

Letter Child Study Center

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Editors' Comment

All children experiment with sexuality as part of growing up, and by adolescence they face the challenge of establishing a sexual identity. The need for honest information, understanding and education on this topic is underscored by reports of isolation, physical and verbal abuse and rejection suffered by homosexual individuals. One example, in 2002, responding to reports of hostile school environments, the National Education (NEA) Task Force on Sexual Orientation conducted an in-depth examination of the needs of, and problems confronting gay, lesbian, bisexual and transgendered students and education employees. The report emphasized the need to maintain a "safe and hospitable environment" in which "physical, mental and emotional well-being is not threatened."

The NEA report is published in a time and in a climate which encourage tolerance for many types of diversity. In this issue of the NYU Child Study Center Letter, we attempt to provide clarification about the developmental and social issues that confront GLB youth. We discuss myths and misconceptions, the specific developmental challenges for GLB youth in establishing their own identity, as well as risk factors affecting their health, social and emotional adjustment. Also discussed are the ways in which parents, teachers and other adults may be supportive and specific resources are listed.

AG/HSK

Gay, Lesbian, and Bisexual Youth: Facing Challenges, Building Resilience

Introduction

Gay, lesbian, and bisexual (GLB) adolescents face the same developmental tasks as their heterosexual peers. They also face additional challenges that may negatively affect their development, such as the need to develop an identity with few role models, that are different from their peers. But we live in changing times. Openly gay people are prominent in diverse fields – business, finance, entertainment, sports, science. Family-oriented television shows feature gay characters and themes. The Internet offers a new world. The prospects for GLB youth today are more promising than ever before.

But not everything has changed. Despite progress, GLB youth must still cope with a culture that is often hostile. Stigma still surrounds homosexuality. GLB kids face many of the same obstacles as earlier generations: poor self-esteem, family rejection, stigma, social isolation, self-harm, and risky behavior. In school, where kids should feel safe, GLB youth are often taunted and bullied. In many cases, a kid will not seek help, suffering in silence, due to shame. As these social stressors accumulate, GLB adolescents have a greater risk for mental and physical health complications, compared with their peers.

Parents, teachers, and others can help GLB kids negotiate the challenging passage through adolescence into healthy adulthood by showing support, helping reduce social isolation and

promoting coping skills. The term resilience is used to describe the healthy ability to adapt to adversity and bounce back. Most GLB youth are naturally resilient and, over time, develop coping skills and a positive self-identity. But some are more vulnerable and may need help.

What makes someone gay?

We don't really know. But mental health and other experts agree that sexual preference is not a conscious choice that a person can change. As researchers learn more, we are discovering that biology, including genetic or inborn hormonal factors, may influence a person's sexuality. Most experts today believe that a complex interaction of environmental, cognitive, and biological factors shape a person's sexual orientation. There may be different reasons for different people. But unlike a century ago, we no longer blame poor parenting or regard a person's sexuality as a "character flaw."

A few facts about kids and homosexuality

Approximately one in four families has an immediate GLB family member. Studies suggest that 2 to 4.5% of high school youth self-identify as gay, lesbian, or bisexual; these figures do not reflect others who may be struggling with coming to an understanding of their sexual

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orientation. Many myths surround
homosexuality. Here are a few facts.

Separating myth from fact

Myth

Homosexuality is a mental
disorder.

Fact

Mental health professionals
agree that homosexuality is not a
mental disorder or an emotional
problem; GLB youth do,
however, face greater risks, as a
result of social stigma, isolation,
and poor self-esteem.

Myth

Kids are young and can still
choose to be either gay or
straight.

Fact

Sexual orientation is not a
choice, according to mental
health professionals; regardless
of age, a person does not choose
to be gay or straight.

Myth

Poor parenting causes
homosexuality, particularly a
domineering mother or a passive
father.

Fact

Parenting does not affect a
child's sexual orientation, and
it's no one's fault; parents can,
however, positively or negatively
influence a GLB child's self-
esteem.

Myth

A therapist or religious counselor
can make a GLB youth straight.

Fact

Researchers believe that therapy
cannot change a person's sexual
orientation; it can, however,
promote coping skills and
help kids resolve questions
surrounding their sexual
orientation.

Myth

If a kid has a "crush" on
someone of the same sex, it's a
sure sign he is gay.

