




Building Healthy+ Compassionate Communities:

**Creating Safe Spaces for Lesbian, Gay, Bisexual,
Transgender, Queer and Questioning (LGBTQQ) Youth**

OBJECTIVES

By the end of this session, participants will be able to:

- 1. Have increased knowledge of the needs of LGBTQQ youth in reducing risky behaviors associated with teen pregnancy;**
 - 2. Have increased knowledge of how to include LGBTQQ youth in integrated settings; and**
 - 3. Have increased ability to create a safe space for LGBTQQ youth in their classrooms/community settings.**
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SEXUALITY THEORY

Sexuality refers to the interplay of one's sexual behaviors, desires, and identities, usually in relationship to another.

Sexuality is fluid and most likely influenced by a combination of socio-cultural and biological factors. That is to suggest that sexuality is culturally situated, intersecting, and subject to change as social and cultural norms shift.

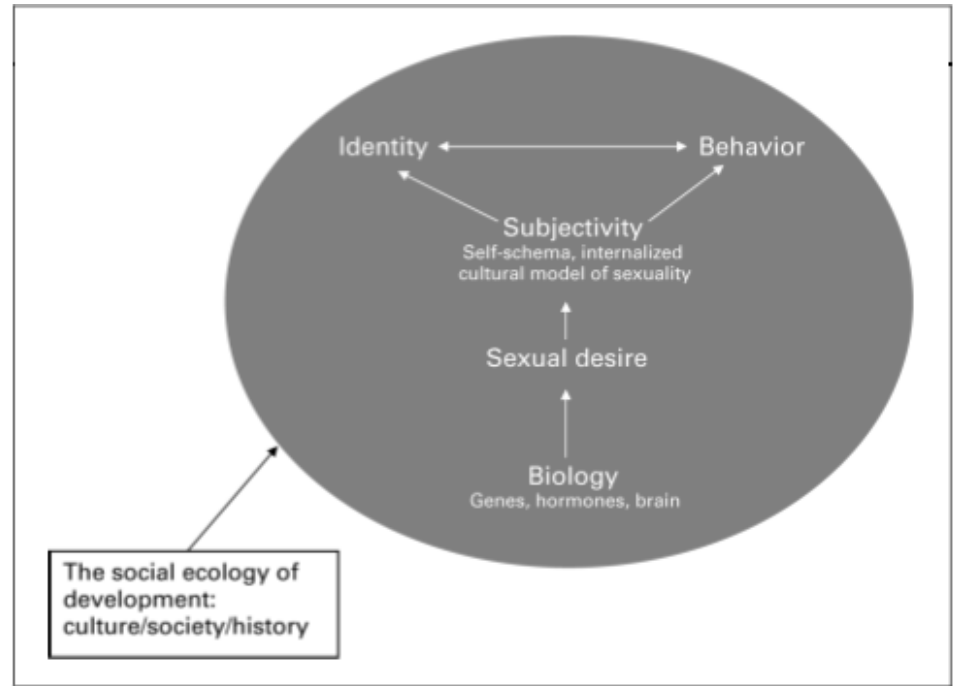


Fig. 1. Schematic representation of the developmental pathway for sexual orientation.

Frankowski, B. Sexual Orientation and Adolescents. *Pediatrics* 2004;113;1827-1832

Hammack, P. The Life Course Development of Human Sexual Orientation: An Integrative Paradigm. *Human Development*. University of Chicago, 2005.

SEXUALITY THEORY

“Sexual lifeways are culturally constituted developmental pathways, embedded within social and symbolic systems, that provide rich and meaningful contexts for the realization of full personhood in a society.”

