium-sized flaccid. It's the best stuffer I've ever found, but it costs a lot of money. The adhesive works well with briefs, but the weight of the prosthesis is too heavy for the adhesive to hold it up without the help of briefs. (It won't last a through a whole shower, though it tries.) I usually wear it between two pairs of briefs, which works very well, but I just made a jock strap pouch/loin cloth to hold it and wear over my briefs. It was an expensive buy (thanks, Dad!), but I feel more comfortable with myself when I wear it. I would recommend it for anyone who can afford it and who wants a prosthesis that looks VERY realistic and feels good, too.

### BATHROOMS

Apart from school, I have not been in a women's restroom since October 1999. (That's when I was harassed for the last time.) I have never ever been questioned about my gender in the men's room. I feel much more comfortable there. It's weird to me that I can easily use either restroom depending on the situation. Yet, at the same time, I feel like much more of an intruder in the women's room. They usually think I'm an intruder, too.

I recently made another interesting purchase. It's actually a device for women who want to pee standing up while

on camping trips. It's really just a baby liquid medicine spoon with a slit cut in the end of it. After a week at my friend's in Boston, I mastered it. Hopefully I'll soon be able to pass at a urinal (the ultimate test).

Here are a few of my hints about passing in the men's room:

- Don't make eye contact, just look at the floor. Don't look happy to be there! Go right to the stall without looking around. If you walk fast enough, it looks like you're a guy who just has to go.

My biggest bathroom victory was passing in front of at least 75 guys in the bathroom at the "311" concert. What a rush!

## TRANS FRIENDS

I have had lots of amazing experiences with my trans friends. When I'm hanging out with them, it's the only time I really feel comfortable with myself physically, mentally, and socially. My best group experience was a weekend in Boston with my posse: Matt, Kael, Josh, and Michael. I can't put into words how wonderful it was. Life is good!

## SUPPORTING TRANSGENDERED INDIVIDUALS

*For those involved with transgendered persons—whether as a therapist, teacher, family member, or friend—these general guidelines will help them provide positive support.*

### **Learn the person's vocabulary.**

Words that may have multiple meanings include "transgender," "transsexual," "gender," "sex," and "sex role." Those getting to know a transgendered person need to determine what these terms mean to that person.

### **Understand that the transgender process usually takes a circuitous path.**

Transgendered people need time to "try on"—both emotionally and physically—different aspects of themselves. It is unrealistic to assume transgendered individuals will know where a path will take them or that there is a set formula to make the path clear.

Transgendered people must decide how "out" they want to be, when they want to be "out" in a relationship, how much they want to adhere to traditional sex roles, how much physiological intervention they desire, and what they consider a successful outcome.

Because they often have been isolated and without peer-group support, many transgendered people have usually missed some of the important adolescent milestones such as dating, flirting, or just "hanging out." Even though they may be adults in terms of age, they are often much younger in other aspects of their lives. Only experience will help. As much as transgendered people may want to "hurry up" after years of discomfort, they would be wise to avoid impulsive decisions or lifelong decisions without careful consideration.

### **Help transgendered people feel good about themselves and bolster their self-esteem.**

To live the life of a transgendered person, however one decides to do it, takes fortitude, courage, and

much ego strength. Many transgendered people have had difficult childhoods during which they felt unlike others, experienced significant rejections, and felt unlovable. Undergoing a transition must be an act of self-nurturing with much compassion and patience with themselves. Although hormonal or surgical treatment may improve a person's self-esteem, the interventions alone will not solve pervasive self-esteem issues. The identity of a transgendered person cannot be the sole source of identity for that person to achieve a successful outcome.

### **Advocate for sexual minorities.**

As much as the world has become a much more tolerant place for sexual diversity, one cannot afford to ignore that there are people who are extremely hostile toward those who do not fit their notions of "normalcy." Transgendered people may want to consult an attorney regarding job rights, name changes, or health insurance issues. A letter from a mental-health professional explaining their transgendered status may provide some safety in an arrest situation. Health and mental-health professionals need to be spokespersons and advocates for respectful treatment and rights of transgendered people.

**Judith L. Barnes-Cochran, Ph.D.**

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Assistant Adjunct Professor at Loyola University and  
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Even though we trans guys are very much on the same level, we're all so different. It's cool to see where one of us stands in relation to the other. Not that any one of us is "more trans" than the other. It's just neat to see the difference. For example, Ben has a masculine mind but is somewhat comfortable with his female body (enough to not do lower surgery). I, on the other hand, have a very feminine mind, but I need the lower surgery to feel complete. It just goes to show that transitioning is a very individual thing.

## CONCLUSION

So you have some general information about where I stand with my personal trans issues. There is so much to learn. There are so many people to talk to. There are so many different directions in which to travel. The topic of "transgender" is endless. That is one of the things I like about it.

Thank you to everyone who reads this article. With each mind that is opened to transgender issues, new steps are taken toward understanding and equality.

## SIECUS WEB SITE POLL: DIFFERENT OPINIONS ABOUT PREVENTING PREGNANCY, STDs, HIV

The Third Annual SIECUS Online Survey (S.O.S.) indicates the majority (55 percent) of male respondents 35 years of age and over said that, if they had known what they know now, they would not have used contraception and condoms each time they engaged in sexual activity to prevent unplanned pregnancy, HIV, and STDs.

This compares with 63 percent of male respondents ages 18 to 34 years of age who said "yes" to the same survey question.

The survey, which was held March 1-31, on the SIECUS Web site ([www.siecus.org](http://www.siecus.org)) asked online participants 18 years of age and over to select the response that best applied to them:

- If I knew then what I know now, I would have:
- Felt more at ease with my own sexuality and/or orientation
- Used contraception and condoms each time I engaged in sexual activity to prevent unplanned pregnancy and/or sexually transmitted diseases
- Been more comfortable talking with my partner(s) about sexuality-related issues
- Asked my physician and/or other healthcare provider(s) questions about sexuality-related issues
- Talked openly and honestly with my kids about sexuality (for parents and caregivers)

Contrary to S.O.S. responses from males 35 and over for option two, 85 percent of female survey respondents 35 years of age and over said they would have used contraception and condoms each time they engaged in sexual activity.

In light of the AIDS epidemic and with the aging

"baby boomers" cited as one of the fastest growing segments of the American population to contract HIV, the survey results show a loud and clear disconnect between the sexes on matters of their sexual health.

"The SIECUS survey shows that the majority of Americans feel it is important to be open today about sexuality matters that affect their daily lives," says SIECUS President Tamara Kreinin. "It also points out that we must continue to establish an open and honest dialogue with our life partners, doctors and, most importantly, our children."

