

PRACTICE AND ADOLESCENTS

Social Work Practice With Gay, Lesbian, Bisexual, and Transgender Adolescents

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Abstract

The author addresses social work practice with gay, lesbian, bisexual, and transgender (GLBT) youth. Identity development, including disclosure and the emergence of sexuality are discussed, along with family and school issues. Particular emphasis is given to a number of risk factors that GLBT youth encounter: emotional distress, isolation, internalized homophobia/transphobia, depression, substance abuse, suicide, violence/victimization, family conflict, school performance, and sexually transmitted diseases and pregnancy. Guidelines for social work practice with GLBT youth are presented.

This article explores social work practice issues with gay, lesbian, bisexual, and transgender (GLBT) youth, defined here as young people from the ages of 12 to 21 years old. Adolescence, in general, is a challenging time of development, and it is all the more challenging for young people who are GLBT. In this article the challenge of developing a positive GLBT identity as a sexual minority youth is explored. Questions of disclosure, or coming out, are examined in conjunction with identity development. Challenges encountered in the family system and school environment are addressed. In addition, issues pertaining to the emergence of sexuality as well as the to consideration of diversity when working with this population are reviewed. Particular emphasis is given to a number of risk factors that GLBT youth encounter: emotional distress, isolation, internalized homophobia/transphobia, depression, substance abuse, suicide, violence/victimization, family conflict, school performance, and sexually transmitted diseases and pregnancy. I conclude the article with a section on guidelines for social work practice with GLBT youth.

Adolescent Development

Adolescence is a transition time from childhood to adulthood. Accordingly, adolescents actively engage the process

of figuring out who they are as “no-longer-children, but not-yet-adults” throughout this transition process. Perhaps the most salient developmental task of adolescence is that of developing a sense of identity (Erikson, 1950, 1963). Included in this process are tasks such as thinking about a career, fitting into a peer group, developing social skills, coping with increasing independence, and dealing with emerging sexuality. Developing a positive identity within a heterocentric social environment can be especially challenging for GLBT youth because there are often severe social penalties, such as ostracism, taunting, and even violence, for not conforming to socially approved dating practices and gender expression norms.

GLBT Adolescent Development

Adolescent development for GLBT youth can be particularly challenging. Peer pressure to fit in socially is tremendous during the adolescent years. The stress of feeling different from the majority of their peers—whether with regard to sexual orientation or gender expression—can be daunting (Morrow, 1993b). Thus, a primary task in identity development for GLBT adolescents is that of adjusting to a socially stigmatized role (Hetrick & Martin, 1987). GLBT adolescents must cope with developing a sexual minority

identity in the midst of negative comments, jokes, and often the threat of violence because of their sexual orientation and/or transgender identity. To develop an overall positive identity in the midst of such negative social stigma requires courage and resilience.

It is important to note that GLBT youth typically enter adolescence with no preparation for the social identity that comes with being a sexual minority person. In contrast, other minority youth (e.g., African Americans, Latinos/as, Jewish persons) have numerous social supports, such as their families, neighborhoods, and faith communities, to help prepare them for life as a member of their respective group. For GLBT youth, however, these supports are generally not available. GLBT youth commonly do not see themselves reflected in their families, among their neighbors, or within their faith communities. Positive role models are not nearly so easily visible and available for them as they are for heterosexual youth. GLBT youth may, indeed, witness numerous episodes of GLBT-negative language, jokes, and actions as the result of growing up in their family environment. Thus, the internalization of homophobic and heterosexist messages begins very early—often before GLBT youth fully realize their sexual orientation and gender identity.