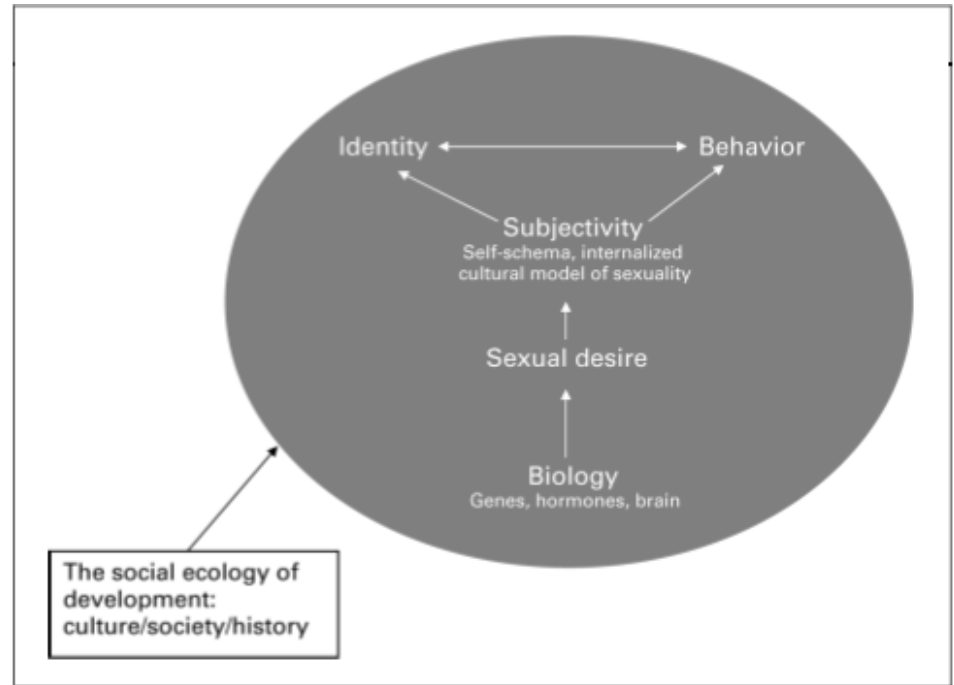


Fig. 1. Schematic representation of the developmental pathway for sexual orientation.

SEXUALITY THEORY

- Sensuality
- Intimacy
- Sexual Identity
- Sexual Health and Reproduction
- Sexualization

Circles of Sexuality



SEXUAL SCRIPTING THEORY

- ***Cultural scenarios*** are the instructional guides that exist at the level of collective life.
 - Cultural scenarios essentially instruct in the narrative requirements of specific roles
- ***Interpersonal scripts*** transform the social actor from being exclusively an actor trained in his or her role(s) and add to his/her burdens the task of being a partial scriptwriter or adaptor as he/she becomes involved in shaping the materials behavior.
- ***Intrapsychic scripting***, in other words, becomes a significant part of the self proportion to the extent and intensity of the internal dialogue.
 - It is where the negotiations of desires occur and make known the individuals complex, multi-layered, and contradictory wishes.

GENDER THEORY

Gender refers to one's innate sense of one's self as being a man or a woman (culturally constructed).

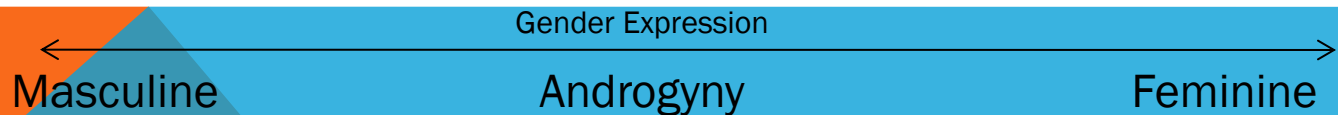
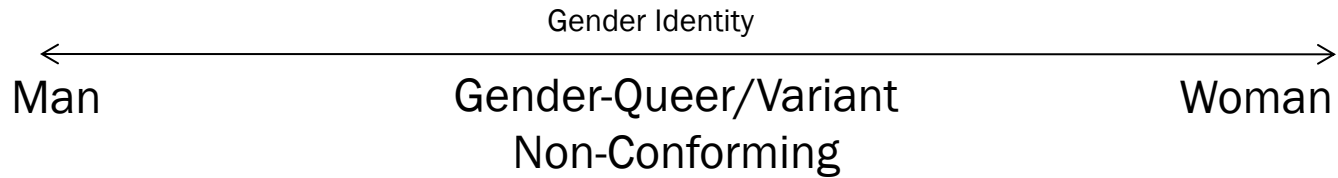
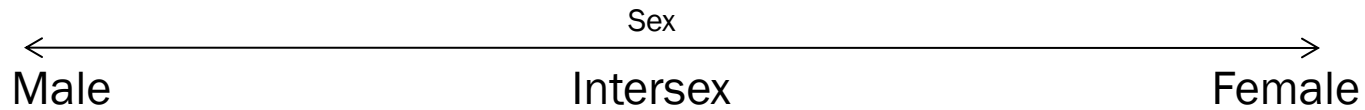
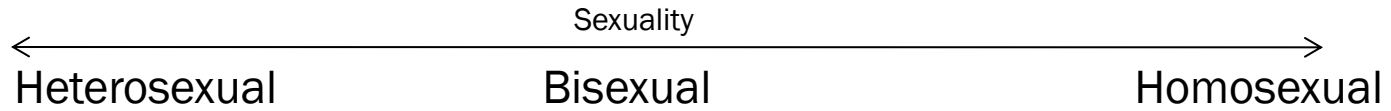
Constructed ideas about how to be a man or woman