Other survey findings (total male/female/transgendered online respondents (18 years of age and over) include:

- Eighty-one percent would have felt more at ease with their own sexuality and/or sexual orientation
- Seventy-four percent would have used contraception and condoms each time they engaged in sexual activity
- Eighty-three percent would have been more comfortable talking with their partner(s)
- Sixty-six percent would have asked their physician and/or other health-care provider(s) questions about sexuality-related issues
- Seventy-seven percent (of those who said they were parents and/or caregivers) would have talked more openly and honestly with their children about sexuality

The S.O.S. polling page received 1,291 Internet visitors in March. SIECUS' Web site received a total of 193,533 visitors during the same month. The survey is not a scientific study. The results reflect only the opinions of the Internet users who chose to participate.

# ADVICE TO LATINO PARENTS OF GLBT<sup>1</sup> CHILDREN

By Nila Marrone

Board Member Parents, Families,  
and Friends of Lesbians and Gays (PFLAG)  
Hartford, CT

*PFLAG—Parents, Families, and Friends of Lesbians and Gays—was founded in 1973 and was formally established as a national organization in 1981. Since then, it has grown from a group of 20 chapters to a nationwide network of 450 chapters and affiliates.*

*PFLAG promotes the health and well-being of lesbian, gay, bisexual, and transgendered (LGBT) individuals as well as their families and friends through support, education, and advocacy. Serving more than 80,000 members and supporters, PFLAG's chapters and affiliates are located in communities across the United States.*

—Editor

When I joined PFLAG-Hartford<sup>2</sup> four years ago, I was the organization's only Latina staff member, and I immediately thought of reaching out to Latino communities. Since I knew that some Latinos might feel more comfortable having materials in Spanish, I translated such basic titles as GLSEN, CT's *Tackling Gay Issues in Schools*<sup>3</sup> and PFLAG's *Our Daughters and Our Sons*.<sup>4</sup> Since then, one of my priorities has been to find and translate other publications and resources (such as videos). My overall objective was to form a *centro de recursos*, or resource center, at the National Latina(o) Lesbian, Gay, Bisexual and Transgender Organization's (LLÉGO's) Web site ([www.llégo.org/recursos.htm](http://www.llégo.org/recursos.htm)). This is now a reality.

## PFLAG EN ESPAÑOL

After GLSEN, CT, and PFLAG published the translations, I came up with the idea of forming PFLAG en Español as a part of PFLAG-Hartford. This was accomplished with the strong support of John and Becky Glesen, PFLAG-Hartford copresidents, as well as our board members, who's subsequently invited me to join them.

PFLAG en Español members usually attend the first part of PFLAG-Hartford meetings and then separate to discuss matters of particular concern to Latinos. They speak Spanish or English, depending on which language participants are more comfortable using. Our Latino group is small and fluid. As part of PFLAG en Español, I developed, along with member Evelyn Dominguez, a program to educate the Latino communities about LGBT issues.

As a participant in PFLAG's national activities, I have learned that several other PFLAG chapters have Latino

groups or are starting to form them. For example, the PFLAG-Glendale in California has a Latino group directed by Leonor Holmstrom, and PFLAG-Chicago President Dennis Ramos has just accepted a request from the Latino community to form a group in that area.

## SPANISH SPEAKERS NETWORK

PFLAG in Washington, DC, has formed a Spanish Speakers Network to assist LGBT persons and their parents or relatives who seek support. Latinos who call PFLAG in Washington at 202/466-8240 can speak to individuals in Spanish. Individuals calling other PFLAG chapters are often referred to chapters with Latino volunteers, such as Hartford's PFLAG en Español.

## FAMILIES OF COLOR NETWORK

Through my work in PFLAG-Hartford, I also became involved in the Families of Color Network (FOCN), which had its tentative beginning during the PFLAG national conference in April 2000 and became a reality during a member retreat in January 2001.

FOCN's broad-based coalition of Asian-Pacific Islanders, Latinos, African-Americans, Arab-Americans, Native-Americans, Caucasians, and biracial individuals of varying sexualities and genders is the most diverse collective of activists, advocates, and concerned parents ever assembled.

A planning committee and task force committed to the complex task of moving this collective forward evolved out of the retreat weekend. The committee and the task force were formed to develop both a Web site and materials to assist racially diverse LGBT individuals, their parents, and friends.

FOCN works with the support and cooperation of PFLAG in Washington, DC, but has autonomy in determining its own goals, activities, and policies. Working with its committed, capable members has proved a very enriching experience in all respects. We share our strengths and learn from our challenges. We rejoice in our similarities and celebrate our differences. At a time when the color population of the United States shows a persistent, substantial growth, FOCN will play a significant role in the advocacy of equality for LGBT people.

## ANGLO AND LATINO PARENTS<sup>5</sup>

Both Anglo and Latino parents live in a society that misunderstands and is fearful of LGBT people. As a result,

most parents have developed strong homophobic and transphobic feelings and attitudes, perhaps heavily influenced by religious beliefs from the fundamentalist groups within their religions. Therefore, learning that a child is LGBT is generally unwelcome news, to say the least.

At first, both Anglo and Latino parents tend to feel guilt, think that they have failed in some way, assume that they are responsible, believe that they did not protect their children from something or someone, wonder if they could have done something more, or question whether they could now do something to change the situation.

By and large, Anglo parents (depending on geographic location) are exposed to more unbiased information and may be somewhat better prepared to accept LGBT children than Latino parents. The latter, if they are newly arrived in this country, are most likely exposed to little or no accurate information on LGBT issues. Those who have lived in the United States for a longer period of time may have heard more about sexual orientation in an unbiased context; still, they are likely to have heard less than Anglo parents.

Even those Anglo and Latino parents who are better informed on LGBT issues are sometimes fearful that their children will be subjected to discrimination and violence, that they may be lonely, that they may not be able to form families of their own, or that they may be at higher risk of contracting AIDS, and so on.

The Latino culture differs from the Anglo culture in these respects:

- **Very strong family ties are more common, and all family problems must be solved internally by its members.**

The responsibility that each Latino has to the family is boundless and forever. Family members must solve family problems and should never discuss them outside the inner family circle. If problems remain unsolved or are considered unsolvable (such as discovering that a family member is LGBT), then the family no longer discusses the matter, and buries it in silence. What parents do in regard to their LGBT children may range from telling them to leave (if, for instance, the parents are devout Pentecostals) to giving them warm support with the understanding that they will never again discuss the topic. I have known many parents who support their LGBT children but never speak of it.

Sometimes, when children insist on breaking the silence, the family withdraws its support. Such was the case with Marta,<sup>6</sup> a graduate student in her late twenties, who lived with her partner, Betty, in Marta's mother's home. Marta shared a bed with Betty and showed affection toward Betty in front of her mother. The fact that they had a lesbian relationship was never hidden. Marta decided to talk openly about her

relationship. Her mother immediately withdrew her support and forced Betty out of the house.

