

## Literature Review

### LGBT Youths

Youths' sexual orientations and gender identities are complex and are often still being shaped during adolescence, a time in people's lives when they are unsure of themselves and begin to question who they are (Poirier, Fisher, Hunt, & Barse, 2014; IOM [Institute of Medicine], 2011). For lesbian, gay, bisexual, and transgender (LGBT) youths, this period of transition is often more difficult; research has shown that LGBT youths are more likely to confront certain barriers and environmental risk factors connected to their sexual orientations and gender identities, compared with their heterosexual classmates and peers. For example, LGBT youths are more likely to experience bullying at school (Mitchum & Moodie-Mills, 2014); experience rejection or victimization perpetrated by their parents or caregivers, which often results in youths running away from home (Friedman et al., 2011); face homelessness (Burwick, Oddo, Durso, Friend, & Gates, 2014); attempt suicide (IOM, 2011; Craig, Austin, & Alessi, 2012); and suffer from illicit drug use (Heck et al., 2014).

### Defining the Population

*Sexual orientation* is usually classified as heterosexual, bisexual, or homosexual (lesbian or gay) and is based on the gender of the person or persons to whom someone is emotionally, physically, sexually, or romantically attracted. Sexual orientation involves attraction, behavior, and identity and is expressed in relationship to others who fill a need for love, attachment, and intimacy (IOM, 2011; SAMHSA, 2014).

*Gender identity* refers to an individual's internal sense of being male or female, or in between, regardless of the person's assigned sex at birth (Irvine, 2010; ACLU, 2013; SAMHSA, 2014).

*Gender nonconforming* or *gender variant* refers to youths who have gender identities or gender expressions that break social norms (Irvine, 2010).

*Transgender* is a term that encompasses a variety of ways people may identify or express their gender, usually in opposition to one's biological sex (Hopkins & Dickson, 2014). As Irvine explains: "[A] transgender girl is a girl whose birth sex was male but who understands herself to be female. A transgender boy is a boy whose birth sex was female but who understands himself to be male" (2010, p. 1). Transgender is not defined by whether a person has undergone surgery or hormone treatment to change his or her appearance or anatomy. Rather, it is defined by a person's internal sense of feeling male or female (Shuster, 2014).

Many of these terms may overlap in meaning. For example, gender nonconforming is a broad term that can include transgender youths. However, any youth who does not conform to the social norms or expectations of his or her gender (through mannerisms, behavior, or even

clothing choices) may be considered gender nonconforming, although that individual may not necessarily be LGBT (Youth.gov, 2014).

*Two-spirit* is a term used by some Native American communities with regard to LGBT individuals. According to Poirier, Fisher, Hunt, & Bearse (2014), two-spirit refers to “American Indian/Alaskan Native American people who (a) express their gender, sexual orientation, and/or sex/gender roles in indigenous, non-Western way, using tribal terms and concepts, and/or (b) define themselves as LGBTQI in a native context” (p. 2). Native American people who are two-spirit are believed to bridge social categories of male and female and the spirit and human worlds. However, this is not a term used among all Native American communities; some use terms from their own culture and language (SAMHSA, 2010).

## **Risk and Protective Factors of LGBT Youths**

### **Sexuality as a Risk Factor for LGBT Youths**

A 2011 report on health issues related to LGBT individuals stated:

LGBT youth face the same challenges as their heterosexual peers, but also stigma that may contribute to the identified disparities in health status between sexual- and gender-minority youth and heterosexual youth (IOM, 2011, p. 142).

Research has shown that adolescence is a time of heightened risk-taking behavior and, as noted above, there are several unique risk factors that LGBT youths are more likely to experience.

### **Family**

Youths may experience verbal and physical abuse from their families because of rejection of their sexual orientation or gender-nonconforming behavior. As many as 30 percent of LGBT youths experience family violence after “coming out” to family members (Himmelstein & Brückner, 2011). The Family Acceptance Project (a research initiative studying the influence of family reactions on the physical and mental health of LGB adolescents and young adults) examined the effect of family-rejecting reactions to sexual orientation and gender expression during adolescence on later health problems (Ryan, Huebner, Diaz, & Sanchez, 2009). The results showed that higher rates of family rejection were significantly associated with poor health outcomes. Specifically, LGB young adults who experienced higher levels of family rejection during adolescence were 8.4 times as likely to have reported attempting suicide, 5.9 times as likely to report high levels of depression, and 3.3 times as likely to use illegal drugs, as compared with LGB young adults who reported no or low levels of family rejection (Ryan et al., 2009; SAMHSA, 2014).

Countless LGBT youths are kicked out or “thrown away” by their families, and many decide to run away from home because of familial rejection. This can in turn increase the likelihood that a youth will be placed in a group home or foster care, or experience homelessness. One study found that LGB and gender-nonconforming youths were twice as likely as their heterosexual and gender-normative peers to report they had been removed from their home by a social worker, had lived in a group or foster home, or had ever been homeless after being kicked out of their home or running away (Irvine, 2010).