Fact

Many kids, gay or not,
experience same-sex
attractions, and sexual
experimentation is a normal
part of adolescence. Only
time and patience can reveal a
person's true sexual orientation.

Myth

If a kid is exposed to
other GLB people and/or
information, she has a greater
risk for "being recruited."

Fact

Positive role models and
accurate information can
lighten the burden of shame
and isolation for a questioning
youth, making the adjustment
process easier. No one can
influence another person to
become GLB.

Myth

GLB parents pose a risk of
influencing their children to
become homosexual.

Fact

No research indicates a parent's
sexual orientation determines
that of a child. GLB youth are
as likely to have heterosexual
parents as not.

Are GLB kids different from other kids?

GLB youth share with all adolescents
these basic developmental tasks:

- Developing independence
from parents
- Exploring new social roles,
as preparation — or rehearsal
— for their roles as adults
- Recognizing and managing
their emerging sexuality, a
natural result of the hormonal
and body changes associated
with puberty.

GLB youth, however, have unique
burdens that may overwhelm an
otherwise healthy GLB teen:

Greater social trauma. For GLB
youth, social adversity makes

negotiating adolescent developmental tasks more difficult. Their families and religious communities may not accept them. In school, they may face rejection and harassment from peers — including bullying or violence — and school officials may not provide support or protection. Moreover, kids who do not conform to gender stereotypes face greater harassment.

Fewer role models. GLB youth have fewer opportunities to explore social roles and socialize with their peers. Their “rehearsal for adulthood” becomes more difficult. Further, kids may internalize negative social attitudes; the result may be self-hatred. Their emerging sexuality may be clouded in shame. To cope with stigma, some adolescents learn to conceal their identity, aware of the risk for exposure, which increases isolation.

What does sexual orientation mean?

Sexual orientation is a person’s enduring pattern of attraction to other people. The attraction may be emotional, romantic, or sexual, and the feelings persist over time rather than being a phase. Sexuality spans a continuum, ranging from heterosexuality to homosexuality. Over a lifetime, a person may move along the continuum until they discover what feels right. Also, feelings may change, or a person may need time to “label” their feelings. For many GLB youth, the process of evolving a secure identity can be a long, difficult process.

Sexual orientation is an important part of who we are. During adolescence, kids begin to establish an adult identity. This developmental task involves integrating cognitive, emotional, and social factors that form our sense of self. Personality, gender, sex roles, and sexual orientation all play a role. But individual timetables may vary. Many GLB youth first become aware of their sexual orientation during adolescence; others may begin to

question but do not resolve their orientation until adulthood.

Normal experimentation. Sexual curiosity is a normal, healthy part of adolescence. Many kids dabble or briefly question their orientation, but these early experiments do not necessarily predict sexual orientation. That’s because sexual activity is a form of behavior, while sexual orientation is part of identity. And there are no “gold standards” for distinguishing a passing phase from an enduring sexual identity. For example, heterosexual youth may have same-sex sexual experiences, and gay youth may experiment with the opposite sex. Some youth identify as GLB without any previous sexual experience.

Unfolding identity. If a youth is questioning his/her sexuality, it may take time for the issues to resolve. Some challenges complicate the process, making it harder. Some teens recognize their feelings early, openly acknowledging their sexual orientation. For others, self-discovery naturally extends into adulthood, often resolving in the twenties. But for some, negative experiences and social isolation may delay or complicate a positive resolution; they may need help.

Are there special developmental milestones?

The development of GLB sexual identity, according to most experts, progresses through a series of milestones. There are several theories, but they share these characteristics: the burden of shame, an unfolding identity, self-acceptance, and the role of disclosure (“coming out”). Most of what we know describes boys; lesbian development is less well understood. The few studies of lesbians indicate that females generally have their first sexual experiences later and come out later, compared to males.

Recent studies suggest that adolescents today are coming out and having their first sexual experiences

earlier than previous generations. We are also learning that the process may differ for various groups, based on variety of factors, such as socioeconomic status, education, and ethnicity. Remember that there is no single “right way,” except for what each person feels is right for him. Following is a four-stage model.

