

### BOX 3.11 HAVE A GAY PROM

Being [in London, Ontario's First Pride Prom] tonight... words can't describe it," said John Duval, who was barred from his high school prom when he arrived with another gay youth.

Nicole MacInyve, "First Pride Prom Lays Gay Youth Celebrate in Safety," *London Ontario Free Press*, June 9, 2002.

Little doubt: the queen was the most conventionally beautiful boy in the room. And he showed little interest in dancing any kind of stare dance with the king, a short girl with short hair and short pants and a long backpack, as the near-1,600 teenagers who attended this year's Boston Alliance for Gay and Lesbian Youth Prom teamed onto the second landing of Boston City Hall's lobby.

Tara H. Arden-Smith, "They Could Have Danced All Night," *Boston Globe*, May 27, 2001.

### BOX 3.12 LIFE LINES

[Jeffrey] called a crisis line for gay teenagers, where a counselor suggested he attend a gay support group in a city an hour and a half away. But being 15, he was too young to drive and afraid to enlist his parents' help. It was around this time that Jeffrey first typed the words "gay" and "teen" into a search engine on the computer, and was staggered to find himself as well in a teeming online gay world. [With] thousands of dosed and anxious kids like himself. The Internet, he has kept me sane, he [says].

Jennifer Egan, "Lonely Gay Teen Seeking Same," *New York Times Magazine*, December 10, 2000.

Without unfettered access to the Internet at [the public library], 16-year-old Emilyn Rood testified, she might not have found courage to tell her mother she was gay. Rood told a special three-judge panel weighing the constitutionality of the Children's Internet Protection Act [CIPA] that "I didn't have anybody I could talk to in real life."

Jim Barnett, "Gay Teen Testifies Against Law on Internet," *The Oregonian*, March 27, 2002.

decision making. Alcohol- and drug-free, youth-only club nights are a better option, as are other gay youth-oriented outings organized by community-based agencies.

Adult mentors can provide gay role models and help youth feel connected to the larger gay community. Adults may be hard to find, however. Some avoid troubled youth who could remind them of their own past struggles or well-adjusted youth whose ease with their sexuality stirs resentment. But the greatest barrier seems to be the fear that their outreach will be misconstrued as predatory. Young folks themselves may be wary because of persistent stereotypes. Structured intergenerational contact and honest dialogue help dispel fear, envy, and mistrust.

Gay youth can even feel lonely in tolerant cities with crowds of lively gay adults because they think themselves different from those who have accepting families, friends, and churches. They have heard enough from those they care about to make them certain of it. It takes time to forge ties in the gay community to make up for the losses felt at home, but once made, those connections lead to better coping strategies and less stress, a positive sense of well-being, better psychological adjustment, and more intimacy in relationships.

### Question 7: How is self-worth an issue for gay youth?

Some critics think self-esteem is overemphasized in schools—that students are encouraged to think highly of themselves, regardless of their accomplishments or moral character. But such critics ignore the blameless victims of internalized prejudice. Their loneliness, brought on by stigmatization and harassment, may result in a sense of worthlessness, depression, despair, and suicidality.

The most common spurs to all adolescent suicide are interpersonal conflict and rejection by family and peers. The American Psychological Association warns that loss and humiliation are the deadliest harbingers—hence the greater danger to gay and lesbian youth who lose heterosexual identity and privilege, friends and family, and who suffer repeated assaults to their egos. (See box 3.13.) The American Medical Association recognized these hazards in its 2001 resolution urging the Boy Scouts not to exclude gay members.

Studies linking suicide risk to sexual orientation have generated some controversy. Critics ask how suicidal behaviors are defined (thoughts or actions), how sexual orientation is categorized (by self-definition, behavior, affiliation, or some other indicator), and how subjects are found. Samples of runaways or service agency clients are not typical. Adult recollections are unreliable and, perhaps, not relevant to current youth experience. Young people driven to suicide by the shame of being gay are unlikely to have come out to a counselor or to leave explicit notes or other "incriminating" evidence.