Adolescence is a time of sexual exploration. Researchers suggest that the majority of gay- and lesbian-oriented people report a past history of heterosexual behaviors (Coleman & Remafedi, 1989). This is not surprising given that the social mandate for heterosexually oriented sexual behaviors is overwhelming. The process of exploring sexuality is especially stressful for gay, lesbian, bisexual (GLB) youth in that such exploration takes place in a “context and ecology of cultural denial, distorted stereotypes, rejection, neglect, harassment, and sometimes outright victimization and abuse” (Tharinger & Wells, 2000, p. 159). A similar point can be made for transgender youth in reference to their exploring a gender identity that is construed as inconsistent with who they “should” be according to socially constructed gender expectations based on biological sex determinants (Burgess, 1999).

The process of developing a GLBT identity in adolescence is usually a fairly lengthy one. Many youth go through a questioning process before arriving at an understanding of a GLB sexual orientation or a transgender identity. In a study of more than 100 gay and lesbian youth (D’Augelli, Hershberger, & Pilkington, 1998), the average age of awareness of having a gay or lesbian sexual orientation was 10 years old, the average age of labeling oneself as *gay* or *lesbian* was 14 years old, the average age of first disclosure of sexual orientation (coming out) to a friend was 16 years old, and the average age of first disclosure to family was 17 years old. Ryan and Futterman (1997) found that most gay and lesbian adolescents disclose their sexual orientation to other people in the following order: other GLB peers, close heterosexual peers, close nonparental family members, and finally, parents. Thus, parents are among the last to know about their child’s GLB sexual orientation. This finding is not surprising

given the power and control parents have over their underage children. GLBT youth who disclose their sexual orientation or transgender identity to their parents are at risk for parental rejection, withdrawal of financial support, authoritative restrictions of their social lives, forced counseling, and even violence and removal from the home.

For GLBT youth, developing a positive identity specifically includes coming to terms with their sexual minority status. Those who have acquired a positive identity as GLBT have negotiated the challenges of being socially stigmatized because of their sexual orientation or gender identity. They have become able to inwardly acknowledge and own who they are, and they have navigated disclosing that identity to trusted others. Developing self-acceptance, as well as having positive family support and supportive school relationships, can facilitate this positive identity development process (Cass, 1979, 1984a; Hershberger & D’Augelli, 1995; Proctor & Groze, 1994; Tharinger & Wells, 2000). A lack of social supports can contribute to internalized homophobia and a negative self-concept, which can hinder the development of a positive GLBT identity.

Family Issues

GLBT youth fear disapproval and rejection from their families. Because of the social stigma assigned to a GLB orientation or transgender identity, GLBT youth may perceive that something is “wrong” with them and that they must keep their sexual orientation or transgender identity secret so as not to disappoint the family. Some youth may withdraw from their families as a way of coping (Green, 1994), whereas others may cope with the stress of keeping their secret by indulging in self-destructive behaviors, such as substance abuse, risky sexual behaviors, running away, or attempting suicide (Gonsiorek, 1988; Proctor & Groze, 1994; Savin-Williams, 1994).

How open to be with the family about their sexual orientation or transgender identity is a major issue for GLBT youth (Morrow, 2000). Those who come out to their families hope for support and validation, yet they are at risk for disapproval, maltreatment, and disownment (Teague, 1992). These risks can be especially high in ethnic minority families in which being GLBT is viewed as deviant and an “aberration of Caucasian society” (Newman & Muzzonigro, 1993, p. 216). Some researchers suggest that youth who get along well with their families may be more reluctant to disclose their sexual orientation or transgender identity because of a greater fear of disapproval (Waldner & Magruder, 1999). Thus, GLBT youth who are more strongly identified with their families may be more likely to try to meet the heterocentric and traditional gender role expectations of their families.

Among those who come out to family, there is a greater likelihood that they will elect to disclose to mothers rather than fathers (D’Augelli et al., 1998). More conservative and traditional families are less likely to be accepting and

validating upon disclosure (Teague, 1992). In addition, those who come out to parents are at risk for disapproval and rejection. In a study of more than 100 gay and lesbian youth who had disclosed to their parents (D'Augelli et al., 1998), only half of the mothers and siblings were accepting of the news, and less than 25% of the fathers were accepting. In the same study, more than half of the disclosers reported thoughts or actions related to suicide, whereas 12% of the nondisclosers reported similar suicidal tendencies. The disclosers were at greater risk for physical violence from family members, with the brothers of gay male youth being the most likely perpetrators of violence against their gay sibling. There was virtually no incidence of family member attacks among the nondisclosers. Thus, there does appear to be some element of risk for those who disclose their GLBT status to family.

