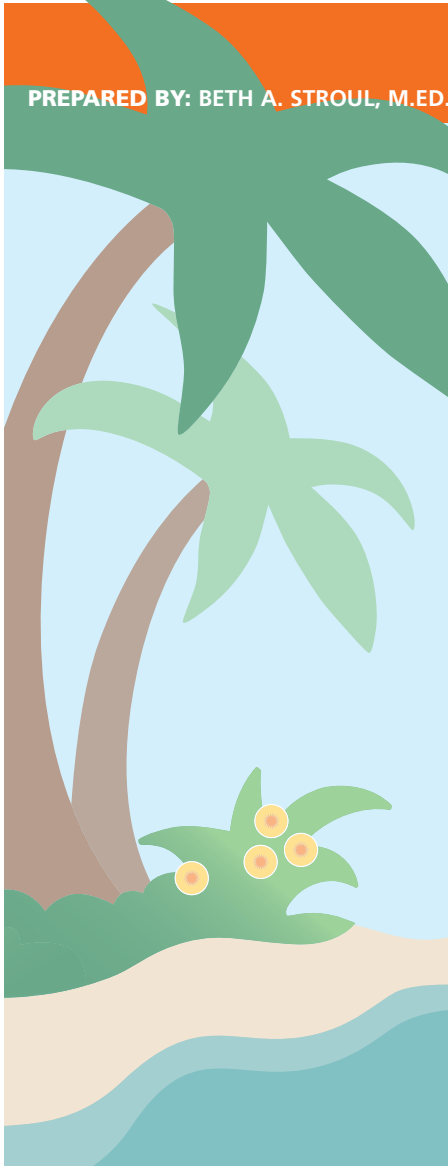


Services for Gay, Lesbian, Bisexual, Transgender, and Questioning Youth and their Families

SUMMARY OF THE SPECIAL FORUM HELD AT THE
2006 GEORGETOWN UNIVERSITY TRAINING INSTITUTES

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Introduction

A series of Special Forums were held at the Georgetown University Training Institutes in July 2006 to provide opportunities for dialogue about critical issues in order to contribute to the development of future policy and technical assistance. The Special Forums were designed as interactive discussions about communities and populations with unique service needs, requiring specialized planning and service delivery approaches within systems of care. Specifically, the goals of the Special Forums were to:

- Summarize issues and challenges related to each topic
- Identify effective service delivery strategies for local systems of care
- Develop recommendations for policy and technical assistance that will support communities in implementing these effective service delivery strategies

Each Special Forum began with brief framing presentations summarizing issues and challenges related to the topic and offering examples of effective service delivery strategies. The remainder of the forum consisted of facilitated discussion among forum participants focusing on recommendations for services, financing, policy, advocacy, information development and dissemination, and training and technical assistance. The Special Forums were tape recorded and transcribed, and additional input was collected from participants through worksheets completed at the conclusion of each forum. These materials were used to prepare a paper summarizing the issues and recommendations resulting from each Special Forum.

This paper presents the issues and recommendations from the Special Forum on Services for Gay, Lesbian, Bisexual, Transgender, and Questioning Youth (GLBTQ) and their Families. Presenters included:

- Sylvia Kay Fisher, Ph.D., *Program Director for Evaluation, Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Rockville, MD*
- Marlene Matarese, M.S.W., *Youth Involvement Resource Specialist, Technical Assistance Partnership for Child and Family Mental Health, Washington, DC*
- Naomi Rogers, *Youth Representative, Tapestry System of Care, Cleveland, OH*

Issues and Challenges

Terminology and Common Misconceptions

Sylvia Fisher clarified terminology to be used in this discussion. The GLBTQ community prefers the term sexual orientation (SO) to sexual preference. While the term “sexual preference” implies some volatility or adaptability,

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“sexual orientation” is assumed to be an attribute of a human being, much like right or left handedness or the color of one’s eyes. GI is used to represent “gender identity.” The term “gay” is used to describe homosexual men who partner with men, although it is also used as an overarching term. The term “lesbian” refers to homosexual women who partner with women; “bisexual” refers to individuals who partner with both genders; “transgender” indicates a person whose gender identity is different than the gender assigned at birth. “Questioning” indicates one who is not yet certain of one’s sexual orientation and/or gender identity. Many young people fall into the questioning category—they are not sure about their status and they really struggle with this issue. Sometimes the Q is translated as “queer,” a term that has been used as a term of empowerment in the GLBTQ community to compensate for the fact that it is often used as a term of hate or disdain by others.

