OBJECTIVES

- Construct (and/or review) framework to describe variability in gender and sexuality.
- Review the developmental challenges that sexual and gender minority youth face.
- Understand how minority stress, internalized homo/transphobia, and resilience contribute to mental health outcomes in LGBTQ+ youth.
- Discuss how we might help.
*THE REAL OBJECTIVES*


Do Not Assume Gender Identity From The M or F in the Chart.
Creative and less rigid identity constructs have led to the development of new identities … to describe what has likely always been a more dynamic continuum of sexual experience and expression for individuals.
GENDER AND SEXUALITY

Gender
- Role
- Expression
- Identity

Sexuality
- Orientation
- Identity
GENDER ROLE
GENDER EXPRESSION
GENDER IDENTITY
SEXUAL ORIENTATION

PUTTING IT ALL TOGETHER

https://thesafezoneproject.com/activities/genderbread-person/
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- Discuss how we might help, and how to avoid harm.
“It is important that society as a whole come to terms with this new generation of well adjusted, competent young men and women, who differ from their peers in terms of sexual orientation but little else”
Savin Williams: … “they are more diverse than they are similar, and more resilient than suicidal”. Way back in Time’s 10/05 Cover Story on Gay Teens, he argued that such youth are increasingly not defining themselves by their sexuality…
THEORIES OF PSYCHOSEXUAL DEVELOPMENT

1. Stage Theory

2. Multidimensional Theory

3. Life Course Theory
<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitization</td>
<td>A sense of feeling different from childhood peers, typically only reaching awareness in retrospect. Children feel inadequate in their natal gender roles, including not sharing interests with peers of the same gender and experiencing warmth in relation to other males that is recalled as atypical.</td>
<td>Childhood</td>
</tr>
<tr>
<td>Identity Confusion</td>
<td>The suspicion one might be homosexual begins to arise, based on same-sex attractions and behaviors. Culturally assumed and mandated heterosexual identity is threatened. Youngsters may cope by trying to pass as heterosexual and may engage in heterosexual sex to prove to themselves and others that they are heterosexual.</td>
<td>Early Adolescence</td>
</tr>
<tr>
<td>Identity Assumption</td>
<td>Gradually, one begins to self-identify as homosexual and identify oneself as homosexual to others, usually in the context of social contact with other homosexuals. Youth in this stage are particularly vulnerable to stigmatization. Rural and minority youth may have a much harder time due to lack of role models and double discrimination for the latter.</td>
<td>Variable, but typically late adolescence.</td>
</tr>
<tr>
<td>Commitment</td>
<td>Finding harmony between emotional, romantic, and sexual aspects of one’s homosexual identity. Past ambivalence gives way to belief of one’s identity as “natural” and “normal.” People in this stage no longer try to “pass” as heterosexual, though may continue to “cover” their homosexuality from looming too large. There is increasing disclosure to peers and to family. Management of stigma shifts from the personal to political and educational efforts in the broader community.</td>
<td>Early Adulthood</td>
</tr>
</tbody>
</table>

THEORIES OF PSYCHOSEXUAL DEVELOPMENT

STAGE 1: SENSITIZATION

Pre-pubertal individuals

Do not think of themselves as non-heterosexual, if they consider their sexuality at all

Do have a sense of marginalization, “difference,” mostly around gender stereotypes

Difference is recalled more in a social context than either emotional or genital contexts

Childhood home video evidence supports that boys and girls who grow up to be sexual minorities probably do have true differences in childhood gender-normative behavior/gender expression

STAGE 2: IDENTITY CONFUSION

Inner turmoil and uncertainty regarding ambiguous sexual status.

- “You are not sure who you are. You are confused about what sort of person you are and where your life is going. You as yourself the question ‘Who Am I?’, ‘Am I a homosexual?’ ‘Am I really a heterosexual?’”

- Often a sense of trying to “pass” as heterosexual, becoming hyper-masculine and/or experimenting with heterosexual activity counter to internal desires; “I knew there was something wrong, something different in my life. And I’d got girlfriends, I think I must have gone through every young lady at school.”


STAGE 3: IDENTITY ASSUMPTION

Self-definition as homosexual, identity tolerance and acceptance, sexual experimentation, and exploration of the homosexual subculture.

More likely to evolve in an emotional context for lesbians, versus a sexual context for gay males.

“You feel sure you’re a homosexual and you put up with, or tolerate, this. You see yourself as homosexual for now but are not sure about how you will be in the future. You usually take care to put across a heterosexual image [covering]. You sometimes mix socially with homosexuals, or would like to do this.”