Milestones for Gay and Lesbian Development

- 1. Feeling Different: *I’m not like other girls/boys.*** Many GLB people say they’ve felt different from a young age. As kids begin to explore gender roles (ages 9 - 12), this feeling may intensify. A girl may feel embarrassed by her technology interests; a boy may dislike team sports. Hopefully, as gender roles become more flexible, the impact of these restrictive stereotypes will lessen.
- 2. Identity Confusion: *Something doesn’t feel right.*** During early adolescence, as the body matures, kids become aware of their sexual feelings. Friendships become more intimate, and same-sex attractions may cause confusion or shame. When dating begins, teens may question their sexual orientation for the first time.
- 3. Identity Resolution: *I know who I am.*** Gradually, a person moves beyond questioning toward acceptance of their sexual orientation. Information, support, and role models help facilitate the process. A transitional period of bisexual identity is common. Some people are relieved to finally put a “label” on their feelings.
- 4. Identity Integration: *I want to share my life.*** Eventually, a person wants to share their identity and pursue healthy relationships. But each person has his own way, with differences in the degree and timing of disclosure — often with good reason, as cultural, religious, family, and regional pressures may be harmful.

What is “coming out” all about?

Coming out to family and friends can be one of the most stressful experiences GLB youth face. There are risks and benefits. A youth may risk family and peer rejection, which can be devastating. Selective disclosure, however, may offer mental health benefits. For a long time, a youth may conceal her sexual orientation, becoming socially withdrawn, anxious, and insecure. Many GLB adolescents may delay exploring their sexual identity fully (e.g., coming out) until they have a greater degree of safety and support. For example, some kids wait until they are away at school; others move to an urban environment with greater opportunities or create a network of tolerant friends

A vulnerable period. During a coming out phase, a youth may be more vulnerable to mood disorders, substance abuse, or risky behaviors, such as unprotected sex. The risk for suicidal behavior is greater. Parental rejection is the greatest fear kids face; a positive parent-child bond is an important aspect of normal adolescent development. If a parent can accept a child, her chances for maintaining self-esteem are greater, which is associated with improved mental health.

A few guidelines. GLB youth should be selective in sharing information about their sexual identity. Emotional and physical safety considerations are primary. Parents may have their own concerns. As a general guide, parent and child together should decide whom to tell. Issues to consider include the following.

- **Personal decision:** A youth should decide when and with whom to share her sexual orientation.
- **Family dynamics:** Will one parent drive a youth away from home or become emotionally and/or physically abusive?

- **School safety:** Is there a risk for harassment, violence, or bullying? Will teachers remain supportive and unbiased?
- **Religious affiliation:** Will their place of worship convey the message that they are “wrong”?

Are there special mental and physical health concerns?

The obstacles GLB youth face increase their risk for a range of mental and physical health complications, compared with their peers. Today experts agree that the psychological problems unique to GLB adolescents result primarily from cultural stigma, poor self-concept, and social isolation. The chronic stress of secrecy and an adverse social environment — including shame and harassment — may lead to depression, anxiety, fear, low self-esteem, self-blame, posttraumatic stress disorder, as well as a range of somatic symptoms. Studies report that academic career development difficulties, linked to self-concept and identity, may also be affected; when resilience fails, some kids may abandon their career and education goals.

Suicide risk. GLB youth appear to have a greater risk for suicide attempts, compared with their peers. Controversy has surrounded the issue of measuring suicide risk among GLB adolescents primarily due to research limitations. When we consider suicide risk, we refer to three different indicators: suicidal thoughts (ideation), attempted suicide, and completed suicide (death). While our knowledge of completed suicide is limited, studies of GLB adolescents have consistently found that they have a greater risk for suicide thoughts and attempts, compared with their peers.

Suicide risk for all youth, GLB or heterosexual, is associated with a common set of factors, such as depression, substance abuse, and social isolation; but for GLB youth,

additional risk factors include:

- Disclosure of sexual orientation (coming out) to friends and family
- Exposure to homophobia and harassment
- Gender nonconformity (effeminate males or masculine females)

When assessing the motive of a youth who has successfully completed a suicide (known as a psychological autopsy), it may be difficult or impossible to know the person’s sexual orientation. For attempted suicide, our knowledge is based on surveys of youth who self-report their suicide behavior; these studies may not always be reliable indicators of sexual orientation, since use of GLB labels varies among adolescents.

