Appendix 3: <u>Issues and Social Stigmas which Cause Gay and Lesbian Youth to be at increased Risk for Becoming Street Involved</u>

Michelle Reed

Gay and lesbian youth face many issues which can cause them to become street involved. Sadly there is little being done to support them to avoid entering street life. This paper will explore some of the issues gay and lesbian youth face, focusing on the social stigma that causes them to be at high risk for becoming involved in street life and prostitution. It will also discuss some proposed methods of social intervention. Savin-Williams (1995) was correct when he said that: "A prevailing cultural assumption is that homosexuality is a providence of adulthood; what these adults were as children and adolescents is a mystery" (p. 165). The effect of this assumption, in practice, has been to render gay and lesbian youth invisible (Travers & Paoletti 1999). Even more so when they become street involved. The psychological effects of victimization, rejection and social stigma, resulting in feelings of isolation, experience by many gay and lesbian youth constitute what Meyer (1995) terms as 'minority stress'. It is because of this stress and isolation, that lesbian and gay youth are at increased risk for other factors such as anxiety and depression, academic problems, substance abuse problems, sexual abuse, running away, homelessness and prostitution, HIV infection, and suicide. Identity development and family and peer rejection are the main contributing factors in isolating gay and lesbian youth. Travers and Paoletti (1999) conclude that an understanding of the effects of this social world is vital in understand the concerns, behaviors, and emotional needs of lesbian and gay youth. This understanding is paramount, in trying to help them avoid becoming street involved.

Identity development being the first issue gay and lesbian youth have to face, the psychological and emotional process of discovering and accepting their sexual orientation, (McCreary Centre, 1999) beginning at an average age of 11. Most gay and lesbian individuals do not assume a homosexual identity and share it with others until they are adults (Travers & Paoletti, 1999). Because a person can be in more than one stage of development at a time, as well as return to a previous stage, identity development can last for years (Cass, 1979; Troiden, 1989). Although studies indicate, (McCreary Centre, 1999), youth are becoming more comfortable with their sexual identities at an earlier age, when an individual identifies himself or herself as gay or lesbian at a young age, he or she will be less likely to cope with the resulting isolation, rejection, abuse, and social stigma, and will be more vulnerable to a range of psycho-social and emotional health concerns. For instance, some adolescent homosexuals communicate their identity conflict through somatic illness, suicide attempts, or various behavior problems (McDonald, 1982).

Zera (1992) and Cass (1979) developed the first model of homosexual identification: they identify the first stage of identity awareness where the individual is conscious of being different; second, identity comparision where the individual believes that he or she may be homosexual; third, identity tolerance where the individual realizes that he or she is homosexual; fourth, identity acceptance where the individual begins to explore the gay community; fifth, identity pride where the individual becomes active in the gay community; and sixth, synthesis where the individual accepts himself or herself and others. Trioden (1989) goes on to state, young

adolescents' feelings of being different often develop into cognitive dissonance and identity confusion, as a result of experiencing same-sex sexual arousal in a homonegative environment. Characteristics of this state are as follows: feeling alone in every social situation, feeling there is no one to talk to, feeling the need to emotionally distance oneself from others, fearing that same-sex friendships may be misinterpreted, and feeling hopeless about the future (Martin & Hetrick, 1987; Ryan & Futterman, 1998). Coping strategies youths commonly adopt include: trying to pass as straight, rationalizing that same-sex attractions are just a phase, avoiding situations that may confirm sexual identity, denying same-sex attractions, trying to change sexual orientation through heterosexual dating or sexual activities, and/or using drugs or alcohol (Ryan & Futterman, 1998; Trioden, 1989). Thus, Hetrick and Martin (1987) assert they are isolated in three ways: socially (from each other), emotionally (from their feelings and affectional/emotional supports) and cognitively (from accurate information about homosexuality).