## School

In school, LGBT youths face bullying and victimization from classmates and even from teachers or administrators. *The 2013 National School Climate Survey* conducted by the Gay, Lesbian, and Straight Education Network found that 74.1 percent of LGBT students were verbally harassed (e.g., called names or threatened), 36.2 percent were physically harassed (e.g., pushed or shoved), and 16.5 percent were physically assaulted (e.g., punched, kicked, injured with a weapon) at school because of their sexual orientation (Kosciw, Greytak, Palmer, & Boesen, 2014). In addition, 51.4 percent of LGBT students reported hearing homophobic remarks from their teachers or other school staff. LGBT youths are also more likely to face harsh disciplinary actions, including expulsions, from school administrators (Himmelstein & Brückner, 2011; Morgan, Salomon, Plotkin, & Cohen, 2014). The hostile school environment can contribute to higher rates of truancy, absenteeism, and dropping out, in addition to lower academic scores/grades and psychological trauma (Mitchum & Moodie-Mills, 2014).

## Individual

LGBT youths are also at higher risk for mental health-related issues such as depression, mood and anxiety disorders, and suicidal ideation and attempts, compared with their heterosexual peers. Although most LGBT youths are well adjusted and healthy, LGBT youths, on average, are 2 to 7 times as likely to have attempted suicide, compared with their heterosexual peers (IOM, 2011; Craig et al., 2012). LGBT youths are also at a higher risk for substance use disorders and have higher rates of reported smoking, alcohol use, and drug use. For example, longitudinal data from the *Growing Up Today Study* found that youths indicating their sexual orientation as bisexual or lesbian/gay were more likely than heterosexual youths to report past-year illicit drug use such as marijuana, and misuse of prescription drugs such as pain killers (Corliss et al., 2010).

Higher suicide ideation and attempts and drug abuse and misuse can be attributed to numerous factors, such as victimization and rejection suffered by youths related to their sexual orientation and gender identity. Some researchers maintain that mental health and substance abuse disparities experienced by LGBT individuals can be explained, in part, by the minority stress theory. The minority stress theory contends that lesbian, gay, and bisexual individuals encounter constant stress owing to their experiences of prejudice, discrimination, and stigmatization, which may cause higher rates of psychiatric disorders among this group (IOM, 2011; Diamond et al., 2012; Mustanski, Newcomb, & Garofalo, 2011). Sexual minority youths, in particular, face constant stress because of the possibility of total rejection from their families and lack of ongoing support.

In addition, LGBT youths, especially those who are homeless, are more likely to engage in high-risk sexual behaviors, such as survival sex or other sex work, compared with heterosexual youths (Burwick et al., 2014). A 2013 report by the Institute of Medicine and the National Research Council (IOM, 2013) found that being gay, bisexual, or transgender was an individual-level factor that increases boys' and girls' vulnerability to commercial sexual exploitation and sex trafficking. Moreover, recent research suggests that LGBT youths are also at higher risk of experiencing dating violence. A 2014 study by Dank, Lachman, Zweig, and Yahner found that significantly higher percentages of LGB youths reported being victims of physical, psychological, and cyber-dating abuse, as well as sexual coercion, compared with heterosexual

youths. However, the study also found that higher percentages of LGB youths reported perpetrating these forms of dating violence. Because previous studies on youth dating violence have not distinguished LGBT youths in their samples, it is unclear whether the studies' findings are in line with prior research (Dank et al., 2014).

## **Protective Factors for LGBT Youths**

Although a great deal of research has been directed at the challenges and obstacles faced by LGBT youths, some research has begun to focus on factors that can promote their health and well-being. For example, although family rejection can have a negative impact on youths, especially those who have revealed their sexual orientation or gender identity, family acceptance can be an important protective factor. As noted previously, a study by Ryan et al. (2009) found that young adults who reported high levels of family acceptance during adolescence had significantly higher scores on self-esteem, social support, and general health and significantly lower scores on measures of depression, substance abuse, risky sexual behavior, suicidal thoughts, and suicidal attempts, compared with young adults who had reported low levels of family acceptance. In 2014, SAMHSA released a resource guide for practitioners who work with families and parents or caregivers of LGBT children. The guide discusses the importance of family acceptance and rejection with regard to the health and well-being of LGBT adolescents, and promotes a family-oriented approach to working with LGBT youths and their families. This means that practitioners should consider the context of families, and not necessarily try to change the values or beliefs of parents who react to their LGBT children with ambivalence or rejection, but rather help them understand how negative reactions can contribute to serious health-related issues for their children and provide them with education and services that can help increase support for LGBT youths (SAMHSA, 2014).

