

Could My Camper Be Gay?

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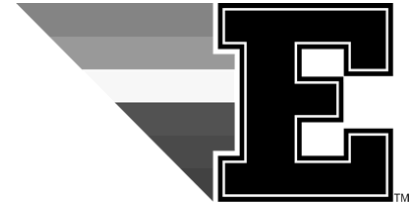
Resources for You

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“Alphabet Soup”

Common LGBT Terms



Ally – Someone who supports the LGBT community. They act accordingly to challenge homophobic and heterosexist remarks and behaviors, and are willing to explore and understand those forms of bias within himself or herself.

Androgynous – Having both feminine (femme) and masculine (butch) feelings and behaviors regardless of sexual orientation or gender.

Biattractional – A straight person who is physically attracted to members of the same sex; or, a homosexual person who is physically attracted to members of the opposite sex. The individuals with the attraction do not typically act upon this attraction as they may not feel romantically or emotionally attracted.

Bicurious – A straight person who is curious about being sexually intimate with a member of the same sex; or, a homosexual person who is curious about being with a member of the opposite sex. These are individuals who, either openly or secretly, are contemplating it, fantasizing about it, or have actually had an encounter or two and are still battling as to whether or not they liked it or would even do it again.

Biphobia – The fear, hatred, or discomfort with people who are bisexual.

Bisexual – A person who is emotionally, romantically, sexually, affectionately, and relationally attracted to both men and women, though not necessarily simultaneously.

Butch – Someone who displays outwardly male characteristics.

Civil Union – Civil union status is available to two persons of the same sex who are not related to one another. States that allow civil unions usually do so to give gays legal rights, such as health benefits, inheritance, child custody and hospital visitation, in the absence of marriage.

Closet – Being “in the closet” means keeping your sexual orientation a secret. Many LGBT people remain in the closet because of fear of rejection, harassment, and anti-gay violence, but like an actual physical closet, many LGBT people find that this mental closet is an isolated, confining place.

Coming Out – Recognizing one's own sexual orientation, gender identity, or sex identity, and to be open about it with oneself and with others.

Cross Dresser – See Transvestite

Domestic Partner – One who lives with their beloved and/or is at least emotionally and financially connected in a supportive manner with another. Domestic Partner is also used as another word for spouse, lover, significant other, etc. Legally a Domestic Partnership is similar to a Civil Union. However many people note that non-loving relationships can request a Domestic Partnership, so it is not the same.

Don't Ask, Don't Tell – Shorthand for "Don't Ask, Don't Tell, Don't Pursue" which is the US military's policy on gay men and lesbians. Basically stating that the military will not ask or pursue rumors that someone might be gay or lesbian. Also states that the person will not tell the military that they are gay or lesbian.

Drag King – See Transvestite

Drag Queen – See Transvestite

Dyke – A negative word used to stereotype masculine women or to identify a lesbian. Avoid using this term.

Fag / Faggot – A negative word used to stereotype effeminate men or to identify a gay male. Term was applied to homosexuals during the Spanish Inquisition when gay men were burned for their “crimes” (from Latin meaning “a bundle of stick”). Avoid using this term.

Femme – Someone who displays outwardly female characteristics.

FTM – Female to Male Transgendered individual.

Freedom Rings – A chain of six aluminum rings, each of a different color forming a rainbow to represent diversity; worn as a symbol of gay/lesbian pride.

Gay – Usually referring to a man who is emotionally, romantically, sexually, affectionately, and relationally attracted to other men. Also used in reference to the entire LGBT community, although this is often discouraged.

Gender – A sociological construct defining the collection of characteristics that are culturally associated with maleness or femaleness: gender is to “masculine” and “feminine” as sex is to “male” and “female”.

Gender Expression – Adherence to cultural norms for feminine, masculine or androgynous behavior/dress.

Gender Identity – Has to do with whether a person perceives him/herself to be a man or a woman; research indicates that gender identity is typically established by age 3.

Gender Role – The norms of expected behavior for men and women assigned primarily on the basis of biological gender; a sociological construct which varies from culture to culture.

GLBT – See LGBT

Heterocentrism – The assumption that everyone is heterosexual unless otherwise indicated.

Heterosexism – The individual, group, or institutional norms and behaviors that result from the assumption that all people are heterosexual. This system of oppression, which assumes that heterosexuality is inherently normal and superior, negates LGBT peoples’ lives and relationships.

Heterosexual – A person who is primarily or exclusively attracted to people of the opposite sex.

Heterosexual Privilege – Actual or promised societal benefits given to individuals who identify as heterosexual.

Homo – Derogatory term for homosexual. Avoid using this term.

Homophobia – The fear or hatred or discomfort with people who love and sexually desire members of the same sex. Homophobic reactions often lead to intolerance, bigotry, and violence against anyone not acting within the heterosexual norms. Because most LGBT people are raised in the same society as heterosexuals, they learn the same beliefs and stereotypes prevalent in the dominant society, leading to the phenomenon known as “internalized homophobia”.

Homosexual – A person who is primarily or exclusively attracted to people of the same sex. This term is not used much anymore as its history is associated with pathological gayness.

In The Closet – Keeping one's sexual orientation secret. People may be closeted about being transgender as well. Origin is from drag language i.e. "You can only tell he's gay by the female clothes in his closet."

Intersex – Intersexuality is a set of medical conditions that feature congenital anomaly of the reproductive and sexual system. That is, intersex people are born with "sex chromosomes," external genitalia, or internal reproductive systems that are not considered "standard" for either male or female. The existence of intersexuals shows that there are not just two sexes and that our ways of thinking about sex (trying to force everyone to fit into either the male box or the female box) is socially constructed.

Lavender – Color identified with LGBT culture, a mix of pink and blue.

Lesbian – A woman who is emotionally, romantically, sexually, affectionately, and relationally attracted to other women.

Lesbigay – Another abbreviation for Lesbian, Bisexual and Gay.

LGBT – Commonly used acronym for the Lesbian, Gay, Bisexual & Transgender community.

LGBTQ – Commonly used acronym for the Lesbian, Gay, Bisexual, Transgender & Queer/Questioning community.

Masculinity / Femininity – Gender-role stereotypes, differing from culture-to-culture. Across cultures, these roles are not innate to sexual orientation or gender-identity.

Men who have sex with men (MSM) – Men who engage in same-sex behavior, but who may not necessarily self-identify as gay.

MTF – Male to Female Transgendered individual.

Outing – When Person 'X' discloses the sexual orientation of Person 'Y' to others, usually without the permission of Person 'Y'.

Pansexual – The state of being sexually attracted to males, females, transgendered individuals, intersexes, transvestites, androgynes, etc. Kind of like being bisexual, except bi only refers to two sexes.

Partner – Positive term for the significant other of gays or lesbians in a committed relationship. Also, use of this word instead of "wife" and "husband" encourages inclusiveness for heterosexual couples.

Queer – Term that is inclusive of people who are not heterosexual – include lesbians, gay men, bisexual people, and transgendered people. For some LGBT people, the word "queer" has a negative connotation; however, many younger gay people are comfortable with the term being "reclaimed".

Questioning – An individual who is unsure of their sexual orientation.

Rainbow – "Official" pride symbol for LGBT people; the six colors (red, orange, yellow, green, blue, and purple) represent diversity.

Sex – A biological term dividing a species into male or female, usually on sex chromosomes (xx = female, xy = male); hormone levels, secondary sex characteristics, and internal and external genitalia may also be considered criteria. Also another term for sexual behavior or gratification.

Sexual Behavior – What a person does in terms of sexual acts.

Sexuality – The complex range of components which make us sexual beings; includes emotional, physical, and sexual aspects, as well as self-identification (including sexual orientation and gender), behavioral orientations and practices, fantasies, and feelings of affection and emotional affinity.

Sexual Orientation – An enduring emotional, romantic, sexual, affectionate, and relational attraction to another person. Can involve fantasy, behavior, and self-identification; a person's general makeup or alignment in terms of partner attraction.

Sexual Preference – Term used before Sexual Orientation which implies that someone can choose if they are gay, lesbian or bisexual. Avoid using this term.

Sodomy – Collective term for various sexual acts. Until recently was considered illegal in some states. Not synonymous with homosexuality or gay sex.

Stonewall – Although not the nation's first gay-rights demonstration, viewed as the birth of the modern gay/lesbian liberation. The Stonewall Inn tavern in New York City's Greenwich Village was raided by police on June 28th, 1969, prompting 5 days of rioting and rebellion.

TBLG – See LGBT

Transgendered – The old understanding of the word meant a person whose gender identity differs from what is culturally associated with their biological gender at birth. However, as information has evolved, it is now an umbrella term that includes a wide range of identities and includes pre-operative, post-operative, and non-operative transsexual people. In its general sense, it refers to anyone's behavior or identity that falls outside of stereotypical expectations for their gender.

Transphobia – The fear and hatred of or discomfort with people who are transgendered.

Transsexual – A medical term referring to a person whose gender identity differs from what is culturally associated with their biological gender at birth and who chose to undergo sex reassignment surgery. This term is considered outdated. Most transsexual people refer to themselves as transgendered.

