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**The Ins and Outs of School Provider Literature: A Multi-Year Content Analysis
on LGBT Youth**

A dissertation submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy at Virginia Commonwealth University.

by

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Abstract

THE INS AND OUTS OF SCHOOL PROVIDER LITERATURE: A MULTI-YEAR CONTENT ANALYSIS ON LGBT YOUTH

By Caitlin Conor Ryan, Ph.D.

A dissertation submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy at Virginia Commonwealth University.

Virginia Commonwealth University, 2006

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This study is based on a content analysis of two primary sources: 1) literature published on lesbian, gay, bisexual and transgender (LGBT) youth in professional journals for school providers (school counselors, nurses, psychologists and social workers) over more than a 30-year period; and 2) materials developed for school providers on LGBT youth by states with laws, regulations and professional policies related to sexual orientation and/or gender identity in schools. Fifteen professional journals were identified that serve as primary and secondary journals for school providers. A total of 41 articles were published in these journals on LGBT youth between 1937 and 2005. Journal articles were coded by the investigator and a second coder, with an inter-rater reliability rate of .97. Most articles focused on identity development, and a majority provided information on developing a supportive school environment for LGB youth. Few focused on issues of salience for

contemporary generations of LGBT adolescents, such as resiliency and strength or positive youth development. Only one article focused on youth of color, one on lesbian youth and none on transgender youth. Less than one-third included HIV/AIDS, only 7% mentioned HIV counseling and testing, and 2% mentioned lesbians' risk for STDs. Nearly three-fourths of articles (71%) focused on interventions with LGB youth (few included transgender youth), including the need to promote a safe school environment. Few empirical articles (19.5%), a handful of training articles (7.3%) no theoretical and very few review articles (2.2%) were published during this period.

Although nearly one-third of the states had adopted laws, regulations or professional standards to prohibit discrimination of students on the basis of sexual orientation (and 4 included gender identity), no states other than Massachusetts had developed training materials for school providers on LGBT youth. However, Massachusetts' materials were never used since their program was defunded in 2002. Several states made training on LGBT adolescents available to school providers through professional and community organizations. Coupled with limited and outdated content in professional journals, school providers lack access to current multidisciplinary research, theoretical literature and information reviews needed to inform their work with LGBT students and their families.

Chapter 1 – Introduction

Some scholars have argued that the most intense political conflicts throughout American history have involved questions of social identity (see Button, Rienzo & Wald, 1997). Indeed, when asked to predict which issue might define the work of the Supreme Court in the 21st century, Supreme Court Justice, Sandra Day O'Connor, identified legal cases that involve the treatment and rights of lesbians and gay men (Washington Blade, 2003). Within the course of a year, the Supreme Court struck down the Texas sodomy law, further normalizing behaviors that were hidden and secret only a century ago. A few months later, jurisdictions were grappling with redefining marriage to include same-sex partners. Sexuality scholars have asserted that the study of sexuality helps us understand what it means to be human. At the same time, virtually all cultures around the world have restricted full personhood to those who marry and have children (Herdt, 1997), limiting citizenship on the basis of sexual orientation. Political scientists who have studied sexual identity, gay rights laws and schools assert that the struggle over sexual orientation “centers on deeply held worldviews about the nature of humankind and the source of moral authority in human society” (Button, Rienzo & Wald, 1997, p. 201). This struggle has been playing out in America’s schools for more than a decade as lesbian, gay, bisexual and transgender (LGBT) youth have become increasingly visible in high schools and middle schools across the country.

The need for informed decisionmaking is especially important in addressing an issue wherein myths and misconceptions about sexuality and identity development are commonplace. However, decisionmaking is severely limited by substantial gaps in our knowledge about sexuality, by misconceptions that many policymakers hold about these issues, and by a general lack of science and research literacy among policymakers. Smith & Torrey (1996, p. 588) have pointed out that “despite

the fact that virtually all public issues involve understanding human behavior, the behavioral and social sciences continue to be poorly understood by both the public and elected officials.” These gaps and misconceptions are most apparent when it comes to adolescent sexuality, and, in particular, LGBT youth. Accurate, well-designed research is essential for informing policy and addressing highly conflicted policy issues, such as sex education in the schools or providing safe educational environments for LGBT youth and other adolescents who are perceived to be gay. Values play a substantial role in problem definition and policy deliberation (Kingdon, 1995), which underscores the need for informed research. As far back as the 1950s, the scientist, B.F. Skinner (1953) called for applying our knowledge and understanding of human behavior to governmental and public affairs. As he observed, "The major problems of the world today can be solved only if we improve our understanding of human behavior" (Skinner, 1974). Yet, experts contend that only a small minority of policy decisions are based on scientific evidence (DesJarlais & Bailey, 1990 in Sorenson et al., 1998).

Since the late 1980s, lesbian, gay and bisexual (LGB) youth have been coming out—self-identifying and sharing their sexual identity with others—at increasingly younger ages. Researchers have documented the average age of awareness of same-sex attraction at about age 10 (D'Augelli & Hershberger, 1993; Herdt & Boxer, 1993; Rosario, et al. 1996). However, this information is generally not available to providers, including community and school practitioners who work with children and youth, much less, to policymakers who develop school policy and legislation. Training on sexuality and sexual orientation in undergraduate, graduate and professional schools is very limited, with physicians often receiving only an hour or two of related instruction in medical school. For example, a recent survey of family medicine training directors in medical schools found that nearly half were unaware of any education related to homosexuality during four years of medical school. Those who were aware of such curricula reported an average of 2.5 hours of instruction (Tesar & Rovi, 1998). Other disciplines, including school practitioners—school counselors, nurses, psychologists and social workers—report a comparable dearth of training and resources to help provide services for LGBT youth and their families (see for example, American Psychological Association, 1999). A recent report by the Social Science Research Council on sexuality research training in the U.S. and other countries concluded that the

lack of understanding of human sexuality is a serious limitation in training physicians and other health practitioners (DiMauro, 2003). In particular, sexuality training is important for policy development and planning for local, state and national policymakers.

Since the early 1990s, LGB youth have been the focus of conflict in schools in attempting to assert their rights to an education, forming school clubs to increase education and support for LGBT youth, and implementing state laws that protect students and staff on the basis of sexual orientation, and in some cases, gender identity. This study provides a systematic content analysis of the literature on LGBT youth published in journals for school providers over more than a 30-year period to understand how this body of knowledge developed and what it includes, identifying content, trends, themes and gaps. The analysis has focused on literature in journals published specifically for school practitioners, and materials developed to train school practitioners in states with legislation, regulations and professional standards to protect students and staff on the basis of sexual orientation, and/or gender identity. To date, no one has systematically examined the published professional literature in journals for school practitioners for any population group, including LGBT youth. Targeted analyses of LGB research have identified substantive gaps in our knowledge and understanding of sexuality, sexual culture, health risks and protective factors associated with sexual orientation (e.g., Institute of Medicine, 1999). For example, a recent analysis of the health and mental health-related literature on LGBT youth of color, from 1972-2001, found only 18 publications on LGB youth of color published during that period, slightly more than half of which were empirical studies (Ryan, 2001). None focused specifically on lesbian, bisexual or transgender youth, and although gay, bisexual and transgender youth of color are at extremely high risk for HIV infection, only two publications specifically focused on HIV.

Despite their publication in the general scientific and professional literature, key findings related to health and mental health of lesbian, gay and bisexual (LGB) youth are not being disseminated to policymakers and public officials or to practitioners who need this information to provide essential services. However, the extent of these gaps has not been known. This study is important to assess how new information and important findings have been incorporated into the

literature published for school practitioners who are responsible for supporting the health, mental health and well-being of children and families. Because services for children and adolescents are, by nature, multidisciplinary, it is important to assess the literature from a multidisciplinary perspective to understand how these issues have been addressed within each school provider discipline and across disciplines. Moreover, it is important to understand what kind of empirical evidence has been disseminated and used by states to train school practitioners.

Study Method

The study used content analysis methods, in particular, the approach recommended by Krippendorff (2004) and Neuendorf (2002) to analyze journal articles published in the professional literature between the date of initial publication of each individual school practitioner journal and December 2005 that focus on issues related to LGBT youth. Content analysis has a long history of use to study policy issues, including emerging issues and trends in the development of a body of knowledge (e.g., Barcus, 1959) and more recently, social issues, such as AIDS-related content in textbooks to assess how students are prepared for research and practice (Wong, Harper, Duffy, Faulring, & Eggleston, 2001). After establishing a high degree of inter-rater reliability on the coding instrument, the study examined content in all articles published for school practitioners, and content in materials developed by states with policy measures that protect students on the basis of sexual orientation and gender identity to train school practitioners. Descriptive and statistical analyses were conducted to describe and test the main proposed comparisons and hypotheses.

Outcome

The study was undertaken to generate essential and previously unavailable information on the content, trends and gaps in the health and mental health-related literature on LGBT youth, including how key findings were or were not incorporated into subsequent studies, training materials, and review and theoretical articles. It documented the kinds of research that were conducted, including

gaps in methodology, such as sampling limitations and use of qualitative methods, an important and often underutilized approach in studying the subjective meaning that shapes sexual behavior and sexual culture. It documented trends, needs and gaps for training multidisciplinary practitioners who work with youth and families. The findings were intended to help investigators and funding agencies—including government agencies—identify research needs and determine research priorities. Since substantive gaps exist and specific findings are not widely disseminated, this systematic investigation was undertaken to help policymakers assess and utilize findings more effectively to shape education and public health policy related to LGBT youth.