- Masculinity and femininity

Biological sex refers to the chromosomal and anatomical makeup of one's body.

- (xx, xy, xxy)

GENDER & SEXUALITY

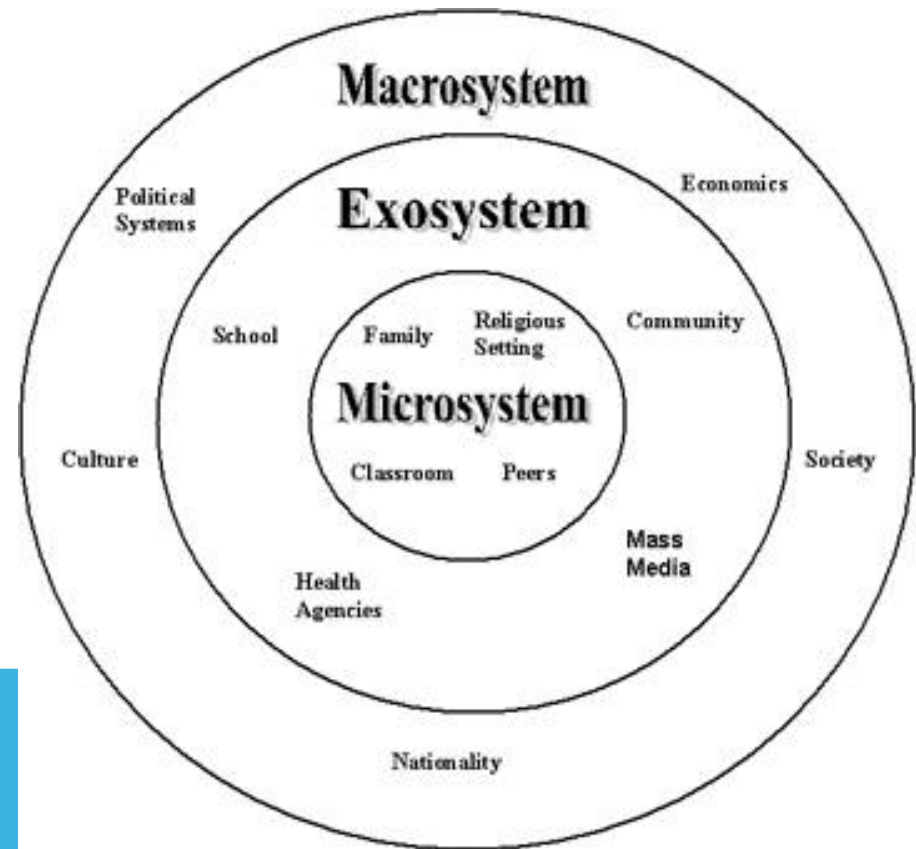


ECOLOGICAL THEORY

Microsystem

Exosystem

Macrosystem



THEORY & RACE

***Minority Stress Model* calls attention to chronic stress that sexual and gender minorities may face as a result of their stigmatization.**

***Intersectionality* examines an individual's multiple identities and the ways in which they interact.**



LGBTQ YOUTH

Lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) youth face many difficulties in a society where heterosexuality is a privileged sexual identity and all other sexual identities are demonized.

Being attracted to the same gender is regarded as abnormal, and a “bad behavior,” and often people can be hostile or violent towards someone who is LGBTQQ.



AWARENESS OF SEXUAL ORIENTATION AND GENDER IDENTITY

People are aware of the biological differences between boys and girls by age three.

Research suggests that sexual orientation is likely determined during early childhood.

