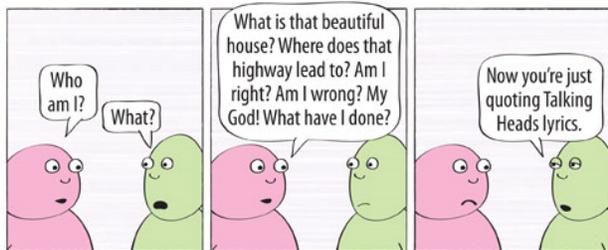
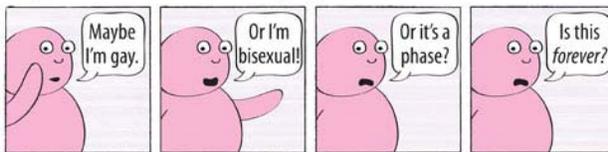


**Identity Confusion** You notice your attraction to the same sex and question what it really means.



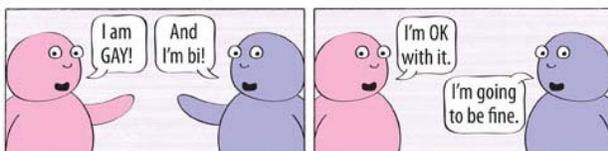
**Identity Comparison** You might try to find an explanation for the feelings you are having.



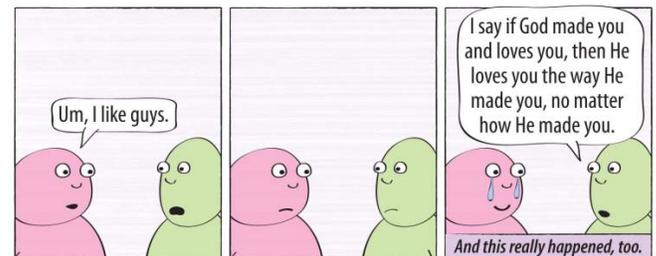
**Identity Tolerance** You might begin to accept that you probably are lesbian, gay, bisexual, etc.



**Identity Acceptance, part 1** You begin to accept your sexual identity, rather than just tolerate it.



**Identity Acceptance, part 2** You begin to tell your family and close friends that you're gay, lesbian, bi, etc.



**Identity Pride** You feel a sense of belonging in the community and come out to more and more people.



**Identity Synthesis** Being gay, lesbian, bi, etc. is so much a part of you that you rarely think about it.



## **CLINICAL ISSUES WITH LGBT YOUTH**

[http://nattc.org/lgbt/Clinicians\\_GLBT\\_QG.pdf](http://nattc.org/lgbt/Clinicians_GLBT_QG.pdf)

LGBT youth use substances for many of the same reasons as their heterosexual peers:

- To experiment and assert independence;
- To relieve tension;
- To increase feelings of self-esteem and adequacy; and
- To self-medicate for underlying depression or other mood disorders.

But LGBT youth may also use substances to deal with stigma and shame, deny same-sex feelings, and help them cope with ridicule or antigay violence.

### **Stigma, Identity, and Risk:**

From early ages, children are exposed to negative stereotypes about homosexuality. They learn to hide same-sex feelings. As they begin to think they might be gay, they may feel conflict, identity confusion, or self-hate. Adolescents may repress, deny, or attempt to change these feelings by—

- Engaging in heterosexual activity;
- Using alcohol and drugs;
- Dating the opposite sex;
- Fathering a child or becoming pregnant; or
- Immersing themselves in sports or school activities.

LGBT youth of color face additional stresses and challenges in integrating their sexual, racial, and ethnic identities. They interact with three communities—their ethnic or cultural community, LGBT communities, and mainstream culture—none of which provides support for all aspects of their identities. Many youth of color hide their sexual orientation, and depression and suicide risk appear to be high for many of them.

For youth who choose to come out or are found out, coping with a hostile environment

is very stressful. Youth who are openly or stereotypically gay and LGBT youth of color are more likely to be victims. Anecdotal evidence suggests that transgender youth may be at greatest risk.

Although coming out to peers and adults may reinforce adolescents' comfort with their sexual identity, it greatly increases their risk for violence or harassment, even by family members. A history of abuse or neglect or underlying emotional disorders places the youth at greater risk for substance use.

### **Abuse and Homelessness:**

Some LGBT youth run away and become homeless because of harassment and abuse or rejection from family members or peers. Homeless LGBT youth:

- Are at high risk of exploitation;
- May engage in survival sex (exchanging sex for food, drugs, or shelter), drug dealing, or other illicit activities;
- Have many health and social problems.

### **Assessment and Treatment:**

Assessment and treatment should address the adolescent's:

- Social environment;
- Sexual identity development;
- Stage of coming out;
- Gender identity;
- Support network;
- Effect of multiple identities (such as gender, ethnic, and cultural);
- Level of disclosure about sexuality; and
- Knowledge and use of safe sex practices.

Providing safety and support is essential to treat substance abuse in LGBT youth. Appropriate drug treatment and continuing care programs for LGBT youth are rare, and these young people may be harmed by programs lacking appropriate content or experience working with this population.

## **Do's**

- Do create safety for LGBT clients by stating clearly what can be held in confidence and what must be shared with other colleagues, assuring clients with a supportive attitude and protecting them from harassment by or negative attitudes of other clients or staff members.
- Do become familiar with LGBT culture, values, diversity, and resources.
- Do create a supportive atmosphere by using inclusive language on all forms and in all oral exchanges. (For example, instead of asking about marital status, ask about partners or significant others.) Hang pictures and posters of known LGBT people; have books about LGBT subjects in waiting rooms; post lists of LGBT-friendly AA/NA/Al-Anon meetings.
- Do acknowledge clients' significant others and encourage their participation in treatment.
- Do be guided by LGBT clients. Listen to what they say is comfortable for them, and support them in making decisions about coming out, self-disclosing, or accepting their identity.
- Do get training to increase knowledge and understanding of LGBT clients.

## **Don'ts**

- Don't label clients: It is the client's right to label himself or herself.
- Don't pressure clients to come out. Respect their sense of where they are in this process.
- Don't ignore significant others or important family-of-origin or family-of-choice members.
- Don't interpret on behalf of the client by saying "It must be hard being a lesbian" or "You must be angry because your parents don't accept you." Follow the client's lead.

## **OTHER RESOURCES:**

[http://www.sprc.org/sites/sprc.org/files/library/SPRC\\_LGBT\\_Youth.pdf](http://www.sprc.org/sites/sprc.org/files/library/SPRC_LGBT_Youth.pdf)

<http://www.safeschoolscoalition.org/YouthSuicidePreventionRisk&ProtectiveFactors.pdf>