The School Environment

School is a central component in virtually every adolescent's life. It is the primary social setting in which friends are made, social skills are learned, and self-efficacy is developed. Healthy psychosocial development in adolescence is centrally connected to the quality of the social interactions that take place within the school setting (Black & Underwood, 1998). Yet, the school environment can be among the most dangerous of places for GLBT youth. The school social environment is filled with anti-GLBT rhetoric. Pejorative words such as *fag*, *dyke*, *queer*, *lezzie*, and *homo* are common, and those terms often go unchallenged by teachers and administrators in ways unlike pejorative terms against other minority groups.

It is not surprising then that many GLBT youth remain closeted in the school setting. Some react to the stress of the school environment by socially isolating themselves, becoming reluctant to participate in school-related activities, and by being absent and dropping out (Hunter & Schaecher, 1987). Others cope through overachieving academically or athletically, or by adopting the defense mechanism of reaction formation, which consists of taking on an exaggerated heterosexual image (Smith & Smith, 1998).

GLBT adolescents who are more open, or more visible, in terms of their sexual minority status, face the prospect of negativity and harassment from other students and, in some instances, even from teachers and school administrators. In one study, nearly half of GLB youth who had disclosed their sexual orientation reported losing friends because of their disclosure (D'Augelli et al., 1998). In the same study, 27% also reported having been physically assaulted by other students because of their sexual orientation.

The education curriculum in most schools does not prepare students and teachers to cope with anti-GLBT rhetoric. Most diversity and health education curricula omit GLBT content because it can be a politically controversial spark plug among parents and community members. Silence and

ignorance thus perpetuates misinformation, lack of understanding, intolerance, and hatred. Openly GLBT teacher role models are minimal in school settings because teachers can still lose their jobs if they present themselves as openly GLBT (Morrow, 1993b). Anti-GLBT harassment too often goes unaddressed by teachers and administrators who fear for their own job security should they become identified as GLBT-affirmative.

Emerging Sexuality

Adolescence is a time when young people begin to discover and actualize their emerging sexual identities. Heterosexual youth learn about their form of sexuality through sex education classes in school. The broader social culture is replete with images of heterosexual sexuality for young heterosexual youth to emulate. However, GLBT sexuality is typically not addressed in sex education classes, and there are very few cultural images of positive GLBT sexual expression. Therefore, GLBT youth are left to seek out their emerging sexuality in a culture of limited knowledge, social stigma, and secrecy.

Sexual exploration is a normal part of developing a sexual identity. More than 70% of all adolescents have engaged in sexually intimate behaviors by age 18 (The Alan Guttmacher Institute, 1994). Although some adolescents may be clear about their sexual orientation and gender identity during their teen years, many do not achieve clarity about their sexual orientation or gender identity until adulthood (Appleby & Anastas, 1998). Gay male youth initially tend to focus more on the physical aspects rather than the relational aspects of sexuality, whereas lesbian youth initially tend to focus on developing an emotional relationship before engaging in the physical aspects of sexual expression (Hunter & Schaecher, 1987). GLB youth express a range of sexual behaviors, and stereotypical adherence to particular roles is relatively uncommon (Bell & Weinberg, 1978; Roth, 1985).

Transgender youth tend to be less sexual in relationships than nontransgender youth. Some transgender youth may be uncomfortable with having their sex organs touched, especially if their sex organs are perceived as personally undesirable, as might be the case for those interested in transitioning to the other sex (Brown & Rounsley, 1996). In some situations, transgender youth who date people of the same biological sex may view themselves as having a heterosexual orientation, whereas their partners may be GLB. For example, a male-to-female transgender person who possesses a female gender identity may date a gay male and view that relationship as heterosexual—even though the partner may identify himself as gay.