Using Bronfenbrenner's (1977, 1979) ecological theory of human development, the principles of social epidemiology (Berkman & Kawachi, 2000) and the paradigm of structural violence (Farmer, 2002), the study assessed the extent to which empirical research and other kinds of published articles addressed the macro and environmental forces that impact LGBT youth in their homes, schools, families and communities that affect risk, resiliency, development and life course. Scholars of public policy contend that policy is not developed in a vacuum but is shaped and infused by the values of the society in which it is formed (see, for example, Aaron, Mann & Taylor, 1994; Fisher, 1995). Hopefully, this study will help provide a more rigorous and informed scientific basis for making policy decisions in communities where conflict and strife have become normative for addressing the generally confounding "problem" of sexuality in schools.

Chapter 2 – Literature Review

Mainstream perceptions of lesbians and gay men have changed dramatically during the decades since Alfred Kinsey published his reports on sexuality in American men and women in the United States in the late 1940s and early 1950s (see Kinsey, Pomeroy & Martin, 1948; Kinsey, Pomeroy & Martin, 1953). Kinsey's landmark research found that many people were neither exclusively heterosexual nor homosexual throughout their lives. Instead, human sexuality was far more fluid and diverse than people had believed. As the largest study of its kind, Kinsey's work ushered in a new era of scholarship that introduced modern behavioral research on sexuality in the United States (DiMauro, 1995). His work emerged as the apex of a gradual shift in the discourse on sexuality from the purview of Christian religious doctrine to medicalization wherein physicians provided advice on the nature of sexuality and public policy, such as controlling prostitution or managing venereal disease (see Foucault, 1980; Gagnon & Parker, 1995). At the same time, however, his work also exposed underlying social conflicts about morality, religion and individual rights that have affected the disposition of research and have restricted the development of sexuality policy in the United States.

Using the emergence of gay youth in the schools as the locus for a major, ongoing struggle between conflicting values in American society, this dissertation examined the evolution of the professional literature related to lesbian, gay bisexual and transgender (LGBT) youth over more than 30 years in literature published in the primary and secondary journals read by school practitioners. School practitioners include school counselors, nurses, psychologists and social workers who interact with students, staff and families to provide a range of services and interventions, including staff training and consultation, to support the educational goals, safety, health and well-being of students.

The investigator sought to compare this literature with materials developed by states with laws, regulations and professional standards that protect students on the basis of sexual and/or gender identity to illuminate the resources and guidance available to assist school practitioners in providing effective services for children, youth and families and promoting a safe, productive school environment. This dissertation provided a review of the evolution of an emerging body of knowledge for school providers, identifying the content, gaps and needs that have been available to assist school policymakers in addressing a highly charged struggle over ensuring school safety, equal access to education and promoting positive youth development.

Although schools have become a major battleground on issues related to sexuality—particularly sex education and the availability of support for gay youth in schools—few scholars have explored the policy-related issues and political concerns that undergird this struggle. A rare exception are political scientists, James Button and Kenneth Wald, and their colleague, health educator Barbara Rienzo, who have studied the political and social ramifications of sexual orientation in schools (see, for example, Button, Rienzo, & Wald, 1997; Rienzo, Button, & Wald, 1996; Wald, Rienzo, & Button, 2002). In their study of jurisdictions with and without gay rights laws, these authors maintain that schools are the focus of contentious political battles over sexual orientation. Indeed, opponents of gay rights have called these struggles a “culture war” of values and beliefs (see Ryan & Rivers, 2003; Wolf, 1999). This chapter provides a discussion of these issues in the context of historical developments, applicable theory and current scholarship.

Milestones in Sexuality Research in the U.S.

Early sexuality research in the U.S. involved surveys that were conducted by social scientists and physicians to support a preventive health agenda that focused on “controlling” sexuality, particularly masturbation and venereal disease (DiMauro, 1995). Small-scale qualitative studies, particularly anthropological cross-cultural studies, such as Margaret Mead’s work in New Guinea,

focused on behaviors and practices in other communities that might provide insight for American society. By 1921, the National Research Council formed a Committee for Research on the Problems of Sex that focused on the social and moral problems of sexual behavior. Investigators began to study basic research, including endocrinology and biology, exploring sexuality as a biological phenomenon (DiMauro, 1995). This work was conducted in a social environment in which myths and misconceptions about sexuality combined with diverse cultural and religious beliefs about sexuality and sexual behavior that scores of immigrants brought to an increasingly multicultural society.

Against this backdrop, Kinsey's research was pioneering and highly contentious. Kinsey was able to study thousands of individuals with very little awareness of his work given the lack of aptitude for sexuality research and the absence of a mass media network that frames issues, simultaneously disseminates information and foments controversy (Gagnon, 1975). When Kinsey's first volume was published in 1948 it became a national event. Discourse about sexuality became commonplace. Widespread media attention, criticism and questions about his findings, such as the prevalence of masturbation, premarital sex and homosexuality called into question existing concepts of normalcy and perversion. However, the firestorm that followed publication caused researchers, government agencies and private funders to back off from funding large scale surveys of sexuality for the next two decades, and Kinsey's work was not replicated (DiMauro, 1995). In fact, many in the publishing world refused to review or advertise his books and even the Rockefeller Foundation, Kinsey's primary funder, was warned by the House Committee to Investigate Tax-Exempt Foundations that its non-profit status was being re-evaluated (Fausto-Sterling, 1992).

In 1953, when Kinsey published his study of female sexuality, Evelyn Hooker, a little known experimental psychologist applied to the National Institute of Mental Health (NIMH) to study adjustment in a nonclinical population of homosexual men. The very topic was inconceivable at the time since homosexuality was considered to be pathological. Moreover, there were no scientific data on nonprisoner, nonpatient homosexuals since the limited research on homosexuality had been conducted on institutionalized populations. Hooker went on to conduct the first comparison study of a matched nonclinical sample of homosexual and heterosexual men, and found no differences in

psychological adjustment or well-being between both groups. She concluded that "Homosexuality as a clinical entity does not exist" and established that homosexuality was a normal variant of sexual expression (Hooker, 1957, p. 27). Her findings were revolutionary for the time, and would ultimately usher in an entire field of investigation: lesbian and gay studies and research on sexual orientation (Boxer & Carrier, 1999). In 1967, she was asked to chair a Task Force on Homosexuality by the director of NIMH. When the Task Force released its report in 1969, it was the most enlightened policy document ever published on sexuality in the U.S. The report included policy recommendations for decriminalizing homosexuality through the repeal of sodomy laws and for providing equal protection to homosexuals under the law. The report was so revolutionary that its' release was delayed by the Nixon Administration and the document was quietly back drawered and none of its recommendations were implemented (Boxer & Carrier, 1999). However, advocates used the results of Hooker's study to advocate for depathologizing homosexuality and her work led the American Psychiatric Association to remove homosexuality from the Diagnostic and Statistical Manual of Mental Disorders in 1973 (Bayer, 1981). Although public policy would take years to catch up with Hooker's work, her research informed the development of policy and clinical care for the major health professional associations. She is responsible for legitimizing homosexuality as a field of study (American Psychological Association, 1992), stimulating more than forty years of research which was used to inform the Supreme Court's decision that recently overturned the sodomy laws. Hooker is also credited with helping galvanize a social revolution. In her obituary, the New York Times headline said simply: "Evelyn Hooker: Her Study Fueled Gay Liberation" (Dunlap, 1996).

Despite their landmark contributions, the contentious response to Kinsey's research affected subsequent efforts to conduct large studies of adult and adolescent sexuality. In the late 1980s, the University of Chicago's Survey of Health and AIDS Risk Prevalence and the University of North Carolina's American Teenage Study were abruptly cancelled after grants had been awarded and work had begun, as a result of conservative Congressional pressure. Opponents claimed that the studies would encourage "a sexually permissive environment" (DiMauro, 1995, p. 9) and that the AIDS study, in particular, would promote an "anti-family, sexually decadent, gay lifestyle" (Laumann, Michael, &

Gagnon, 1994).

Fifteen years later in 2003, conservative Congressional pressure would again threaten National Institutes of Health-funded studies, leading to unusual Congressional scrutiny, compilation of a “suspect” list of over 150 investigators who had applied for and/or received federal research funds, and an attempt to de-fund 5 HIV peer-reviewed grants through a congressional amendment that failed by only two votes. In an article in the journal, *Science*, an NIH scientist confirmed that some program staff had told grantees to reword their proposals to avoid such terms as “needle exchange,” “abortion,” “condom effectiveness,” “commercial sex workers,” “transgender,” and “men who have sex with men” (Kaiser, 2003).

These activities led thirty-six major scientific and professional associations to take the unusual step of issuing statements in support of the peer review process. These groups include the American Psychological Association (APA), the American Public Health Association and the American Medical Association. The APA (2003), in particular, stated that: “These attacks are intended to stop funding of research related to such things as reproductive functioning, sexually transmitted diseases, and substance abuse...Our best and only hope for combating these issues is a robust research agenda based on scientific priorities and methods...” They called on Congress to “protect the scientific peer review system from the chilling effects of ideological influences.” Other associations made comparable statements. Fifty years after Kinsey, the social and political environment remains similarly charged.

