

C013439 ABSTRACT: This paper states that gay and lesbian youth are adolescents who, in many ways, are no different from their peers. What distinguishes homosexual youth from other adolescent populations is the emotional, psychological and physical trauma resulting from the homophobia they experience in their daily lives. Although suicide, HIV infection, substance use, and violence appear to disproportionately affect this population, most homosexual youth grow up healthy and happy. Frequently lost in discussions of risk and risk behaviors is an appreciation of the strengths very much present in these young people. Health care providers must remain aware of the unique issues and health risks of homosexual youth but must also remember to address each patient as an individual within the context of general adolescent development. By doing so, pediatricians can play a vital role in preserving and enhancing the health of this "at-risk" population (authors).

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Health care issues of gay and lesbian youth

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Gay and lesbian youth are adolescents who, in many ways, are no different from their peers. What distinguishes homosexual youth from other adolescent populations is the emotional, psychological and physical trauma resulting from the homophobia they experience in their daily lives. Although suicide, HIV infection, substance use, and violence appear to disproportionately affect this population, most homosexual youth grow up healthy and happy. Frequently lost in discussions of risk and risk behaviors is an appreciation of the strengths very much present in these young people. Health care providers must remain aware of the unique issues and health risks of homosexual youth but must also remember to address each patient as an individual within the context of general adolescent development. By doing so, pediatricians can play a vital role in preserving and enhancing the health of this "at-risk" population. *Curr Opin Pediatr* 2001, 13:298-302 © 2001 Lippincott Williams & Wilkins, Inc.

Although there is little information regarding the demographics of sexual orientation, it is clear that gay and lesbian youth are present in all communities and, most likely, every pediatric practice. According to estimates, at least 1 in 10 individuals struggles with issues of sexual orientation [1,2]. Population-based studies suggest that 2 to 4.5% of high school youth self-identify as gay, lesbian, or bisexual [3•,4•]. These figures are probably low, since some homosexual youth have difficulties understanding the complexity of their sexual attractions or fear the disclosure of their sexual orientation [3•,5]. As a result, many adolescents who are gay or lesbian will not self-identify until adulthood [6•]. Gay and lesbian youth represent a sizeable minority that is often hidden because of the social stigma surrounding homosexuality. Growing up within a culture that is largely unaccepting, homosexual youth face challenges to their psychosocial and emotional well-being [7-12,13•,14-17,18••]. This article describes the unique psychosocial, educational, and medical issues of gay and lesbian youth and outlines a role for health care professionals caring for them.

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Sexual orientation, socialization, and adolescent development

Sexual orientation refers to an individual's pattern of physical and emotional attractions to others [13•]. It involves complex components such as fantasies, feelings, and cultural affiliations. Although the population is commonly dichotomized into heterosexual or homosexual, Kinsey maintained that most individuals' sexual orientation lies somewhere in between [1,2,12]. Owing to a lack of scientific evidence, there remains considerable debate about Kinsey's hypothesis as well as the "nature versus nurture" determinants of sexual orientation. Sexual orientation should not be confused with other aspects of sexuality, such as gender identity, gender role, or sexual behavior [5,12,13•]. *Gender identity* refers to the inner knowledge of being male or female. *Gender role* refers to the outward expression of maleness or femaleness [13•].

The distinctions between sexual behavior, experimentation, and sexual orientation are critical to understanding adolescent sexuality. Sexual identity formation is fluid, and experimentation with same-gender sexual contacts is often part of healthy adolescent development. Sexual behavior alone is neither a sensitive nor a specific predictor of sexual orientation [5]. Heterosexual youth may have same-gender sexual experiences. Homosexual

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youth may have opposite gender sexual experiences. Either may abstain from sexual activity altogether [5].

Research indicates that gay and lesbian youth are disproportionately affected by many leading causes of preventable morbidity and mortality among U.S. adolescents [3•,10,19•]. Behind these statistics is not an innate predisposition to self-destructive behaviors but rather the isolation and marginalization homosexual individuals experience in a disapproving society [10,20•]. In fact, there is no strong evidence to suggest a biologic or genetic component to homosexuality that is destructive to physical or emotional health [20•]. For many gay and lesbian youth, the acquisition of a secure homosexual identity can be a long and arduous process [6]. Youth who recognize same-sex attractions begin to feel alienated from their peers and sense they may not fit into a predominantly heterosexual society. Accordingly, self-identifying as gay or lesbian creates confusion, inner turmoil, and stress for many youth [6]. Gay and lesbian youth lack the venues available to their peers to explore social roles, and they have fewer opportunities to meet youth like themselves. School activities and family functions are largely heterosexual in perspective [12]. These factors combine to create familial conflict and difficulties establishing a peer group [6]. Many homosexual youth perceive a need for secrecy regarding their sexual identity [20•]. They feel pressure to refrain from homosexual behavior and may try to deny or even change their emerging homosexuality [20•].