Particular criticism has been directed at a 1989 study claiming that gay youth are two to three times more likely to attempt suicide than their heterosexual peers.

**BOX 3.13 FRIGHTENED TO DEATH**

The mother of a Mineersville teenager who committed suicide after a borough police officer allegedly threatened to tell his family he was gay has won the right to take her wrongful-death lawsuit to trial. (Officer F. Scott Wilmsky arrested the boys for underage drinking and took them to the police station. There he lectured them about biblical warnings against homosexuality and demanded [one boy] tell his grandfather he was gay if he failed to. Wilmsky threatened to "do it for him.")

Chris Parker, "Mother's Suit over Suicide to Continue," *Allentown Evening Morning Call*, November 9, 2000.

In fact, the research on which that study was based, although providing some good descriptive information, depended too much on convenience sampling in social service settings and was flawed in other ways as well.

More recent and dependable studies of representative samples of high school students still show far greater risk for sexual minority youth. (See box 3.14.) In light of these findings, the schools' lack of attention to gay youth suicide prevention is alarming.

**BOX 3.14 SUICIDE: GAY VERSUS HETEROSEXUAL YOUTH**

- Over three times more likely to have attempted suicide in year (8.4% vs. 30.6%)
- Over five times more likely to have had an injurious suicide attempt in year (2.8% vs. 15.5%)

Source: 2001 Massachusetts Youth Risk Behavior Survey (YRBS), 4-2004 grade 9-12 respondents in 64 high schools.

- Over two times more likely than heterosexual peers of the same gender to attempt suicide

Source: Stephen T. Russell and Kara Joyner, "Adolescent Sexual Orientation and Suicide Risk: Evidence from a National Study," *American Journal of Public Health* 91, no. 8 (2001): 1276-80.

**Question 8: Aren't some gay and lesbian youth high achievers?**

Yes, but we should not always equate achievement with self-esteem. Some sexual minority youth throw themselves into schoolwork, sports, or hobbies, seeking perfection in parts of their lives they feel they can control. Such overachievers try to distract themselves and others from their dark secret and to reassure themselves that they are not worthless. They also often lose themselves in assiduously caring for family members and friends. Yet their personal and interpersonal successes still leave them feeling inauthentic, shameful, disconnected, and depressed.

**Question 9: Are some gay youth more at risk for suicide than others?**

Victimization is a key factor in suicide risk. (See box 3.15.) Effeminate early- and middle-adolescent boys are vulnerable because they are targets of bullying. The trauma of harassment may be alleviated by family support, yet school persecution and peer rejection are sometimes overwhelming factors.

Boys who resist thinking themselves homosexual, despite homosexual thoughts or behavior, seem to be at less risk than those who identify as gay early. Because gender-nonconforming boys are more likely to be labeled, they are also more likely to self-label. Although linking homosexual acts to homosexual identity is less apparent among racial and ethnic minorities, several studies have found more suicide attempts among minority gay and lesbian adolescents than among their white peers, perhaps due to psychological isolation.

There is evidence, on the other hand, that girls who self-identify may be less at risk than those who don't. The support that girls get when they come out might be greater or more effective than that afforded to boys. Open lesbian and bisexual girls are not harassed to the degree that boys are. Still, girls who are victimized are also at risk for substance use and suicide.

**BOX 3.15 NO EXIT**

Someone had loosened all the lug nuts on [Jerryn Johnston's] left front tire. That was the week [broke down]," Johnston said quietly. Two days after the lug nut incident Johnston was spotted by a friend of the family walking down the center line of U.S. Highway 69 between the cars and traffic was heavy, Johnston was crying. "I knew I didn't want to die. I just felt trapped," Johnston said. "I felt powerless."

Mary Challenger, "The Student Who Wouldn't Be Silent," *Des Moines Register*, May 6, 2000.