- Many gay and lesbian youth self-identify at about age 16, and their first awareness of same gender attraction occurred at about age 9 for males and 10 for females.

For gender identity—a person's innate sense of maleness or femaleness—some transgender people say that they experience conflict over their gender assignment (the sex they were born with) throughout childhood and adolescence.

- This experience is not the same for all transgender people.



TRANSGENDER YOUTH

Key Issues

Harassment in school

Mental health and well-being issues

Youth development

- Support networks
- Relationship concerns

Health care services for transgender youth

- Sensitivity training for medical, mental health, and human service professionals

Social services

- Legal services
- Employment services

Youth development

- Specific needs among sub-identity groups of transgender youth



EDUCATION

The 2011 National School Climate Survey: The Facts

84.6% of LGBT students reported being verbally harassed.

- 40.1% reported being physically harassed because of sexual orientation and 27.2% because of gender expression.

72.4% heard derogatory remarks, such as "faggot" or "dyke," frequently or often at school.

More than half (61.1%) of students reported that they felt unsafe in school because of their sexual orientation, and more than a third (39.9%) felt unsafe because of their gender expression.

EDUCATION

The 2009 National School Climate Survey: The Facts

29.1% of LGBT students missed a class and 30.0% missed a day of school in the past month because of feeling unsafe.

The reported grade point average of students who were more frequently harassed because of their sexual orientation or gender expression was almost half a grade lower than for students who were less often harassed.



HOMOPHOBIA AND RACISM AFFECT HEALTH OF LGBTQQ YOUTH OF COLOR

Social inequality has a huge effect on both individual and public health.

Many studies say that societal racism and homophobia increase LGBTQQ youths' risk for substance use, dropping out of school, homelessness, sexual risk-taking, and attempting suicide.

Many people don't know about the risks faced by LGBTQQ youth.



LGBTQQ YOUTH OF COLOR FACE STIGMA

- **LGBTQQ youth of color (YOC) face discrimination from a majority white society and rejection from homophobic communities of color.**
- **Communities of color often perceive LGBTQQ identity as a rejection of ethnic heritage, and reinforce negative stereotypes and perceptions.**
- **LGBTQQ youth of color who ‘come out’ are often**
 - thrown out of their homes;
 - face physical, emotional, and/or sexual abuse; or
 - become the focus of family dysfunction after coming out.

LACK OF POSITIVE ROLE MODELS

- **Accurate and positive portrayals of LGBTQQ men and women of color are generally absent from mainstream media.**
- **One study of youth (14-17) showed that many LGBTQ youth accept negative stereotypes:**
 - Some believed that gay men were always effeminate, and lesbians were always masculine.
 - Half believed that all gay people were unhappy.

Ryan C, Futterman D. Lesbian and Gay Youth: Care and Counseling. [Adolescent Medicine State-of-the-Art Reviews; v.8, no. 2] Philadelphia: Hanley & Belfus, 1997.



RISK BEHAVIOR AND CONTRIBUTING FACTORS

LGBTQQ youth of color not only struggle with issues around sexual orientation, but they may also struggle with being a person of color.

- They are often forced to cope with a life experience with *two* different minority group identities.

In communities that are greatly disenfranchised, the over-all quality of education and information is beyond poor.

- LGBTQQ youth of color receive meagerly appropriate comprehensive sexual education.

LGBTQQ youth of color are less likely to receive comprehensive sex education compared to that which their heterosexual and non-minority LGBTQQ peers may receive because LGBTQQ youth of color are ignored.

HEALTH TRENDS

LGBTQ youth often internalize negative societal messages regarding sexual orientation and suffer from self-hatred, as well as from social and emotional isolation.

- They may use substances to manage stigma and shame, to deny same-sex sexual feelings, and/or as a defense against ridicule and violence. [1]

Service providers estimate that 25 to 40 percent of homeless youth may be LGBT. [5]

- According to one study, 50 percent of gay teens experienced a negative reaction from their parents when they came out and 26 percent were kicked out of their home. [2]

[1] Ryan C, Futterman D. **Lesbian and Gay Youth: Care and Counseling.** [Adolescent Medicine State-of-the-Art Reviews; v.8, no. 2] Philadelphia: Hanley & Belfus, 1997.

[2] Ray, N. **Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness.** New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless. 2006.