Violence and victimization. Anti-gay comments are the most common “put-downs” in middle and high schools. For some youth, running away from home is a self-protective response to violence at home; for others, family rejection drives them away. Homelessness leads to other problems, such as risky sexual practices and substance abuse. For GLB youth, victimization has been associated with abandonment of education goals.

Drug and alcohol abuse. GLB youth have a greater incidence of substance abuse, compared with their peers. Some experts suggest this may be an attempt to self-medicate depression or relieve loneliness. Among all teenagers, substance abuse is associated with other destructive behaviors, including more lethal suicide attempts and unprotected sex.

Sexually transmitted infections and HIV. Youth who engage in high-risk behaviors (e.g., unprotected sex and substance abuse) have an increased risk for sexually transmitted diseases and HIV (AIDS). Lesbian youth may experiment with opposite-gender partners, increasing their risk for unintended pregnancy as well as

sexually transmitted disease.

How can parents help?

Parents play a crucial role.

Adolescents who have been rejected by the family or are unsuccessful socially or academically are most vulnerable. Having one's identity rejected by one's family can be devastating. Parents of GLB kids, like their children, may also need self-esteem enhancement, education, and acceptance.

Parental acceptance helps kids build resilience. Begin with communication and education. Parents often have their own complicated feelings, but non-judgmental support is essential and many parents say this is an opportunity to have a more open, honest relationship with their child. Consider how difficult it may have been for a child to share this information.

- **Nurture positive self-identity.** Show support and reassure your child that you love and accept her regardless of sexual orientation. Parental support can help offset GLB health risks.
- **Be patient.** Offer reassurance that a questioning period is normal, and there is no need to rush toward a label. But be careful not to minimize same-sex attractions as merely a "passing phase." With time and patience, a person will answer that question for himself.
- **Normalize the teen years.** Enjoy this time together. Show an interest in your child's friends, and if possible, make your home a welcome sanctuary for other GLB kids. Providing a safe place to socialize with adult supervision can help reduce their risk for high-risk behaviors, such as substance abuse and sexual promiscuity.
- **Ensure safe schools.** Children

are legally entitled to a harassment-free education, which is not always a reality. Ask about teasing, bullying, or harassment; due to guilt and shame, kids may not volunteer this information. Confirm that school authorities provide appropriate support/intervention. If necessary, legally advocate for your child's safety.

- **Educate about sexual practices.** Discuss the need for sexual abstinence and/or protection against sexually transmitted diseases, such as HIV (AIDS). Provide information on birth control; contrary to expectation, it is not uncommon for a GLB youth to experiment with heterosexual sex, placing her at risk for unintended pregnancy.
- **Recognize when kids need extra help.** If a youth is unhappy or struggling, seek out an unbiased therapist with experience in youth issues and sexual orientation. Sometimes kids just need an impartial listener; other times, they may be dealing with issues beyond what a parent can handle, such as depression, substance abuse, or suicidal feelings.

Build a support base and reduce social isolation

Although GLB youth face obstacles — stigma, hostility, and isolation — we can help modify these risk factors. Focus on reducing a child's sense of isolation, primarily through self-esteem enhancement, education, and acceptance. Help kids locate support and build social-connectedness, which nurture positive self-concept. Studies show that GLB individuals with a positive self-identity experience better psychological adjustment, higher self-esteem, and lower depression or stress. Many qualified support

resources are available. The Internet is a great place to start.

Online resources. Rely on qualified sources with adult supervision. Reliable online resources offer education, coping tips, and listings for "offline" support services in your geographical area. Additionally, many feature adult-supervised discussion boards and chat rooms for GLB or "questioning" youth. These venues provide GLB kids with a relatively safe, anonymous way to share experiences and receive — or offer — peer support. Although online socializing is not a substitute for "real-life," it can help reduce isolation and "normalize" feelings. For kids in rural areas, who face greater stigma and fewer social resources, online support may be particularly valuable.

Community resources. Many cities have community centers that offer supervised support meetings for GLB teens, as well as recreational opportunities. These activities provide safe opportunities for GLB teens to meet and socialize. School-based gay-straight alliances are another option.

When to consult a mental health professional

Homosexuality is not a mental disorder, but for a variety of reasons, a therapist may be helpful for both GLB youth and their families. Therapy cannot change a person's sexual orientation — which is not a choice — but therapy can ease confusion and promote positive coping skills. While most GLB kids negotiate the adolescent years without serious problems, others are more vulnerable and need help.