### BOX 3.16 TEEN SELF-MEDICATION

"It was four years of hell. . . . From the moment I came out to a friend when I was 14, I was subjected to beating taunts and punches from the entire rugby team. . . . I was a straight-A student before my troubles began. I began to drink to escape my troubles, often waking up with a need to have at least half a bottle of vodka before it was time for me to go to school. I considered suicide many times."

Graeme Ross, in Ryan Levitt, "Beating the Bullies," *Pink Paper*, [U.K.], September 28, 2001

Finally, gay youth are disproportionately subject to the factors that contribute to suicidality among all youth: depression, hopelessness, and alcohol and drug abuse.

#### Question 10: Why do gay youth use alcohol and drugs?

Some use alcohol and drugs to cope with the emotional pain of interpersonal conflict and the stresses of concealment and self-monitoring. (See box 3.16.) Substance use may also provide an excuse for homosexual behavior and cushion the blow of being discovered to be gay or lesbian. (See box 3.17.) The importance of bars in homosexual socialization and the use of drugs and alcohol to deal with stress constitute a double threat.

#### Question 11: Are there other ways in which sexual minority youth show a lack of self-acceptance?

Piercing, body cutting, anorexia, bulimia, and overeating might be signals. Body dissatisfaction and eating disorders affect gay males as they do straight women and appear related to low self-esteem. Bulimia, for example, is found among gay boys at ten times the rate of heterosexual boys. Lesbians, however, are thought to be happier with their bodies, but somewhat more at risk for obesity, smoking, and drinking than straight women are. (See box 3.18.)

#### Question 12: How are closeness and good relationships issues for gay youth?

All adolescents search for personal identity and meaningful connections with others. In coming out, gay and lesbian youth often struggle with the former.

### BOX 3.17 SUBSTANCE USE: GAY VERSUS HETEROSEXUAL YOUTH

- Over twice as likely to have consumed alcohol on school property in the past month (12.6% vs. 5.1%)
- Over twice as likely to have used marijuana on school property in the past month (14.6% vs. 6.6%)
- Over four times more likely to have used cocaine in their lives (31.2% vs. 7%)

Source: 2001 Massachusetts Youth Risk Behavior Survey (MYRBS), 4,204 grade 9–12 respondents in 64 high schools

Use before age 13:

- alcohol (59.1% vs. 30.4%)
- cigarettes (47.9% vs. 23.4%)
- cocaine (17.3% vs. 1.2%)

Source: Robert Garofalo, R. Cameron Wolf, Shari Kessler, Judith Paley, and Robert H. D'Augelli, "The Association between Health Risk Behaviors and Sexual Orientation among a School-Based Sample of Adolescents," *Pediatrics* 101, no. 5 (1998): 900–901

They can also be hampered in finding the latter. If having a relationship with family members and peers requires concealment and dishonesty, those relationships cannot offer meaningful support. Some gay youth immerse themselves in academics or hobbies to avoid closeness and questions about relationships.

### BOX 3.18 BODY IMAGE

"Twenty years ago, your body image was about what you wore, how you wore your hair, and so on. Now it's about the transformation of the body itself. These [young gay] guys want to reshape their bodies to make them look muscular and perfectly toned. A lot of times that's achieved with chemicals, hormones and even surgery."

Alex Caprallo-Dieguez, Ph.D., in John DeAngelis, "A New Generation of Issues for GLEBT Clients," *Monitor on Psychology* 36, no. 2 (2002). [www.apa.org/monitor/1992/generation.htm](http://www.apa.org/monitor/1992/generation.htm)

### BOX 3.19 SEXUAL ACTIVITY: GAY VERSUS HETEROSEXUAL YOUTH

Of all adolescents who report having had sex, gay youth are:

- twice as likely to have had four or more sexual partners in their lives (50% vs. 25.2%)
- two and a half times more likely to have been or gotten someone pregnant (26.5% vs. 10.5%)

Source: 2001 Massachusetts Youth Risk Behavior Survey (YRBS) 4,204 grade 9-12 respondents in 64 high schools

### BOX 3.20 AIDS/STDS

[Male high school students] who self-identified as bisexual were more likely to have four or more sexual partners and were more likely to have used alcohol or drugs before their most recent sexual encounter than were other survey respondents. Bisexual teenagers also were the least likely to use condoms.