Perhaps the silence makes unacceptable situations nonexistent for many parents. However, when that silence is broken, some parents may feel compelled to react harshly.

I do not wish to imply that there are no Latino parents who openly support their gay children and fight for their equality. I know of parents who do everything they can to support their gay children.

- **The family name and image must be protected.**

We Latinos identify with each and all of our family members. The success of one member of our family enriches us all, and we want the whole world to know it. The frailties of one member deeply hurt the rest of us. Therefore, we tend to hide problems considered negative to the family name and image. We are clannish in our outlook on life. Our relatives and close friends are very important to us as are their opinions of us. The less known about our blemishes, the better we fare.

- **Traditions are highly valued, and change is generally not welcome.**

While in Granada, Spain, I appreciated this aspect of our culture by comparing television commercials there and in the United States. In Spain, commercials often emphasize the fact that a product was created several centuries ago (dates given) and is still made in exactly the same way today (which probably is not true). In the United States, products are generally advertised as "new and improved" (no matter how small the change in the product, if any).

Another example is shown in a conversation I had with the father of a young gay man. I was politely trying to point out that his ideas on homosexuality were outdated and inaccurate. He told me, "Even if you are correct, we Spaniards are too traditional to change, and we will never accept homosexuality." To him, Spaniards must uphold traditions, even if they are harmful. I mentioned that both slavery and the oppression of women had a long tradition in Spain and the Western world and that both these traditions had rightly been eliminated because they were harmful. This father—and, unfortunately, many other Latino parents of gay children—generally prefer to have their children live far away (in gay-friendly areas of the United States or Europe) rather than reveal to their social milieu that they have an LGBT child.

- **Respect for elders is highly prized.**

As a sign of respect, many Latino gay people who I know have chosen to live outside of their native city or country, and they never disclose their sexual orientation to their families, so that they may spare their families news that is contrary to their beliefs and which is therefore unpleasant.

- **There is no tradition for forming or joining support groups.**

Since Latino families deal with and solve most of their own problems, they have little incentive or tradition to form or join support groups. They may form civic groups to assist victims of catastrophic events, but such action has an immediate goal (gathering food or supplies for victims of an earthquake, for instance) and is short-lived. Latino people raised in the United States are more amenable to joining support groups, but those who immigrate to the United States as adults usually are not.

- **Privacy is highly prized.**

A Latino family's strong sense of privacy usually discourages members from talking about personal or family difficulties with "strangers" as is done in support groups.

- **Limited economic resources are a serious obstacle to joining civic or support groups.**

Some Latinos are highly motivated to form or join support or civic groups, but they are limited by their financial circumstances. Latinos often must work two or more jobs to survive, or study at night to improve their situation. I know parents who would like to join PFLAG, but they cannot because of their overwhelming schedules.

- **Most Latinos are Catholic.**

Most Latinos are Catholic, but a growing number are converting to fundamentalist Christian religions. It is hard to separate the impact of tradition from religious teachings in the formation of homophobia. Are Latinos more homophobic than Anglos? I do not know. One fact may indicate that they are. A recent report indicated that 70 percent of the Latino

## RIDDLE HOMOPHOBIA SCALE

In a clinical sense, homophobia is defined as an intense, irrational fear of same-gender relationships, which becomes overwhelming to the person. Below are four negative (homophobic) levels and four positive levels of attitudes toward lesbian and gay relationships and people. This scale was developed by Dr. Dorothy Riddle, a psychologist from Tucson, AZ (from *Tackling Gay Issues in School*).

### HOMOPHOBIC ATTITUDE LEVELS

#### Repulsion

Homosexuality is a "crime against nature." Lesbians and gay males are sick, crazy, immoral, sinful, wicked, and so forth. Anything is justified to change them: prison, hospitalization, negative behavior therapy, electroshock therapy, and so forth.

#### Pity

Heterosexual chauvinism. Heterosexuality is more mature and certainly to be preferred. Any possibility of "becoming straight" should be reinforced, and those who seem to be born "that way" should be pitied, "the poor dears."

#### Tolerance

Homosexuality is just a phase of adolescent development that many people go through and most people "grow out of." Thus, lesbians/gays are less mature than "straights" and should be treated with the protectiveness and indulgence one uses with a child. Lesbians/gays should not be given positions of authority because they are still working through their adolescent behavior.

#### Acceptance

Still implies there is something to accept. Characterized by such statements as "You're not a lesbian to me, you're a

person!" or "What you do in bed is your own business," or "That's fine with me as long as you don't flaunt it!"

### POSITIVE ATTITUDE LEVELS

#### Support

The basic American Civil Liberties Union (ACLU) position. Work to safeguard the rights of lesbians and gays. People at this level may be uncomfortable themselves, but they are aware of the homophobic climate and the irrational unfairness.

#### Admiration

Acknowledges that being lesbian/gay in our society takes strength. People at this level are willing to truly examine their homophobic attitudes, values, and behaviors.

#### Appreciation

Value the diversity of people and see lesbians/gays as a valid part of that diversity. These people are willing to combat homophobia in themselves and others.

#### Nurturance

Assumes that lesbian and gay people are indispensable in our society. They view lesbians/gays with genuine affection and delight, and are willing to be allies and advocates.

community (which was bombarded by anti-gay propaganda from the Mormon, Catholic, and Christian Fundamentalist churches) voted in favor of the anti-gay proposition 122 in California.<sup>7</sup> In my experience, Latino people who I encounter in this country tend to be more open to homosexuality than their counterparts in Hispanic countries.

### ADVICE TO LATINO PARENTS

I would like to give this advice to Latino parents of LGBT youth:

- **Do not let prejudices interfere with your being the wonderful parents you are.**

Your LGBT children need you. Love them, support them, and fight to achieve equality and justice for them. When your children suffer discrimination because they are LGBT, you must fight to protect your child. You would do the same if they suffered discrimination because of their race or ethnicity.

As an advisor of a gay-straight alliance in a local high school, I have seen schoolmates harass and threaten LGBTQ Latino children. I know these students find it difficult to suffer such harassment even when their parents support them. Imagine how lonely and hopeless children feel when they sense abandonment by their parents.

I want to tell you about Juan, who was the victim of anti-gay harassment at school. He was able to tell his parents what was happening in the school because they knew he was gay and supported him. Juan's parents came to school to speak to the principal on behalf of their son. The principal then took steps to remedy the situation.