Transvestite – An individual who dresses in the "opposite" gender clothing for a variety of reasons. A transvestite is also known as a drag queen (a man who dresses in women's clothing), a drag king (a woman who dresses in men's clothing) or cross dresser.

Triangle – A symbol of remembrance. Gay men in the Nazi concentration camps were forced to wear the pink triangle as a designation of being homosexual. Women who did not conform to social roles, often believed to be lesbians, had to wear the black triangle. The triangles are worn today as symbols of freedom, reminding us to never forget.

Trisexual – The sexual orientation of a person who consistently prefers to have sex with two or more other partners simultaneously.

Two-Spirited – Definition varies among Native American cultures. A two-spirited person is born one sex but ends up fulfilling the role assigned to both sexes. They are considered to be both male and female and are often revered.

Women who have sex with women (WSW) – Women who engage in same-sex behavior, but who may not necessarily self-identify as lesbians.

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Common Questions About LGBT Youth

Source: National Mental Health Association

What does sexual orientation mean? What is heterosexuality? Homosexuality? Lesbian/gay/bisexuality?

Sexual orientation means if someone is heterosexual, homosexual or bisexual. A heterosexual person, or someone who is "straight," is attracted to people of the opposite sex. A homosexual person, or someone who is "gay or lesbian," is attracted to people of the same sex. A bisexual person is attracted to both men and women.

What makes someone gay?

Some people believe gay people are born gay, while others believe they choose to be gay. Most researchers believe sexual orientation is complex, and that biology plays an important role. This means that many people are born with their sexual orientation, or that it's established at an early age.

Can parents make a child gay?

You can't raise a child to be gay. Nor can parents or therapists change a young person's sexual orientation, just as they can't change their eye color, race or height.

What about the "cures" for homosexuality I've read about?

No research has shown that "reparative therapy" (psychotherapy to eliminate individuals' sexual desires for their own sex) or "transformational ministry" (the use of religion to eliminate those desires) is successful. In fact, every mainstream mental health and medical organization says these methods may be harmful. They warn that attempts to "cure" lesbians and gay men may help change sexual behavior temporarily but will also create emotional trauma.

What is the difference between homosexual people and transgender people?

Homosexuality (and heterosexuality) refers to a person's sexual orientation, or to whom a person feels attracted. Transgender refers to a person's gender identity, or how a person expresses their femininity or masculinity. For people who are transgender, their gender identity is different from the sex they were born. This means that someone may be born a male but feel emotionally like a female or vice versa. Some transgender people use clothes, hormones and/or surgery to fully express their gender in the world.

Is homosexuality unhealthy?

All sexual behaviors have health risks, and it's important for teens to know this. But being gay does not make someone unhealthy or unhappy. What is unhealthy is prejudice against gays and lesbians. This prejudice can be especially damaging for young gay people who are often harassed and made to feel ashamed of who they are. In 1973, the American Psychiatric Association recognized homosexuality as a normal human behavior, and since then all other major health professional organizations have supported this fact.

Is homosexuality immoral?

Some religions continue to teach that homosexuality is immoral, and other spiritual communities and faiths accept people of all ages who are gay, lesbian and bisexual. No matter what your religious beliefs, a key value to share with your child is to treat all people with respect.

If I think my child is gay, what should I do?

Parents are likely to have a range of reactions. Some may hope their child is simply going through a phase, while others may wonder if they did something wrong. And some worry that their children will have harder lives because they are gay. Other parents are supportive and loving of their child's sexuality. Whatever your reaction, try to provide a supportive, non-judgmental ear. Consider helping your child get more information by talking with other gay teens and contacting your local PFLAG, GLSEN or gay youth center. Above all else, your child needs to feel that you will always love him or her no matter what.

Common Myths & Stereotypes About LGBT Youth

Source: In The System and in the Life: A Guide for Teens and Staff to the Gay Experiences in Foster Care

Can youth really be gay or lesbian?

Youth workers have probably asked themselves at one time or another, "Is this youth really gay? Is he or she just going through a phase?"

It's possible for a youth to be sure of his or her orientation as young as age 10. Society is gradually becoming more affirming about the experiences of GLBTQ persons, and as a consequence, some GLBTQ youth are coming out at earlier ages.

It is also common for some youth to shift back and forth between identifying as gay, bisexual, and heterosexual. Dealing with the ambiguity of sexual identity makes many adults uncomfortable, but gaining greater comfort with this ambiguity is an issue that youth workers must face.

Are people born GLBTQ?

According to some researchers, preliminary evidence suggests a genetic and biological basis for all sexual orientation. Although some GLBTQ persons recall always knowing they were "different," others do not agree with the "gay from birth" philosophy. Research in this area is very limited.

Is being GLBTQ a choice?

Just as heterosexual people do not "choose" their sexual orientation, most GLBTQ persons do not choose theirs. The only real choice most GLBTQ persons have is whether or not to be open about their orientation.

Can someone be seduced into being GLBTQ?

No. it is simply not possible for someone to be seduced into being gay, any more than a gay or lesbian person could be seduced into being heterosexual.

Do GLBTO persons recruit others to become gay?

No. What sometimes happens, however, is that a youth who is struggling with issues of GLBTO identity meets another GLBTO youth who is open about his or her identity. The struggling youth then realizes that he or she might be able to come out. This occurrence might make someone believe that the “formerly heterosexual” youth was recruited, but that scenario is not possible or accurate.

Are GLBTO persons more likely to molest a child?

No. According to researchers, the person most likely to molest children are heterosexual males.

Is a GLBTO person someone who was sexually abused as a child?

Although some GLBTO people – just as some heterosexual people – were sexually abused as children, no evidence suggests that sexual abuse makes someone GLBTO. We do know that sexual abuse can make a child very confused. Consequently, some youth who have experienced sexual abuse might be categorized as questioning.

Are people gay or lesbian because they have not met the right person of the opposite gender?

No. In fact, many gay men and lesbians have been partners of or married to people of the opposite sex. Being gay or lesbian is not a matter of ailing to meet the right person of the opposite sex. It is about finding the right internal sense of fit with a person, usually of the same sex.

Could gay and lesbian people be heterosexual if they tried?

Being gay or lesbian is so condemned by our society that many gay and lesbian people try to pretend to be heterosexual, at least for part of their lives. Some even try for a lifetime, never acting on or acknowledging their gay or lesbian feelings. Others find ways to adapt to their feelings through secret relationships. Still others remain married for years, but ultimately separate or divorce and seek same-sex relationships.

How can you tell if a person is gay or lesbian?

At one time, many people thought that gay and lesbian people were identifiable through stereotypical mannerisms, affections, dress, and so on, but the only real way to know if someone is gay or lesbian is if the person tells you. Gay men and lesbians are very diverse, and stereotypes cannot confirm sexual orientation.

Just The Facts

Source: Coalition for Safer Schools of NYS, PO Box 2345, Malta, NY 12020
and
GLSEN NY Saratoga County (Gay Lesbian Straight Education Network)

1. Self-Realization

- ↳ Gay male adolescents report becoming aware of a distinct feeling of "being different" between ages 5-7; they also report that they did not yet connect this feeling to the issue of sexuality. [1]
- ↳ The median age at which lesbian and gay youth become aware that their feelings of "difference" are linked to a same-sex sexual orientation is 13. [2]

2. Climate

- ↳ The typical high school student hears anti-gay slurs 25.5 times a day. [4]
- ↳ 80% of gay and lesbian youth report severe social isolation. [5]

3. The Family

"On reflecting about homosexuality, I've learned that: my religious tradition taught me to believe that my son was a sinner; my medical support system taught me to believe that my son was sick; my educational system taught me that my son was abnormal; my legal system views my son and his partner in an unsanctioned relationship without legal rights and protection that are afforded my married daughter; my family, immediate and extended, provided no acknowledgment or support for having a gay relative in its midst; my major communications sources treated homosexuality as deviant." -- father of a gay son

- ↳ 42% of homeless youth self-identify as gay/lesbian. [6]

4. Anti-Gay Violence and Harassment

- ↳ "Homosexuals are probably the most frequent victims [of hate crimes]" in the U.S. [7]
- ↳ 19% of gay/lesbian youth report suffering physical attacks based on their sexual orientation. [8]

5. Health Issues

- ↳ 1 in 5 HIV-positive men were apparently infected during their adolescent years. [9]
- ↳ 68% of adolescent gay males use alcohol (26% or more at least once a week); 44% use other drugs. [10]
- ↳ 83% of adolescent lesbians use alcohol and 56% use other drugs.
- ↳ 31% of LGB students have used cocaine as opposed to 7% of non-LGB students. [11]
- ↳ 62% of LGB students smoke as opposed to 35% of non LGB students.
- ↳ 32% of LGB students has gotten pregnant or gotten someone pregnant as opposed to 12% of non LGB students.
- ↳ 30% of gay and bisexual adolescent male attempt suicide at least once. [12]
- ↳ Gay and lesbian youth represent 30% of all completed teen suicide: extrapolation shows this means a successful suicide attempt by a gay teen every 5 hours and 48 minutes. [13]
- ↳ LGB students are four times more likely to attempt suicide than non-LGB students. [14]

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Study Abstract

Source: *Lesbian, Gay and Bisexual Youth in Community Settings: Personal Challenges and Mental Health Problems* by Anthony R. D'Augelli and Scott L. Hershberger, *The Pennsylvania State University from American Journal of Community Psychology*, Vol.21, No.4, 1993, pp.421-448.