Marlene Matarese noted that there are an estimated 2.7 million school-aged gay and lesbian youth in the United States. Data show that gay, lesbian, bisexual, transgender, and questioning youth are more likely than their heterosexual peers to experience depression, to be harassed at school and in the community, to abuse substances, to become homeless, to attempt suicide, to experience verbal and physical violence, and to drop out of school. Given their high risk for many difficult outcomes, this is not a “moral” issue, but rather is a public health issue that should be addressed from that perspective.

Fisher and Matarese discussed many common misconceptions about being gay, for example, that it is contagious. When working in child

welfare systems, questions were raised by prospective placements, families, and caseworkers about the impact of placing youth who were gay in homes with youth who were not gay. “What’s going to happen? Are the children already in the home going to start being gay? Is everyone in the house going to start hooking up with each other?” The reality is, it is not contagious. Another misconception is that it is a result of bad parenting. Many parents question themselves when they learn that their children are gay, asking “What did I do?” “Was it because I got divorced?” But sexual orientation and gender identity is not a result of bad parenting.

Another misconception is that “being gay” is a choice. People say, “Well, it’s your choice. You want to be gay.” “Would anyone choose to be oppressed? Would anyone choose to be different? Would anyone choose to not have the same rights, to not be able to get married? All those things are a form of oppression. Would you make that choice?” Further, it is not a mental illness, also a common misconception. In 1972, the APA dropped it as a mental illness from the diagnostic and statistical manual criteria, although some individuals may have mental health concerns related to difficulty adapting to their sexual orientation and/or gender identity. Some youth are told by others that their sexual orientation is due to the fact that the young person hasn’t yet met the right opposite-gender partner. “Well, maybe you just haven’t met the right person. Have you tried it out?” However, for heterosexual people, if you ask, “Have you tried it out? Have you ever tested the waters with someone of the same sex?” The answer is, “No. I’m not attracted to them.” This phenomenon is the same for gay and lesbian young people. This is

simply another of the common misperceptions that heterosexuals sometimes have about gay youth.

Cultural Issues

Fisher and Matarese noted that youth of color experience an even greater degree of stigma associated with being GLBTQ, and they may not receive their community’s support regarding sexual orientation. In communities of color, being gay and/or transgendered often creates greater difficulties and higher risks for substance use, violence, and risky sexual behaviors. Services offered to sexual minority youth typically are not responsive to the cultural identity of the youth. In addition, youth of color often do not identify as gay, which means that they will not seek services or hear messages designed for the GLBTQ community. Some think that the television show “Will & Grace” has made being gay acceptable. However, a study conducted with African-American women in the greater Washington DC area revealed that women would not say yes if they were asked if they were lesbian, even if they engaged in behavior frequently associated with the term “lesbian.” Through interviews, it was found that to these individuals the word “lesbian” is a “White” word. It does not have the same connotation in some segments of the African-American women’s population as it does in the greater White community. A young person who is poor in a community of color who watches “Will & Grace” and sees an upper-middle-class New York gay White man who is an attorney doing very well, dating, going out, partying, being free, being out and being proud, will recognize that this depiction of what constitutes “being gay” is not necessarily representative of his or her experience. Just like in all communities, the issue of being

accepted is a problem for all youth with mental health challenges, regardless of sexual orientation or gender identity; GLBTQ youth of color with mental health challenges experience even greater difficulties.

It is known that Native American youth who are gay and/or transgender are at increased risk for mental illness, HIV infections, and substance abuse. Not only are they dealing with the stigma and difficulties of being in the greater White super-culture, but they also are dealing with homophobia or transphobia within their culture—they have a dual stigma. This appears to be true for youth in other communities of color, such as in the Asian-American population. Despite extremely high suicide rates among youth believed to be gay or transgender, there is little or no discussion of the topic within the Asian community.

Experience of GLBTQ Youth

Fisher and Matarese pointed out that one of the systems that youth intersect with most is the educational system, and the experience of GLBTQ youth in the education system is troubling. Most school systems traditionally have been conservative in that there is not a great deal of social change or support of children and youth who are GLBTQ. Additionally, there is a great deal of local control of schools, and local norms tend to be incorporated into school curricula and into school policies. This is problematic for GLBTQ youth, particularly in communities that are not particularly sympathetic to this population. Data indicate that over 30% of GLBTQ youth skip school because they are afraid they will be beaten up or hurt at school, over four times as many as non-GLBTQ youth. Further, 28% have dropped

out of school because they have been harassed by their peers or out of fear, which is three times greater than the national average drop-out rate for non-gay/ transgender youth.