Diversity Among GLBT Youth

Diversity in the form of sexual orientation and gender expression is also accompanied by other areas of diversity

including sex, race, ethnicity, class, and physical ability. GLBT youth live multicultural lives. In addition to navigating the dominant heterocentric culture as sexual minority persons, they must also navigate the other areas of their cultural lives, such as ethnicity and class, within the overlapping context of their status as GLBT persons.

African American and Latino communities—both of which are dominated by relatively conservative religious traditions—are considered less accepting of sexual orientation diversity and gender expression diversity than is the Anglo community (Diaz et al., 1993; Icard, 1996). Latino males who have sex with other males are less likely to identify as gay because of the machismo tradition of their culture (Appleby & Anastas, 1998). Asian cultures also frequently view same-sex relationships as a rejection of the vital role of parenthood—an affront to Asian tradition (Chan, 1993). Thus, GLBT youth in ethnic minority cultures are often especially vulnerable and invisible.

In addition, urban and suburban GLBT youth may be more open about their sexual orientation and gender identity than their rural counterparts (Fellows, 1996). Youth in small towns and rural areas are likely to have fewer social options for meeting other GLBT youth; there may be fewer social service supports available and fewer opportunities for anonymity in exploring their sexual and gender identities.

Risk Factors

There are a host of risk factors pertaining to GLBT youth of which social workers need to be aware. Risk factors are defined here as situations or circumstances in which, when they occur, have the potential to compromise the bio-psycho-social well-being of individuals. In this section I identify a number of risk factors for GLBT youth.

Emotional Distress

In a study by Savin-Williams (1994), more than 95% of gay and lesbian teens reported that they frequently felt separated and emotionally isolated from their peers. GLBT youth commonly voice feeling different than their peers, and this experience of differentness, in itself, can create distress and a sense of not belonging. GLBT youth encounter the stress of deciding whether to disclose their sexual minority status to friends and family. Many live with the fear that their orientation or transgender identity will be discovered before they are ready to share that information. In addition, they live with the constant fear of social ridicule, lack of acceptance, harassment, and potential violence.

Isolation

GLBT youth are often isolated from peers, family, adult role models, and other social supports. Those who do not disclose their orientation or transgender identity may isolate themselves from peers and family so as not to call undue attention to their sexual orientation or transgender

identity status. Others isolate themselves to avoid ridicule and rejection. In a study of GLB teens, more than half reported being ridiculed by their peers (Rotheram-Borus, Rosario, & Koopman, 1991). Isolation can also lead to other problems such as low self-esteem, limited social skill development, substance abuse, and depression.

Internalized Homophobia/Transphobia

Internalized homophobia and internalized transphobia represent the state in which GLB people and transgender people, respectively, internalize the negative messages perpetrated by society relative to their sexual orientation or transgender identity status. Being GLBT does not automatically make a person immune to the pejorative terms and misinformation used to construct images and stereotypes of GLBT people. GLBT people tend to internalize those messages, and they have to “unlearn” much of that harmful rhetoric. Doing so can be difficult in a social context that is overwhelmingly heterocentric and traditional in the appointing of rigid gender roles. Unaddressed internalized homophobia or transphobia can place GLBT youth at risk for other problems including depression, substance abuse, and even suicide.

Depression

Because of the multiple stressors encountered by GLBT youth, they are at risk for depression (Proctor & Groze, 1994). These youth must cope on a daily basis with the painful experience of being different from the majority of their peers (Black & Underwood, 1998), with making decisions about whether to disclose their sexual minority status to others, and with the fear of rejection and abuse. Transgender youth may become repelled by or ashamed of their developing physical sex characteristics (Burgess, 1999), and because of being underage for medical decision making, those who would desire intervention such as hormone therapy may feel helpless in engaging parental support for treatment. Feelings of self-worth and a positive sexual orientation or transgender identity are critical to the mental health of GLBT youth (Hershberger & D’Augelli, 1995), and when there are deficits in these areas, their mental health may be at risk. In particular, if family support is lacking, the risk for depression may be higher (D’Augelli et al., 1998; Proctor & Groze, 1994; Savin-Williams, 1994; Tharinger & Wells, 2000).