Pedro is also harassed, but his parents are very homophobic, and he is afraid to tell them about the indignities he suffers in school. He may drop out. He fears that if he speaks openly to his parents to seek their help, they will stop loving him and perhaps force him out of the house. Both Juan and Pedro are 15 years old.

- **Do not lose your children because you fear dealing with a subject that you have been taught to avoid.**

It will take time for you to muster the courage to face the subject of sexual orientation, but you will easily—yes, easily—overcome your fear of shame or rejection because of the love you have for your sons and daughters. Many will admire you for standing up and fighting for your children's survival and happiness. There are many parents whose LGBT children are compelled to move far away to live their lives. Do not lose your children; they are your most valuable asset, and you must preserve their place within your family, not make them outcasts.

- **Do not use silence to try to erase the sexuality of your child.**

It will not work. Rather, build on the relationship and the love you have for your child with direct and honest discussion. Do not be afraid of the words "gay," "lesbian," "bisexual," "transgender," or "questioning." Say the words as often as you can, and you will soon realize that it will become easier every time you say them. Eventually, the words will not be an obstacle to your love

- **Seek help from a support group.**

This is a wonderful part of the Anglo culture that we Latinos would benefit by emulating. You will find that people who have LGBT children will understand you and help you through the hardest times. Include other members of your family in the support group because this is truly a family matter. There is strength in numbers. When you educate friends and neighbors, you become an advocate for your children's right to equality.

- **Seek information that will dispel your doubts and fears about homosexuality.**

You are not responsible for the sexual orientation of your children. There is overwhelming evidence that the sexual orientation of LGBT children is normal. They will remain healthy if we support them and recognize that they are not "damaged goods" but, rather, victims of prejudice. When you begin to learn that LGBT individuals have made enormous contributions to society from the beginning of recorded history, you will feel proud that your LGBT children are in the company of the likes of Plato, Leonardo da Vinci, Michelangelo, William Shakespeare, Peter Iliich Tchaikovsky, Leo Tolstoy, Walt Whitman, Oscar Wilde, Federico García Lorca, Luis Cernuda, Vicente Alexandre, and Gabriela Mistral. These are just a few names in a very long list.

### CONCLUSION

Let us recognize homophobia for what it is: a prejudice as ugly and harmful as any other. The Riddle Homophobia Scale on page 34 will help you find your current degree of prejudice. Completing it will require time and effort on your part, but you can do it. I wish you a wonderful and liberating journey toward reaching the last number of the scale. When you do, you will join the many thousands of parents who celebrate their LGBT children!

### REFERENCES

1. In this article, the term "gay" refers to gay men, but it can also refer to all sexual minorities, including lesbians, bisexuals, and transgendered individuals.



2. At that time, I also joined the Gay, Lesbian, and Straight Education Network (GLSEN) in Connecticut and Children from the Shadows. A year later I joined the National Latino(a) Lesbian, Gay, Bisexual and Transgender Organization (LLÉGO).

3. The title in Spanish is *Abordando la Temática Gay en la Escuela*. Both the English and Spanish versions are available from GLSEN-Connecticut, 179A Louisiana Avenue, Bridgeport, CT 06610; phone: 203/332-1480; e-mail: [GLSENCT@aol.com](mailto:GLSENCT@aol.com)

4. The title in Spanish is *Nuestras Hijas y Nuestros Hijos*, both the English and Spanish versions are available from: [www.pflag.org](http://www.pflag.org)

5. The views I express reflect: (1) my experience as a person raised in Bolivia, but who has lived for many years in this country; (2) my

contact with many gay young people and their families in Spain; (3) my advocacy work as director of PFLAG en Español; (4) my work as a member of the Families of Color Network; (5) my contact with many members of the National Latino(a) Lesbian, Gay, Bisexual and Transgender Organization (LLÉGO); and (6) my work as a volunteer advisor to the gay-straight alliance in Manchester High School, a racially and ethnically integrated school.

6. I have changed all names of people I mention to protect their privacy.

7. After civil union became law in Vermont, Proposition 122 in California was written to prevent California from recognizing unions of same-sex couples that had taken place in other states or countries.

## SIECUS RADIO SERIES ON "TALKING TO KIDS" AIRS IN FOUR METROPOLITAN AREAS

SIECUS's 65 one-minute radio spots titled "Take a Minute to Talk about Sexuality with Your Kids" aired this spring in four metropolitan areas: August, ME (WMME-FM); Columbus, OH (WBZX-FM) and WEGE-FM); Minneapolis, MN (KEEY-FM and WLTE-FM); and Sacramento, CA (KSEG-FM and KSSJ-FM).

The series offers parents expert advice on how to take advantage of "teachable moments" and give them

the communication tools to have open and honest talks with their children. Tips include how to initiate a conversation with their children, create an open environment, listen to their children, use everyday opportunities to talk, and, most importantly, to be an "askable parent."

For more information, contact Lisa Hanock-Jasie, SIECUS director of public relations at 212/819-9770, extension 325, or E-mail her at [ljasie@siecus.org](mailto:ljasie@siecus.org)

LESBIAN, GAY, BISEXUAL,  
AND TRANSGENDERED YOUTH ISSUES

**D**uring adolescence, young people form their sexual identity. This SIECUS Fact Sheet reviews research on sexual orientation during adolescence and presents the available statistics on lesbian, gay, bisexual, and transgendered (LGBT) students. Many of the studies are regional or local. Much of the research focuses on samples of LGBT youth who are disproportionately at risk.

**SELF-CONCEPT AND IDENTITY**

- Sexual self-concept is an individual’s evaluation of his or her sexual feelings and actions<sup>1</sup>
- Developing a sexual self-concept is a key developmental task of adolescence<sup>2</sup>
- During adolescence, young people tend to experience their first adult erotic feelings, experiment with sexual behaviors, and develop a strong sense of their own gender identity and sexual orientation<sup>3</sup>
- Gender identification includes understanding that a person is male or female as well as understanding the roles, values, duties, and responsibilities of being a man or a woman<sup>4</sup>

**DURING ADOLESCENCE**

These statistics are from a report written by the Safe Schools Coalition of Washington State which describes several other studies:<sup>5</sup>

- In Seattle, of 8,406 respondents in the ninth to twelfth grades, 4.5 percent of respondents described themselves as gay, lesbian, and bisexual (GLB). Ninety-one percent described themselves as heterosexual. Another four percent indicated that they were “not sure” of their orientation.
- In Massachusetts, of 3,982 respondents in the ninth to twelfth grades, two percent of the students described themselves as GLB and three percent reported that they had had same-gender sexual experience.
- In Vermont, of 8,636 respondents in the ninth to twelfth grades, 5.3 percent of young men and 3.4 percent of young women reported having engaged in same-gender “sexual activity.”
- In Minnesota, of 36,254 respondents in the seventh to twelfth grades, 1.1 percent of students described themselves as “bisexual,” “mostly homosexual,” or “100 percent homosexual.” Same-gender sexual attraction and anticipated future same-gender sexual experience was

reported by 5.1 percent, and same-gender sexual fantasy was reported by 2.8 percent of respondents.