Sexuality: A Critical Policy Issue

It should be no surprise in the third decade of the AIDS epidemic that sexuality has become a critical policy issue. Indeed, the sociologist and sexuality scholar John Gagnon (1975, p. 112) has pointed out that “the social organization of sexual behavior and its social control are at the very heart of social and cultural life in virtually all human societies.” Yet since Kinsey’s foray into this critical realm of science and policy, substantial gaps exist in our knowledge and understanding of human sexuality, in general, and in our understanding of homosexuality and emerging cultural identities

based on same-sex desire. The arena of sexuality policy, in particular, is an emerging field that is largely unformed. Beyond a substantial expansion of research and scholarship on sexuality and sexual health generated in response to the HIV/AIDS epidemic, a broad conceptualization of sexuality policy has yet to emerge. In general, the focus of sexuality research in the United States has been narrowly defined and has targeted problems and disease rather than wellness and health (DiMauro, 1995). This approach is due, in part, to the structure of government funding that ties research grants to disease-specific agencies.

On a broader scale, however, this narrow, biomedical approach has characterized much of the sexuality research undertaken since Kinsey, particularly since much of it was funded to address AIDS-related issues. As Richard Parker, (2004, p. 10) anthropologist and sexuality scholar has noted, "Sexuality cannot be understood apart from the political, economic, and social structures within which it is embedded, and without reference to cultural and ideological discourses that give it meaning." Although a number of scholars have worked to expand sexuality research training opportunities, initiatives and scholarship to address these concerns in a more systematic way (e.g., DiMauro, Herdt, & Parker, 2003; Parker, 2004), the greatest challenge lies in linking this emerging scholarship in a way that informs the public discourse, increases science literacy for both members of the public and policymakers, and frames effective and informed social and public policy related to sexuality and sexual rights.

Ecological Theory: A Lens for Studying LGBT Youth

Perhaps the most applicable theory for considering the development of a body of knowledge related to sexual orientation is Urie Bronfenbrenner's (1977, 1979) ecological theory of human development. Bronfenbrenner posits a system of nested, interconnected, interdependent and dynamic fields in which an individual interacts with others, is affected by and impacts other people through these interactions, is shaped by and impacts his or her community and social institutions, and is

influenced by the broad social, political, cultural, economic and historic forces and events that converge and change throughout his or her life. Bronfenbrenner developed his theory in the context of ever wider ecological fields in which the individual and his or her changing social networks interact. He later added his concept of the chronosystem, enabling him to focus on time as a crucial variable in the developmental process, which has a simultaneous impact on both the individual and the environment. His primary field—the microsystem—is comprised of a person’s intimate social and immediate physical environment, connected through a series of intimate networks, such the home and family, peer group, school and faith-based institutions. Adolescents may move in and out of various environments and social settings, and various microsystems may become more or less significant as the adolescent matures. As development progresses the complexity of multiple microsystems increases. Bronfenbrenner named his second ecological field “mesosystem,” a network of interacting microsystems that overlap and interact through the multiple relationships in a person’s life. The mesosystem focuses on actual interpersonal relationships, emphasizing the linkages, or mutual interrelationships, between different microsystems. For example, family and school have a very important impact on adolescents since they are the primary institutions for socialization and support. For LGBT youth, families and schools are often a source of conflict and distress. Bronfenbrenner notes that these systems can also be impoverished and can be detrimental to an adolescent’s development, for example, parents who openly disapprove of their teenager’s gender non-conforming friends or who refuse to allow their teen to participate in an LGBT youth support group.

His third ecological field—the exosystem—is comprised of the larger community setting in which an adolescent lives. Although adolescents do not generally participate directly in exosystem decisionmaking, these policies and processes have a direct and sometimes an indirect influence on their lives (Muuss, 1996). Muuss (1996, p. 328) points out that an “exosystem may impoverish or enrich the quality of the adolescent’s micro and mesosystems through exosystem decisions that affect what [they] can or cannot do.” A major exosystem for children and adolescents is the educational system that sets school policy, yet for nonheterosexual and gender atypical youth, schools are generally unsafe environments. Among other jurisdictions, school districts in Salt Lake City, Utah and

Orange County, California adopted policies to prevent the formation of Gay-Straight Alliances (school diversity clubs) which at that time prevented LGBT youth and their allies from receiving information and support and from working collectively to create safer school climates in their schools. By virtue of their visibility, gay youth must interact with multiple social institutions which are neglectful, at best, and abusive, at worst.

As the fourth and final field, the “macrosystem” represents the broadest level of interaction and influence. This system includes general culture, political, social, legal, religious, economic and educational values and most important from Bronfenbrenner’s perspective, public policy. Although macrosystems change slowly, they are affected by social movements, such as the women’s movement, and the lesbian and gay movement, and these movements and social forces have substantial impact on people’s lives. Muuss (1996) uses Glenn Elder’s (1974) landmark study on Children of the Great Depression as the most demonstrative example of the functional interdependence between the individual and his or her immediate social and physical environment and the more remote environmental system, characterized by these interconnected fields. As Elder points out, the Depression had enduring effects on children and adolescents who were raised during that time period and on their own children and grandchildren. Applying this concept to sexual identity, the cultural anthropologist and sexuality scholar, Gilbert Herdt (1992a), identified formative cohort effects among different generations of non-heterosexuals during the past century which will be further discussed in this chapter. Bronfenbrenner has described “ecological transitions” as major transformative changes in part or all of these systems. One can argue that “coming out”—the process of self identifying as lesbian or gay and sharing that identity with others—is such a transition and one that has a profound effect on the life course, microsystems of family and friends, interactions with social institutions and reciprocal effects on youth whose lives are shaped by the media, culture, religion and public discourse. As one unequivocal example, the reality of gay marriage for adolescents today creates new opportunities for development, for normative strivings and for potential lifeways that were unheard of for prior generations of lesbians and gay men. As Bronfenbrenner’s (1977, 1979) work suggests, these cultural changes will impact risk and resiliency and future cohorts of LGBT youth

in profound and dynamic ways. His work provides the primary theoretical framework for this dissertation.

Homosexuality & Stigma

As social psychologist, Gregory Herek (2004, p. 14), who has studied attitudes about lesbians, gay men and bisexuals has observed, “Members of American society share the knowledge that homosexual acts and desires, as well as identities based on them, are widely considered bad, immature, sick and inferior to heterosexuality.” He contends that this shared knowledge constitutes stigma which is expressed behaviorally through interactions with others, institutionalized in social systems and structures, and internalized by individuals, thus affecting them in a myriad of ways—psychologically, socially and in terms of lost opportunities and life chances. Erving Goffman (1963) in his classic work on stigma points out that stigma may be either visible or invisible, thus causing stress in several ways. Visible stigma, such as race requires a range of coping skills to respond to prejudice and discrimination, whereas invisible stigma such as an undisclosed same-sex identity requires careful monitoring of all interactions and an awareness that the individual could be exposed at any time. For ethnic minority LGBT persons, the impact is amplified since racism is a reality whether the individual is closeted or not, both within mainstream society and LGBT communities.

Homophobia, Heterosexism and Sexual Prejudice

In the late 1960s, psychologist George Weinberg developed the term “homophobia” to describe the stigma that homosexuals routinely experienced and had often internalized (Herek, 2004). Homophobia was used to designate an irrational fear and hatred of homosexuality; a form of prejudice directed by one group at another; and the self-loathing that homosexuals themselves sometimes manifested. Activists immediately began to use the word to help frame their emerging discourse about

homosexuality, shifting the “blame” and deficit from the individual to society. As Gregory Herek rightly points out, the term was a milestone, crystallizing the rejection, hostility and invisibility that homosexuals experienced throughout their lives. According to Herek (2004, p. 8): “The term stood a central assumption of heterosexual society on its head by locating the ‘problem’ of homosexuality not in homosexual people, but in heterosexuals who were intolerant of gay men and lesbians. It did so while questioning society’s rules about gender, especially as they applied to males.” The term, homophobia, appeared in *Time* magazine shortly after it was used in a column by activists in 1969, and was included in the Oxford English Dictionary in 1993 (Herek, 2004). The concept was used by advocates as well as some clinicians who began developing “gay sensitive” approaches to help homosexuals deal with negative internalized affect and self-blame. Later, as fundamentalist groups began to actively confront homosexuality, they quickly realized the power of the word. Former U.S. Congressman William Dannemeyer (1989) complained that the concept “homophobia” shifts the terms of debate away from the idea “that heterosexuals are disturbed people, by saying that it is those who disapprove of them who are mentally unbalanced” (cited in Herek, 2004).

Less often used but appearing initially by at least 1972, a comparable concept—“heterosexism”—was used to refer to the cultural ideology that perpetuates sexual stigma by denying and denigrating any nonheterosexual form of behavior, identity, relationships or community. As Herek (2004, p. 16) points out, “heterosexism is inherent in cultural institutions, such as language and the law, through which it expresses and perpetuates a set of hierarchical relations.” Within that hierarchy, everything homosexual is devalued and considered inferior to what is heterosexual. Herek notes that some authors distinguish between the two constructs using heterosexism to describe a cultural ideology embedded in society’s institutions, while homophobia is used to describe individual attitudes and actions that evolve from a heterosexist ideology. Herek observes that by the 1990s, queer theorists and other postmodernists began to refer to this ideology as normative heterosexuality or heteronormativity (e.g., Seidman, 1997; Warner, 1993).