Studied 194 lesbian, gay, and bisexual youth aged 21 and younger who attended programs in 14 community centers to determine the personal challenges they face due to their sexual orientation and their responses to these stresses. First awareness of sexual orientation typically occurred at age 10, but disclosure to another person did not occur until about age 16. There was much variability in sexual behavior, and many youths reported both same-sex and opposite-sex sexual experiences. Although most had told at least one family member about their sexual orientation, there remained much concern about family reactions. Suicide attempts were acknowledged by 42% of the sample. Attempters significantly differed from nonattempters on several milestones of sexual orientation, social aspects of sexual orientation, parents' knowledge of sexual orientation, and mental health problems.

Real Comments from Real LGBT Youth

These are questions, experiences and comments from actual youth.

"I felt as though I was the only gay person my age in the world. I felt as though I had nowhere to go to talk to anybody. Throughout eighth grade I went to bed every night praying that I would not wake up in the morning, and every morning waking up and being disappointed. And so finally, I decided that if I was going to die, it would have to be at my own hands."

A first-grade boy thinks he's going to go to hell because of the affection he feels toward other boys.

"My name is Nicole, and I'm a lesbian. I'm twelve years old. I know you people think I'm young, but I know how I feel. I never liked any boys. But I've liked a lot of girls. At first, I thought it was wrong, because I didn't know any other gays."

A second-grade girl with lesbian parents draws only one of them in family pictures because she doesn't want people to know that she has two mommies.

A third-grade boy gets punched in the stomach on a school bus by boys who call him a faggot.

"We were picked on. We were called 'queer' and 'faggot' and a host of other homophobic slurs. We were also used as punching bags by our classmates, just for being different."

A fourth-grade girl struggles to decide whether to start taking karate classes because she thinks it's a boy thing to do. She's afraid others might tease her.

"The way our society thinks about this very important issue must change for the world to be truly peaceful. The only thing that brings about social change is talk. We must talk if we are going to get things done. How can we talk if nothing is said because it's uncomfortable for some? We can do it by those of us willing to talk about tough issues getting out there and talking about them."

GLBTQ Youth: At Risk and Underserved

Gay, lesbian, bisexual, transgender* and questioning (GLBTQ) youth face tremendous difficulties in a society where heterosexuality often seems the only acceptable orientation, and homosexuality is regarded as deviant. Research shows that homophobia and heterosexism greatly contribute to GLBTQ youth's high rates of attempted and completed suicide, violence victimization, substance abuse, teenage pregnancy, and HIV-associated risky behaviors. In recent years, some programs offer GLBTQ youth the skills and support they need to develop into healthy adults.

Awareness of Sexual Orientation Comes Early.

- Research suggests that sexual orientation is likely determined during early childhood.²
- Prospective studies indicate that many gay and lesbian youth self-identify at about age 16, and that their first awareness of homosexual attraction occurred at about age nine for males and 10 for females.²
- Same-sex sexual behavior is more common among adolescents than among adults although few adolescents are likely to label themselves as lesbian or gay. They are fearful of rejection and discrimination and also may be uncertain or unaware of their sexual orientation. In a representative sample of 1,067 teens, for example, only one youth self-identified as gay although five percent had engaged in same-sex sexual behavior.² Because many youth do not self-identify as gay, experts say it is important to talk about specific same-sex sexual behaviors rather than sexual orientation when discussing sexual risk taking.³

Open GLBT Identity Can Mean Family Rejection and Can Make School Dangerous.

- After coming out to their family, or being discovered, many GLBT youth are thrown out of their home or mistreated or made the focus of the family's dysfunction.⁴
- Service providers estimate that 25 to 40 percent of homeless youth may be GLBT.² These rates may be conservative since many GLBT youth hide their orientation out of fear.²
- In one nationwide survey, over 83 percent of GLBT students reported verbal harassment at school. Seventy-four percent of transgender students reported sexual harassment. Over 21 percent of all GLBT youth reported being punched, kicked, or injured with a weapon at school because of their sexual orientation.⁵
- The consequences of physical and verbal abuse directed at GLBT students include truancy, dropping out of school, poor grades, and having to repeat a grade. In one study, 28 percent of gay and bisexual youth dropped out of school due to peer harassment.⁴

GLBT Youth of Color Face Additional Challenges.

- Unlike racial stereotypes that family and ethnic community can positively reframe, many ethnic minority communities reinforce negative cultural perceptions of homosexuality.²
- Up to 46 percent of GLBT youth of color experience physical violence related to sexual orientation.⁴ Over 48 percent of youth in one survey were verbally harassed in school regarding sexual orientation and race/ethnicity.⁵
- Even though past traditions often affirmed homosexuality, many GLBT youth in modern Native American communities face humiliation and violence because of their sexual orientation.^{2,6,7}
- In many Latino communities, *machismo* and Catholicism contribute to homophobic attitudes that hamper efforts to reach Latino gay and bisexual youth with HIV prevention information.⁸
- Asian American and Pacific Islander GLBT youth often feel that they have shamed their families when they diverge from cultural expectations to marry and have children.⁷
- African American GLBT youth often face discrimination from white gay communities and rejection from homophobic black communities.⁹

GLBT Youth Lack Positive Role Models, Use Substances to Help Cope.

- Positive community support and role models for GLBT adolescents are minimal, and many adults fear discrimination, job loss, and abuse if they openly support GLBT youth.¹⁰
- Many GLBTQ youth report relying on television to learn what it means to be lesbian or gay. In one study, 80 percent of GLBT youth ages 14 to 17 believed common media stereotypes depicting gay men as effeminate and lesbians as masculine. Half believed that all homosexual people were unhappy.²
- GLBT youth often internalize negative societal messages regarding sexual orientation and suffer from self-hatred as well as social and emotional isolation. They may resort to substance use in attempts to manage stigma and shame, to deny same-sex sexual feelings, or as a defense against ridicule and violence.²
- A study of public high school students found that GLB students were significantly more likely to use crack cocaine, cocaine, anabolic steroids, and inhalants than were their heterosexual peers.¹¹

GLBT Youth Are in Danger of Attempting Suicide and Taking Sexual Risks.

- Studies establish links between attempting suicide and gender nonconformity, early awareness of sexual orientation, stress, violence, lack of support, school dropout, family problems, homelessness, and substance use.¹²
- In a recent survey, 33 percent of GLB high school students reported attempting suicide in the previous year, compared to eight percent of their heterosexual peers;¹³ in another study, gay and bisexual males were nearly four times more likely to attempt suicide.¹⁴
- In one study of 15- to 22-year-old men who have sex with men, 90 percent reported sex with at least one man, and 23 percent, with at least five men, in the previous six months. Overall, 41 percent reported unprotected anal sex; 17 percent of men of mixed race/ethnicity who reported black background were HIV-infected. HIV prevalence was also higher among African Americans (14 percent), men of mixed or other race/ethnicity (13 percent), and Hispanics (seven percent) than among whites or Asian Americans (three percent each).¹⁵
- In one study, nearly 17 percent of bisexual women reported unprotected vaginal or anal sex with a man during the last two months.¹⁶

But Some Positive Trends Exist.

- In a recent poll, more than half of adults supported protecting the civil rights of GLBT people.¹⁷ In another survey, 95 percent of youth supported expanding current hate crimes laws to cover gender and sexual orientation.¹⁸
- A recent study of GLBT youth who received gay-sensitive HIV prevention education in school showed they engaged in less risky sexual behavior than similar youth who did not receive such instruction.¹⁹

* Transgender individuals manifest characteristics, behaviors, or self-expression which, in their own or others' perceptions, are commonly associated with persons of a different gender.¹

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Lesbian, Gay, Bisexual and Transgender Youth Issues

(Taken from the SIECUS Report, Volume 29, Number 4 - April/May 2001)

During 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 transgender (LGBT) students. Many of the studies are regional or local. Much of the research focuses on samples of LGBT youth that are disproportionately at risk.