HEALTH TRENDS

LGBTQ youth are eight times more likely to report having attempted suicide, nearly six more times as likely to report high levels of depression, and three times as likely to be at high risk for HIV and sexually transmitted diseases than LGBTQ youth with less rejecting families. [1]

From 2004 through 2007, the majority of HIV/AIDS cases among adolescent and young adult males were attributed to male-to-male sexual contact. [2]

[1] Ryan, C. Supportive families, healthy children: Helping families with lesbian, gay, bisexual, & transgender children. San Francisco, CA:Merian Wright Edelman Institute, San Francisco State University, 2009.

[2] Center for Disease Control and Prevention-HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007) <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>

HEALTH TRENDS

LGBTQ youth are more likely than heterosexual teens to

- have had sexual intercourse,
- have had more partners, and
- have experienced sexual intercourse against their will.

- **Young men with partners of both sexes have reduced odds of condom use and increased odds of having had multiple partners.**

Saewyc, E., Bearinger, L., Blum, R., & Resnick, M. (1999). Sexual intercourse, abuse and pregnancy among adolescent women: Does sexual orientation make a difference? *Family Planning Perspectives*, 31(3), 127-131.

Lane, T. (2002). Among sexually experienced male adolescents, those with partners of both sexes exhibit riskiest behavior. *Perspectives on Sexual and Reproductive Health*, 34 (3).

HEALTH TRENDS

Studies suggest that lesbian and bisexual teens are twice as likely as their heterosexual peers to experience unintended pregnancy.

Additionally, young lesbians may attempt to hide their sexual identity through intentional pregnancy.

Blake, S.M., Ledsy, R., Lehman, T., Goodenow, C., Sawyer, R., & Hack, T. (2001) Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. American Journal of Public Health, 91(6), 940-946.

Davis, V. (2005). Lesbian health. The Obstetrician & Gynaecologist, 7, 98-102.



HEALTH TRENDS

Like all teens, LGBTQQ youth need accurate, age appropriate, and culturally sensitive information regarding sexual and reproductive health. However, they may not be receiving this. In one study, 84% of young lesbians reported feeling that they were at zero risk for HIV and STI, and only 21% had ever suggested safer sex practices to a sexual partner.

Many YWSW also have sexual intercourse with men, including men who have sex with other men. Unprotected intercourse with men may place YWSW and their female partners at risk for HIV. In a survey of 6,935 self-identified lesbians, 77.3 percent reported sex with one or more male in their lifetime, including vaginal (70.5 percent) and anal (17.2 percent) intercourse.

Morrow, K.M., Allsworth, J.E. (2000) Sexual risk in lesbian and bisexual women. J Gay & Lesbian Medical Association. 4, 149-165.

Diamant AL et al. Lesbians' sexual history with men: implications for taking a sexual history. Archives of Internal Medicine 1999; 159:2730-2736.

HEALTH TRENDS

- In a study in New York City, 32 percent of lesbian and bisexual young women reported sex with at least one gay or bisexual man; 51 percent reported having sex with at least one high risk partner.

Rosaria M et al. Sexual risk behaviors of gay, lesbian, and bisexual youths in New York City: prevalence and correlates. *AIDS Education & Prevention* 1999; 11:476-496.



HEALTH TRENDS

Sexual intercourse with young men also puts YWSW at risk of unintended pregnancy. One study showed that, while bisexual and lesbian teenage females were about as likely as heterosexual peers to have had intercourse, they reported twice the rate of pregnancy (12 percent) as heterosexual and questioning young women (five to six percent).

A higher percentage of lesbian and bisexual young women also reported sexual intercourse daily or several times each week and no use of contraception compared to their heterosexual and questioning counterparts.



HEALTH TRENDS

Some women who have sex with women (WSW) are uncomfortable with routine gynecological care, including PAP smears and STI screening. Yet, they are at risk for STIs.

In a nationwide study of 6,935 self-identified lesbians, 17.2 percent reported a history of STI. In another survey of lesbian and bisexual women, 26 percent reported a past STI. Human papillomavirus occurred among 30 percent of surveyed WSW, including 19 percent of women who had sex *only* with other women.

Infection with genital herpes, chlamydia, gonorrhea, and syphilis, while not much studied in WSW, may be likely, depending on the women's sexual practices. Safer sex information seldom covers protective methods for oral or manual sex, encouraging the myth that YWSW are not at risk for STI.