Homophobia and threats to health

Homophobia refers to an irrational fear of homosexuality and homosexual individuals [6,21]. It is common, if not pervasive, in today's society and can manifest itself through internalized feelings of prejudice or through more externalized behaviors, including verbal or physical abuse. Youth are particularly sensitive to the physical and emotional trauma caused by homophobia [20•]. Homophobia may be expressed through narrowly defined media images. Although recent efforts have broadened media portrayals of homosexuality, negative stereotypes of the gay community remain commonplace. These stereotypes do not reflect the diversity inherent in the homosexual community. They contribute to the creation of a negative self-image and make it difficult for youth to envision futures as healthy adults. When homophobic messages come from family members or friends, they are particularly destructive to vulnerable youth. Being told they are "sick" or "bad" for who they are, gay youth may internalize feelings of rejection and shame [20•]. Internalized homophobia may result in self-compromising behaviors such as depression and suicidality, drug and alcohol use, risky sexual practices, violence and victimization, homelessness, and the abandonment of educational goals [10,20•].

Health risk behaviors

Suicide

Gay and lesbian adolescents experience the same range of mental health concerns as youth in general, with the additional stress of managing the stigmatization of homosexuality [22•]. Suicide is the third leading cause of death among U.S. adolescents and has been postulated as the leading cause of death among gay youth [7,17,23,24]. Much has been written about homosexual youth and suicide risk, and one must be careful to interpret the data judiciously. Little is known about the actual incidence of completed suicides among homosexual youth, as data collected from death certificates and psychological autopsies do not routinely address sexual orientation issues [12]. Many gay youth who are depressed or attempt suicide will not have previously discussed their sexuality with anyone because of fears and anxiety about disclosure.

Despite these limitations, studies have consistently cited "an increase in reported suicide attempts" among homosexual youth [19•,25]. Although the exact meaning of this term is a matter of interpretation, it implies an increased psychological distress in a subset of gay and lesbian youth. In population-based studies, gay male youth are at least three times as likely to have reported a suicide attempt as their peers. Data on adolescent lesbians has been less consistent [19•,25]. In all young people, suicide risk is associated with common set predisposing influences, including depression and social isolation [23,24,26,27]. Within this context, the increase in suicidal behavior reported in homosexual youth is an unfortunate but predictable response to feeling stigmatized and alone.

Drug and alcohol use

In part, adolescents use drugs and alcohol to self-medicate depression or to relieve the pain associated with loneliness and isolation. Although limited to some degree by methodologic challenges, studies indicate that gay and lesbian youth have a greater incidence of substance use when compared with their peers [3•,11]. In one study, gay, lesbian, and bisexual youth were five times more likely to use cocaine (33.0 to 6.9%), 10 times more likely to use crack or to free-base cocaine (31.2 to 3.5%), and 10 times more likely to use injection drugs (22.2 to 2.3%), compared with heterosexual peers [3•]. In addition, an increase in the use of "designer" or "club" drugs such as ecstasy has been described in gay male youth. This issue has not yet been well studied [28]. Among all teenagers, drug and alcohol use is associated with other destructive behaviors, including more lethal suicide attempts and inconsistent condom use [29,30].

Violence and victimization

Violence is a leading cause of morbidity and mortality among adolescents in the United States. Homosexual youth experience violence ranging from verbal harass-

ment to physical abuse at school and within their homes [10]. In one New York City study of gay and lesbian youth, 40% reported being victims of violence. Many reported that the violence occurred at home and was related to their sexual orientation [31]. In a 1995 study of Massachusetts' high school students, 32.7% of homosexual and bisexual youth reported being threatened with a weapon on school property, and 25.1% reported missing school because of fears about their safety [3•]. Victimization among homosexual youth has been associated with an abandonment of educational goals and homelessness [10]. In a study of gay adolescent males, 69% reported school-related problems due to anti-gay verbal or physical abuse. Twenty-eight percent reported dropping out of school as a result of this abuse [14]. For some homosexual youth, running away is a self-protective response to violence experienced at home. Others are actually kicked out by disapproving or rejecting family members. A study of Los Angeles homeless youth found that 40% reported being gay, lesbian, or bisexual [32]. Homeless youth, regardless of sexual orientation, have higher rates of substance use, sexually transmitted diseases, and HIV infection when compared with youth not living on the street [33].