As research on LGB issues has evolved and substantive changes have occurred both in society at large and in the experiences of many lesbians and gay men, these concepts have become less descriptive of these changes and less reflective of historical developments, and, as a result, are less accurate in measuring contemporary attitudes. For example, Herek (2004, p. 11) points out that “‘Homophobia’ is now used to encompass phenomena ranging from the private thoughts and feelings of individuals to the policies and actions of governments, corporations and organized religion.” As a concept, it is time-bound and is more descriptive of the historical experiences of homosexuals rather than the lives and experiences of contemporary gay people. As the primary scholar who studies heterosexuals’ attitudes towards LGB people, Herek sought a new concept that would be historically appropriate for contemporary realities, would link this body of work with the study of prejudice, in general, and would not impose innate value judgments that anti-gay attitudes are “inherently irrational or evil.” Herek (2000) developed the concept of “sexual prejudice” in 1999, and published his first paper on this new construct in 2000. Unlike homophobia, sexual prejudice conveys no prior assumptions about the origins, dynamics and underlying motivations of anti-gay attitudes. “Sexual prejudice” refers to all negative attitudes based on sexual orientation, whether the target is homosexual, bisexual or heterosexual. Because this prejudice is almost always directed at non-heterosexual people, Herek uses the concept to describe heterosexuals’ negative attitudes toward: 1) homosexual behavior; 2) people with a homosexual or bisexual orientation; and 3) communities of LGB people.

Homosexuality in Historical and Cultural Context

Sexual orientation is a primary component of identity that is believed to be formed by early childhood. It includes patterns of sexual attraction and behavior with persons of the opposite sex (*heterosexuality*), same sex (*homosexuality*) and both (*bisexuality*). Although homosexuality has existed in most societies throughout recorded history, the concept of homosexuality was first introduced in the late 1800s, and has been increasingly studied since that time (Herdt & Boxer, 1992). Various theories have been suggested about the origins of homosexuality. Some researchers believe

that sexual orientation is biological, while others claim that it is shaped by environmental factors, such as family, culture or early childhood experiences. Although the causes of sexual orientation are often debated, no one really understands why some people are homosexual, while others are heterosexual or bisexual (Savin-Williams, 1988).

Anthropologists and other scholars who study sexuality have found that sexual diversity is common across human societies. Different societies have various names, ways of understanding and levels of tolerance towards homosexuality and same-sex behavior (e.g., Herdt, 1997). Many people throughout the United States and other countries have had same-sex experiences but do not identify as homosexual or with more contemporary identities, such as lesbian, gay, bisexual or queer. Historically, Judeo-Christian religions have considered homosexuality morally wrong. This influenced the development of early law in the American Colonies and later State laws against same-sex behavior, generally among men. As society became increasingly medicalized in the nineteenth century, homosexuality was perceived as deviant behavior and was classified as a mental illness, encoded in the American Psychiatric Association's Diagnostic and Statistical Manual as a diagnostic category since the manual was first published in 1952 (Herek, 2004).

Just as homosexuality is not fixed in its expression or representation across cultures, its meaning and constructs are not fixed in time. This is an important concept since research and scholarship have often overlooked this important developmental progression of shared cultural identities. The emergence of gay culture, characterized by distinct identities, institutions and social supports has been well documented (Herdt, 1992b; Herdt & Boxer, 1992), including distinct gay cohorts (Herdt, 1992a) and a newly defined life course for adolescents and midlife gays (Herdt, Beeler & Rawls, 1997; Herdt & Boxer, 1996). As defined by Elder (1975), a cohort is a socially or age constructed category of individuals who share distinctive features in common, in particular, developmental, historical and life experiences. Cohorts differ from demographic categories that are based simply on chronological and age markers (e.g., Elder, 1974; Plummer, 1989). Three decades of research on adult development and aging (Neugarten, 1979) have shown that patterns of growth and change in adulthood are never the same for any given group, generation, or historical cohort (Herdt &

Boxer, 1992). Yet the problem of life course construction may be a unique developmental task for lesbians and gay men (Boxer, 1997), particularly for a new cohort of LGBT youth who are coming out during adolescence.

The cultural anthropologist, Gilbert Herdt (1992a), has identified four distinct, yet overlapping cohorts of non-heterosexual identity that characterize emergent homosexual identity during the 20th century in the United States. These cohorts have radically different experiences, shared norms and access or lack of access to emergent communities. Beginning with the “invert,” a psychoanalytic term for a man or woman whose sexual objects were members of the same sex, these individuals had same sex desires but lived their lives as heterosexuals without awareness of other cultural possibilities. In psychoanalysis and medicine, the term had a pathological connotation. These individuals came of age at the beginning of the 20th century, around 1910, without an understanding or access to a shared community. The second cohort —“homosexuals” — came of age during and after World War II, finding other individuals who shared same-sex desires during the major relocations that took place as a result of the war. After the war, many young adults stayed in urban areas where they had moved, connecting to an emerging same-sex culture that sprung up around bars and private homes (Berube, 1990). Few lived openly as homosexuals; their community was hidden and secret and most passed as heterosexuals to their families and friends.

The third cohort—“lesbians and gay men”—came of age after the Stonewall Riots in 1969 that marked the emergence of the modern gay rights movement in the United States. These individuals forged a network of lesbian and gay organizations that shaped parallel communities, comprised of businesses, political, civic and professional groups, religious and recreational organizations. Together these individuals created cultural institutions that provided a safe space for sharing their same-sex identities, supporting their relationships and advocating for social change, including a repeal of the sodomy laws and gay civil rights, such as employment, and housing protections (see D’Emilio, 1983). The fourth cohort came of age after the AIDS epidemic, often identifying as “queer,” a broad category that is inclusive of gender-bending and characterized by wide diversity, a disparagement of labels (e.g., gay) and gender-nonconforming behavior. This last cohort—LGBT or queer youth—comprises

the cohort of concern for this dissertation.

Gay culture is remarkable for its rapid emergence in a relatively short period of time. Herdt and Boxer (1992) describe the transition from homosexual (secret) to gay (public), which signified the transformation of gay social and cultural concerns to a more global arena. They note the emergence of gay neighborhoods and cultural spaces that provide a focus and center for a previously secret life, and a safe space to protect against violence and victimization of LGBT persons, a common occurrence in everyday life. Over the past century, gay identity has evolved from being primarily personal to an increasingly political and social concept (Levine, Nardi, & Gagnon, 1997; Murray, 1995). This has created unprecedented opportunities for LGBT youth to come out—to self-identify and disclose their identities to others during adolescence—a development which was previously unthinkable because of ostracism and lack of support.

Herdt and Boxer's (1993/1996) landmark study of lesbian and gay youth found that, on average, these youth first became aware of same-sex attraction at around age 10. This coincided with findings from other studies of lesbian, gay and bisexual youth during the same period (e.g., D'Augelli & Hershberger, 1993; Rosario, Meyer-Bahlburg, Hunter, Exner, Gwadz, & Keller, 1996), and with more recent research (Ryan & Diaz, 2005). Earlier generations of lesbian and gay adults who came out in the 1970s and 80s reported first becoming aware of same-sex attraction, on average, between 13 and 16 while coming out (self-identifying as lesbian or gay and sharing their identity with others) between ages 19 and 23 (Troiden, 1988). However, contemporary generations of LGB adolescents are coming out, on average, between 14 and 16 (D'Augelli & Hershberger, 1993; Herdt & Boxer, 1993/1996; Rosario, et al., 1996). These developmental changes occur against the backdrop of broader social changes among adolescents in the United States. Adolescents, in general are reaching sexual maturation at younger ages than young people at the beginning of the 20th century, due to major social and economic changes, including advances in nutrition, hygiene and health care (see Worthman, 1999). In fact, researchers who have reviewed age of sexual development in studies of heterosexuals and homosexuals found that both groups reported first becoming aware of sexual attraction at about age 10 (McClintock & Herdt, 1996). These physiological developments have

significantly affected the earlier age of coming out among younger lesbian, gay and bisexual adolescents which is increasing pressure on school systems and policymakers to address issues related to sexual orientation and gender identity in our nation's schools. Although, when addressed, these issues have more often been considered at the high school level, the decreasing age of puberty will ultimately force policymakers to address these issues in middle and elementary schools, as well. This will also increase the level of conflict between parents, school officials and community members whose perspectives differ radically on how sexuality should be addressed in schools. An important aspect of this challenge is the lack of understanding among parents, policymakers, providers and the general public that sexual orientation extends far beyond sexual behavior and attraction, encompassing emotional attachment, social relationships, spirituality and human intimacy, as well. People make these broad connections for heterosexuality but their perceptions of homosexuality are typically restricted to sexual behavior.

Parallel Movements

Youth Development Movement

These changes are also occurring in the context of an expanding youth development movement that has paralleled the emergence of LGBT youth as a separate cohort during the past decade. As commentators have observed, preventing youth problems has dominated research and policy agendas throughout the 1980s and early 1990s (Zeldin, 2000). As a result, "adolescents tended to be seen as either collections of problems or problems waiting to happen" (Camino, 2000, p. 12). Positive youth development, on the other hand, uses an ecological framework (e.g. Bronfenbrenner, 1979) which holds that communities influence human development and individuals simultaneously influence their environments. When youth are able to participate in civic and public affairs as active participants, including shaping youth-focused programs and services, they can experience optimal development (Camino, 2000). Moreover, communities in which members are actively engaged and

involved promote civic stability, social justice and connectedness (Langton, 1987).

The youth development movement promotes youth empowerment, community and civic engagement and leadership development (see, for example, Zeldin, 2000; Zeldin & Price, 1995). This approach emerged from the work of practitioners in community-based, non-profit youth service organizations. This work has also informed the development of Gay Straight Alliances (GSA) in schools which have become a primary vector for empowering LGBT youth and their allies to help transform school climates from hostile hallways to schools where gay youth and those who are perceived to be gay feel safer and are able to meet their developmental and educational needs (see Perrotti & Westheimer, 2001; Szalacha, 2001). GSAs are school-based clubs that provide support for diversity and education related to LGBT issues and consciousness raising on key concerns related to social injustice, such as race, ethnicity, gender and class. Unique in providing a sanctioned environment in a primary socializing institution where youth are allowed to be “normatively” gay, GSAs are also an important vehicle for LGBT youth and their heterosexual allies to develop leadership and advocacy skills, to learn about civic engagement, and to learn how to change systems from within by working with school officials and peers (Ryan & Russell, 2001).