Substance Abuse

Substance abuse is a particular risk for GLBT youth (Dempsey, 1994; Hunter & Schaecher, 1994; Savin-Williams, 1994; Proctor & Groze, 1994; Tharinger & Wells, 2000). Abusing substances can be a means for coping with the stress of social ostracism, fear of rejection, and internalized homophobia/transphobia. In addition, the bar scene has been a historical entrée into adult GLBT socializing. An estimated 20% to 30% of GLBT people have substance abuse problems (Amico & Neisen, 1997).

Suicide

Because of the significant amount of psychosocial stress they must endure, it is not surprising that an alarming 30% to 40% of GLBT youth have attempted suicide (D'Augelli & Hershberger, 1993; Gibson, 1989; Martin & Hetrick, 1988; National Lesbian and Gay Health Foundation, 1987). These data are in comparison to a suicide rate of 8% to 13% for presumed heterosexual youth (Friedman, Asnis, Boeck, & DiFiore, 1987; Garland & Zigler, 1993; Schneider, Farberow, & Kruks, 1989; Smith & Crawford, 1986). Ben-Ari and Gil (1998) cited the following themes as contributors to suicidality in gay and lesbian youth: negative personal conceptions of homosexuality, conflicted family relationships, and negative social relationships. Swann and Herbert (1999) suggested that transgender youth may be at risk for harm to themselves through self-mutilation in a desperate effort to further their cross-gender identification. Suicide assessment should always be a part of effective social work practice with GLBT youth. Those youth who already have problems with depression or substance abuse, and those who have a history of past suicidality, should be considered at particularly high risk.

Violence/Victimization

It is not uncommon for GLBT youth to be victimized through verbal abuse and physical violence. Martin and Hetrick (1988) found that more than 40% of the GLBT youth served at the Institute for the Protection of Lesbian and Gay Youth in New York City had suffered violence because of their sexual minority status. Violence and victimization against GLBT youth occurs not only within schools and communities but also at home. Pilkington and D'Augelli (1995) found that 33% of the GLB youth they surveyed had been verbally abused at home and that 10% had been physically assaulted by a family member. Hunter (1990) also found that more than 60% of the violence perpetrated against a sample of gay and lesbian youth had been inflicted by family members.

Another area of victimization for GLBT youth is the practice of conversion therapy, also known as reparative therapy. Conversion therapy is a systematic means for attempting to change a person's sexual orientation from lesbian, gay, or bisexual to heterosexual. Such therapies often occur in religious-based contexts and can include techniques such as prayer, exorcism, religious-based guilt inducement, and punishment-oriented forms of behavior modification (Tozer & McClanahan, 1999; White, 1995). Parents who are uncomfortable with having a gay or lesbian child may seek out conversion therapy practitioners under the mistaken assumption that their child's sexual orientation can be changed through therapy. There is no credible empirical support that conversion therapy is successful in actually changing sexual orientation (Haldeman, 1994; Mills, 1999; Tozer & McClanahan, 1999). Conversion therapy practice can cause psychological harm to GLBT youth by reinforcing negative stereotypes and misinformation

and inducing internalized homophobia. The National Committee on Lesbian, Gay, and Bisexual Issues of the National Association of Social Workers (1999) has taken the stance that the practice of conversion therapy by social workers is unethical and harmful to clients. Thus, in effective social work practice with GLBT youth, the emotional and psychological well-being, as well as the physical safety, of clients must be considered.