THEORIES OF PSYCHOSEXUAL DEVELOPMENT

STAGE 4: COMMITMENT

The final stage, commitment, occurs typically in early adulthood and describes consistency with self-identification, living an “out” lifestyle, and integrating sexual identity with other aspects of identity across settings [intersectionality].
Criticism of such linear, staged models of development arose due to observations that bisexual individuals and lesbians were less likely than gay men to progress linearly through these stages. Instead research suggested a more dynamic, ongoing developmental process for these individuals over time.


THEORIES OF PSYCHOSEXUAL DEVELOPMENT

Recent theorists have proposed a so-called “life course” conceptualization of sexual identity development as including partly biologically driven sexual desires, attractions, and romantic feelings, with internalization of social attitudes and identity labels, and choice and free agency with regard to subsequent development of identity (choosing how and when to self-label, relationships, sexual behavior, et cetera).


“In non-linear systems models, unlike epigenetic models, the fact that processes share initial \textcolor{red}{(GO Vikings and Ice Skating)} and end points \textcolor{red}{(GO GAY MARRIAGE!)} does not indicate that the paths joining these points are the same. Instead it leaves us free, in each case, to explore the path taken by the individual and suggests that there will often be multiple paths between various developmental points”

Or, There are no Google Maps directions to LGBTQ+.

DEVELOPMENTAL CHALLENGES

Teen Pregnancy
HIV and other STIs
Binge Eating / Purging
Smoking

Substance Abuse
Childhood Abuse
Anxiety

Increased BMI
Homelessness
Depression/Suicide
Sex Risk Behavior
MENTAL HEALTH DISPARITIES

LGBT youth have around double to triple the rates of: major depression, generalized anxiety, conduct disorder. SAD – ANXIOUS – ANGRY.
And more likely to experience suicidal thoughts or actions.

<table>
<thead>
<tr>
<th></th>
<th>Suicidal Thoughts (%)</th>
<th>Suicide Plan (%)</th>
<th>Suicide Attempts (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>14.8</td>
<td>11.9</td>
<td>6.4</td>
</tr>
<tr>
<td>Lesbian-Gay-Bisexual</td>
<td>42.8</td>
<td>38.2</td>
<td>29.4</td>
</tr>
<tr>
<td>Not Sure (Q!)</td>
<td>31.9</td>
<td>27.9</td>
<td>13.7</td>
</tr>
</tbody>
</table>

2015 Youth Risk Behavior Survey (YRBS), Ages 14-17

## Mental Health Disparities

### Study Details

<table>
<thead>
<tr>
<th>Study</th>
<th>Location</th>
<th>Age</th>
<th>Non-Suicidal Self Injury (%)</th>
<th>Suicidal Ideation (%)</th>
<th>Suicide Attempt (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spack, et al. [9]</td>
<td>Massachusetts, USA</td>
<td>4-20</td>
<td>21</td>
<td>NR</td>
<td>9</td>
</tr>
<tr>
<td>Olson, et al. [7]</td>
<td>California, USA</td>
<td>12-24</td>
<td>NR</td>
<td>51</td>
<td>30</td>
</tr>
<tr>
<td>Skagerberg, et al. [22]</td>
<td>London, UK</td>
<td>12.6 +/- 3.2</td>
<td>24</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>Reisner, et al. [25]</td>
<td>Massachusetts, USA</td>
<td>19.7 +/- 3.1</td>
<td>17</td>
<td>31</td>
<td>17</td>
</tr>
<tr>
<td>Mustanski, et al. [2]</td>
<td>Illinois, USA</td>
<td>16-20</td>
<td>NR</td>
<td>10</td>
<td>10</td>
</tr>
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OBJECTIVES

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- Discuss how we might help, and how to avoid harm.
A DARK PATH
MINORITY STRESS

1. Teenagers face adversity based upon their sexual orientation and gender expression that can lead to depression and anxiety for some.

2. Minority adolescents might seek to hide certain aspects of their identity in order to better fit in. This is usually done in ways so as to limit exposure to shame and victimization, but can lead to sensitization to shame, increased fear of victimization, and social isolation.
IDENTITY DEVELOPMENT DOES NOT HAPPEN IN A VACUUM
Homosexuality is punishable by death in 12 countries
Global laws regarding homosexuality in 2016

- **Punishment for homosexual acts**
  - Homosexual acts can be punished by death
  - Homosexual acts are illegal

- **Relatively neutral**
  - No specific laws on gay rights
  - Homosexual acts are legal

- **Recognition of same-sex unions**
  - Same-sex marriage is allowed
  - Same-sex marriage is allowed in some jurisdictions

Source: Washington Post
STIGMA
IDENTITY DEVELOPMENT HAPPENS AT SCHOOL, TOO
“For every student I know who is out, there are more in the closet who think they are alone, or fear for their safety. Nobody should fear for themselves while they’re just trying to get an education. LGBT kids need support, and we need a voice.”
Experiences of Harassment and Assault Based on Sexual Orientation By School Locale
(Percentage of LGBTQ Students Who Experienced Event Sometimes, Often, or Frequently)
IDENTITY DEVELOPMENT HAPPENS AT HOME, TOO
FAMILIY REJECTION

Families typically experience stress around the time of “coming out”, that is an adolescent disclosing his or her identity to a family member in middle to late adolescence.