These are especially important opportunities since gay youth are thwarted in their abilities to fully practice citizenship skills because their sexual identities—an integral part of their core sense of self—are not recognized in the public sphere. Some of the most interesting theoretical work emerging from British social science involves the concept of sexual citizenship based on the work of T.H. Marshall, the British sociologist. Marshall (1950) developed a model of citizenship which shows that rights evolve in a particular sequence, improving social well-being as they evolve from civic to political to social. Modern states require marriage and children in order to be considered full citizens. As historian Jeffrey Weeks (2002) and sociologist, Ken Plummer (1995), have noted, people who do not conform are punished, or in the case of lesbians and gay men, are denied full citizenship in society which affects many aspects of their lives, such as access to comprehensive sex education in public schools (Fields & Hirschman, forthcoming) or the ability to enlist in the military. Plummer (1995) adds a fourth realm of citizenship to the domains that Marshall has discussed which he calls sexual

citizenship. This work began to emerge in the mid-1990s, coinciding with the increasing visibility of LGBT youth and with increased visibility of gay issues in the media and public discourse. Jeffrey Weeks (2002) maintains that the act of consciousness raising that occurs when an individual shifts from being marginalized to reclaiming a stigmatized identity also shifts sexuality from the private to the public sphere. Historically, lesbians and gay men existed in the private arena, outside the commons. As individuals have made public their “coming out” stories, they have created new cultural spaces and new individual and cultural identities that have pressed for rights and inclusion in society, in general. The emergence of an openly gay cohort of adolescents has moved this struggle squarely into the schools and this has become a critical policy issue, particularly on local and state levels in the United States, and the United Kingdom (Ryan & Rivers, 2003).

Conservative Christian Movement

Scholars (Herman, 1997; Linneman, 2003; Linneman, 2004; Moon, 2004) and commentators (e.g., White, 1994) have studied and discussed the emergence of the conservative Christian Right in the U.S. and its preoccupation with homosexuality and gay civil rights as a threat to the traditional family and conservative social values. Herman (1997) interviewed key leaders in developing Christian anti-gay political and policy groups, reviewed their organizational literature and audiovisual materials and conducted a 40-year review of the leading conservative Protestant publication founded in 1956 by Billy Graham and prominent conservative evangelicals. She found that “by the 1980s, the Christian Right had made anti-gay activity central to its political practice and social vision” (Herman, 1997, p. 5). Rev. Mel White (1994), a former speech writer and advisor to Jerry Falwell, traces the shift in rhetoric by the Moral Majority, founded by Falwell in 1979, from anti-communist to anti-gay. Similarly, Herman (1997) documents this shift in emphasis in writings in *Christianity Today*, the major conservative Protestant publication. She notes that evangelicals did not seriously concern themselves with the emerging gay rights movement until the late 1960s. This coincides with the emergence of the modern gay rights movement in the U.S. during the Stonewall Riots in New York City in 1969.

Earlier in the decade, Herman describes the 1963 Supreme Court decision to restrict religious exercises in schools as being a primary concern for evangelicals. She concludes that “one of the effects of the case [Supreme Court decision] was to confirm public education as an important site of struggle for evangelicals” (Herman, 1997, p. 33). After Stonewall, Herman reports that conservative writings began to associate the gay movement with having a wider agenda, particularly one centered on promoting homosexuality in the schools. And by 1993, these writings began to critically examine gay rights activists’ attempts “to encourage acceptance of homosexuality among public school students” (Herman, 1997, p. 55). In July of that year, Ralph Reed, president of the Christian Coalition reported to a national Christian Coalition convention that conservatives’ opposition to gay rights and abortion had “built our movement and remain a vital part of the message” (White, 1994, p. 145). Herman discusses the emergence of dozens of conservative Christian organizations devoted solely to anti-gay activities, including the Family Research Institute, Lambda Report and Equal Rights–Not Special Rights. Two prominent themes undergirding these efforts maintain that homosexuality is a sin and that it is a chosen, not inborn or genetic behavior. Herman reports that by the mid-90s, the battle between the Christian Right and the lesbian and gay movement was one of the most significant arenas of social struggle in the country. Much of the discourse focused on attempts to “steal our children” (Herman, 1997, p. 85) and even HIV/AIDS education was seen as a cover for homosexual designs on youth.

In discussing policy issues to address victimization of LGBT youth, Ryan & Rivers (2003) describe a major conference of fundamentalist leaders at Georgetown University in 1997 to share information and discuss strategies aimed at repathologizing homosexuality. They observe that “the meeting elevated what had been a predominantly religious and political response to an academic level with presentations from notable policy analysts and academics including a plenary address from Republican leader and political scientist, William Kristol” (Ryan & Rivers, 2003, p. 107). Panelists recommended “preventive homosexuality” initiatives to identify potentially “gay” children and adolescents to provide early intervention and treatment to prevent homosexuality. They also called for increased intervention in school districts that have supportive policies on sexual orientation to prevent

or overturn their adoption and to ban supportive educational materials.

Although transgender as a cultural identity had yet to appear as a targeted group for Christian conservatives, Herman points out that the Christian Right is quick to dismiss any suggestion that gender is socially constructed. Instead, Christian conservatives maintain that “Masculinity and femininity are neither behaviors nor identities; rather, they are God-given biological essences” (Herman, 1997, p. 73). In addition to asserting their right to make visible their sexual identities, LGBT youth are expanding traditional constructs of gender which will further inflame opposition from conservative groups.

Gallup and Lindsay (1999) have pointed out that the U.S. is regarded as the most religious nation in the industrialized world, with 96% of Americans saying they believe in God. The largest proportion are Protestants, and, of these, Baptists (mainline and evangelical) constitute the largest single denomination. Nearly 40% of Americans identify as born-again or evangelicals, which includes perceiving the Bible to be the actual word of God, undergoing some form of personal conversion, and claiming a desire to lead nonbelievers to conversion (Gallup & Lindsay, 1999). Individuals who identify as evangelical or fundamentalist are more likely to have negative attitudes about gay people than those with other religious views (see, for example, Herek & Capitanio, 1996). Evangelicals are more than twice as likely as others to believe that homosexuality is a chosen lifestyle (rather than innate) which affects their attitudes about sexual identity, reparative therapy, and gay rights, including creating safer school environments for non-heterosexual youth.

Linneman (2003, 2004) has studied conservative Christians and found that homosexuality appears to be the premier social problem that concerns them. Their primary goal is restoring American society to the values and norms of previous eras. Both conservative Christians and the lesbian and gay movement have developed political power, but in terms of sheer numbers and the power and pervasiveness of its cultural symbols, Linneman maintains that conservative Christians have more cultural capital. At the same time, however, the past three decades have seen striking changes in social attitudes and perceptions of lesbians and gay men as society has become more accepting, overall (Herek, 1996; Yang, 1997). Many of these changes are issue specific, such as allowing gay

people to hold certain jobs or supporting their right to housing and employment, nevertheless, a clear drop in social disapproval rates was seen in the 1990s. Although the proportion of respondents to the General Social Survey who feel that same sex relationships are always wrong dropped from 70% in 1973 to 56% in 1996, more than half still disapprove of homosexuality (Yang, 1997). Concurrently, however, the percentage of Americans who feel that homosexuality is a genetic or inborn characteristic has nearly doubled (Yang, 1997), and those who believe this to be so are much more likely to look favorably on the rights and needs of lesbians and gay men (Gallup & Lindsay, 1999). Linneman found that this increase in tolerance for lesbians and gay men has unintentionally created a more hostile climate for conservative Christians. "As conservative Christians continue to argue against the acceptance of homosexuality as a valid lifestyle, the contrast between their worldview and the more relativist worldviews of mainstream culture become apparent. Conservative Christian opinion is falling further behind the opinions of the rest of society" (Linneman, 2004, p. 71). This disparity is increasing their resolve to fight legal and cultural incursions won by gay rights advocates and will further fuel the struggle over dealing with LGBT youth in schools.

Educational Environments: Hostile Hallways & the Potential for Change

The summer of 1992 saw homosexuality addressed as a major policy issue in public schools in two large Northeastern states. One initiative was introduced and failed while another saw the first state program implementation to promote safe schools for lesbian, gay and bisexual students. The "Children of the Rainbow" curriculum was developed during the tenure of then New York City School Chancellor, Joseph Fernandez, to address multicultural issues in schools. The curriculum required first grade teachers to mention gay and lesbian parents, along with other varied family structures, such as two-parent and single-parent households, divorced parents, adoptive parents, guardians and foster parents (New York Times, 1992). Although the curriculum did not address sexuality per se, community opponents conflated sexual identity with sexual behavior and opposed the content on the basis that

first graders should not be talking about sexuality and gay families were outside the realm of multicultural tolerance. The New York Times (1993) editorialized against the “radical right” for “distorting its content and inflaming anti-gay sentiments.” This followed an earlier editorial that underscored the ubiquity of anti-gay victimization: “At a time when gay-bashing has become one of the most vicious crimes among teenagers, the need for greater understanding is imperative” (New York Times, 1993).