A survey on school climate showed that 97% of all students reported hearing anti-gay remarks in school on a daily basis, and 19% reported hearing anti-gay remarks from faculty. Some of the bias is more subtle. For example, children today often say, “That’s so gay.” Although not necessarily intended to be demeaning, statements like this are offensive, and it is hurtful and potentially damaging when these statements are heard by GLBTQ youth. Almost 78% of students completing this school climate survey report hearing “homo,” “faggot,” “sissy” and other slurs about 26 times a day or once every 14 minutes. This is not a supportive climate for people to come out or for GLBTQ youth to talk about their concerns or issues. Interestingly, 83% reported that staff very rarely intervened when they felt at risk or when they were being persecuted, hassled, or harassed. In one study of GLBTQ adolescents, half reported that homosexuality was discussed in their classes; 50% of females and 37% of males reported that it was handled negatively.

In addition to difficulties experienced in schools, Fisher and Matarese reported that GLBTQ youth frequently experience violence and bullying. Almost 40% of GLBTQ youth reported being punched, kicked, beaten, or injured with a weapon at school because of their sexual orientation. These individuals seem to be a special target for bullying. More than half (55%) of gay or transgender youth reported being physically attacked in school directly, over 65% reported that

they’ve been sexually harassed in some way, and 70% of all youth in this situation reported feeling unsafe in their school environment. The majority (84%) report being verbally harassed because of their sexual orientation or gender identity. This type of climate affects performance in school, which compounds the problems that these individuals are experiencing, whether or not they have other mental health challenges.

GLBTQ youth receiving services also reported being physically and verbally harassed. A study found that 100% of GLBTQ youth in New York City group homes who were included in the survey reported that they had been verbally harassed at their group home, and 70% had been physically assaulted because of their sexual orientation or gender identity. “These youth were in residential care situations to compensate for whatever was going on in their personal lives, and they were not safe in the care setting that was supposed to be protective.” The Child Welfare League of America published a book about the experiences of GLBTQ young people in the foster care system, which includes stories about their experiences within group homes, shelters, foster homes, and other settings. Often, these youth feel like outcasts and lose their placements.

Youth who are harassed because of their real or perceived sexual orientation are more likely than non-harassed youth to abuse substances. More than two-thirds (68%) of gay male teens and 83% of lesbian teens reported using alcohol; 46% of gay male teens and 56% of lesbian teens reported using drugs.

In addition to higher rates of substance use, GLBTQ youth are at higher risk for homelessness. It is

estimated that 20% to 40% of homeless youth are GLBTQ. Homelessness increases the likelihood of engaging in prostitution, alcohol and drug abuse, violence, suicide, and risky sexual behaviors leading to HIV infection and other sexually transmitted diseases. Homelessness sometimes results from youth being thrown out of their homes after coming out. About one-quarter of GLBTQ youth who come out to their parents are kicked out of their homes because of conflicts with their parents' moral and religious values. Many end up on the street and become homeless. In addition, many GLBTQ youth become homeless when their foster home placements fail. Nearly 80% of GLBTQ youth were removed or ran away from their foster placements due to overt hostility towards them because of their sexual orientation or their gender identity.

Fisher and Matarese noted that many people are afraid to take risks to support gay and lesbian youth. Even gay clinics, churches, and other organizations have difficulty reaching out to these young people because of the appearance that they are "recruiting" youth or because of fear of accusations of sexual abuse. With little help available, a third of GLBTQ high school students reported that they had attempted suicide in the previous year, as compared with about 8% of their heterosexual peers. GLBTQ youth are four times more likely than their heterosexual peers to attempt suicide. Their suicide attempts appear to be more serious than those of their heterosexual peers, since 16% required medical attention as a result of an attempt, as compared to 3% of heterosexuals. "If your heterosexual boyfriend or girlfriend dumps you and you feel suicidal, as many teens do, you can go to someone. You can go to your

parents, you can go to your friends, you can go to your family, other family members and you can tell them, 'This is bothering me. I think I might kill myself. I'm thinking about it.' The problem is that the very act of asking for assistance for suicidal intent can bring about 'coming out' and trigger the negative reactions and conflict that expressly elicit suicidal ideation." This negative response to "coming out" often leads to an exacerbation of the GLBTQ youth's problems and intensifies the youth's potential for suicidal behavior. These youth may not receive the support they need from people in their environment and may now be at risk for more harmful outcomes; help-seeking behavior is particularly problematic and difficult.