Sexual Self-Concept, Orientation, and Identity

- Sexual self-concept is an individual's evaluation of his or her sexual feelings and actions¹
- Developing a sexual self-concept is a key developmental task of adolescence²
- 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 orientation³
- 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 woman⁴

Sexual Orientation during Adolescence

These statistics are from a report written by the Safe Schools Coalition of Washington that describes several other studies:⁵

- 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 orientations.
- 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 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 students⁶
- 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 American Indian 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: ⁷

- 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: ⁸

- 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: ⁹

- 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 age of 14, as compared to 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: ¹⁰

- 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: ¹¹

- Among sexually experienced respondents, 44 percent of those unsure of their sexual orientation reported no use of contraception as compared to 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 ineffective 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.¹²
- 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 those 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.¹³

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:¹⁴

- 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

Safety, Harassment, Violence, and Other Social Issues

A national survey of 496 lesbian, gay, bisexual, transgender, and questioning (LGBTQ) students under 19 years of age who were affiliated with local youth service organizations found:¹⁵

- Two out of five youth (41.7 percent) did not feel safe in their school because they are LGBTQ (n=191)
- 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 school
- 91.4 percent of LGBTQ youth reported that they sometimes or frequently hear homophobic remarks in their school (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 (n=177)
- 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, n=218) 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 (n=179)
- 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 issues
- 69 percent of LGBTQ youth reported experiencing some form of harassment or violence (n=342)
- 61.1 percent (n=300) of LGBTQ youth reported experiences of verbal harassment with 45.9 percent (n=106) having experienced it daily 46.5 percent (n=224) reported experiences of sexual harassment, 27.6 percent (n=134) reported experiences of physical harassment, and 13.7 percent (n=68) 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 their schools 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 their schools 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:¹⁶

- 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 fear 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:¹⁷

- 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 LGBT.¹⁸

Sexual Abuse

A study of 394 self-identified bisexual and homosexual adolescents in the seventh to twelfth grade who participated in the *1986-87 Minnesota Adolescent Health Survey* found:¹⁹

- 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:²⁰

- 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:²¹

- Of 4,000 Massachusetts high school students, approximately 40 percent of gay and bisexual students attempted suicide compared to 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:²²

- 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 using tobacco, marijuana, and cocaine before 13 years of age

Perceptions of 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 homosexuals²³
- 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 environments²⁴
- In a random sample of high school health teachers, one third perceived the schools were not doing enough to help homosexual adolescents²⁵
- 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 orientation²⁶

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.²⁷ 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.²⁸ In a study of gay and lesbian adolescents 14 to 21 years of age, less than one in five of the surveyed gay and lesbian adolescent students could identify someone who was very supportive of them.²⁹

Student Attitudes about LGBT Issues

A national survey of 2,804 American high school students 16 to 18 years of age with an "A" or "B" grade average found:³⁰

- 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 gays should be allowed to marry (54 percent) and to join the clergy (54 percent)

Parental Support for LGBT Issues

A national survey of 1,000 American parents found:³¹

- Seventy-six percent of parents nationwide would be comfortable talking to their child 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 child's teacher 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 child's teacher 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 child's friend were gay or lesbian
- When asked, "What is the youngest age you feel you might need to talk to your children about homosexuality?"
 - 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 Sexual Orientation in the Schools

- 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.³²
- 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 competent³³
- Sixty-six percent of high school health teachers identified mass media as the most commonly used source of information regarding homosexuality³⁴
- 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 bisexuality³⁵
- 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.³⁶

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Gender Variance: A Primer

Transgendered people are perhaps the most stigmatized and misunderstood of the larger sexual minorities (Gay, Lesbian, Bisexual, Transgender). In order to better understand transgendered people, it is useful to make a sharp distinction between two terms that are often used interchangeably. **Sex** is the anatomy and biology that determines whether one is male, female, or intersexed (formerly called *hermaphroditid*). **Gender** is a psychosocial construct most people use to classify a person as male, female, both, or neither.

Gender Identity is a person's sense of their own gender, which is communicated to others by their **Gender Expression**. Since most people conform to societal gender norms, they have a Gender Identity congruent with their Gender Expression. However, Gender, like sexuality, is fluid and can change over time, in individuals and in human society. For some people, Gender Identity, Gender Expression and sex do not correspond with each other. Those who cannot or choose not to conform to societal gender norms associated with their physical sex are **Gender Variant**.

Transgender is an umbrella term used to describe Gender Variant people who have gender identities, expressions or behaviors not traditionally associated with their birth sex. Transgender is preferred over *transvestite* or *transsexual*, older terms which do not accurately describe all transgendered people, and which also have a clinical or stigmatizing connotation. Transgender also can mean anyone who transcends the conventional definitions of 'man' and 'woman'. Thus transgender also can include Butch Lesbians, Radical Faeries, Drag Queens, Drag Kings and many other kinds of gender variant people who use a variety of terms to self-identify.

Transgendered people are often categorized by their **Gender Vector**: Male-to-Female (MTF), or Female-to-Male (FTM). Although transsexual women (MTFs) have dominated the public's perception of transsexualism and transgenderism, there may be just as many transsexual men (FTMs) and female-bodied transgendered people. There also are transgendered people who do not believe in gender at all, seeing many possibilities beyond the male-female binary system for living their lives and expressing themselves.

Transgender is often mistakenly understood to mean **Transsexual**. Transsexual men (FTMs) and transsexual women (MTFs) actually comprise a minority within the transgender community. They feel profoundly unhappy with their bodies and gender norms associated with their birth sex. This unhappiness, combined with feelings of frustration and anger, are all symptoms of **Gender Dysphoria**, a psychological condition commonly associated with transgendered as well as transsexual people. In order to seek relief from their Gender Dysphoria, transsexual men and women go through **Gender Transition**, in order to live full-time in the gender that corresponds with their Gender Identity.

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While in transition, most transsexual people take hormones (clinically, this is called **Hormonal Sex Reassignment**) to develop the secondary sexual characteristics that reflect their chosen gender. Some undergo surgical procedures to modify their bodies in different ways. The proper term for the 'sex change operation' is **Sex Reassignment Surgery (SRS)**. Both hormonal and surgical sex reassignment are generally obtained by following a set of guidelines called the **Standards of Care**, promulgated by the **Harry Benjamin International Gender Dysphoria Association (HBIGDA)**, an international group of sexologists, psychotherapists, physicians, attorneys and social scientists. Hormonal and Surgical Sex Reassignment, along with other cosmetic surgical procedures, psychotherapy and speech therapy are all parts of **Transgender Care**, which is typically not covered by health insurance plans. Moreover, the sensitivity and awareness of medical providers are very important concerns for transgendered people when accessing routine health care.

However, it is important to remember that most transgendered people do not alter their physical anatomy. Those who live full time in genders not associated with their physical sex and take only hormones may identify themselves as **Transgenderists** or simply **Transgenderers**. Still others who self-identify as **Stone Butch or No-ho/No-op** live full time without hormonal therapy and sex reassignment surgery. The largest single group of transgendered people are **Crossdressers** (formerly called transvestites) who wear opposite-gender clothing. Crossdressers are usually heterosexual men who crossdress privately, but there also are women who crossdress. Many transgendered youth prefer the term **Gender Queer** to describe themselves.

Intersexed people (formerly called *hermaphrodites*) are born with chromosomal and/or physiological anomalies, and/or ambiguous genitalia. Many intersexed infants born with ambiguous genitalia are surgically "normalized" at the wishes of their anxious parents, a controversial procedure which later results in loss of sexual response in adulthood. The Intersex Society of North America (ISNA) has called this practice Infant Genital Mutilation. Some intersexed infants have even been sexually reassigned – without their consent – and later in life develop gender identity issues strikingly similar to those of transsexual people. Some undergo SRS as adults, but their medical procedures may be covered by health insurance plans.

It's easy to become confused about the **Sexual Orientations** of transgendered people. Many refer to their sexual orientations on the basis of their gender identity, without regard to their existing or former (if a post-operative transsexual) anatomy. Others identify themselves as gay or lesbian, because of cultural reasons or affinity needs, while still others refuse to classify their sexual orientation. However, due to **Trans-ignorance**, transgendered people are often misperceived to be gay or lesbian because of their appearance, which is often that of a masculine woman or a feminine man – the cultural gendered stereotypes of lesbians and gay men.

Because this misperception is so pervasive, transgendered people often become victims of homophobia, which many of them call **Transphobia**. How much Transphobia they encounter is a function of **Passing Privilege** – which allows its possessors to pass as non-transgendered. Some but not all transgendered people who seek to live full-time can gain passing privilege, through the medical technologies of Transgender Care. However, it can take years to affect these physiological changes, as well as to adapt to new social roles. Transgender Care also is commonly quite difficult to obtain, due to the lack of willing providers, the lack of health insurance coverage, and its expense. All of these reasons explain why transgendered people are particularly subject to a disproportionate amount of anti-gay violence and discrimination.

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G.E.A. is a national nonprofit organization dedicated to improving the lives of all gender variant people regardless of their social identities

Sexual Orientation Development

Source: Just The Facts About Sexual Orientation & Youth: A Primer for Principals, Educators & School Personnel

- Sexual orientation is one component of a person's identity.
- Sexual orientation develops across a person's lifetime.
- The experience of gay, lesbian and bisexual teenagers is often one of isolation, fear of stigmatization and lack of peer or familial support.