Family Conflict

Families are commonly ill-prepared to deal with having a GLB or transgender child. Parents tend to have minimal accurate knowledge—yet lots of culturally transmitted misinformation and stereotypes—about sexual minority groups. Many GLBT youth keep their sexual orientation or gender identity secret from their families for fear of disappointing them. Others avoid disclosing for fear of rejection, abuse, or parental withdrawal of all emotional and financial supports. Nearly all families go through some type of conflict or crisis when it becomes known that a child is GLB or transgender (Borhek, 1994; Morrow, 2000). Some families weather the crisis and are able to effectively incorporate the news into the ongoing life and development of the family, whereas other families are never able to resolve this crisis. Accurate information about sexual orientation diversity and gender expression may be useful. In addition, GLBT-affirming clergy may be helpful resources for families whose religious values may conflict with understanding sexual orientation and gender identity (Morrow, in press).

School Performance

Because the school environment is so stressful for GLBT youth, it is not unusual that many of them would have academic difficulties. Rotheram-Borus et al. (1991) reported that more than 50% of sexual minority youth are ridiculed by their peers. In addition, the most frequent abusers of GLBT youth are other teens (Savin-Williams, 1994). It is difficult for GLBT youth to perform well academically when they are schooled in a climate in which they must fear for their safety and emotional well-being. Those who feel fearful and alienated at school are more likely to isolate themselves, have high absenteeism rates, or drop out of school as a means of coping (Burgess, 1999). In a study of gay and lesbian youth, Elia (1993) found that 80% demonstrated declining school performance, 40% had problems with truancy, and 30% had dropped out of school. In a study of 36 GLB youth, Sears (1991) reported that 97% reported negative attitudes among their classmates, and more than 50% feared being harassed if they disclosed their sexual orientation at school.

Sexually Transmitted Diseases and Pregnancy

Regardless of sexual orientation, adolescence is a time when teens seek to actualize their sexual identities and learn how to develop intimate relationships (Zastrow & Kirst-Ashman, 2001). GLBT youth must figure out how to master

these rites of passage in a virtual vacuum because there are few adult role models to help them learn about socially responsible sexual expression. There is enormous social pressure for teens to adopt heterosexual intimacy patterns. Those who do not practice these patterns are viewed with disdain. Thus, some GLBT youth cope by displaying socially expected and rewarded heterosexual behaviors—even though doing so does not correspond with their true sexual orientation. Some gay male teens father children and some lesbian teens become pregnant in seeking social validation as “passing” for heterosexual. Some GLBT youth become sexually promiscuous in seeking to find the boundaries around their socially stigmatized sexual expression; thus, they may be at greater risk for HIV and other sexually transmitted diseases (Governor’s Commission on Gay and Lesbian Youth, 1994).

Protective Factors

Although in the previous section I examine risk factors for GLBT youth, it is important as well to identify protective factors that serve to enhance and support the bio-psycho-social well-being of GLBT youth. Positive and supportive family relationships can be central to the well-being of GLBT youth (Tharinger & Wells, 2000). A validating family system can be crucial for youth who, on a daily basis, encounter shame and ridicule from the broader society because of their sexual orientation or transgender identity. Other protective factors include stable intellectual functioning, self-confidence, high-self esteem, a socially appealing disposition, a supportive and validating faith, special talent (e.g., athletic or musical skills), sustainable hope, and supportive school relationships (Cicchetti & Toth, 1998; Masten, 1994; Masten & Coatsworth, 1998; Rutter, 1998). It is important to identify and use these protective factors as client strengths in social work practice with GLBT youth.

Guidelines for Practice

In this section I address practice considerations in working with GLBT youth. I consider both direct (micro and meso) as well as indirect (macro) services.

Assess the Degree of GLBT Identity Development

The extent of positive identity development as a GLBT person can be crucial to a youth’s overall sense of efficacy and well-being. The Cass model (Cass, 1979, 1984a, 1984b) can be a useful tool for assessing the identity development of gay and lesbian people. A brief overview of that model can be found in the Appendix.