Family and peer rejection are the next main contributing factors in isolating gay and lesbian youth. Research indicates that homosexual adolescents who have a close relationship with their parents and families tend to come out an earlier age and have more positive identities than those who have a poor relationship (Beaty, 1999). Family reactions to a child's homosexuality can vary. Frequently reported occurrences include denial, anger, guilt, intolerance, insistence on conversion therapy, rejection and in some cases, abuse or expulsion from the home (Haldeman, 1994; Herdt & Boxer, 1993; Hunter & Schaecher, 1987; Martin & Hetrick, 1988; Pilkington & D'Augelli, 1995; Tremble, 1993; Williams & D'Augelli, 1996). Cramer and Roach (1988) and Savin-Williams (1989) state that, the reactions of parents to the discloser of homosexuality are often unpredictable, making the decision to come out difficult. DeCrescenzo (1988) believes that gay kids can become targets for abuse in their family when they are quite young. "I think there is an identification within the family that this youngster is more vulnerable than the other family members," and it may be not at the moment the youngster is identified as gay or lesbian, but later that is what emerges. McCreary Centre (1999) reported the highest rates of abuse: 61% of youth have been physically abused, and 40% have been sexually abused. The percentages of the perpetrator of the abuse being a family member are 15% physical abuse, and 4% sexual abuse due to the discovery of sexual orientation. Newman and Mozzonigo (1993) found that adolescent males in families with more traditional values, including importance of religion, emphasis on marriage, emphasis on children, speaking a non-English language, are less likely to come out to their parents. Savin-Williams (1989) found that lesbians feel most comfortable with their sexual orientation when both parents accept their homosexuality. However, the mother's acceptance was found to be more important than the father's acceptance. Statistics show that 14% of mothers and 32% of fathers tend to be rejecting and 68% of mothers and 43% of fathers tend to be accepting, the difference being neutral (McCreary Centre, 1999). Additionally, peer relationships can also be profoundly disappointing, and sometimes dangerous to lesbian and gay youth. Many report ostracization, harassment, and rejection by friends and peers after disclosing their sexual orientation (Remafedi, 1987; Rotheram-Borus, Rosario & Koopman, 1991; Pilkington & D'Augelli, 1995; D'Augelli, 1996). Since the majority of peer interaction as a youth takes place in school, sadly enough 37% of gay and lesbian youth most always or always feel like an outsider at school; 82% reported other students sometimes or often make homophobic remarks, 28% reported that their teachers do also

(LGB&T youth in BC: An adolescent health survey), 37% of gay and lesbian youth surveyed dislike or hate school as compared to 21% of other youth in school.

Another social factor contributing to isolation has been referred to as 'dual denial' (Carey, 1988). Carey (1988) believes many youth servicing agencies are in denial that a lot of their kids may identify as gay or lesbian. She goes on to say, "not only that, but a lot of gay and lesbian organizations don't want to admit or acknowledge that the kids are on the street" (p. 57). Furthermore, gay communities denial is based on the desire by the adult gay and lesbian population to push away memories of their own painful adolescence. And adults feel that, "Forever we've been accused of recruiting kids into the cult of homosexuality" (Carey, 1988, p. 57).

Gay bashing and harassment are the aggressive results of a homonegative environment. According to the McCreary Centre (1999), of gay and lesbian youth, 63% have been verbally abused, 34% have been threatened with violence, and 19% have been physically assaulted at school. Outside of school, 56% have been verbally abused, 28% have been threatened with violence, 9% have been physically assaulted. Also, 22% of gay and lesbian youth rarely or never feel safe at school.

Increased risk for drug use is a result of the effects of rejection, abuse, harassment, violence, and isolation experienced by gay and lesbian youth. Statistics state that of gay and lesbian youth have or do use: marijuana 75%, cocaine 25%, LSD, PCP, exstacy, mushrooms, speed, ice heroin, 53%, injection 5%. As compared to heterosexual youth: 41%, 9%, 24%, 3%, respectively (McCreary Centre, 1999). Clearly gay and lesbian youth are at twice the risk to use and possibly become addicted to drugs, causing the risk of becoming street involved to be even greater.

Expulsion from their homes and running away are the predominant factors leading to homelessness for gay and lesbian youth (Remafedi, 1987). The risk is dramatically increased when combined with drug use. According to Kipke, et al. (1995), as may as 30-40% of all runaways and homeless adolescents may be gay, lesbian or bisexual. McCreary (1993), in a survey of street youth in Vancouver, showed that as many as 46% identified themselves as not 100% heterosexual. The National Network of Runaway and Youth Services (NNRYS), estimates that anywhere from a quarter to half a million lesbian, gay, and bisexual youth in the USA run away or are pushed out of their homes annually, which equals 20 to 40% of kids who become homeless each year. DeCrescenzo (1988) asserts, "I think that very often, running away from home is an adaptive move, not a maladaptive one. It's an attempt to save yourself" (p. 57).