At the other end of the policy spectrum, Massachusetts Governor William Weld announced the first statewide effort to protect and support lesbian, gay and bisexual youth in schools, following up on the recommendations of his Governor’s Commission on Gay and Lesbian Youth (New York Times, 1992). Making good on his campaign pledge to stem the tide of anti-gay victimization in schools, Governor Weld appointed a commission to find ways to reduce suicide and violence targeting lesbian and gay youth. As occurred with San Francisco’s Unified School District, officials were moved by a report published by the U. S. Secretary of Health on youth suicide that included a chapter on lesbian and gay youth. The chapter was not based on a formal study but rather on a review of a few convenience samples of gay and lesbian adults and gay youth, as well as client reports of the experiences of lesbian and gay adolescents and adults collected or published from 1972 and 1986. The author concluded that gay youth are 2 to 3 times more likely to attempt suicide than other young people and *may* comprise up to 30% of completed youth suicides each year (Gibson, 1989). Very limited research had been published on gay youth at the time and the gay media, in particular, and ultimately many others, reported the chapter as a study and reframed the “findings” as one-third of all *completed* adolescent suicides were among gay youth. This information galvanized some community providers to begin to develop services for gay youth and as noted, prompted Massachusetts and San Francisco jurisdictions to develop programs to create safer school environments for lesbian and gay students (Hopkins Shah, 2001; Perrotti & Westheimer, 2001). Thus, early research, and limited available data on the needs and experiences of gay youth were sought and used to document their needs and to begin to frame the issues to develop these programs in school and community settings.

Theories for Studying Policy Adoption in Schools

In their study of jurisdictions with and without legal protections for lesbians and gay men, Rienzo, Button & Wald (1996) explored the content and the social and political determinants of school district programs related to sexual orientation and of these programs. They considered four theoretical models of policy adoption and innovation to determine why some communities would adopt school policies and programs to provide support for LGB students while others would not. Acknowledging that the adoption of innovative programs is often linked with modernization and urbanization, they considered how the *urbanism/social diversity* model would apply. This model holds that urban enclaves are often conducive to the development of strong social networks that support the development of durable subcultures that promote social change. Clearly, gay communities are strongest and largest in urban centers as shown by the wide range of LGBT community services and organizations, and documented by the National Health and Social Life Survey, a representative national study of adult sexual behavior (Laumann, Gagnon, Michael, & Michaels, 1994). *Resource mobilization* theory holds that a group or movement's success in persuading the broader community to adopt a specific policy depends on the resources they can successfully muster, including political and organizational resources (Mayer, 1991). Rienzo and colleagues (1996, p. 34) note that "Successful movements require a large and mobilized constituency with a common sense of identity and a feeling of grievance." For adopting supportive school policies, this would include skilled leadership, a sufficiently large and engaged social and political structure, adequate financial resources and knowledge of how to intervene effectively in the school system.

A third theory useful for studying policy adoption in schools is *political opportunity structure* which focuses on the level of responsiveness of the existing system to potential change. Minority groups with less power and influence need to engage the support of allies and the media in framing their issues and convincing mainstream agencies to adopt them. As Button, Rienzo and Wald (1997, p. 16) point out, "...communities are most ripe for policy change favorable to ... outsiders when government agencies can be accessed or captured by outside forces, local elites are sympathetic to the demands of social movements, and the population includes large numbers of supporters who are

not themselves members of the group seeking changes.” Having a conducive environment is particularly important in promoting changes in schools since these institutions are open to a wide range of actors and pressure groups that have a stake in the outcome of public education, and schools typically represent the largest and most important local government institutions (Button, et al., 1997). The final model useful for considering school policy change is the *communal protest* model which maintains that social forces introducing change related to identity will generate resistance from tradition-minded groups who struggle to preserve the status quo. As Button and colleagues (1997, p. 17) contend, “ Because the campaign for gay rights does involve challenges to dominant social identity—particularly the notion that heterosexuality is the only legitimate basis of social relationships—it often draws resistance from groups wedded to the existing social order.”

In their research on the responsiveness of communities to policies related to sexual orientation, Button and colleagues found that only 1% of American communities had adopted anti-discrimination protections for gay residents (Rienzo, Button & Wald, 1996). Of these, only 8% reported having openly gay school board members or candidates during the past 5 years. Nearly 40% of school districts claimed to have openly gay teachers or applicants for teaching positions. Predictably, states with more expansive protections for lesbians and gay men were more likely to have openly gay school board members and candidates. And having openly gay decisionmakers at higher levels of school administration leads to more supportive policies for gay youth in schools, including training on LGBT issues for teachers and staff, having GSAs and diversity clubs, and making trained counselors available for students on issues related to sexual orientation (Rienzo, et al., 1996). The researchers found that level of urbanism and social diversity made a significant contribution to promoting progressive school policies, but the ability to mobilize resources made the most critical difference in being able to support non-heterosexual youth in schools. Unfortunately, they also found that policies related to the needs of gay youth were not common in many school districts, and not surprisingly, the most intense opposition usually came from fundamentalist religious groups that condemn homosexuality and perceive providing support for LGBT youth as a threat to social norms and the institution of the family (Wald, et al., 2002). Because schools often foster hostile climates for LGBT

youth, or at best, render them invisible, these findings also confirm that schools are not addressing the needs of these at-risk youth and few have addressed the ignorance or prejudice of school personnel through training and clear policies for managing harassment and slurs.

School Victimization of LGBT Youth

Experts have recognized school bullying as an important public health problem that appears to be increasing in terms of prevalence and severity, and involves more vicious behaviors and deadlier outcomes than in previous years (Hafner, 2003). Although research on gay youth was very limited prior to the late 1980s, reports of available studies describe increasing levels of school-based harassment of gay youth and others who were perceived to be gay. In more than a decade of research on LGB youth development and victimization, D'Augelli found that school-based victimization is widespread and is correlated with mental health symptoms, in general, and with post traumatic stress, in particular (D'Augelli, Pilkington & Hershberger, 2002). Moreover, LGB high school students report higher rates of victimization and verbal harassment than college students reported when they were in high school.

The first school-based program for gay youth was developed in 1984 by Virginia Uribe, a high school teacher in the Los Angeles Unified School District, to provide support for students who were questioning their sexual orientation and coming out in school (Uribe & Harbeck, 1992). Through effective lobbying and community support, Project 10, as the program became known, was ultimately institutionalized into a district-wide school support and staff training program that has continued to the present day. During 1984, as well, the Institute for the Protection of Lesbian and Gay Youth in New York City founded the Harvey Milk High School, the first gay school, that served primarily gender-atypical youth who were forced out of school because of harassment and victimization. During the rest of the decade, gay and gender-atypical youth became increasingly visible in schools, resulting in increased victimization and abuse. By 1990, the first Gay-Straight Alliance (GSA) was formed at a private school in Massachusetts to provide support for a growing number of openly gay students. By

the late 1990s, more than 1,000 GSAs were registered with GLSEN (Gay, Lesbian & Straight Education Network), a national advocacy organization to promote safer school environments for all students. By 2003, this number had doubled to more than 2,000 registered GSAs, with many more established at the local high school level and some in middle school.

The need for population-based data to support policies to protect gay youth in schools prompted the HIV/AIDS prevention program of the Massachusetts Department of Education to press for inclusion of questions on sexual behavior (1993) and sexual identity (1995) in the state's Youth Risk Behavior Survey. Findings showed alarming disparities in risk behavior between LGB and heterosexual students and have been used to support the development of other safe schools initiatives throughout the country (Perrotti & Westheimer, 2001). Compared with their heterosexual peers, LGB youth were more than four times as likely to have been threatened with a weapon at school, more than three times as likely to have been in a fight that required medical attention, nearly five times as likely to have missed school because they were afraid, and more than three times as likely to have attempted suicide during the past 12 months (Garofalo, Wolf, Kessel, Palfrey & DuRant, 1998). Other research has found that the more open youth are about their sexual orientation and the more gender atypical, the more likely they are to be victimized (DAugelli, et al., 2002).

A recent analysis of the California Healthy Kids Survey (a comparable state youth risk behavior survey) found that 7.5% of middle and high school students reported being bullied or harassed because they were known or perceived to be gay (California Safe Schools Coalition, 2004). This represents some 200,000 students in California schools. Students who were victimized were more than three times as likely to seriously consider suicide and to develop a suicide plan (a signal of serious intent) or to miss school because they felt unsafe. They were also more than twice as likely to report depression and to use stimulants or inhalants as were heterosexual youth.

A national survey of LGBT youth who attended high school and middle school from 48 states, found that 1 in 3 reported being harassed as a result of their sexual orientation, and an equal proportion said they had been harassed because of their gender expression (Kosciw & Cullen, 2001). Most youth (84.6%) reported hearing homophobic remarks from other students, while nearly one-

fourth (23.6%) heard such remarks from faculty or school staff. Few faculty intervened when homophobic remarks were made; only 16.4% responded all or most of the time.

The ubiquity of anti-gay school victimization and the lack of redress for most students and their families prompted GLSEN, a national safe schools advocacy organization, to ask Human Rights Watch to conduct a study of the severity of LGBT student victimization in American public schools. As an international human rights organization that studies abuses around the world and advocates for policy change, Human Rights Watch has focused a spotlight on significant problems to promote policy change. In their school study, Human Rights Watch researchers found “substantial failure of the government at the local, state and federal level to protect LGBT students from human rights violations, including harassment, violation and deprivation of the right to education” (Human Rights Watch, 2001, p. 9). Moreover, the impact on their lives was devastating: “Left unchecked, peer harassment escalates into violence. Lesbian, gay, bisexual and transgender students describe their daily experiences as living in survival mode. Not surprisingly, they lose their focus, their grades drop, some drop out, and a few commit suicide” (Human Rights Watch, 2001, p. 174).