Youth who are assessed as being in Stages 1–3 of the model (i.e., those earlier stages prior to identity acceptance) may be at higher risk for problems such as low self-esteem, depression, substance abuse, and even suicidality because of the stress they are experiencing in coming to terms with

being gay or lesbian. Stages 1–3 represent a “red zone” of concern in which gay and lesbian youth are experiencing the dissonance of who they are discovering themselves to be in contrast to a culture that denigrates homosexuality. Those who appear to be at Stage 4 or higher in the model are far more likely to have a positive gay or lesbian identity.

There are no similar models for bisexual and transgender identity development. Yet, a worker may assess, in a fashion similar to that of the Cass model, the extent to which bisexual and transgender youth have achieved positive self-acceptance. Those who have internalized negative societal messages and developed a sense of shame about themselves are at higher risk than are those who are moving progressively toward self-acceptance.

Assess Level of Disclosure

It can be expected that the farther along GLBT youth are in identity development, the more likely they are to disclose their sexual orientation or transgender identity to others (Cass, 1979). Conversely, the less far along they are, the more likely they are to remain closeted. It is crucial that workers respect clients’ level of outness and that they not push clients to disclose beyond their own reasonable level of safety and comfort. It can be helpful to systematically explore with clients the costs and benefits of their disclosure to significant others, such as parents, siblings, friends, and teachers (Morrow, 2000). In some situations (e.g., at home or at school), it may even be safer for youth to remain closeted than to disclose their sexual orientation or transgender identity (D’Augelli et al., 1998; Tharinger & Wells, 2000). Client self-determination should be encouraged and respected with regard to disclosure decisions.

Assess for Safety

Because GLBT youth are at risk for depression, substance abuse, suicidality, and victimization, workers should always assess client safety when working with this population. It is not unusual to find GLBT youth presenting for services at a point at which they have been rejected by family, become homeless, or suffered violence because of their sexual orientation or transgender identity. Initial service may need to be in the form of crisis intervention to stabilize a presenting crisis situation.

Provide Accurate Educational Information

Because content on sexual orientation and gender identity expression is typically not included in health education or diversity education curricula in schools, GLBT youth and youth who are questioning their sexual orientation and gender identities have minimal access to accurate factual information about sexual orientation and gender identity expression. Workers should keep on hand basic information that would assist GLBT and questioning youth—as well as all youth regardless of sexual orientation or gender identity—in having access to accurate information on the range of sexual orientation and gender identity expression.

For more information on educational materials, see Bass and Kaufman (1996), Berzon (2001), Brown and Rounsley (1996), Gray (1999), Harris (1998), and Ettner (1999).

Establish a GLBT Supportive Work Milieu

GLBT youth quickly learn to be vigilant of their surroundings for signs of acceptance and rejection. Workers can communicate their openness and acceptance of GLBT youth by displaying GLBT-supportive literature (e.g., newsletters and magazines) and symbols (e.g., pink triangle or a rainbow flag sticker) in their offices and waiting areas (Phillips, McMillen, Sparks, & Uberle, 1997). They can also demonstrate openness to diversity in sexual orientation and gender identity expression by making sure the language on agency forms is inclusive and nonbiased. In addition, those in social work agencies can nurture the development of a GLBT-affirming staff and work environment by including sexual orientation and gender identity in agency nondiscrimination policies, by offering in-service training on GLBT youth issues for staff, and by hiring openly GLBT workers.

Advocate for Enhanced Social Services

In virtually every human services agency, save for those few dedicated to serving GLBT youth specifically, services for sexual minority youth are minimal to nonexistent. Social workers need to advocate for services that specifically include and respond to the needs of sexual minority youth. Examples of needed services include GLBT-oriented support groups dealing with issues such as coming out, forming healthy relationships, and coping with heterosexism; GLBT-oriented substance abuse recovery groups and treatment programs; educational programs for GLBT youth and their families; and services to meet the needs of GLBT youth in child welfare agencies.