- Uncertainty about sexual orientation declined with age, from 25.9 percent of 12-year-old students to five percent of 17-year-old students.<sup>6</sup>
- In San Francisco, of 1,914 respondents in the ninth to twelfth grades, 0.2 percent of respondents reported same-gender sexual intercourse.
- Of 13,454 Native-American youth in the seventh to twelfth grades at reservation schools throughout the nation, 1.6 percent of students described themselves as “bisexual,” “mostly homosexual,” or “100 percent homosexual.” Same-gender sexual experience was reported by 1.3 percent of respondents. Same-gender attraction and anticipated future same-gender sexual experience was reported by 4.4 percent and same-gender sexual fantasy by 4.4 percent of respondents.

A national survey of 1,752 college students found that:<sup>7</sup>

- Forty-eight percent of self-identified gay and bisexual college students became aware of their sexual preference in high school, while 26 percent found their true sexuality in college.
- Twenty percent of self-identified gay and bisexual men knew that they were gay or bisexual in junior high school, and 17 percent said they knew in grade school.
- Six percent of self-identified gay or bisexual women knew that they were gay or bisexual in junior high school, and 11 percent knew in grade school.

**SEXUAL BEHAVIORS**

A study of 394 self-identified bisexual and homosexual adolescents in the seventh to twelfth grades who participated in the *1986-87 Minnesota Adolescent Health Survey* found that:<sup>8</sup>

- 35.8 percent of younger girls (“younger” was defined as 14 years of age or younger) and 14.3 percent of younger boys reported having had any kind of sexual experience with a male.
- 45.2 percent of younger boys compared to 8.2 percent of younger girls reported sexual experience with a female.
- The majority of younger girls reported fantasizing about males, and the majority of younger boys reported fantasizing about females. However, 27.1 percent of

younger girls compared to 18.6 percent of younger boys reported fantasizing about both genders.

- 74.1 percent of older boys (“older” was defined as 15 years of age or older) and 26.9 percent of older girls reported sexual experience with a female.
- For older adolescents, half of the boys and girls reported fantasizing exclusively about the opposite gender, while 41.6 percent of older girls and 36.4 percent of older boys reported fantasizing about both genders.

A study of 3,816 public school students 12 to 19 years of age who participated in the *1987 Minnesota Adolescent Health Survey* found that:<sup>9</sup>

- Bisexual/lesbian respondents (33 percent) were as likely as their heterosexual peers (29 percent) to have ever had penile-vaginal intercourse, while those unsure of their sexual orientation (22 percent) were less likely to have engaged in penile-vaginal intercourse
- Of the respondents who had ever had penile-vaginal intercourse, 62 percent of bisexual/lesbian young women said they had first done so before the of age 14, as compared with 45 percent of heterosexual respondents and 46 percent of those unsure of their sexual orientation. However, this difference was no longer statistically significant when controlled for self-reported history of sexual abuse.
- Among sexually experienced respondents, bisexual/lesbian women were significantly more likely to engage daily or several times a week in penile-vaginal intercourse (22 percent) than their heterosexual peers (15 percent) or those unsure of their sexual orientation (17 percent).

A study of ninth to twelfth grade public high school students in the *1995 Massachusetts Youth Risk Behavior Surveillance* found:<sup>10</sup>

- Gay, lesbian, and bisexual orientation was associated with having had sexual intercourse before 13 years of age.
- Gay, lesbian, and bisexual orientation was associated with having sexual intercourse with four or more partners both in a lifetime and in the past three months.
- Gay, lesbian, and bisexual orientation was associated with having experienced sexual contact against one’s will.

### CONTRACEPTIVE USE

A study of 3,816 public school students 12 to 19 years of age who participated in the *1987 Minnesota Adolescent Health Survey* found that:<sup>11</sup>

- Among sexually experienced respondents, 44 percent of those unsure of their sexual orientation reported no use of contraception as compared with 30 percent of bisexual/lesbian respondents and 23 percent of heterosexual respondents.

- Of the respondents who used any contraceptive method, 12 percent of bisexual/lesbian respondents, 15 percent of heterosexual respondents, and nine percent of those unsure of their sexual orientation used unreliable methods (such as withdrawal or rhythm).

### HIV RISK

- A study of 2,621 gay and bisexual men 15 to 25 years of age in 10 U.S. cities found that more than one fifth (22 percent) of young gay or bisexual men had never tested for HIV and over half had not tested in the six months prior to the study. This study also found that these men were more likely to test if they knew of a place where they felt “comfortable” and if they had exposure to information from a variety of prevention sources such as flyers or workshops.<sup>12</sup>
- A study of 3,492 gay and bisexual men, 15 to 22 years of age in seven U.S. cities found that one in six young men who had sexual intercourse with men had recently had sexual intercourse with women. In addition, nearly one fourth of these men reported recently having had unprotected sexual intercourse with both men and women. The study confirms that young bisexual men are a “bridge” for HIV transmission to women, particularly since 6.6 percent of the bisexual men in the study were HIV positive.<sup>13</sup>

### PREGNANCY

A study of 3,816 public school students 12 to 19 years of age who participated in the *1987 Minnesota Adolescent Health Survey* found that:<sup>14</sup>

- Bisexual/lesbian respondents reported approximately twice as great a prevalence of pregnancy (12 percent) as either unsure or heterosexual young women (five to six percent).
- Among respondents who had been pregnant, 24 percent of bisexual/lesbian respondents reported multiple pregnancies as opposed to 10 percent of heterosexual respondents and 15 percent of those unsure about their sexual orientation.

### HARASSMENT AND SAFETY

A national survey of 496 LGBTQ students under 19 years of age who were affiliated with local youth service organizations found that:<sup>15</sup>

- Two out of five youth (41.7 percent) did not feel safe in their schools because they are LGBTQ.
- 86.7 percent of LGBTQ youth who felt safe in their schools still reported sometimes or frequently hearing homophobic remarks.
- Despite reporting feeling safe, 46 percent of LGBTQ youth



reported verbal harassment, 36.4 percent reported sexual harassment, 12.1 percent reported physical harassment, and 6.1 percent reported physical assault in their schools.