Fisher and Matarese emphasized that coming out, or revealing that you are gay, lesbian, bisexual or transgender to other people, can be terrifying. It can be extremely difficult for an individual who does not have any mental health issues going on at the time, is not receiving services from the child welfare system, and is not in foster care or in juvenile detention; it is especially difficult for young people who are experiencing these things and also dealing with the dual issue of coming out. The average age that youth come out is now 16. Coming out can be incredibly difficult for gay, lesbian, bisexual, transgender, and questioning youth and is a huge personal risk. Personal timing is essential, and coming out typically occurs in many stages to friends and family members, perhaps one at a time. Additionally, coming out can be a long-term process requiring one to come out frequently throughout one's life. Making a personal decision to come out creates fear and involves weighing the trade-offs between relief and fear of potential conflicts.

There is danger in "outing." Over 30% of youth in this situation reported that they have experienced physical violence from a family member after coming out. Many adults say that they have difficulty being supportive of their child due to "moral" and other issues. "Support for many people comes from 'family,' but not necessarily blood relatives. Sometimes if you come out, you don't experience positive things from family members who are your blood relatives, but you create a family. That becomes the family to you." Although coming out can serve to fill people with a sense of pride and an understanding of who they are, it can also result in a sense of shame and guilt because there is not always a favorable response. Acceptance does not always come in the way that you expect, by the people you expect. This also complicates things for youth who think, "I made a wrong decision trusting this person." It should be noted, however, that GLBTQ youth sometime receive support from unexpected quarters, that is, from people in the youth's life from whom they may not have anticipated support.

Strategies

Fisher and Matarese outlined a number of strategies that can be implemented to help GLBTQ youth, including:

- Take a stand in support of GLBTQ youth
- Listen without judgment
- Let GLBTQ youth know you care
- Prohibit anti-gay and anti-transgendered remarks
- Don't assume heterosexuality or gender identity
- Practice cultural and linguistic competence

- Acknowledge when culture and sexual orientation cause conflicts for GLBTQ youth
- Create a safe zone (e.g., hang a rainbow flag; display a pink triangle, etc.)
- Advocate for culturally competent services and supports for youth and families
- Provide training on GLBTQ issues in systems of care and family organizations
- Include GLBTQ protection in system of care and family organization policies
- Have GLBTQ resources and gay/transgender-friendly magazines visibly displayed in your offices
- Help organize a Gay-Straight Alliance in your school
- Advocate for anti-bullying legislation for schools to include GLBTQ youth
- Reduce stigma by encouraging positive understanding of the needs of GLBTQ youth among various constituencies in systems of care

Recommendations

Service Delivery

- *Provide individualized, wraparound services*—If systems of care are truly providing strengths-based, individualized, culturally competent services with a wraparound approach, this should also be an effective strategy for working with GLBTQ youth.
- *Provide role models*—Many GLBTQ youth have no role models, whereas most heterosexual or non-gay youth have a plethora of different resources (e.g., their parents, their grandparents, people from church, people in the community, people on TV, etc.) that they can relate to regarding relationships. GLBTQ youth do not necessarily have those resources and do not know how to access them.
- *Provide resources and support groups to assist families of GLBTQ youth*—One of the leading resources that's available is called P-FLAG, Parents and Friends of Lesbians and Gays, which has broadened its scope to also assist family members of transgender persons. There is a large, national website that has materials including resources that can be used at the local level. P-FLAG offers peer groups of family members, typically parents, who meet on a regular basis to sort out issues related to having a gay or transgender child or other family member. There are over 380 chapters in this country, and the organization has been highly successful in providing support groups for families. They go to many public forums and make speeches in support of their family members, they lobby Congress, and they engage in political activities to advocate for rights and services. These and other groups may be found in communities to assist families.
- *Start youth groups for gay and lesbian youth*—A system of care in a New Jersey county has started a youth group for gay and lesbian youth. This strategy should be implemented in other communities and should involve youth across agencies.
- *Create safe environments for youth to come out*—Coming out is profoundly personal, and some youth come out more quickly than others. Some youth do not have a safe environment in order to be able to come out. As service providers, there should be sensitivity to youth who have not come out and attention to meeting their needs while they are still in the closet. It is important to create environments where youth feel sufficiently safe to come out. Service providers and school personnel can make it safer for youth to come out with some simple strategies. For example, a school developed little rainbow symbols that teachers could put on their doors or chalk boards if they felt comfortable, indicating their willingness to talk about this issue. Or teachers might strategically place a book, like "Loving Someone Gay" on their bookshelf to give hints of safety for youth. Youth can be taught to look for the signs in these safe environments.
- *Create partnerships with religious communities and faith-based organizations to provide support for GLBTQ youth*—There is a growing trend in the GLBTQ community that spirituality is equally as important as sexuality. Many religiously affiliated organizations that are sprouting up across the country can provide support in this arena for GLBTQ youth. For example, there is Affirmation, which is for gay and lesbian Mormons, and there are organizations for Catholics (Dignity), Jews, Methodists, and others. Many of these religious or spiritually affiliated organizations that are welcoming to gay and lesbian people should be explored as a resource for young people. They often