HEALTH TRENDS

- MSM account for more than half of all new HIV infections in the United States each year (61%, or an estimated 29,300 infections).
- The majority of new infections among black MSM occur among young black MSM aged 13 to 29 (6,500). In fact, more new infections occur among young black MSM than white MSM aged 13 to 29 and 30 to 39 combined (6,400)..

CDC Fact Sheet: HIV and AIDS among Gay and Bisexual Men, September 2011

<http://www.cdc.gov/nchhstp/newsroom/docs/fastfacts-msm-final508comp.pdf>

CHALLENGES IN LIVES OF LGBTQQ YOUTH/LGBTQQ YOUTH OF COLOR

- **Difficulties with parents/families**
 - Acceptance
 - Abuse
 - Not valued
 - Silenced
 - Lack of emotional/developmental support
 - **Self-abusive behaviors**
 - Drug /alcohol use and abuse
 - Risky sexual behavior
 - **Issues in community/school**
 - Harassment
 - Physical abuse
 - Viewed with low expectations
 - Not empowered
 - Orientation/identity being a rejection of ethnic heritage
 - **Poor self-esteem/self-image**
 - Depression
 - Isolation
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CHALLENGES IN LIVES OF LGBTQQ YOUTH/LGBTQQ YOUTH OF COLOR

Influence of culture upon identities

- Gender role belief systems
- Macro vs..... Micro acceptance (media/pop culture vs..... immediate influences)
- A racist culture shapes sexual attitudes, values and beliefs
- Lack of representation in media

Providers from “outside of community”

- Lack of culturally appropriateness
- Ill-informed, uncommitted

• **Role of church, religion and spirituality**

- Struggles negotiating sexuality/identity with religion/spirituality
- Homophobic messaging from within religious spiritual leaders


• **Economic difficulties**

- Lack of resources/financial support at home
- Lack of education and work experience (unemployable)
- Crime, poverty, homelessness, etc.


REPRODUCTIVE HEALTH NEEDS OF LGBTQQ YOUTH

1. **Better informed providers (peer educators), teachers, parents, and other responsible people who are willing to address same-gender sexual activity and other sexual health concerns that are unique to LGBTQQ youth.**
2. **Sexual health information that addresses same-sex activity.**
3. **An established commitment to inform your LGBTQQ peers while considering the unique challenges they face if LGBTQQ youth of color.**
4. **Sexual health education that takes into account social, ethnic and cultural factors of LGBTQQ youth of color.**

ADDRESSING SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF LGBTQQ YOUTH

- 1) 1. Acknowledge conflict experienced by many LGBTQQ youth of color, with regard to sexual orientation and ethnic/racial culture, and confront the biases to both within the program.**
 - 2) 2. Use language that is inclusive of all sexual orientations and gender identities.**
 - 3) 3. Address the needs of the whole person.**
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ADDRESSING SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF LGBTQQ YOUTH

- Consider the social and cultural factors that influence behavior
 - Involve LGBTQQ youth in the planning and implementation
 - Provide peer support to change the norms among your peers
 - Build your skills
 - Participate in youth development activities
 - Ask your peers how they identify and use those terms
 - Provide a supportive environment where people are sensitive, caring and accepted
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REFERENCES

CDC. *HIV/AIDS Surveillance Report, 2004*. Vol. 16. Atlanta: US Department of Health and Human Services, CDC; 2005:146. Available at <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2004report>. Accessed May 30, 2006.

CDC. *HIV Prevention in the Third Decade*. Atlanta: US Department of Health and Human Services, CDC; 2005. Available at <http://www.cdc.gov/hiv/resources/reports/hiv3rddecade/index.htm>. Accessed May 15, 2006.

Simon, W., Gagnon, J. Sexual Scripts: Permanence and Change. *Archives of Sexual Behavior*. Vol. 15, No. 2, 1986.

Fleming DT, Wasserheit JN. From epidemiological synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sexually Transmitted Infections* 1999;75:3-17.

CDC. *Sexually Transmitted Disease Surveillance, 2004*. Atlanta: US Department of Health and Human Services, CDC; 2005. Available at <http://www.adol.htm>. Accessed May 16, 2006.

Thank You!

Durryle Brooks, M.A.

dnbrooks@smcm.edu

dnbrooks@educ.umass.edu