Sexual orientation is one component of a person's identity, which is made up of many other components, such as culture, ethnicity, gender, and personality traits. Sexual orientation is an enduring emotional, romantic, sexual, or affectional attraction that a person feels toward another person. Sexual orientation falls along a continuum. In other words, someone does not have to be exclusively homosexual or heterosexual, but can feel varying degrees of attraction for both genders. Sexual orientation develops across a person's lifetime—different people realize at different points in their lives that they are heterosexual, gay, lesbian, or bisexual. Sexual behavior does not necessarily equate to sexual orientation. Many adolescents—as well as many adults—may identify themselves as homosexual or bisexual without having had any sexual experience. Other young people have had sexual experiences with a person of the same gender, but do not consider themselves to be gay, lesbian, or bisexual. This is particularly relevant during adolescence because it is a time for experimentation—a hallmark of this developmental period. Gay, lesbian, and bisexual adolescents follow a developmental path that is both similar to and quite different from that followed by heterosexual adolescents. All teenagers face certain developmental challenges, such as developing social skills, thinking about career choices, and fitting into a peer group. Gay, lesbian, and bisexual youth must also cope with prejudiced, discriminatory, and violent behavior and messages in their families, schools, and communities. Such behavior and messages negatively affect the health, mental health and education of lesbian, gay, and bisexual young people. These students are more likely than heterosexual students to report missing school due to fear, being threatened by other students, and having their property damaged at school.¹ The promotion of “reparative therapy” and “transformational ministry” is likely to exacerbate the risk of harassment, harm, and fear.

For these reasons, the experience of gay, lesbian, and bisexual teenagers is often one of isolation, fear of stigmatization, and lack of peer or familial support. Gay, lesbian, and bisexual youth have few opportunities for observing positive modeling by adults due to the general cultural bias that makes gay, lesbian, and bisexual people largely invisible. It is this isolation and lack of support that accounts in part for the higher rates of emotional distress,² suicide attempts,³ and risky sexual behavior and substance use⁴ that gay, lesbian, and bisexual students report compared to heterosexual students. Because of their legitimate fear of being harassed or hurt, gay, lesbian, or bisexual youth are less likely to ask for help. Thus, it is important that their environments be as open and accepting as possible, so these young people will feel comfortable sharing their thoughts and concerns. To be able to provide an accepting environment, school personnel need to understand the nature of sexual orientation development and be supportive of healthy development for all youth.

“Coming out” refers to the process of acknowledging one's gay, lesbian, or bisexual attractions and identity to oneself and disclosing them to others. This process is different for every teenager; however, most adolescents disclose their sexual orientation to others in the following order: other gay, lesbian, and bisexual peers, close heterosexual peers, close family members, and finally, parents.⁵

Many people may wonder why gay, lesbian, and bisexual teenagers and adults feel the need to “come out,” i.e., disclose their sexual orientation to others. This is actually the expression of a normal tendency to want to share personal information about oneself with important others, and should be treated as such by those around the gay, lesbian, or bisexual adolescent. It is healthy for teenagers to share with friends and families their latest crush or how they spent their weekend. This process, however, is often quite difficult for the gay, lesbian, or bisexual adolescent, because there is a strong (and wellfounded) fear of being rejected by others.

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Advocates
For Youth

Rights. Respect. Responsibility.®

RESPECTING THE RIGHTS OF GLBTQ YOUTH, A RESPONSIBILITY OF YOUTH-SERVING PROFESSIONALS

By Jessie Gilliam, Program Manager for Internet Interventions, Advocates for Youth

Some organizations and programs are intentional about serving gay, lesbian, bisexual, transgender, and questioning (GLBTQ) youth. However, many programs in the United States that serve youth, including educational, health care, youth development, sports, recreational, and employment programs, among others, ignore or overlook the presence of GLBTQ youth among those they serve.

A recent survey of high school youth found that 5.5 percent self-identified as gay, lesbian, or bisexual and/or reported same-gender sexual contact.¹ This probably does not include transgender and questioning youth or those who are fearful of sharing this personal information. Consider then, that six to 10 percent of young people in classrooms and other youth programs may be GLBTQ. Often, unless the program positively acknowledges their presence and actively discourages homophobia, these young people feel compelled to keep their sexuality and their questions hidden.

Society in the United States is overtly hostile to GLBTQ people, and societal homophobia often leads them to devalue themselves. Statistics paint a frightening picture of the stresses in the lives of GLBTQ youth. Too often, these young people feel isolated and alone. Violence and hostility at home and school lead many GLBTQ youth to drop out, run away, use drugs, and attempt suicide.^{1,2}

A values-based approach to serving youth asserts that every young person is of infinite value, regardless of race/ethnicity, gender, health status, socio-economic background, sexual orientation, or gender identity. Valuing youth provides an ethical imperative to acknowledge and serve GLBTQ youth equally and positively along with heterosexual youth.

In October, 2001, Advocates for Youth launched the *Rights. Respect. Responsibility.*® (3Rs) campaign. Through the campaign, Advocates for Youth asserts that—

- Adolescents have the **right** to balanced, accurate, and realistic sexuality education, confidential and affordable sexual health services, and a secure stake in the future.
- Youth deserve **respect**. Today, they are perceived only as part of the problem. Valuing young people means they are part of the solution and are included in the development of programs and policies that affect their well-being.
- Society has the **responsibility** to provide young people with the tools they need to safeguard their sexual health and young people have the responsibility to protect themselves from too early childbearing and sexually transmitted infections, including HIV.

The 3Rs applies to *all* youth, regardless of sexual orientation or gender identity.

Most of my role models are my friends who have been able to survive when they were told they shouldn't.
Gay youth, in an online interview³

Anyone who provides services to youth has an obligation to promote the health and well-being of GLBTQ young people. These youth need and deserve help to survive in the face of family rejection and school harassment, against heightened HIV, STI, suicide, and violence rates, against racial, cultural and socio-economic prejudice. More, they can and should thrive as contributing members of their communities. But, GLBTQ youth need support in order to succeed.

Many programs and approaches exist that specifically serve GLBTQ youth, helping them to value themselves and to avoid or reduce sexual health risks. These approaches offer assistance,

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insights, and techniques to help programs that do not focus solely—or at all—on GLBTQ youth. Programs that respect young people’s right to make responsible decisions about sex will want to develop policies and environments that support *all* the youth in the program, irrespective of their sexual orientation or gender identity.

This issue of *Transitions* compiles the best of these approaches. It offers factual information about the lives of and risks to GLTBQ youth, as well as personal observations of young activists in the field. It provides criteria for successfully serving GLBTQ youth, GLBTQ youth of color, HIV-positive youth, transgender youth, and young people who question their sexual orientation. It addresses the chilling effect of abstinence-only-until-marriage education and the need of lesbian and bisexual young women for access to emergency contraception. Throughout the issue, GLBTQ youth give glimpses of their lives, perceptions, personalities, and experiences.³

Endnotes are found on page 19.

RESOURCES

- *An Emergency Option for Preventing Pregnancy after Sex*. Advocates for Youth, 2001.
- *HIV/AIDS and the Young African American Woman*. Advocates for Youth, 1999.
- Gelperin N. *Teaching with SEX, ETC.: Articles & Activities*. Network for Family Life Education, SEX, ETC., 2002.
- *Young Women Who Have Sex with Women: Falling through Cracks for Sexual Health Care*. Advocates for Youth, 2001.
- *I Think I Might Be Bisexual, Now What Do I Do?* Advocates for Youth, 2001.
- *I Think I Might Be Gay, Now What Do I Do?* Advocates for Youth, 2001.
- *I Think I Might Be Lesbian, Now What Do I Do?* Advocates for Youth, 2001.
- *Guide to Implementing TAP (Teens for AIDS Prevention): A Peer Education Program to Prevent HIV and STI*. 2nd ed. Advocates for Youth, 2002.
- *Resources for Gay, Lesbian & Bisexual Youth*. Advocates for Youth, 2001.

Visit www.advocatesforyouth.org for Advocates' publications. For SEX, ETC., visit www.sxetc.org.

Films by Teens for Teens

Scenarios USA is a program for teenagers to get them thinking about their choices and decisions around important issues that affect their lives, such as HIV/AIDS, unwanted pregnancy and violence. Teens, ages 12 to 22, address these issues by writing stories for the Scenarios contest, *What's the Real Deal*.

Winners get to make their stories into short films in their hometown, working with a professional filmmaker and crew. The finished products are high-quality short films that educators can use to spark discussion on important issues. The films have been shown on MTV, PBS and NBC

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STRESSORS IN THE LIVES OF GLBTQ YOUTH

By Meg Earls, Grants Manager, Advocates for Youth

In the United States, GLBTQ youth often lack positive role models and face serious problems in a largely homophobic society. Numerous studies indicate that societal homophobia increases GLBT youth's risk for substance use, dropping out of school, homelessness, sexual risk-taking, and attempting suicide. Youth-serving professionals owe *all* the young people in their programs the opportunity to build their skills and self-confidence and to succeed; but many professionals are unaware of the risks faced by GLBTQ youth.

GLBT youth realize their sexual orientation early in life.

- Research suggests that sexual orientation may be determined during childhood. Many GLBTQ individuals report a feeling of being “different” from an early age.⁴ Prospective studies with adolescents show gay males and lesbians self-identifying at about age 16.⁵ Anecdotal evidence also suggests that many transgender youth have felt, from an early age, uncomfortable with their biological gender and/or expected gender role.⁶
- The age of coming out may be dropping as increased access to information and services for GLBTQ youth, particularly in urban areas, provides greater opportunities for self-affirmation and socialization.⁵

Openly identifying as GLBT may mean rejection by family, friends, and peers at school.