Recommendations

do not have the same difficulties starting programs, such as camps, resource centers, and others.

Policy and Advocacy

- *Increase understanding among policy makers that mental health issues for GLBTQ youth constitute a public health concern*—Data about GLBTQ youth should be shared with policy makers including NASMHPD, governors, system of care leaders, mental health agencies, etc. to increase attention to the need for targeted services for this group.
- *Include GLBTQ in discussions on cultural competence*—GLBTQ should be considered a “culture” and infused in discussions and work on cultural and linguistic competence in systems of care. It should be acknowledged that there are cultural and linguistic issues associated with GLBTQ youth. Advocacy efforts should be targeted at providing culturally competent services to this group. Training should be provided to family organizations and other organizations to raise awareness and sensitivity to this issue.
- *Support gay youth publicly*—Service providers should have a non-judgmental attitude toward this as well as other issues affecting youth and should let youth know that they care, that they are not going to pull support away based on sexual orientation or gender identity, and that they are still going to be available to provide services regardless of this issue.
- *Create gay-straight alliances to increase understanding*—Gay-straight alliances can provide forums for people to dialogue to increase rapport and understanding, vehicles for discussing issues, and groups for advocacy. In some cases, GLBTQ youth can come to these forums under the guise of being heterosexual and may eventually find a way to come out. Every step taken helps to reduce stigma and encourage a positive understanding of the needs of these youth.
- *Prohibit language that stigmatizes GLBTQ youth*—You have to make a decision about whether you are going to take a stand when you hear anti-gay remarks and jokes. When you deal in a climate with youth, you have to put your foot down and say, “No. We don’t want youth to hear this.” We should not tolerate this in a climate where youth are sensitive and aware and at risk.

- *Advocate for anti-bullying legislation*—Regardless of the targeted population, there should be advocacy efforts to pass anti-bullying legislation.

Information Development and Dissemination

- *Identify and disseminate information about community resources and develop community resources*—There is little information about community resources that provide support for GLBTQ youth or even adults. It would be helpful to identify existing resources that provide services and support to GLBTQ youth, particularly those that have been successful in overcoming some of the barriers to serving these youth and which can serve as models to other organizations. Information about effective strategies for providing support should be widely disseminated. Resources through existing and new organizations should be developed to provide support, role models, and peer mentoring to GLBTQ youth. Information and materials are available from national organizations that may be helpful to communities.
- *Create on-line resources for professionals and youth regarding mental health issues and services for GLBTQ youth.*
- *Conduct social marketing and other educational activities about GLBTQ youth and issues associated with being gay and/or transgendered*—Social marketing and educational activities should be directed at reducing stigma and discrimination against GLBTQ youth, recognizing GLBTQ as an “attribute,” and decreasing the use of stigmatizing language and “hate speech.”
- *Develop and disseminate fact sheets and practice guidelines on mental health needs and services for GLBTQ youth.*

Training and Technical Assistance

- *Provide training to mental health providers about working with GLBTQ youth and their families.*
- *Incorporate training about GLBTQ youth and issues in other conferences related to children’s mental health and systems of care.*
- *Provide technical assistance to federally funded system of care communities to assist them in developing appropriate behavioral health services for GLBTQ youth.*

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