- 91.4 percent of LGBTQ youth reported that they sometimes or frequently hear homophobic remarks in their schools (words such as “faggot,” “dyke,” or “queer”).
- 99.4 percent of LGBTQ youth reported hearing homophobic remarks from other students (n=481)
- Over one third (36.6 percent) of LGBTQ youth reported hearing homophobic remarks from faculty or school staff.
- Over one-third (39.2 percent, n=184) of LGBTQ youth reported that no one ever intervened when homophobic remarks were heard. Almost half (46.5 percent) reported that someone intervened only some of the time. Other students were more often reported to intervene (82.4 percent) than were faculty (66.5 percent).
- 38.2 percent of youth did not feel comfortable speaking to school staff about LGBTQ issues.
- 47.7 percent of youth from the Midwest, 41.7 percent of youth from the Northeast, 31.6 percent of youth from the South, and 29.4 percent of youth from the West reported being uncomfortable talking to any school staff member about LGBTQ.
- 69 percent of LGBTQ youth reported experiencing some form of harassment or violence.
- 61.1 percent of LGBTQ youth reported experiences of verbal harassment, with 45.9 percent having experienced it daily 46.5 percent reported experiences of sexual harassment; 27.6 percent reported experiences of physical harassment; and 13.7 percent reported experiences of physical assault
- 73.7 percent of transgender youth reported hearing homophobic remarks “sometimes” or “frequently”
- 94 percent of white youth, 85.7 percent of African-American/black youth, 80.6 percent of Latino(a) youth, and 93.8 percent of Asian-Pacific Islander youth reported hearing homophobic remarks “sometimes” or “frequently.”
- 98.3 percent of youth from the Midwest, 92.3 percent of youth from the South, 89.4 percent of youth from the West, and 86.4 percent of youth from the Northeast reported hearing homophobic remarks “sometimes” or “frequently”
- 40 percent of Latino(a) youth, 29.6 percent of White youth, 18.8 percent of Asian-Pacific Islander youth, and 13.4 percent of African-American/black youth reported being physically harassed at school because of their sexual orientation or gender identity.
- 40.4 percent of youth from the Midwest, 30.2 percent of youth from the West, 21.8 percent of youth from the

Northeast, and 17.1 percent of youth from the South reported being physically harassed at school because of their sexual orientation and gender identity

A study of ninth- to twelfth-grade public high school students in the *1995 Massachusetts Youth Risk Behavior Surveillance* found that:<sup>16</sup>

- Gay, lesbian, and bisexual youth were more than four times as likely to report being threatened with a weapon on school property.
- Gay, lesbian, and bisexual youth were almost five times as likely to report failing to attend school because of their fears about safety.
- Gay, lesbian, and bisexual youth were more likely to carry a weapon in the 30 days prior to the survey.
- Gay, lesbian, and bisexual youth were more likely to have engaged in a physical fight in the 12 months prior to the survey.

A study of 3,816 public school students 12 to 19 years of age who participated in the *1987 Minnesota Adolescent Health Survey* found:<sup>17</sup>

- Bisexual/lesbian respondents were more likely to report physical abuse (19 percent) than heterosexual adolescents (12 percent) and those unsure of their sexual orientation (11 percent).
- Twenty-two percent of bisexual/lesbian respondents reported a past history of sexual abuse versus 15 percent of heterosexual respondents and 13 percent of those unsure of their sexual orientation.

A study in the New York juvenile justice system estimates that anywhere from four to 10 percent of the juvenile delinquent population identify as LGBTQ.<sup>18</sup>

## SEXUAL ABUSE

A study of 394 self-identified bisexual and homosexual adolescents in the seventh to twelfth grades who participated in the *1986–87 Minnesota Adolescent Health Survey* found that:<sup>19</sup>

- The proportion of younger respondents (defined as 14 years of age or younger) with a history of sexual abuse was almost four times greater among girls (14.9 percent) than boys (4.1 percent).
- None of the younger boys and 42.1 percent of the younger girls who reported a history of sexual abuse discussed the abuse with someone.
- 30.7 percent of older girls (defined as 15 years of age or older) compared to 16.7 percent of older boys reported a history of sexual abuse.
- 54.5 percent of older boys and 45.8 percent of older girls who reported a history of sexual abuse had never discussed the abuse with anyone.

## SUICIDE

A study of ninth- to twelfth-grade public high school students in the *1995 Massachusetts Youth Risk Behavior Surveillance* found that:<sup>20</sup>

- Gay, lesbian, and bisexual youth were more than three times as likely to have attempted suicide in the past 12 months. A Massachusetts Department of Public Health study found that:<sup>21</sup>
- Of 4,000 Massachusetts high school students, approximately 40 percent of gay and bisexual students had attempted suicide compared with approximately 10 percent of their heterosexual peers.

## SUBSTANCE ABUSE

A study of public high school students in the ninth to twelfth grades in the *1995 Massachusetts Youth Risk Behavior Surveillance* found that:<sup>22</sup>

- Gay, lesbian, and bisexual orientation was associated with an increased lifetime frequency of use of cocaine, crack, anabolic steroids, inhalants, “illegal,” and injectable drugs.
- Gay, lesbian, and bisexual youth were more likely to report having used tobacco, marijuana, and cocaine before 13 years of age.

## SCHOOL PERSONNEL

- In a random sample of high school health teachers, one in five surveyed said that students in their classes often used abusive language when describing homosexuals.<sup>23</sup>
- A national study of secondary school counselors’ perceptions of adolescent homosexuals found that 25 percent perceived that teachers exhibited significant prejudice toward homosexual students and that 41 percent believed that schools were not doing enough to help gay and lesbian students adjust to their school environments.<sup>24</sup>
- In a random sample of high school health teachers, one third perceived the schools were not doing enough to help homosexual adolescents.<sup>25</sup>
- In a study of gay and lesbian adolescents 14 to 21 years of age, 23 percent of females and 25 percent of males reported that they were able to talk with their school counselors about their sexual orientation.<sup>26</sup>

## SUPPORT FOR LGBT YOUTH

A 1988 national survey of heterosexual male youths 15 to 19 years of age found that only 12 percent felt that they could have a gay person as a friend.<sup>27</sup> In a 14-city survey, nearly three-fourths of lesbian and gay youth first disclosed their sexual identity to friends; forty-six percent lost a friend after coming out to her or him.<sup>28</sup> In a study of gay and lesbian adolescents 14 to 21 years of age, fewer than one in five of the surveyed gay and lesbian adolescent students

could identify someone who was very supportive of them.<sup>29</sup>

## STUDENT ATTITUDES

A national survey of 2,804 American high school students 16 to 18 years of age with an “A” or “B” grade average found that:<sup>30</sup>

- Nearly 40 percent say that they are prejudiced against homosexuals.
- Nearly four out of five (78 percent) feel homosexuals should be permitted to enlist in the military.
- Three out of four (74 percent) feel gays should be allowed to teach school.
- More than three out of five high-achieving teens (62 percent) believe it is okay to have a gay Girl or Boy Scout Leader.
- Two out of three (68 percent) believe gays should be able to coach youth sports.
- More than half believe gay males and lesbians should be allowed to marry (54 percent) and to join the clergy (54 percent).