- After coming out to their family, or being discovered, many GLBT youth are thrown out of their homes, face physical, emotional, and/or sexual abuse, or become the focus of family disfunction.²
- GLBT youth face hostility and violence at school. In one nationwide survey, over 83 percent of GLBT students reported verbal harassment while 90 percent of the youth said that other students never or rarely intervened. Forty-eight percent of GLBT youth of color reported verbal harassment on the basis of both orientation and ethnicity. Seventy-four percent of transgender students reported sexual harassment. Over 21 percent of all GLBT youth reported being punched, kicked, or injured with a weapon because of their sexual orientation while 42 percent reported being shoved or pushed.⁷ GLBT students are three times more likely than heterosexual students to miss school because they feel unsafe.¹

GLBTQ youth of color are often at disproportionate risk for abuse, suicide, and HIV infection.

- In one survey, 61 percent of GLBT youth of color reported being victims of violence from family, and 40 percent, from peers and strangers; 41 percent of females and 35 percent of males had attempted suicide.²
- In one recent study of young men who have sex with men (YMSM), 16.9 percent of men of mixed race/ethnicity who reported black background were HIV-infected. HIV prevalence was also higher among African Americans, men of mixed or other race/ethnicity, and Hispanics than among Asian American/Pacific Islanders or whites (14.1, 12.6, and 6.9 percent versus 3.0 and 3.3 percent, respectively).⁸

Research suggests that societal homophobia results in high rates of suicide and suicide attempts, substance abuse, and risk for HIV and other sexually transmitted infections (STIs).

- Numerous studies establish clear links between a youth's sexual orientation and the likelihood of attempting suicide. In a recent survey, GLB and questioning students were more than twice as likely, and gay and bisexual males were nearly four times as likely, as their heterosexual peers to have attempted suicide.⁹
- A study of public high school students found that GLB students reported far more use of crack cocaine, marijuana, alcohol, and inhalants than did their heterosexual peers. GLB students were also more likely to report cocaine use before age 13 than were their heterosexual peers.¹⁰
- In one recent study, during the previous six months 90 percent of YMSM had sex with at least one man, and 23 percent had sex with at least five men. Overall, 41 percent reported unprotected anal sex.⁸

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CREATING INCLUSIVE PROGRAMS

By Jennifer Augustine, MPH, HIV/STI Prevention Program Associate, Advocates for Youth

Kayla Jackson, MPA, Director, HIV/STI Prevention Programs, Advocates for Youth

Jane Norman, Director, Youth Empowerment Initiatives, Advocates for Youth

Advocates' staff is often asked to lead workshops or training sessions for youth-serving professionals who wish to become better informed about the needs of GLBTQ youth. Sometimes, participants say that they are interested in learning more about GLBTQ issues, but that "there aren't any GLBTQ youth in my program/town/city/state." This never fails to surprise staff, as studies show that between five and 10 percent of people are gay, lesbian, bisexual, or transgender.¹ Perhaps it might be more accurate to say that there aren't any gay, lesbian, bisexual, transgender, or questioning youth who feel safe enough to share this information with anyone in the program or sure enough to self-identify as gay, lesbian, bisexual, or transgender.

Whether or not youth-serving professionals know of any openly GLBTQ youth in programs, it is essential to create a safe space for young people who are, who believe that they might be, or who have friends or family members who are gay, lesbian, bisexual, or transgender. Research demonstrates that homophobia and heterosexism greatly contribute to higher rates of suicide, violence victimization, risk behavior for HIV infection, and substance abuse among GLBTQ youth as compared to their heterosexual peers.² Adults' responsibility is to *all* of the youth in the program. Even if some youth-serving professionals feel uncomfortable about sexual orientation, they owe it to the young people they serve to educate themselves and to help connect youth to the organizations, role models, and resources they need. Adults owe it to youth to respect the rights of each of them.

Creating programs that are inclusive of and sensitive to GLBTQ youth is not difficult, but it does require conscientious attention. The following suggestions will help.

- **Assess your own values and beliefs** regarding sexual orientation and gender identity. Taking stock will help you address internal biases, recognize personal limits, identify areas for personal growth, and enable you to serve GLBTQ youth in an open, honest, respectful manner.
- **Discuss sexual behaviors explicitly** rather than assuming that everyone defines sexual intercourse in the same way. Also, avoid terms that make unwarranted assumptions or are disrespectful in nature. For example, the term 'gay sex' is inaccurate and helps no one; heterosexual, bisexual, and lesbian youth may engage in anal intercourse while gay males may not. It is unprotected anal intercourse—not being gay—that poses a strong risk for infection with HIV and other sexually transmitted infections (STIs). Unprotected vaginal and oral sex also pose risks.
- **Use inclusive language.** Discuss 'partners' instead of always assuming a youth's prospective date or sexual partner is of the opposite gender. If you are using role-plays, using ambiguous names, such as Chris or Taylor, will allow students to personalize the context to their lives rather than to reject the role-play scenario as being irrelevant.
- **Make it clear that homophobic sentiments and actions have no place in the program.** Develop a "zero tolerance" policy regarding discriminatory words and behavior directed at GLBTQ youth, just as you would toward racist and sexist remarks. Post the policy in public areas and develop clear guidelines for disciplinary actions. When training students or staff to lead or facilitate workshops, include opportunities to practice responding to unacceptable language and behaviors.

- **Proactively address stereotypes and misperceptions** that may exist among youth and other audiences. “If I say that HIV is a ‘gay disease,’ who can explain why I am wrong?”
- **Incorporate comprehensive sex education.** Sex education programs should include information about *both* contraception *and* abstinence. When discussing abstinence, do not talk about “abstinence-until-marriage.” Like heterosexual youth, GLBTQ youth search for intimacy and emotional closeness and may long for a committed relationship. In a society where same-gender marriages are often illegal and where same-gender committed relationships are ignored or frowned upon, the concept of “abstinence until marriage” completely ignores the emotional and physical needs of GLBTQ youth.
- **Consider posting a ‘safe zone’ sticker**, available from the National Youth Advocacy Coalition (www.nyacyouth.org) that states “A person displaying this symbol is one who will be understanding, supportive, and trustworthy if a gay, lesbian, bisexual, or transgender youth needs help, advice, or just someone with whom they can talk.”
- **Schedule training sessions to debunk myths and stereotypes.** Explain the differences between sexual orientation and behavior and assure students that same-gender feelings and crushes do not necessarily mean a student is, or is not, gay. Include information about sexual orientation throughout a training or program. This helps to dispel the stigmatization of homosexuality as deviant and abnormal.
- **Ask GLBTQ youth and adults to participate in panel discussions or as speakers** to share some of their experiences. Create a safe zone and opportunities for youth to talk openly about racism, sexism, homophobia, and other forms of oppression.
- **Include local groups that serve GLBTQ people** in referral and resource lists.
- **Consider working with students to begin a Gay/Straight Alliance** in school, if one does not already exist. For more information, visit www.glsen.org.
- **Build youth-adult partnerships into the program.** Make sure that youth leaders include those who identify as GLBTQ. Programs are more effective and sustainable when youth are partners in the programs’ design, development, implementation, and evaluation.
- **Provide peer support.** Young people benefit by developing leadership, communication, and other pro-social skills and by seeing role models with whom they can identify. Ensure that peer leaders include youth who identify as GLBTQ.
- **Hire GLBTQ adults to work in the program** as full- or part-time staff or as volunteer mentors.
For more information, training, and strategic assistance on providing a safe and supportive environment for GLBTQ youth, contact Advocates for Youth at 202.419.3420 or visit www.advocatesforyouth.org.

Endnotes are found on page 19.

There are gay/straight alliances in schools now, but many queer kids are still being beaten up.

Youth interviewed online³

MEETING THE SPECIAL NEEDS OF GLBTQ YOUTH OF COLOR

By Kayla Jackson, MPA, Director, HIV/STI Prevention Programs, Advocates for Youth

GLBTQ youth of color face stigma related to both race and sexual orientation. Some also face bigotry related to their gender identity. Surviving racial/ethnic discrimination requires strong connections to family and ethnic community. However, GLBTQ youth of color seldom receive support regarding sexual orientation or transgender identity. Indeed, ethnic communities often perceive gay, lesbian, and bisexual orientation or transgender identity as a rejection of ethnic heritage. Unlike racial stereotypes that family and ethnic community positively reframe, many ethnic minority communities strongly reinforce negative cultural perceptions of homosexual orientation.¹⁷ Thus, stigma places these young people at greater risk for substance use, violence, and risky sexual behaviors.