Consistently, LGBT youth report significant stress associated with school and related activities. In addition to peer victimization, many describe harassment, verbal abuse and negative attitudes of teachers and adults (Human Rights Watch, 2001; Kosciw & Cullen, 2001; Malinsky, 1998; Reis & Page, 1999; Sears, 1991). Few report that teachers or school staff routinely respond to bias-related comments or actions. Experiencing persistent, unrestricted anti-gay harassment normalizes these actions and signals that trying to curtail them is futile. Moreover, stressful experiences are cumulative and increase vulnerability for a range of health and mental health problems.

Providers’ Knowledge, Attitudes & Experiences on LGBT Issues

Although the American Psychiatric Association removed homosexuality from its list of psychiatric disorders in 1973, negative attitudes and beliefs about homosexuality persist and have

been well documented in the literature (e.g., Douglas, Kalman & Kalman, 1985; Eliason, & Randall, 1991; Rudolph, 1988; Stevens, 1992; Stevens & Hall, 1988). Surprisingly, these attitudes persist, even as public attitudes about homosexuality have become more accepting. In a national survey of physician attitudes towards lesbian and gay patients, 9 out of 10 lesbian and gay physicians reported observing anti-gay bias in patient care (Schatz & O'Hanlan, 1994). Patients received poor care or were denied care because of their sexual orientation. In a 1996 survey of pediatricians, more than one-third felt uncomfortable caring for a gay or lesbian teen, and nearly as many were uncomfortable working with a child whose parents were lesbian or gay (Perrin, 1997). Another survey of pediatricians found that the majority had reservations about addressing sexual orientation with patients and did not include sexual orientation in sexual histories even though this information is essential for appropriate care (East & Boekeloo, 1996). Surveys of nurses and nursing students, including randomly selected members of the American Psychiatric Nurses' Association (Smith, 1993), found that more than half reported negative and biased attitudes about lesbians and gay men (Eliason & Randall, 1991; Randall, 1989; Smith, 1993), and believed that the LGB "lifestyle" is in conflict with their religious beliefs (Eliason, 1998).

Studies of mental health practitioners have reported comparable findings. A survey of 2,544 members of the American Psychological Association found that practice with lesbian and gay clients varied widely, but biased and inappropriate care persisted (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). Nearly three-fifths of psychologists surveyed knew of negative or discriminatory care, including incidents where practitioners labeled lesbians or gay men as "sick" and in need of change (concerning their sexual orientation). A probability survey of heterosexual social workers found that 1 in 10 were homophobic while the majority were heterosexist, based on responses to standardized attitudinal scales (Berkman & Zinberg, 1997). And a study of school counselors found that two-thirds reported negative attitudes about lesbian and gay youth (Sears, 1991), while another found that only 1 in 5 would find counseling a gay student professionally gratifying (Price & Telljohann, 1991). Moreover, a study of prospective teachers found that 8 in 10 had negative attitudes about homosexuality (Sears, 1991).

Studies of health and mental health providers' knowledge and understanding of LGB issues have consistently demonstrated a need for training which has been shown to help change negative and heterosexist attitudes (see, for example, Rudolph, 1989). Providers have routinely expressed a desire for more training and information on LGB issues. For example, only 8% of members of a state school counselors' association felt they had a high level of competence in counseling LGB youth, while 89% expressed interest in additional training (Fontaine, 1998). Researchers who have studied academic professional training programs assert that "formal training is imperative for students' feeling prepared to work with LGB clients" (Phillips, & Fischer, 1998, p.732). In a national survey of high school counselors, nurses, psychologists and social workers conducted by the American Psychological Association's (APA) Healthy LGB Students Projects, nearly all school-based providers reported lack of capacity to provide services for LGB youth (American Psychological Association, 2001). A disturbing 90-97% of providers said they lacked the training, knowledge or skills to care for LGB youth, while 77-89% lacked appropriate materials to provide services. A qualitative study of school practitioners, affiliated with the APA project, underscored the lack of academic preparation or available training for working with LGBT youth (American Psychological Association, 1999).

At the same, time, however, both students in professional training programs and graduates express a distressing lack of coursework, clinical supervision, classroom discussion or academic resources related to LGB issues. Very few have ever mentioned inclusion of transgender issues in their academic or continuing education programs. Only 10% of a nationally representative survey of licensed psychologists reported having had a graduate course on LGB-related issues in their academic programs, while only 22% of their programs offered a seminar or module on these concerns (Murphy, Rawlings & Howe, 2002). Similarly, a survey of accredited social work programs found that only 14% of social work programs had core courses that exclusively focused on sexual orientation, while only 17% offered electives (Mackelprang, Ray & Hernandez-Peck, 1996). Although a majority of programs placed very strong emphasis on teaching about ethnicity and women in the curricula, only about one-third of schools reported a similar emphasis on LGB issues.

In a random survey of school psychologist members of the National Association of School Psychologists, 85% said they had not received any academic training on LGB-related issues, while a sizeable proportion asserted that sexual orientation did not have any place in schools (Savage, Prout & Chard, 2004). Those practitioners who had obtained training, said it occurred in a single time-limited lecture in a course or class discussion or through professional development activities associated with their program. A survey of randomly selected counseling and clinical psychology doctoral programs found that only 15% had offered courses on LGB issues (Phillips & Fischer, 1998). Most doctoral students who responded reported feeling ill-prepared to counsel gay and lesbian clients, and felt even more poorly prepared to counsel bisexuals. An assessment of the training experiences of graduate student members of the APA division on LGB issues found widespread negative bias in academic training programs (Pilkington & Cantor, 1996). Only 14% of students said that their programs were gay-affirmative. Half of students who participated reported discriminatory experiences, such as refusal to include lesbian and gay content in the curricula, verbal harassment, overt discrimination, content that pathologized or ridiculed gay people, and discouragement from pursuing research on lesbian or gay issues.

At the same time, however, studies have shown a high likelihood that practitioners will work with LGB clients in their caseloads (e.g., Murphy et al., 2002). This includes school counselors: 71% of respondents to a national survey reported that they had counseled a gay student (Price & Telljohann, 1991), while 51% who participated in a state survey had seen a student who was questioning his or her sexual identity (Fontaine, 1998). At the same time, at least 21% of elementary school counselors knew of students in their schools who were either gay or questioning their sexual orientation (Fontaine, 1998). Appropriate training for health and mental health providers is especially important since negative bias and discriminatory care have life-long implications for lesbian and gay youth (Ryan & Futterman, 1998). During adolescence, attitudes about health, self-care and help seeking behaviors are formed. Negative or discriminatory experiences can undermine provider-client trust, cause LGBT youth to withhold important information, avoid routine or preventive care and delay help seeking until health problems are well advanced. Although training has been found to be effective

in developing skills and changing negative attitudes about homosexuality, it is often not available for school practitioners. For example, in one state study of school counselors, only 2% had received information about working with LGBT youth from in-service trainings (Fontaine, 1998). Instead, professional journals are the most frequently used information source for learning about LGB-related issues. In a national study of members of the American School Counselor Association, 81% reported that they used professional journals to learn about gay-related issues (Price & Telljohann, 1991). Two-thirds (66%) of a nationally representative sample of APA members who were licensed psychologists reported relying on professional journals to learn about working with LGB clients (Murphy et al., 2002). Similarly, a comparable proportion (64%) of school counselors in a state survey reported that professional journals were their top source of information on gay-related issues (Fontaine, 1998), making access to accurate, well designed research and publications that include macro-level perspectives and interventions critical for addressing the needs of LGBT youth in schools.

Policies for Care of LGB Youth

By the mid-1970s, the major mental health professional associations had adopted policies that rejected homosexuality as a mental illness and opposed discrimination against gay people (see American Counseling Association, 1998; American Psychiatric Association, 1994; American Psychological Association, 1991; National Association of Social Workers, 1977). The professional associations that represent school practitioner disciplines—school counselors, nurses, psychologists and social workers—have also adopted policies that regulate working with LGB and sexual minority youth. At a minimum, these call for fostering a safe environment and acceptance of diversity (National Association of School Nurses, 2003), although most also call for self-education (American Counseling Association, 1998; American School Counselor Association, 1995; National Association of Social Workers, 2000) and knowledge (National Association of School Nurses, 2003). And some go further in calling for advocacy (National Association of Social Workers, 2000; National Association of School Psychologists, 1999) and direct intervention with the victims and perpetrators of harassment and discrimination (National Association of School Psychologists, 1999). The National Association of

Social Workers (NASW), in conjunction with the social education work accrediting body, requires schools of social work to: 1) include course content on LGB issues; 2) integrate this material throughout the curriculum; 3) provide opportunities for training practicum; and 4) develop and provide training for social work instructors in the classroom and practice settings (NASW, 2000). School psychologists are charged to educate students and staff in school settings about the needs of sexual minority youth, and to assist in incorporating these issues into the curricula in ways that are appropriate to course content (National Association of School Psychologists, 1999).