## PARENTAL SUPPORT

A national survey of 1,000 American parents found that:<sup>31</sup>

- Seventy-six percent of parents nationwide would be comfortable talking to their children about issues related to homosexuality or gay and lesbian people.
- Sixty-seven percent of parents nationwide favor teaching children that gay people are just like other people.
- Sixty-two percent of parents nationwide would be comfortable talking to their children’s teachers about issues related to homosexuality or gay and lesbian people.
- Sixty-one percent of parents nationwide said that homosexuality is “something I would discuss with my children if they asked me questions, but not something I would raise with them on my own.”
- Fifty-six percent of parents nationwide favor allowing groups or clubs on school campuses to promote tolerance and prevent discrimination against gay and lesbian students.
- Fifty-five percent of parents nationwide would be comfortable if their children’s teachers were gay or lesbian.
- Fifty-five percent of parents nationwide favor allowing openly gay teachers to teach in middle schools and high schools.
- Fifty-four percent of parents nationwide would be comfortable if their children’s friends were gay or lesbian
- When asked, “What is the youngest age you feel you might need to talk to your children about homosexuality?,” the following responses were given:

Under five years of age—two percent

- Five to six years of age—eight percent
- Seven to eight years of age—eight percent
- Eight to nine years of age—11 percent
- Nine to 10 years of age—21 percent
- 11 to 12 years of age—20 percent
- 13 to 14 years of age—14 percent
- 15 to 16 years of age—four percent
- 17 to 18 years of age—one percent
- Over 18 years of age—two percent
- Do not know—10 percent

## TEACHING ABOUT HOMOSEXUALITY

- Forty-six percent of a random sample of high school health teachers formally taught about homosexuality. Among those teachers, 48 percent spent less than one class period teaching about homosexuality.<sup>32</sup>
- Thirty-seven percent of high school health teachers reported that they would feel very comfortable teaching about homosexuality, while 20 percent believed that they also would be very competent at teaching the topic.<sup>33</sup>
- Sixty-six percent of high school health teachers identified mass media as the most commonly used source of information regarding homosexuality.<sup>34</sup>
- In a self-reported study, sixty-two percent of health and education professionals stated that they needed to update their knowledge or skills to discuss or teach homosexuality and bisexuality.<sup>35</sup>
- In one study of gay and lesbian adolescents 14 to 21 years of age, half of the students said that homosexuality had been discussed in their classes. Of those, 50 percent of females and 37 percent of males said it was handled negatively.<sup>36</sup>

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## WHAT IF SOMEONE I KNOW IS LESBIAN OR GAY?

When it comes to the subject of lesbian and gay people and gay issues, there are a lot of questions that never get asked and a lot of answers that never get offered. I think we would all be a lot better off if kids could feel okay about asking questions and had someplace where they could find the common-sense answers they are looking for. That is why I have written *What If Someone I Know Is Gay?*

Some of the following questions about gay men, lesbians, and school come directly from kids who have written to me or E-mailed me after reading one of my books, or who responded to my e-mail request for question suggestions. And some were contributed by friends, family, and colleagues after I told them I had been asked to write about gay issues that affect young people.

**What is taught at school about gay people?** Very little, if anything, is taught at most grammar, middle, and high schools about lesbian and gay people, gay history, or gay issues. But there are exceptions. Some schools invite special guests to speak about lesbian and gay issues. Some have shown educational documentaries, including *It's Elementary: Talking about Gay Issues in School* and *Out of the Past*. Some have public bulletin boards where news stories about gay issues are posted. Some school libraries have books about the subject, and some individual teachers have included gay and lesbian issues in their regular lessons, usually in the context of English, health, or social studies classes.

**How do kids react to the subject when it comes up in class?** Depending upon the school, the class, the age of the students, and the attitude of the teachers, students may be curious and eager to talk in ways that are quietly respectful, embarrassed, confused, or even hostile.

Mae knew she would be drawing attention to herself when she gave a “persuasive speech” in her twelfth-grade English class on the subject of gay people. After ninth grade, when her ex-girlfriend had spread rumors about her being gay, Mae started at a new high school. Within a few months after arriving, she began telling people that she was gay. By the twelfth grade, everybody knew.

When it came time to decide on a topic for her persuasive speech, Mae knew she wanted to do something different from what her classmates were doing. “Most people were doing it on abortion or about lowering the drinking age. I wanted to tell everybody what it was like to be gay and why same-sex marriage should be legalized.” Still, she was nervous. “Up to this time, nobody had ever said anything to my face that was neg-

ative, but I was afraid of the snickering and the whispering. I didn't know how people would react.”

“I started by asking how they would like to live in a world where you couldn't marry the man or woman you loved, you couldn't tell your parents about a crush. Then I said that that's how it was for me, for gay people. Everybody was paying attention and it was all eyes on me, including my teacher. She'd been looking down at her papers. Then when I said the word 'gay,' she looked up at me and looked at me dead on. I don't think she expected something quite that different. When I finished, it was kind of silent at first. Most people were shocked that I had the nerve to talk about this. After class a lot of them told me what a good job I'd done.

**Why do some people object to teaching students about gay people?** Some parents object to talking about sexuality in any form in schools. Other parents believe that by talking about homosexuality, you will encourage students to become gay. Of course, you cannot make anyone gay. However, by teaching kids the truth instead of the old negative myths, you can make them better informed, more understanding, and more comfortable with their own sexuality.

Another reason why some parents object to teaching children about this subject is that they have strong negative beliefs about homosexuality and gay people. They want to pass these beliefs on to their children and do not want their children to hear any other points of view on the subject, especially at school.

**If I am being teased and called names because I am gay or because someone thinks I am gay, is there anyone at school I can talk to?** With any luck, there is a school nurse, counselor, a teacher, or an administrator with whom you can talk. At some schools, there are administrators, counselors, and/or teachers who put a “Safe Zone” sticker outside their office or classroom, so lesbian and gay students, or those who have questions about gay issues, will know they are welcome.