Sexually transmitted infections and HIV

Adolescents who engage in high-risk sexual behaviors (*ie*, unprotected vaginal or anal intercourse) are at increased risk for acquiring sexually transmitted infections, including hepatitis B, syphilis, gonorrhea, *Chlamydia*, condyloma (human papillomavirus), and HIV. In the United States, 40,000 to 80,000 new HIV infections occur each year [34]. One-half of all new HIV infections occur in people under the age of 25 years [35]. Alongside injection drug users, gay men or other men who have sex with men remain at the highest risk for acquiring HIV through unprotected sexual intercourse [36]. Despite educational efforts encouraging consistent condom use, many young gay men continue to engage in high-risk sex. Unprotected anal intercourse ("barebacking") is glamorized in gay newspapers and magazines, and young gay men report decreased peer support for safer-sex practices [18••]. In addition, dramatic improvements in treating, but not curing, HIV has led some to a misguided perception of HIV as a non-threat to health. These factors threaten to reverse previous trends that suggested a stabilizing rate of new HIV infections among young gay men. In San Francisco, the rate of new HIV infections among gay men has more than doubled since 1997 [37]. A report of young gay and bisexual men in six U.S. urban centers showed alarmingly high HIV seroprevalence rates of 30% among African-Americans and 15% among Hispanics [37].

Lesbian youth who experiment with opposite-gender sexual partners are also at risk of HIV [20•]. It is important to remember that HIV risk has more to do with an

adolescent's sexual behavior and less to do with his or her sexual orientation. This underscores the need to stress consistent condom use for protection against HIV and other sexually transmitted infections to all sexually active individuals regardless of their orientation.

Beyond the risk

Gay and lesbian youth should not be viewed simply within a context of self-defeating and self-compromising behaviors. They are frequently stereotyped as "damaged" or "at-risk," but this narrow perspective fails to appreciate the diversity and strengths present within the homosexual youth community. Although too many homosexual youth attempt suicide, become infected with HIV, and are victims of harassment and discrimination, it is equally true (and often overlooked) that most homosexual youth grow up healthy and lead happy, productive lives.

Adolescence is not a developmental phase of all storm and stress. Adolescents are at a time in their lives when they have a unique and unspoiled view of the world and are charged with an unbridled strength and joy of life. Gay and lesbian youth have similar hopes, dreams, and desires as their heterosexual peers. They face a difficult developmental phase in their lives where they confront a variety of physical, emotional, social, and sexual changes. Similar to any group of adolescents, homosexual youth struggle for autonomy from their parents, struggle to develop new social roles with employment and dating, and struggle to understand their emerging sexuality and its impact on their health and identity. For many gay youth, these struggles are made more difficult by the pervasive disapproval and criticism they perceive from family, peers, and society. To overcome the stress created by stigmatization, many gay and lesbian youth develop and possess remarkable strength and self-determination.

Homosexual youth and health care

For the pediatric and adolescent health community, it has become important to understand issues related to gay and lesbian youth because of the expanding age range of pediatric practices and the younger ages at which adolescents appear to be recognizing and self-identifying their homosexuality [20•]. As stated in the American Academy of Pediatrics' Statement on Homosexuality and Adolescence, the health care providers' goal should not be to "identify all gay and lesbian youth, but to create a comfortable environment in which they may seek help and support for appropriate medical care" [13•]. Health care goals for homosexual youth are identical to those of any adolescent population: (1) to promote healthy adolescent development, (2) to promote social and emotional well-being, and (3) to promote physical health [12]. Thus, alongside discussions of HIV, violence and suicide, health care providers should remember to view

Table 1. Community and national resources**ORGANIZATIONS:**

National Federation of Parents and Friends of Lesbians and Gays (PFLAG)
1726 M Street, NW
Suite 400
Washington, DC 20036
(202) 467-8180
www.pflag.org

OutProud: National Coalition for Gay, Lesbian, and Bisexual Youth
PO Box 24589
San Jose, CA 95118-4589
(408) 269-6125
www.outproud.org

National Youth Advocacy Coalition
1711 Connecticut Ave., NW
Suite 206
Washington, DC 20009
(202) 319-7596
www.nyacyouth.org

PAMPHLETS FOR OFFICES:

From PFLAG:
Our Daughters and Sons: Questions and Answers for Parents of Lesbian, Gay, and Bisexual People
Be Yourself: Questions and Answers for Lesbian, Gay, and Bisexual Youth
Tips for Professionals who work with GLBTQ Youth

From the Campaign to End Homophobia
(www.endhomophobia.org):
I Think I Might Be Lesbian... Now What Do I Do?
I Think I Might Be Gay... Now What Do I Do?