"Survey: Bisexual Male Youths Most Likely to Have Risky Sex" Advocate Online News (www.advocate.com), February 7, 2002

### Question 13: Is AIDS really a danger for school-age youth?

The HIV problem is severe, particularly among young men of color. And because the HIV virus takes a long time to produce symptoms, the number of people becoming ill in their twenties points to an alarming rate of infection among teenagers. (See box 3.20.)

Some HIV incidence among young gay men is related to prostitution, substance abuse, isolation, and low self-esteem. The last two can be related to the level of homophobia in the community. In a 2002 CDC report on HIV-positive men, 90 percent of blacks said they did not know their HIV status (versus 70 percent for Latinos and 60 percent for whites). These alarming disparities might be attributed to poverty and lack of access to health information and care. But the results of a 2000 CDC study of HIV-positive men points in another direction as well: 25 percent of black men who said they'd been infected through sex with another man still identified as heterosexual (as opposed to 6 percent of white men). Men of color in identity conflict may equate the necessity for HIV testing with a virtual admission of homosexuality. Their denial and repression of stigmatized labels prevents them from getting life-saving information.

HIV among young lesbians is related to drug use, prostitution, and engaging in sex with multiple male partners to get pregnant. It has also been related to sexual involvement with bisexual and gay males. Half of gay male teens have sex with girls and are less likely to use condoms with them than with other males. Some lesbians have also not been informed about safer sex with other women.

Young gay and bisexual males may think that risk-taking and HIV are part of the culture and that AIDS is no longer very threatening. (See box 3.21.) They lack experience at negotiating sex and fear rejection or being thought weak if they insist on a condom. For some, the exchange of bodily fluids is a sign of commitment. Love is a protection. And monogamy, even short-term, seems safe. Finally, we cannot ignore the possibility that unsafe sex may be a form of deliberate self-destruction.

There are also differences in sexual behavior that are cause for concern. First, gay youth are over three times more likely than their peers to have had sexual intercourse before age thirteen. Comparisons with sexually experienced heterosexual peers are also alarming. (See box 3.19.) Some seek clandestine sexual intimacy and one-night stands. Boys slip off to rest stops and other cruising places. Girls and boys go to bars to "hook up" for an evening. Meeting through the Internet for sex is increasingly common. Such short-term sexual relationships are not necessarily harmful. They are often part of their first forays into gay life. But when internalized homophobia, secrecy, and shame dictate the terms, there is little chance for developing the capacity for deeper connection and the skills for relationship maintenance.

Sexual minority youth might become sexually compulsive because they lack opportunity and freedom to develop their courting skills. Besides being inhibited by shame and having no role models, they also don't know who is approachable. All teens fret over rejection, but gay boys especially might fear a violent response rather than a polite "no thanks."

Some gay males choose sex without affectionate displays like kissing to keep a gay identity at bay. Some use drugs and alcohol to summon the nerve for sexual pursuit and soften the guilt. Furtive sex under those conditions puts them at greater risk for STDs and HIV.

Lastly, dating violence and abuse can be problems for sexual minority youth. Although rarely mentioned in health education, power, control, and manipulation on the one hand and lack of agency and self-esteem on the other should be red flags for gay and lesbian couples as they are for others.

Any student who has had sex unwillingly is at much greater risk for substance use, multiple partners, and suicide. Because sexual minority youth are three times more likely to have had forced contact (not necessarily with same-gender perpetrators), they are in greater peril.