Prostitution is a common result of being a homeless youth. Although a present factor in the case of both lesbian and gay street involved youth, it is more common in males. A (USA) study found that as many as 3/4 of male prostitutes on the street are runaways or often thrown out, at an average age of 15, because of their family's inability to accept their son's homosexuality. Youths involved in prostitution were more than five times more likely to report homosexual or bisexual tendencies (Journal of Adolescent Health, 1988), leading one to believe that they were not practiced in asserting sexual boundaries, leaving them more vulnerable to abuse and HIV (The Advocate, 1988). The two most common forms of prostitution for gay male street youths are, 'sugar daddies', and the street hustler. The term 'sugar daddy,' can be

translated as, the development of a relationship with a client that is long lasting and provides an affluent lifestyle, including living expenses, clothing, travel, and a life of leisure in exchange for sexual favors. Often a stated goal of youth street prostitutes, the duration may be week to years. In these relationships the 'sugar daddy,' provides a parenting role to the youth prostitute (Caulkins & Coombs, 1976). A major danger is the youth is open to the possibility of physical and emotional abuse. The street hustler is the most common form and most dangerous form of male youth street prostitution. These youths are vulnerable to harassment, robbery, and even instances of rape and murder (Caukins & Coombs, 1976). The motivations of these youths are as follows: 42 % situational-economic survival, 37% habitual addiction, 13% vocational-professional (not usually youth) and 8% a vocational-part time.

The reason that gay and lesbian youth are at high risk for homelessness and related issues is not inherent in being homosexual, but rather is related to society's treatment of homosexuality. Many of these young people are growing up in communities that not only discriminate against and stigmatize homosexuality, but also virtually deny the possibility of homosexuality in adolescents (McCreary Centre, 1999). Methods of addressing these issues are as follows: actions to discourage discrimination against homosexuality and to provide gay and lesbian youth with positive role models, support and education for families of gay and lesbian youth, school programs to provide information about homosexuality and protect lesbian and gay youth from abuse from peers, programs to help professionals working with adolescents to develop sensitivity to the needs of lesbian and gay youth, in turn creating support services that address the specific physical and emotional health needs of gay and lesbian youth. Also, counseling interventions that focus on decreasing isolation, and provide youth with accurate information about sexual orientation issues (Zimmerman & Rappaport, 1988; Travers & Paoletti, 1999). Counseling can focus on helping young people understand that there is nothing intrinsically wrong with them by allowing them to relearn everything negative they have been taught about homosexuality. The broader goal, however, is to have youth emerge that are, "empowered, who have mastery or control over their own lives and participation in the life of their community" (Travers & Paoletti, 2000).

In conclusion, as prevalent as these issues are, they continue not to be addressed as they should be. Of the 35 million dollars the government issues annually for street youth programs, the few resources targeting gay and lesbian youth continue to run on private grants and fund raising, despite 40% of homeless youth who identify as gay, lesbian, or bisexual. Also, since high schools were created as a response to the needs and characteristics of young adolescents, it is ironic that they continue to ignore the needs of their students who may be at the most risk of failure. Furthermore, Kunrether (1988) believes, the need for family support and education is crucial, and states, " when a young person is in a family that could care for them if they had some intervention and some support to get through their trauma in finding that their son or daughter is gay, we could prevent a lot of homelessness. We need to start thinking that way" (p. 57). Moreover, gay and lesbian youth are in dire need of support from their families, peers, schools, communities, and each other. Addressing these many issues effectively is paramount in ensuring the health and positive development of the lives of gay and lesbian youth.

Works cited:

Beaty, L. (1999). Identity development of homosexual youth and parental and familial influences on the coming out process. <u>Adolescence</u>, v34, il35, p. 597.

Taylor, H. (2000). Meeting the needs of lesbian and gay adolescents. <u>The Clearing House,</u> v34, il35, p. 597.

The McCreary Centre Society. (1999). <u>Being out: Lesbian, gay, bisexual and transgendered youth in BC: An adolescent health survey.</u>

Travers & Paoletti (1999). The lesbian, gay & bisexual youth program (LGBYP): A model for common communities seeking to improve the quality of life for lesbian, gay & bisexual youth. <u>The Canadian Journal of Human Sexualtiy</u>, v8, i4, p. 293.