“If people have been in a car accident we ask if they were hurt, how much damage there was to the car, whether or not it will be covered by insurance, et cetera. We had no script for this experience”

“[I am] grieving here. I feel as if I lost my son. I wanted him to get married, have children—I want grandchildren—a house. But now that [is not] going to happen. I have lost all of those dreams I had for my son, because [they are] not going to come true. [He is] never going to have a wife and kids and a house like I wanted him to”


MINORITY STRESS

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“I remember going home at night and crying myself to sleep because I knew that I was different, and I was terrified of being different”

“I felt different. … [because my] mother is very, very anti-gay and [my] father is as well. I hated it. I did not want to be gay at all, ever. Because … it made me an outcast. Everywhere I had to be constantly careful about what I did and I [could not] cope with it at all”

“I mean you can … pretend to be heterosexual as much as you like, but, when push comes to shove, … [it is difficult] to … create this big lie all the time, you know, live this lie”

Erik Erikson (1967): “The sad truth is that in any system based on suppression, exclusion and exploitation, the suppressed, excluded and exploited unconsciously accept the evil image they are made to represent by those who are dominant.” [Childhood and Society]
INTERNALIZED HOMO/TRANSPHOBIA
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RESILIENCE

Kids who have every right to have mental health problems, but don’t, or don’t right now.

- Individual psychological factors
  - Stigma consciousness
  - Coping style
- Family support
- Community and/or peer support
MINORITY STRESS VS. RESILIENCE

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3. Attention should be paid to the development not only of the sexual minority youth but also the family, which is also rapidly changing to accommodate their loved one. At times family will struggle to find how to accept their loved one for who they are.
When describing her son asking her to pull the car over because he needed to tell her something, one mother said: “At this point, I am getting a little nervous….his eyes start to get misty and [I am] like, Oh God, [he has] gotten a girl pregnant… and then he just looks at me and out of his mouth comes, [I am] gay. When I get taken by surprise I start to turn red from my chest up and I could feel heat and redness just rising; [I cannot] tell if [he is] joking, [I cannot] tell if he is serious. And I look at him and then I see the tears in his eyes. He starts crying and I start crying and [I am] just like, ‘[that is] all you had to tell me?’”
FAMILY ACCEPTANCE

Youth Believe They Can Be A Happy LGBT Adult

- Extremely accepting: 92%
- Very accepting: 77%
- A little accepting: 59%
- Not at all accepting: 35%

Ryan, Family Acceptance Project, 2009
MOST sexual minority adolescents and young adults will never develop problems with mental health, substance abuse, or health risk behavior.

However, more will than their strictly heterosexual peers, likely attributable to internal and external stressors.

Evidence-based psychosocial interventions are limited though psychotherapy addressing individual and family beliefs and meanings around sexual orientation and building psychosocial support for the individual is generally accepted. Early data from the Family Acceptance Project created by Caitlyn Ryan is promising as an intervention for mental health outcomes and health risk behaviors. [https://familyproject.sfsu.edu/]

SUPPORTIVE FAMILIES, HEALTHY CHILDREN

Talk with your child or foster child about their LGBT identity. Express affection when your child tells you that your child is gay or transgender. Support your child’s LGBT identity even though you may feel uncomfortable. Advocate for your child when he or she is mistreated because of their identity. Require that other family members respect your LGBT child. Welcome your child’s LGBT friends and partners to your home. Support your child’s gender expression. Believe your child can have a happy future as an LGBT adult.

FAMILIES ARE FOREVER documentary trailer.
WHAT CAN I DO?

https://thesafezoneproject.com/learn/

https://thesafezoneproject.com/resources/courses/self-guided-foundational-safe-zone-training/
Legalizing same-sex marriage was associated with fewer youth suicide attempts, new study finds

By Ben Guarino Morning Mix

February 21, 2017

“Stigma is one of the most frequently hypothesized risk factors for explaining sexual orientation disparities in suicide outcomes,” wrote Columbia University’s Mark L. Hatzenbuehler in a JAMA Pediatrics editorial accompanying the study.

Although the majority of high school students do not have immediate plans to get married, legalizing “same-sex marriage reduces structural stigma associated with sexual orientation,” Raifman said.
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