### BOX 3.21 DENIAL AND SHORTSIGHTEDNESS

For younger men . . . a preference for unprotected sex has arisen largely as the result of new drug therapies. Younger men assume that if they contract the disease at 30 . . . it will take 10 years before they become symptomatic, and another 15 until the drug therapies stop working. They might be 55 or 60 before they get really sick, they figure.

Yvonne Abraham, "Unsafe Sex on Rise," *Boston Globe*, June 18, 2000

#### Question 14: Is pregnancy really an issue for gay youth?

Sexual minority youth are two to three times more likely to become pregnant or get someone pregnant than straight youth are. Some gay boys and girls engage in "opposite gender sex" as a disguise from others and denial to themselves. As noted above, many gay and bisexual boys do not use condoms when having sex with girls. Lastly, those gay girls who are depressed and lonely may, like their similarly afflicted heterosexual peers, want a child to give them a purpose and unconditional love.

#### Question 15: Why is it difficult for gay youth to learn relationship skills?

From their early years at home, in school, at play, and through the media they are conditioned for heterosexual dating and marriage. Few have gay adult role models in their families. Health, sex education, and family life classes give scant attention at best to their issues. According to the Sexuality Information and Education Council of the United States, only twenty states mandate sexuality education (thirty-seven require instruction on HIV and STDs). None demands that teachers address homosexuality. (See box 3.22.) Mass media treatment is mostly superficial, distorted, or sensationalized.

Besides the common challenges experienced by all couples, gay relationships can be harder to maintain because of heterosexism and homophobia. These disadvantages may not affect adolescents as they begin gay relationships, but they are still important for imagining their future and preparing for it. (See box 3.23.)

#### Question 16: Are friendships as problematic for gay youth as sexual relationships can be?

They can be difficult, both within the gay community and outside it. Regrettably, a history of low self-esteem can inhibit formation of deep friendships among

### BOX 3.22 OUT OF SIGHT

"It was like three days. The first day we covered the male sex organs. The second day we covered the female sex organs. The third day, this is what happens when you have sexual intercourse." [Daniel Farrish, 16] says he believes the school district undermines respect among students for gay peers because its sex education curriculum doesn't acknowledge homosexuality.

Jean Whiteley, "Homosexual Students Say Curriculum Shortchanges Them," *Las Vegas Review-Journal*, January 18, 2002

gay men in particular. Years of victimization and internalized homophobia can lead to depression, bitterness, and overcompetitiveness for partners, attention, or praise. Although the AIDS epidemic has often elicited the best in gay friendship, gay men still have work to do. Lesbians, on the other hand, appear to have more success, perhaps because of a feminist ethos of caring and cooperation.

Relations between lesbians and gay men have sometimes been rocky as well. A gay man can be as misogynistic as a straight man or at least unconcerned with

### BOX 3.23 HOW HETEROSEXISM CAN HURT GAY RELATIONSHIPS

- Parents and teachers discourage and punish same-gender affectual play causing a developmental lag in gay children.
- Closeted couples and partners at different stages of coming out experience conflict. Hiding diminishes spontaneity, inhibits bonding, and creates stress.
- Rejection of partners by families and friends deprives the relationship of support. Both hiding a relationship and losing loved ones make partners resentful.
- The absence of religious and civil sanctions, as well as material privileges deprives relationships of common supports.
- Ager about homophobia diminishes the ability to be loving and lovable.
- Internalized homophobia makes the relationship feel illegitimate.
- Internalized beliefs about masculine and feminine roles lead to inflexibility and discord.
- Safe sex can be stressful, especially when one partner is HIV positive.
- Grief over AIDS deaths can decrease intimacy.

women's issues. For their part, some lesbians have favored separatism. The AIDS crisis has mended relations somewhat, primarily because women have advocated and cared for the sick. Whatever the problems of the past, the younger generation seems drawn to friendship and mutual activities, especially in school and community groups. Their coed socialization into the gay community encourages a relaxed mutual affection. Even the club scene seems less rigidly gender-segregated than it was a decade ago.