Advocate for More Supportive School Environments

The school setting is a hostile environment for GLBT youth, and significant reformation is needed for them to be emotionally and physically safe there. Sexual orientation and gender identity should be included in school nondiscrimination policies, and those policies must be fully enforced. There must be zero tolerance for anti-GLBT language and behaviors in the same way that other hate language and behaviors are not tolerated. Teachers and staff must be educated, through in-service training, about the needs of GLBT youth, and administrators must support school personnel in establishing an inclusive environment for GLBT students. Schools need to hire openly GLBT teachers as role models for students in the same manner in which they seek ethnic minority teachers and both men and women teachers as role models. In addition, children need to be educated about GLBT people as part of the spectrum of diverse groups of people that are to be respected and valued. Diversity education curricula could be an appropriate place to include GLBT content, along with other diversity-oriented content.

Advocate for Social Change

There are no federal civil rights laws that protect against discrimination on the basis of sexual orientation and gender expression. Although in many progressive businesses (e.g., Bank of America, Levi Strauss, Microsoft) domestic partnership benefits for same-sex couples have been added, in most businesses—including most social services agencies—they have not been. Vermont is the only state in the nation that legally recognizes same-sex relationships (domestic partnerships). Social workers should advocate for the constitutional principle of equal protection under the law—in their own agencies as well as at community, state, and national levels—so that today's GLBT youth will grow into adulthood in a nation that is more equitable and just.

Summary

This discussion of adolescent development, and in particular, examination of identity development for GLBT youth, noted that these youth can have difficulty forming a positive identity and are at greater risk for problems such as low self-esteem, depression, substance abuse, and suicide. Important issues for such youth include disclosure, the family, school environment, issues of emerging sexuality, and consideration of diversity. Risk factors for GLBT youth include emotional distress, isolation, internalized homophobia/transphobia, depression, substance abuse, suicide, violence/victimization, family conflict, school performance, and sexually transmitted diseases and pregnancy. Protective factors which serve to enhance the well-being of GLBT youth include family factors, stable intellectual functioning, self-confidence, high self-esteem, social skills, a validating faith, and other factors that instill a sense of worth, support, and hope. Guidelines for social work practice with GLBT youth include: assess the degree of GLBT identity development; assess level of disclosure; assess for safety; provide accurate educational information; establish a GLBT supportive work milieu; advocate for enhanced social services; advocate for more supportive school environments; and advocate for social change. ①

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Appendix

- The Cass Model of Gay and Lesbian Identity Development (Cass, 1979; Morrow, 1993a)
- Stage 1: Identity Confusion.** Conscious awareness that homosexuality has personal relevance in thoughts, emotions, or behaviors. Dissonance regarding one's heretofore presumed heterosexuality contrasted with a burgeoning awareness of self as possibly gay/lesbian.
- Stage 2: Identity Comparison.** Recognition of the probability that one is gay/lesbian. Dissonance in the realization of being different from the dominant and socially valued heterosexual culture. Feelings of social alienation.
- Stage 3: Identity Tolerance.** Reasonable certainty of a personal gay/lesbian identity. Tolerance, rather than acceptance, of that identity (based on anti-gay socialization). Seeks out other gay/lesbian people to counter social alienation.
- Stage 4: Identity Acceptance.** Positive acceptance of self as gay/lesbian. Social interaction with other gay/lesbian people grows. Emerging interest in being more open and honest with others regarding sexual identity.
- Stage 5: Identity Pride.** Immersion in learning about and experiencing gay/lesbian culture. Interest in associating primarily with gay/lesbian people, and a growing concern/frustration with a dominant heterosexual culture that overtly oppresses gay/lesbian people.
- Stage 6: Identity Synthesis.** Integration of being gay/lesbian with other aspects of overall identity. Social interactions likely include both gay/lesbian and gay-affirmative heterosexual people. Disclosing one's gay/lesbian sexual identity to others becomes more of a by-product of interaction and less a major personal issue.

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