Counseling can help kids who are confused about their sexual orientation or those having trouble accepting their feelings. Over time, with support and accurate information, confusion about sexual identity will resolve. Even kids comfortable with their sexuality may face social stigma and isolation, which can increase their vulnerability. Keep

in mind that help-seeking is a healthy response to social stressors; GLB youth who seek care may have more effective coping skills than those who do not.

Teach tolerance to all kids

Teach tolerance early before kids are exposed to prejudice. Children learn about homosexuality from the media, the playground, and their friends. But these sources may convey mixed messages and confuse kids. Gay name-calling hurts all children. Kids may be called gay or lesbian as a put-down, regardless of their sexual orientation. You can use simple terms, with age-adjusted language, such as: Everyone has a need for companionship, and there are different types of families, just like there are people with different skin colors. Even if you don't understand homosexuality, say mental health experts, it's important to provide accurate information.

Helpful Resources and References

Advocacy Organizations Check their Web sites, which offer education resources, support networks, local chapters, and related links.

Association for Gay, Lesbian, and Bisexual Issues in Counseling
A Division of the American Counseling Association
www.aglbic.org

Gay, Lesbian and Straight Education Network (GLSEN)
122 W. 26th Street, Suite 1100
New York, NY 10001
Phone: (212) 727-0135
www.glsen.org

Healthy Lesbian, Gay, and Bisexual Students Project
American Psychological Association
750 First St., NE Washington, DC 20002
Phone: (202) 336-5977
www.apa.org/ed/hlgb/about.html

National Youth Advocacy Coalition (NYAC)

1638 R Street NW, Suite 300
Washington DC 20009
Phone: (202) 319-7596
www.nyacyouth.org

Parents, Families and Friends of Lesbians and Gays (PFLAG)

1101 14th Street, NW, Suite 1030
Washington, DC 20005
Phone: (202) 638-4200
www.pflag.org

Books, Brochures, Policy Statements

American Academy of Pediatrics, Committee on Adolescence. Policy Statement: Homosexuality and Adolescence.
Pediatrics. 1993;92:631-634.
Available at: www.aap.org/policy/05072.html.

From Our House to the Schoolhouse: A Brochure for Educators
PFLAG, Washington, DC
Available at: www.pflag.org/education/publications.html.

Gay and Lesbian Adolescents Facts for Families, American Academy of Child and Adolescent Psychiatry
Available at: www.aacap.org/publications/factsfam/63.htm.

"Health care issues of gay and lesbian youth"
Robert Garofalo, MD, MPH, and Emily Katz, AB

Current Opinion in Pediatrics.
2001;13:298-302.

Just the Facts About Sexual Orientation & Youth: A Primer for Principals, Educators and School Personnel
American Psychological Association, in coordination with other professional organizations serving youth
Available at: www.apa.org/pi/lgbc/publications/justthefacts.html

Lesbian & Gay Youth: Care &

Counseling

Caitlin Ryan & Donna Futterman
Columbia University Press, New York, 1998.

Mom, Dad, I'm Gay: How Families Negotiate Coming Out

Ritch C. Savin-Williams, PhD
APA Books, Washington DC, 2001.

Our Daughters & Sons: Questions and Answers for Parents of Gay, Lesbian and Bisexual People
PFLAG, Washington, DC
Available at: www.pflag.org/education/publications.html.

"Recognizing Gay, Lesbian, and Transgender Teens in a Child and Adolescent Psychiatry Practice"
Miriam Rosenberg, MD, PhD
Journal of American Academy of Child and Adolescent Psychiatry.
2003;14(12):1517-1521.

Sexual Orientation and Adolescent Healthcare

Ellen C. Perrin, MD
Kluwer Academic/Plenum, New York, 2002.

Tips for Professionals Who Work with GLBT Youth
PFLAG, Washington, DC
Available at: www.pflag.org/education/publications.html.

What Does Gay Mean? How to Talk with Kids about Sexual Orientation and Prejudice
National Mental Health Association, Lynn Ponton, M.D.
Phone: (800) 969-NMHA
Available at: www.nmha.org/whatdoesgaymean

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