WEBSITES FOR ADOLESCENTS:

www.youthresource.com
www.nyacyouth.org
www.elight.org
www.outproud.org

HOTLINES

1 (800) 850-8078
Trevor Helpline Crisis Intervention for LGBT Youth
1 (800) 340-4528
Gay & Lesbian Help Line at the Fenway Community Health Center

gay and lesbian youth as individuals within a broader context of general adolescent development.

Health care for gay and lesbian youth begins by establishing basic trust and respect between the medical provider and the adolescent patient. Some homosexual youth avoid health care and health care providers because of discomfort discussing their sexuality and for fear that they may be judged or that discussions of their sexual orientation will be disclosed to others [20•]. To overcome these barriers and to create a model environment for all adolescents, pediatricians should make their offices welcoming to homosexual youth with posters and promotional material that are not exclusively heterosexual in nature. Information about community support groups and national resources for gay and lesbian youth,

such as those provided in Table 1, should be prominently displayed in office waiting areas.

With individual patients, the basic tenants and limitations of confidentiality must be discussed in detail. Pediatricians must remain unbiased and nonjudgmental. They must acknowledge and be sensitive to the full spectrum of sexual identity and sexual orientations. Health care providers should be comfortable asking questions about sexuality and sexual behaviors. Clinicians should not presume the gender of dating/sexual partners but should ask questions that are gender-neutral or offer a wider range of possible responses (Table 2) [20•]. The goal of a comprehensive medical history is obtaining factual information about sexual identity confusion, sexual risk behaviors, substance use, medical concerns, and psychosocial difficulties including family conflict and school-related problems. Primary health care services should follow the American Medical Association's Guidelines for Adolescent Preventive Services (GAPS), which includes yearly physical examinations, Pap smears, preventive health care services (*eg*, nutrition, dental), immunizations including hepatitis B, and screening for HIV and other sexually transmitted infections when appropriate and indicated [38]. Screening tests should be guided by an adolescent's sexual behavior, not orientation. It should not be assumed that young lesbians do not require contraceptive counseling, as many are heterosexually active and at risk for pregnancy [20•]. Adolescents should be screened for substance abuse and mental health concerns so that those in need may be identified and referred to social service agencies or other mental health specialists. Clinicians should be aware of the local resources for homosexual youth, which

Table 2. Suggested questions for patient interviews or written surveys

- Some of my patients your age begin finding themselves attracted to other people—to boys, to girls, or both. Have you ever been attracted to boys or girls?
- Are you interested in dating?
- Have you ever dated or gone out with someone? Are you currently involved in a relationship with a boy or girl?
- Do you consider yourself to be gay/lesbian, bisexual, heterosexual (straight), or are you not sure?
- Have you ever talked to your parents or any other adults besides me about this? Any of your friends? What did they say?
- There are many ways of being intimate with another person: kissing, hugging, touching one another's genitals, having oral sex, anal sex, or vaginal intercourse. Have you had any of these experiences? Which ones? Were they with boys, girls, or both?
- Have you enjoyed these experiences?
- How do you protect yourself against sexually transmitted diseases and pregnancy?
- Has anyone ever pressured or forced you into any of those experiences?
- Has anyone ever made you do anything you didn't want to do?
- It is normal for kids your age to be confused about their feelings and experiences and to have questions they wish they could ask. Do you have any questions you'd like to ask me?

Adapted with permission [20•].

are now available in many areas (Table 1). In particular, peer-based support groups serve to relieve the isolation that underlies much of the medical, mental health, and social problems facing these young people.

Conclusion

For homosexual youth, the role of the pediatrician in providing support and acceptance cannot be overstated. Professionals caring for gay and lesbian youth must (1) be cognizant of the physical and mental health needs of this population, (2) remain aware of individual strengths and differences in youth risk behavior profiles, and (3) remember to view each patient within the context of general adolescent development. By doing so, pediatricians can play a vital role in preserving and enhancing the health of this "at-risk" population.

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