African American and Latino young men who have sex with men (YMSM) are more likely than other YMSM to be infected with HIV.⁸ Young lesbians of color, particularly African Americans and Latinas are at risk for HIV infection and pregnancy due, in part, to the strong value placed on motherhood and childbearing in their ethnic communities.¹⁸ Young GLBTQ American Indians are often at increased risk for substance abuse, mental illness, and HIV infection.¹⁹ The needs of Asian and Pacific Islander GLBTQ youth are likely to be overlooked due to the 'model minority' stereotype, language barriers, and underreporting of AIDS cases.²⁰

Most models of homosexual identity development are based on the experiences of white, middle- and upper-middle class lesbians and gays.¹⁷ Often, youth of color don't identify as 'gay' or 'queer,' which may constitute a barrier to successful service delivery. To effectively meet the needs of GLBTQ youth of color, programs must integrate awareness of racism with an understanding of how culture shapes sexual attitudes, values, and beliefs.

Good programs targeting youth of color already fully integrate the culture of the target youth into their activities, language, and materials. They already acknowledge and incorporate culturally specific values, attitudes, beliefs, and knowledge about health, sexuality, and relationships. But these programs may not yet acknowledge the presence and needs of GLBTQ youth among those they serve. Programs are most likely to be effective in also meeting the needs of these youth of color when they:

- Use language that is inclusive and non-pejorative with regard to sexual orientation and gender identity.
- Involve youth, including GLBTQ youth, in planning and implementation.
- Focus on the assets of each teen participant, regardless of sexual orientation and gender identity.
- Address the needs of the whole young person.
- Consider the social and cultural factors that influence behaviors.
- Provide peer support to change peer norms.
- Offer gender-inclusive and sexual orientation-inclusive activities and opportunities.
- Build skills.
- Acknowledge culturally specific values, attitudes, and beliefs.⁵
- Ask young people how they self-identify and use these terms.
- Acknowledge when culture and sexual orientation cause conflicts for GLBTQ youth and recognize and confront cultural biases regarding sexual orientation and gender identity within the program.

Programs that serve youth of color can also serve GLBTQ youth of color through sensitivity, caring, and acceptance. A supportive environment within effective programs can go a long way towards reducing the morbidity suffered by GLBTQ youth of color.

Endnotes are found on page 19.

TRANSGENDER YOUTH AND THE ROLE OF SERVICE PROVIDERS *

By A. Charlene Leach, Deputy Director, National Youth Advocacy Coalition

No single group has gone more unnoticed by society, or abused and maltreated by institutional powers, than youth with transgender needs and feelings. With the exception of its attention to child labor and child abuse or neglect law, our society has relegated children to a class virtually without voice or rights in society.

Excerpt from *Transgender Care* by Gianna E. Israel and Donald E. Tarver

Gender is a construct. I can shape ... how I want to be perceived.

Transgender Youth³

In recent years, many programs for GLBTQ youth have witnessed an increased presence of youth who self-identify as transgender.* Youth who do not conform to prevalent gender norms, usually represented as feminine women and masculine men, often experience severe harassment, discrimination, ostracism, and violence. Transgender youth are increasingly claiming their right to define and express themselves in new ways. These new ways might include hormone treatment, gender reassignment surgery, name change, and cross living, to name a few. GLBTQ youth service providers, in particular, increasingly observe the diverse ways in which these youth choose to identify, including making the choice not to identify.

Service providers, parents, families, peers, and community members have key roles to play in supporting the healthy development of transgender youth. Respecting transgender youth means taking responsibility for providing supportive services and a safe environment. The following list should assist in beginning or improving services for transgender youth. The recommendations will not answer all questions, but they will assist, in conjunction with input from youth, in assuring quality services for transgender youth.

- **Don't make assumptions!** Do not assume that you know a youth's gender, or that a youth has gender identity issues, just as you would not make assumptions about a young person's sexual orientation. Exploring gender is a healthy expression of personal development. Self-identification or acknowledgement is a crucial first step in a youth's identity development and expression of self.
- **Create a safe and open environment.** Work towards creating an affirming environment that supports non-stereotypical gender expression, and where there is room for dialogue or discussion. Use inclusive, affirming, non-presumptuous, nonjudgmental, and gender-neutral language. Create organizational norms on behavior and language with youth.
- **Be informed and don't be afraid to examine your own beliefs.** Most of us are products of a trans-phobic society that holds rigid gender roles. We have been influenced by misinformation and fear. We're taught what is feminine and masculine, female and male, and we expect that these bipolar categories will not change. Recognize

* These tips are from a resource manual on gender identity and transgender youth issues, currently under review for publication by the National Youth Advocacy Coalition. For further information, please contact the Coalition at 202.319.7596.

+ Editor's note: Many transgender youth have felt uncomfortable from a very early age with their biological gender. These youth often feel very strongly that they are a person of the other gender. Other transgender youth may be comfortable with their biological gender and embrace a more fluid definition of "male" or "female" behavior and appearance than is the norm in their society.

your level of comfort with different types of gender expression and how this can affect your interactions with youth. Don't be afraid to ask questions.

- **Seek to fully understand gender identity.** Each person's gender identity is natural to that person. Gender identity and sexual orientation are a part of each of us and often develop uniquely. Gender identity may be experienced as a continuum. Some people do not experience gender solely as female or male. It is important for youth-serving professionals to educate themselves on gender identity, sexual identity, adolescent development, and social stereotypes. Moreover, sexuality and gender expression, though integral, are only two aspects of a whole person, and it is important to maintain a balanced perspective in addressing the multifaceted issues of youth's development.
- **Respect confidentiality.** When a young person shares personal information about gender identity, you have achieved the trust of that youth. A breach of this confidence can have dire consequences for the young person. If it truly becomes necessary to share the information, first get the young person's permission.
- **Know when and where to seek help.** Be aware of appropriate referral agencies for crisis intervention, mental and physical health services, emergency assistance, etc. Transgender youth are often subject to abuse, homelessness, suicide, harassment, and physical violence. Be aware of your personal and organizational limits and accept that your organization may not always be the best one to assist a young person in some situations. For assistance in finding program models, visit www.nyacyouth.org or www.youthresource.com.
- **Provide training for staff, board, volunteers and, in some cases, other youth.** Up-to-date training is necessary to help staff develop sensitivity and skills around interacting with youth, preventing groups from being derogatory to individuals, and educating all. Provide transgender youth with information on physical safety.
- **Protect from harassment!** Immediately protect transgender youth from harassment in any form, whether perpetrated by other youth, staff, or others. Make it clear that harassing and/or abusive behavior toward anyone will not be tolerated.
- **Provide single occupancy bathrooms, if possible.** Many individuals are uncomfortable about the idea of a man in the women's room and *vice versa* while transgender youth will feel they are using the appropriate bathroom. Every person has the right to use the bathroom, regardless of gender identify. Consider providing single occupancy bathrooms.

My body fits my gender identity perfectly, because I am who I am.

Transgender youth³

My body is fine by me... but other people don't seem comfortable with my body as it confuses them.

Transgender youth³

I'M COMING OUT... I WANT THE WORLD TO KNOW...(OR DO I?)

by Jessie Gilliam, Program Manager for Internet Interventions, Advocates for Youth

If you've made yourself accessible to teenagers, sooner or later one or more of them might ask for advice, information, or support regarding sexual orientation or gender identity. Some youth might be questioning (or figuring out their feelings) around orientation and identity, while others might have "discovered" their identity or orientation and want to discuss the implications. This article offers appropriate, respectful responses to GLBTQ youth. Written by youth, the responses address some of the questions most frequently asked about sexual orientation and coming out.

What does it mean to be GLBT?

Gay men are physically, sexually, and emotionally attracted to other men. Lesbians are women who are physically, sexually, and emotionally attracted to other women. Bisexual people are physically, sexually, and emotionally attracted to both men and women.

Transgender people feel that the gender to which they were born (or assigned at birth) does not correspond with their gender identity. Transgender people include those who identify as transsexual, that is people born female who identify as male (female-to-male) and people born male who identify as female (male-to-female). Transgender people also include those who may not identify as part of a bipolar gender system. Gender identity doesn't say anything about sexual orientation; someone could be transgender and be straight or gay or lesbian or bi.

Youth may find themselves identifying with one of these basic definitions pretty strongly or with none of them at all. That's okay – no one has to rush to self-label now or ever, and some people choose different labels, such as pansexual, same gender loving, and genderqueer, to name just a few.

How do I know if I'm gay, lesbian, bisexual, or transgender?

A young person might not know if he/she is GLBT, and that's okay. There's no rush—sexual identity and gender identity develop over time. Most young people are intensely sexual around puberty when the body starts changing and hormones start flowing. Sexual feelings may be so strong that they are not directed towards particular people or situations but seem to emerge without cause. People who decide they are gay, lesbian, or bisexual find that, over time, their attraction becomes more clearly focused and consistent. They find themselves falling in love and dreaming or fantasizing sexually more about males, females, or both, consistently and clearly. People who are transgender may find that they feel more like "one of the boys" than "one of the girls" or *vice versa*, that they picture their body/self image as a different gender than they are, or that they don't identify with society's ideas about appropriate gender roles/behaviors for men and women.