Friendships with heterosexuals are sometimes set back during the coming out period. Sexual minority youth often need a respite from old friends and old haunts. They retreat from the straight world to avoid negative judgments and conflicts and find safe spaces to find and express their new selves and to explore gay relationships.

It can be annoying to keep straight friends when they are oblivious to heterosexual privilege and assumptions. Habitually referring to their sexual partners and children, attractions, and tastes, many straight people seem to think everyone shares their orientation and the freedom to express it. When gay friends declare their love interests they can be criticized for exhibitionism, hypersexuality, and callousness toward majority sensitivities. Sometimes they have to escape from this humiliating or simply tiresome double standard.

*Question 17: How is having a sense of competence an issue for sexual minority youth?*

Gays and lesbians may have difficulty developing confidence in their own agency and abilities and as a consequence lack hope, goals, and resiliency. Failure can be a self-fulfilling expectation, whether they see their own sexuality or someone else's homophobia as the cause.

Some gay and lesbian youth feel powerless because they have tried so hard to be straight—and failed. Some young men abandon safe sex practices, which require a sense of competence and control. Lesbians may feel even more powerless and purposeless because they are females.

Repeated denial of their sexual feelings can also leave them numb to other emotions and lead to inertia. Family disappointment and rejection can make them give up on themselves. Their lack of confidence is only compounded by peer harassment. When attendance and schoolwork suffer, their sense of incompetence grows.

Gay youths' feelings of ineptitude also relate to gender and sex-role stereotyping. Gay has become synonymous with male incompetence, immaturity, and weakness. Conversely, when girls exhibit physical prowess, competitiveness, and other traditionally "male" competencies, they may be called *lesbian* because their skills cast doubt on their adequacy as women. Many young gays and lesbians are

dismayed by these doubts about their gender identity. Some may come to believe they can never master traditional male or female roles or skills.

When they do achieve competencies they may still expect to be unmasked as frauds. These attitudes detract from career ambitions, which require feelings of proficiency and expectations of success.

*Question 18: How is self-awareness an issue for sexual minority youth?*

Self-awareness is a keystone counseling issue for these young people. Sexual minority youth are blocked in acknowledging their identities by cultural stigma and internalized homophobia. Stiffing their true nature, they may be fooled into thinking they can choose to be someone else. They fear that coming out will be a dire irreversible step that could obliterate both their old selves and prior relationships.

Those who have already passed through adolescence as heterosexual or asexual get a second round as a gay person. The experience can be both liberating and frightening, both prudent and excessive.

GLBT youth might also chafe against the limitations of conventional sexuality categories in defining who they are. They may reject "homo," "bi," and "hetero" labels entirely. (See chapter 1.) They don't want mandatory scripts—either gay or straight—to dictate their lives. For the short term, acknowledging they are homosexual probably helps settle some troublesome uncertainties, but that new self-awareness is just one aspect of self-discovery. Imagination, self-expression, spirituality, morality, lovingness, and lovability are also important. Sexuality informs these other personal dimensions, but it does not totally determine them.

*Question 19: Who should counsel sexual minority youth?*

Ignorance and institutional policy often limit the provision of counseling. Schools and communities may not acknowledge the presence of gay youth or provide services for them. Officials might be blind to the need or fear the political fallout. Educators and social service workers may be deterred by their own prejudice, fear of controversy, or thoughts of having their own sexuality scrutinized. Moreover, the youth themselves might shun services to avoid exposure or they might undermine their counseling by not divulging their sexual orientation.

Thinking the subject is outside their realm or that parents might disapprove, many physicians do not discuss homosexuality with adolescent patients. Some just assume that everyone is heterosexual unless they present otherwise. Others are homophobic and misinformed. There are still instances of youth being forced by parents and doctors into abusive therapies to change their sexual orientations

and of gender nonconforming children being diagnosed with Gender Identity Disorder (GID).