—Eric Roberts  
New York, NY

*This article was excerpted with permission from the new book What If Someone I Know Is Gay? Answers to Questions about Gay and Lesbian People —Editor*



## LEGISLATING SEXUAL ORIENTATION IN THE STATES

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*SIECUS recently implemented a new proactive State Legislative Project to track state legislation, educate state and local policymakers, and provide support for advocates of comprehensive sexuality education on the ground level.*

*To introduce these efforts, the SIECUS Report will publish a series of articles to discuss state-level legislative activities in an effort to underscore the need for renewed efforts to support responsible and accurate sexuality education. This article is the first in that series.*

—Editor

Controversy is brewing around a study recently conducted by Dr. Robert Spitzer of Columbia University, who claims that his findings suggest that some lesbian, gay, and bisexual individuals can arrive at what he calls “good heterosexual functioning” or “turn straight.”<sup>1</sup>

The American Psychiatric Association has condemned such so-called “reparative therapy” and maintains that there is no scientific evidence, the above study included, to support such therapy as a means of changing sexual orientation.<sup>2</sup>

Yet many groups that oppose lesbian, gay, bisexual and transgender (LGBT) rights hail these findings as evidence that individuals can, and should, change their sexual orientation. Conversely, others note that the researchers failed to define “good functioning” in terms of psychiatric health and happiness. Supporters of LGBT rights also argue that the phone-interview study was heavily skewed through the use of a “tainted sample” of religious conservatives who had participated in reparative therapy and other individuals whose therapists had a strong anti-gay bias.<sup>3</sup>

Such heated controversy clearly illustrates the tenor of the continuous struggle for LGBT rights throughout the United States. Many opponents, as well as advocates, continue to hold firm ground in their respective locales. Yet, a step backward in one area is often predicated by a step forward in another. Indeed, the year 2001 has proved one of the most eventful periods for state legislative activity in the history of the LGBT movement.

## ANTI-LGBT AGENDAS

Unfortunately, some of this increased activity is the result of actions by state legislators to advance an anti-LGBT agenda.

For example, **California** Assembly Bill (AB) 1326 is

designed to prohibit “the promotion of homosexuality in public education.” Many supporters of LGBT rights argue that such legislation will prevent LGBT youth from securing a safe space in their schools and from using this space to discuss their sexual identity.

Even though a recent California Department of Education report indicates that lesbian and gay youth are more likely to drop out of school, face victimization through school violence, and commit suicide, supporters of the bill, such as Erik Hartstrom of the Campaign for California Families, appear unimpressed. He argues that the bill will “roll back the radical, intolerant homosexual agenda.” AB 1326 is currently under consideration by the State Assembly Education Committee.<sup>4</sup>

In **Washington State**, a state bill (SB) 5528 aimed at curtailing bullying, harassment, and intimidation in schools was recently stalled in the state legislature. Even though the Senate version of the bill passed with support from all 25 Democrats and 11 of 24 Republicans, it never reached the House Education Committee for a vote. Republican Representative Gigi Talcott, who is co-chair of the committee, blocked consideration of the bill because she said she does not approve of mandates that waste valuable school time.<sup>5</sup>

Finally, bills in the **Louisiana**, **Massachusetts**, and **Ohio** state legislatures (SB 232, HB 3375, and HB 0234, respectively) are designed to prohibit same-gender marriage or the legal recognition of same-gender relationships such as civil unions or domestic partnerships. Both Louisiana’s and Ohio’s bills are awaiting committee review. The Massachusetts bill was scheduled for a hearing in mid-May.

## ANTI-DISCRIMINATION ISSUES

Alternatively, several state legislatures have succeeded in furthering LGBT rights by working to pass anti-discrimination civil rights laws.

On May 16, for example, Maryland Governor Parris Glendening (D) signed House Bill (HB) 307, a civil rights measure that bans discrimination based on sexual orientation, making Maryland the twelfth state to pass such legislation. The bill was among over 200 measures Glendening signed into law at a ceremony. The governor told those gathered that the new laws “may be the most meaningful of this administration.” He added, “They go to the very heart of values that



are so important to us—the values of fairness, of justice, and inclusion.”<sup>6</sup>

The **Illinois** House of Representatives voted on March 27 to approve a similar civil rights bill (HB 101) to prohibit discrimination on the basis of sexual orientation in employment, housing, public accommodations, and credit. The bill, which would amend the Human Rights Act (which bans discrimination based on race, religion, and gender), now goes to the Senate.

The **New York** Senate is also in the process of amending the state insurance law to prohibit discrimination based on sexual orientation by any individual or entity involved in underwriting or rating insurance policies. This bill (SB 719) is currently under discussion in committee.

The **Rhode Island** House of Representatives voted in early May to expand the state’s civil rights law to prohibit schools, banks, employers, and other nonreligious institutions from discriminating on the basis of gender identity or expression. The measure now goes to the Senate. If the bill (HB 5920) becomes law, Rhode Island will join two other states, **Connecticut** and **Minnesota**, in banning discrimination against transgendered people.

#### OTHER PRO LGBT MEASURES

Other legislation that protects LGBT rights includes measures that address hates crimes, privacy, and same-gender partner benefits.

The **Alabama** House passed a new hate crimes law (HB 423) in April that is now being considered by the Senate Judiciary Committee. Under existing law, additional penalties are imposed for offenses motivated by a victim’s race, color, religion, national origin, ethnicity, or physical or mental disability. The new law will add sexual orientation to that list.

In **Hawaii**, Governor Benjamin Cayetano (D) has until early July to sign the state’s first hate crimes bill (SB 951), which includes language about sexual orientation. Both the state House and Senate have passed the bill. If the bill becomes law as expected, Hawaii will become the twenty-sixth state to include sexual orientation in a hate crimes law.

**Arizona** has passed a bill (HB 2016) that repeals the state’s antiquated sodomy, cohabitation, and nonprocreational sex laws drafted between 1901 and 1917. The bill was signed into law by Governor Jane Dee (R) on May 8.

**California’s** Democratic Party has passed a resolution “affirming the right of lesbian, gay, bisexual, and transgen-

dered people to enter into civil unions which are recognized under the law as conveying all the benefits and responsibilities of marriage.” Many believe this action will make it easier for the state to pass two bills: one to provide domestic partners with basic economic protections (AB 25) and the other to legalize civil unions (AB 1338).

Finally, the **Minnesota** Senate cleared the way in early May for Governor Ventura (Minnesota Independence Party) to extend health benefits to the same-gender partners of state employees. The Senate action was a reversal of its earlier vote to restrict benefits to spouses, children, and grandchildren of state employees. Employees not covered by a union, however, would still be ineligible for domestic partner coverage. The bill is expected to pass the House. State Senator Myron Orfield (D-MN) referred to the Senate’s action as an “extraordinary...[and]...unprecedented step.”<sup>7</sup>

#### CONCLUSION

Fortunately, such extraordinary and unprecedented steps are currently in the majority. Since the start of the year 2001, favorable LGBT measures have far outweighed harmful ones. The challenge is to continue legislating the unprecedented and translating the extraordinary into the ordinary.

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