Mustanski et al. (2011) argued that it is important to consider protective factors that can help promote healthy development of LGB youths, despite their exposure to negative stressors. They described the importance of focusing on resilience research, and examined the effect of family and peer support within the context of victimization experienced by LGB youths. Their study looked at the self-reported victimization of 425 LGB youths in the Chicago area (the study did not include youths who reported a transgender identity, or reported their sexual orientation as heterosexual or questioning). They found that 94 percent of the sample had experienced some form of victimization as a result of their sexual orientation. Consequently, youths displayed a moderate increase in psychological distress. However, the results showed that psychological distress associated with victimization decreased in the presence of strong peer support and family support. Social support from peers was found to have the strongest promotive effect for LGB youths. The measure of peer support illustrates a lack of social loneliness, peer acceptance of homosexuality, and a sense of having friends as a resource. Family support also had an effect on decreasing the psychological distress of LGB youths; however, the effect was not as strong as peer support, showing that relationships with friends become important for LGB youths, especially in later adolescence. Although peer and family were found to be important, they did not completely eliminate the negative effects of victimization (Mustanski et al., 2011).

## Outcome Evidence

There are only a handful of programs that are designed to target the specific needs of LGBT youths, and even fewer evaluations examining the effectiveness of such efforts.

Some research has begun to identify the importance of adapting treatment and services for LGBT youths, to properly address the distinct risk factors that they experience (Craig et al., 2012; Goldbach & Holleran Steiker, 2011). One therapeutic approach that has been adapted to address the specific treatment needs of LGBT youths is Attachment-Based Family Therapy (ABFT). ABFT is a treatment for adolescents ages 12 to 18, which is designed to treat clinically diagnosed major depressive disorder, eliminate suicidal ideation, and reduce dispositional anxiety. The model is based on an interpersonal theory of depression, which proposes that the quality of family relationships may precipitate, exacerbate, or prevent depression and suicidal ideation. ABFT aims to strengthen or repair parent-adolescent attachment bonds and improve family communication (Diamond et al., 2002). Studies found that ABFT had significant impacts on measures of major depression disorder, depressive symptoms, suicidal ideations, and anxiety symptoms of adolescents, including those referred to a hospital-based psychiatry clinic (Diamond, Reis, Diamond, Siqueland, & Isaacs, 2002; Diamond et al., 2010). ABFT for adolescents is an intervention that is also included in the *NREPP* database.

Diamond et al. (2012) examined the adaptation of ABFT with suicidal LGB adolescents and their families. The ABFT manual was modified to make it sensitive to the unique needs of LGB adolescents and their families such as suggesting more alone time between youths and their parents, to reconcile religious beliefs and address fears about disappointment and rejection. A pilot open trial was conducted with 10 self-identified LGB suicidal adolescents and their parents (although only eight youths completed the full course of treatment sessions). The preliminary findings showed that, over the course of treatment, there was a significant decrease in suicidal ideation and depressive symptoms. However, there was no significant impact on attachment-related anxiety or attachment-related avoidance (Diamond et al., 2012). The results suggest that the modified version of ABFT could address some of the mental health issues that LGB youths deal with as a result of a strained relationship with their parents, although more rigorous research is needed.

Overall, the research on services and treatment for LGBT youths, including adaptations of evidence-based programs, is still being developed. There are few rigorous evaluation studies (with an appropriate comparison group) that have been conducted to determine the efficacy of interventions specifically targeting LGBT youths. The research that has been conducted suffers from several limitations, including lack of comparison groups, small sample sizes, short follow-up periods, and selection bias (Craig et al., 2012; Goldbach & Holleran Steiker, 2011; Craig, Austin, & McInroy, 2014; Diamond et al., 2012). It should also be noted that an additional challenge to accurate data collection is the evolution of sexual orientation and gender identity during adolescence.

## Conclusion

More research is needed to further understand risk/protective factors, prevalence, experiences, and outcomes for LGBT youths. For example, youths' experiences are rarely influenced by one factor in their lives, but rather are shaped by the intersection of various demographic or sociodemographic characteristics (sexual orientation/gender identity, race/ethnicity, gender, age, etc.). Research studies are merely beginning to explore the impact of this intersection on youths. For instance, studies have begun to examine the experiences of LGBT youths who are part of a racial minority group (Dank et al., 2014).

Although more research is needed, there has been an increased emphasis and recognition of the specific needs of this population in recent years. Resources and guides from various government agencies and organizations are also available for family members, friends, or other individuals who wish to offer support to youths. For example, SAMHSA's Office of Behavioral Health Equity has an entire Web page dedicated to providing resources and other information for the LGBT population (<http://www.samhsa.gov/behavioral-health-equity/lgbt>). Similarly, Youth.gov offers briefs, featured articles, publications, videos and podcasts, websites, and other resources on LGBT youths (<http://youth.gov/youth-topics/lgbtq-youth>).

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### **NREPP Learning Center Literature Review: LGBT Youths**

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