No one can decide that someone else is GLBT. Liking ABBA or Ani DiFranco doesn't mean a person is gay or lesbian. Sexually experimenting with someone of the same gender doesn't mean a person is gay or lesbian. Sexual behavior—what one *does* sexually—may be different from what one ultimately understand as one's sexual identity—that is, who one learns that one *is*. Being male and wearing skirts or being female and having really short hair doesn't mean a young person is or is not transgender. The individual decides. Youth shouldn't feel pressured by stereotypes into self-labeling.

Am I normal?

It is perfectly natural to be gay, lesbian, bisexual, and/or transgender. Many people are GLBT, and many of them lead happy, interesting, and productive lives. GLBT people are doctors, lawyers, librarians, waitpersons, athletes, and plumbers. They are of all racial/ethnic and religious backgrounds. Assure the young person that he/she is absolutely normal.

How Can I Avoid HIV, Other STI's and Involvement in Unwanted Pregnancy?

Abstinence from sexual intercourse is the surest way to avoid unwanted pregnancy, HIV, and other STIs. Many young people—gay, straight, or bisexual—choose activities such as hugging, kissing, talking, and massage to show affection. If one chooses to have sexual intercourse, he/she needs to be responsible and use protection. Remember:

- Vaginal, anal, and/or oral intercourse—use a latex or polyurethane condom or dental dam or other latex or polyurethane barrier to prevent the risk of sexually transmitted infections, including HIV.
- Vaginal intercourse—in addition to using a latex or polyurethane condom, also use another effective method of contraception, such as birth control pills or Depo-Provera to prevent pregnancy.
- Lubrication—when using a latex condom, do not use petroleum or oil-based lubricants. Use only water-based lubricants, such as KY Jelly. Also avoid using nonoxynol-9, because it may cause irritation and increase the risk of transmission of HIV and other STIs.
- Manual sex—use a latex or polyurethane barrier, like surgical gloves.

Remember that blood-to-blood contact is the most direct route for HIV transmission. Sharing equipment or needles—for piercing or tattooing the body, taking medications, or using drugs—is dangerous since blood may be left on the used equipment or needles. If possible, avoid sharing needles for *any* purpose.

Whom Should I Tell?

Coming to terms with one's own sexuality or gender identity can be very difficult. In fact, the hardest one a young person may ever have to tell is him/herself! A young person should only tell others when he/she feels ready, and doing so is not always easy. Some people might be very receptive, while others might not be able to handle the information as well as the young person had hoped they would. It may be easiest to talk first about one's sexuality or gender identity with someone she/he knows will understand, such as a parent, brother or sister, clergyman, or guidance counselor. Youth may also find someone to talk with through the Internet or at youth groups. Reaching out can help ensure that youth have support as they talk about their sexuality, and they might be surprised at the relief they will feel when they know others understand.

Where Can I Find Support?

Advocates for Youth has Web sites by and for GLBT youth, including www.youthresource.com and the Spanish-language www.ambientejuven.org. Many major cities have a GLBTQ hotline. If a young person is concerned about privacy, he/she can call from a phone booth. A good hotline counselor will let her/him share feelings and will direct the youth to organizations that help GLBTQ people. There may even be an area GLBTQ youth group; young people can ask the hotline or visit www.youthresource.com for listings. Youth might also want to see if the school has a gay straight alliance. It may seem difficult to believe, but there are other GLBT people wherever young people are!

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affiliates, Oxygen, at film festivals and on the Internet as well as on ABC's *World News Tonight* and NPR's *On the Media*.

Scenarios USA introduces a new film in the series. *Lipstick* is a story about a group of teenage best friends, the courage of one girl to express who she is, and the struggle of another to accept and understand difference. Together, the four friends confront fears and prejudice, and friendship prevails. *Lipstick* deals forthrightly and understandingly with sexual identity, self-expression, and acceptance.

Lipstick is available for purchase beginning mid-June 2002 for \$15.00. To order, contact *Scenarios USA*, 110 West 18th Street, 6th Floor, New York, NY 10011 or phone 646.230.7677.

GLBTQ YOUTH'S HEALTH CARE BILL OF RIGHTS

As a GLBTQ young person accessing health care—

- You have a right to receive treatment without discrimination on the basis of race/ethnicity, religion, gender, gender identity, disability, or sexual orientation.
- You have a right to receive respect and positive, caring treatment.
- You have a right to ask questions. You have a right to ask for clarification and to receive explanations of tests, treatments, treatment options, and all aspects of your care.
- You have a right to receive confidential and affordable care. Your provider should assure you that the information you share is confidential and will not be disclosed to a parent or guardian unless you provide permission. If the provider will not guarantee your confidentiality, you have a right to find a provider who will. * You should not be denied care based on your ability to pay.
- You have a right to accurate, uncensored information.
- You have a right to demand youth-friendly services that are flexible and culturally appropriate.
- You have a right to nonjudgmental health care. Your provider should not make assumptions about your behavior.
- You have a right to disclose your sexual identity, gender identity, and sexual activities. This information may help providers understand what types of tests, referral, and health information you need.
- You have a right to say “no” to care and to learn about the effect this may have on your health.
- You have a right to change providers at any time and for any reason. You also have a right to a second opinion.

* In most states, providers must share information regarding physical and sexual abuse of minors with police and/or child welfare officials. If this is a concern, ask your provider about the law before sharing your concerns.

Endnotes

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Hotlines

Source: National Network for Youth

The following is a list of services for LGBT youth, their families, and youth service providers who work with them. Services such as toll-free hotlines, legal resources, and pen-pal programs are listed.

Toll-free Hotlines
General, Not Gay-Specific

Centers for Disease Control and Prevention (CDC)

National STD & AIDS Hotline

1-800-342-2437 or 1-800-227-8922
1-800-344-7432 (Spanish)
1-800-243-7889 (TTY)
24 hours/day, 7 days/week

Specialists available to answer questions about prevention, risk, testing, treatment and other HIV/AIDS-related concerns, provide referrals, and send free publications through email and postal mail.

Covenant Hotline (“the Nine Line”)

1-800-999-9999
1-800-999-9915 TTY (Daily 4:00-8:00pm)

Twenty-four hour national hotline providing crisis intervention and referrals to young people under 21 and their families. Youth people can call about all kinds of problems including: family problems, relationship problems, child abuse, family violence, homelessness, running away, substance abuse, and gang involvement

National Runaway Switchboard

1-800-621-4000
24 hours/day, 7 days/week

Provides non-judgmental, confidential crisis intervention, family mediation, suicide counseling, and referrals for housing, medical services, and counseling for youth and their families.

Gay, Lesbian, Bisexual, Transgender,
Questioning – 24 Hours

Gay and Lesbian Victims’ Assistance Hotline

1-800-259-1563

A 24-hour hotline answered by trained volunteers who provide information and referrals to persons who have experienced violence, discrimination, harassment, or vandalism.

Trevor Helpline

1-800-850-8078

A national suicide hotline staffed by trained counselors for LGBT and questioning youth.

Gay, Lesbian, Bisexual, Transgender,
Questioning – Shorter Hours

Gay, Lesbian, Bisexual and Transgender Helpline

1-888-340-4528
Mon-Fri: 6pm-11pm EST
Sat-Sun: 5pm-10pm EST

An information and crisis intervention line staffed by Fenway Community Health Center.

Gay and Lesbian National Hotline

1-888-843-4564
Mon-Fri: 4pm-midnight EST
Sat: noon-5pm EST

A peer counseling and information hotline.

IYG (Indianapolis Youth Group) National Hotline

1-800-347-8336
Fri-Sat: 8pm-11pm EST

A peer counseling and information hotline.

Gay, Lesbian, Bisexual, Transgender,
Questioning – Shorter Hours Cont.

Gay, Lesbian, Bisexual, Transgender,
Questioning – Shorter Hours Cont.

LYRIC (Lavender Youth Recreation & Info Center) Gay Youth Talkline

1-800-246-7743 (only in Bay area)
415-863-3636 (all other areas)
415-431-8812 (TDD)
Mon-Sat: 6:30pm-9pm PST
Tues: 4pm-9pm PST

Helpline provides support, information, and referrals to LGBT youth 24 and under.

Los Angeles Community Services Center Gay and Lesbian Youth Talkline

1-800-773-5540 (California only)
818-508-1802 (out of state)
Tues-Fri: 7pm-10pm PST
Sat: 5pm-8pm PST

A youth support and information line.

Out Youth Austin

1-800-96-YOUTH (96884)
Daily: 5:30pm-8pm EST

This hotline offers counseling, support and referrals.

Peer Youth Listening Line

1-800-399-PEER (7337)
617-267-2535 (voice and TTY)
Mon: 6pm-11pm EST, Tues-Thurs:
4pm-11pm EST, Fri: 4pm-8:30pm
EST, Sat 6pm-8:30pm EST, Sun: 6pm-
10pm EST

The Listening Line provide peer support for gay, lesbian, and bisexual youth.

Foster Care Helpline

1-866-542-8336 ext 350
Mon-Fri 9am-5:30pm but callers may
leave messages 24 hours a day.

For young people in foster care who have questions about LGBT related discrimination or abuse, a service of Lambda Legal Defense and Education Fund.