Admired and trusted teachers are often counselors of first resort. Yet, few teachers receive training about gay or lesbian teens. Many depend on professional journals, mass media, and professional conferences for information on homosexuality. Although some understand that gay students are often harassed and isolated and some teachers may want to help, few feel competent to do so.

Most school counselors are also untrained in these matters. Some are uncomfortable with homosexuality or have religious objections. (See box 3.24.) Those who might offer direct help or refer a student to an outside counselor sometimes fear parent and administrator disapproval.

According to the American Psychological Association, school nurses' and counselors' conversations with glbt youth, when they have them, often center on coming out, family relations, harassment, and safety. Such interventions are usually short-term and may end in referral. Risky behaviors, STDs, and AIDS are rarely broached. Few school health professionals feel equipped to deal with gay and lesbian sexuality matters, identity development, or the special concerns of multiple minority youth.

There is scant research on the best practices to promote healthy development and prevent self-destructive behaviors of sexual minority youth. GLBT inclusion in teacher and counselor education is mostly a superficial token. School professionals who want to support sexual minority youth generally rely on the experience and common sense advice of those who have been working with glbt youth in community settings.

### BOX 3.24 INAPPROPRIATE COUNSEL

[Tina] Ransom was facing lewd pictures left on her desk, pointed slurs and joking insults. All because she is gay [Her public high school] counselor took a "love the sinner, hate the sin" look at her problems, telling Ransom she might not always be gay and to accept Jesus into her life.

Marijke Rowland, "Teen: Be Honest and Open," *Modesto Bee*, October 8, 2001.

As Thomas McLaughlin tells it, the trouble began when his eighth-grade science teacher overheard him refusing to deny to another boy that he was gay. It got worse that afternoon, when his guidance counselor called his mother at work to tell her he was homosexual.

Tamar Lewin, "Arkansas School Is Accused of Harassing a Gay Student," *New York Times*, March 25, 2003.

### Question 20: Where should the counselor or teacher begin?

First, they should not assume that all gay students are in crisis. As we have seen above, the majority of glbt youth are well adjusted and resilient. One reason the public might think otherwise is that proponents of gay youth programs have emphasized grim statistics to win political and financial support. Sexual minority youth themselves may have the impression that such ills are unavoidable. (See box 3.25.)

But victimhood is not empowering or attractive in the long term. It is more prudent and accurate to affirm the strengths of gay youth at the same time we acknowledge their possible vulnerabilities. Even the outwardly stable ones retain damaging bits of negativity about homosexuality, learned early on. We can safely assume that they all need support as we focus treatment on those with emotional and psychological problems. And even those can recover quickly when sexuality is their chief concern. In a nurturing environment, they can learn to resist shame and develop their own voice. With this "assets" emphasis in mind, the Massachusetts Department of Public Health has renamed its counterpart to the Department of Education's Safe Schools Program for Gay and Lesbian Youth. It is now called Supportive and Healthy Communities for Gay and Lesbian Youth.

### Question 21: How exactly should teachers and counselors raise the issue of homosexuality?

Because many young people fear broaching the topic in the school setting, the teacher or counselor should initially project an accepting attitude and invite

### BOX 3.25 SELF-FULFILLING WOE?

Ritch C. Savin-Williams, Ph.D., reports... that even though sexual-minority teens are more likely than heterosexual youth to report suicide attempts, half of those reports are false—that is, the young people had thought about suicide but hadn't acted on it... "The heterosexual youth had hardly any false attempts, while those with same-sex attractions had a lot of them." The findings suggest that gay youth are vulnerable to the media's and researchers' well-meaning but negative depictions of gay youth as highly troubled people heading on a collision course with life...

Tom DeAngelis, "New Data on Lesbian, Gay and Bisexual Mental Health," *Monitor on Psychology* 33, no. 2 (2002): [www.apa.org/monitor/feb02/newdata.html](http://www.apa.org/monitor/feb02/newdata.html)