Renewed efforts, particularly on the part of fundamentalist groups to promote reparative therapy (attempt to change an individual's sexual orientation) have prompted professional associations to issue statements on reparative (or conversion) therapy. Coercive treatment to attempt to change an LGBT youth's sexual orientation raises ethical violations and liability for child abuse (Haldeman, 2002). In 1993, the American Academy of Pediatrics (1993, p. 633) stated that, "Therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in sexual orientation." Moreover, the American Psychiatric Association (1997, p. 1) states that "there is no published scientific evidence supporting the efficacy of 'reparative therapy' as a treatment to change one's sexual orientation." In its resolution related to therapeutic approaches to changing sexual orientation, the American Psychological Association cautions psychologists not to "make false or deceptive statements concerning...the scientific or clinical basis...for their services," and requires them to obtain appropriate informed consent before providing such services (DeLeon, 1998, pp. 934-935). In addition, the American Psychiatric Association (1998, p. 1) noted that it "opposes any psychiatric treatment, such as 'reparative' or 'conversion' therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon a prior assumption that the patient should change his/her homosexual orientation." And finally, NASW's National Committee on Lesbian and Gay Issues (1992, p.1) adopted a position statement against reparative therapy, affirming that "the use of reparative or conversion therapies by social workers violates the NASW policy statement on lesbian and gay issues, particularly with regard to discrimination and oppression of lesbians and gays. [NASW's]

National Committee on Lesbian and Gay Issues further believes that use of these therapies violates the professional Code of Ethics...All social workers have an ethical obligation to work actively against oppression and homophobia in all of its forms, including the oppression and homophobia so explicit in the so-called reparative therapies.”

Although transgender adolescents and adults have become increasingly visible in school, community and service settings, only NASW (2000), among the major professional mental health associations, has adopted a formal policy on transgender and gender identity issues¹. The policy calls for intervention in professional training, health and mental health services, promoting public awareness and advocating for legal and political action. In particular, schools of social work are expected to address discrimination in curriculum policy; require course content on gender diversity issues; develop and provide training for classroom instructors and field supervisors; provide appropriate training opportunities for students; and encourage continuing education programs on policy and practice related to gender diversity.

LGBT-Related Content Analyses

A comprehensive review of the health and social science literature on LGBT issues yielded 14 studies of lesbian and gay content in academic journals published between 1967 and 1999. Only one study (Boehmer, 2002) included transgender content, and two excluded bisexuals (Morin, 1977; Watters, 1986). The first (Morin, 1977) examined the extent to which empirical studies published in the psychology literature from 1967-1974 reflected societal heterosexism. Morin identified and evaluated 139 studies using a taxonomic system composed of five categories that described the content of the research questions in each study (e.g., focusing on homosexuality as a pathology, etc.). Using this taxonomy, Morin found that 72% of published studies reflected a pathological perspective on

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The American Public Health Association (1999) has also developed a policy statement on research and clinical practice with transgendered individuals.

homosexuality and concluded that the literature did indeed reflect negative societal perceptions of homosexuality and also studies of gay men outnumbered those of lesbians by a ratio of 4:1. Watters (1986) replicated Morin's study by reviewing 166 lesbian or gay-related empirical abstracts published between 1979 and 1983. He hypothesized that changes in attitudes and perceptions of homosexuality would be reflected in the research and found a substantial decrease in heterosexist bias—only 25% of research questions viewed homosexuality as pathological. He also found that no studies focused on the macro perspective of changing heterosexist perspectives.

Buhrke, Ben-Ezra, Hurley and Ruprecht (1992) studied LGB research content in articles published in the six major counseling psychology journals between 1979-83, reviewing each selected article for content and classifying it according to Morin's (1977) assessment scheme. In addition, they examined the sample and theoretical context of each study. Of 6,661 studies reviewed, they found a total of 43 (0.65%) that focused on lesbian and gay issues. The researchers did not indicate whether any of these included bisexuals. Only two articles focused on lesbian and gay adolescents, and only two addressed specific ethnic minority groups of lesbians and gay men. During the same time period, the *Journal of Homosexuality*, the major interdisciplinary journal on homosexuality, had published 359 articles related to psychological issues, identity, sex roles and multicultural issues (Buhrke et al., 1992). Buhrke and colleagues found that only 42% of published articles were empirical, and a majority of research studies – 62% – had not been grounded in theory. Publications fell into fairly even categories: HIV/AIDS, 19%; training, 19%; homophobia, 19%; attitudes about homosexuality, 19% and identity development and coming out, 12%.

Clark & Serovich (1997) also used Morin's (1977) taxonomy to examine the LGB-related content in the 17 most influential marriage and family journals published from 1975 to 1995. In addition to assessing the publications using Morin's approach, they also assessed the articles by type of study and categories that are salient to family and family therapy. Of 13, 217 articles and brief reports published during the 20-years period, they found 77 (0.006%) that focused on LGB issues, used an LGB sample or included sexual orientation as a variable. They found that only 12% of the articles were AIDS-related, a small proportion considering the growth of the AIDS epidemic during this period

and its impact on families.

Phillips and colleagues conducted the most comprehensive assessment of all 14 content analysis studies on LGB-related issues—a methodological and LGB content review of 8 major counseling journals published between 1990 and 1999 (Phillips, Ingram, Smith & Mindes, 2003). They aimed to replicate Burke et al.'s 1992 study, adding several additional methodological categories, including qualitative research, race and ethnicity, inclusion and assessment of sexual orientation, and inclusion of a theoretical base. They also used inter-rater reliability procedures, as did only two other content studies discussed in this review (Chung & Katayama, 1996; Morrow, 1996). Phillips, et al. found that LGB content was slowly increasing in counseling journals during the 1990s. Of 5,628 articles assessed, a total of 119 or 2.11% contained a significant focus on LGB issues, included LGB research participants or incorporated one or more LGB-related variables in their analyses. An increasing proportion of publications—54%—were empirical (of these, only 12% were qualitative), and the majority of samples were non-probability, convenience samples. Nearly half used no theoretical framework and none of the studies that reported on sexual orientation exclusively focused on bisexuality. The five most common topics included were: homophobia, 38%; identity development and coming out, 31%; HIV/AIDS, 29%; attitudes toward LGB people, 26%; and psychological adjustment, 24%. The researchers observed an important shift in the underlying framework for studying sexual orientation: psychological adjustment was no longer viewed as a pathology, but rather from the perspective of how oppression and discrimination can impact a gay person's mental health. Thus, an increasingly macro and ecological perspective was evident in publications related to homosexuality. In addition, empirical research comprised a higher proportion of articles published during this period. However, within group differences were still limited—only 4% of publications consisted predominantly of people of color and transgender issues were not addressed substantially in any articles published in these journals during the 1990s.

Several other analyses examined health-related content, textbooks, inclusion of sexual orientation in empirical studies, and other journals. Whatley (1986) examined photographic images of gay men and lesbians in the best-selling college health and sexuality textbooks published from 1982-

89, and found fewer depictions of gay people than heterosexuals. Schwanberg assessed labeling of homosexuality in health sciences literature in two studies, one reviewing publications listed in the Index Medicus from 1987-83 and the second reviewing subsequent publications from 1983-87. She found that psychiatric journals viewed homosexuality more negatively than psychology journals (1985) and nearly-two thirds of the articles (61%) were negative (1990). Few articles were published about homosexuality in nursing or general medicine and publications became increasingly negative after 1983, which coincided with the emergence of the AIDS epidemic and growing antipathy towards gay people (1990). Chung & Katayama (1996) examined the inclusion or lack of inclusion of sexual orientation assessment in empirical studies published in the *Journal of Homosexuality* from 1974-93. After selecting studies specifically related to sexual orientation, they found that sexual orientation of respondents could not be determined in nearly one-third of the published studies because researchers did not include or report assessment methods. They also found more studies on men than women and very few studies on bisexuals (1.4% each on bisexual men and women, respectively). Silvestre (1999) examined NIH-funded research abstracts from 1974-92 that included lesbians, gay men or bisexuals as primary or secondary research goals and found a total of 883 research grants awarded during this period. He noted that \$532,000 was spent on all LGB non-HIV related health issues per year during this 18-year period. Boehmer (2002) reviewed all research abstracts published in Medline from 1980-99 and found a total of 3,777 studies or 1% of total studies abstracted in the database during this period. Less than 40% of the topics were non-disease specific, 80% of the studies focused on gay men, 28% on lesbians and 9% on transgender individuals.

Morrow (1996) studied undergraduate policy and practice textbooks in an accredited social work program to assess the extent to which they included LGB content, using two coders and assessing inter-rater reliability. She found that less than 1 in 5 were moderately or fully inclusive of LGB issues. Van Voorhis & Wagner (2002) reviewed the content on LGB issues and homosexuals with AIDS in articles published from 1988-97 in 4 major social work journals. Of 1,964 articles published, 77 addressed LGB-related issues and gay people with AIDS, representing 3.92% of articles published. However, about two-thirds focused on AIDS, content on LGB issues sharply declined in the

1990s and none addressed macro level intervention or issues to help change heterosexist policies and institutions that affect LGB people. Finally, Allen and Demo (1995) assessed the extent to which the families of lesbians and gay men were integrated into the family literature. They examined 8,063 publications in 9 major journals that publish family research and found 17 articles that specifically targeted LGB-related issues (.002%), much of it problematizing gay people. They concluded that, “The pervasive, insidious and multidimensional nature of heterosexist bias in family research also is evidenced by a persistent focus on the sexual behavior of lesbians and gay men, by referring to their relationships using the pejorative term ‘homosexuality’ and by ignoring broader aspects of their family relationships” (Allen & Demo, 1995, p. 119).

Although many of these studies identified trends and gaps in the literature and documented specific research needs and even theoretical approaches, none explored the development of a body of knowledge that could substantially advance the study of sexual orientation, particularly within a social and ecological framework, and thus inform appropriate policy and practice with LGBT adolescents.

State & Local Initiatives for Promoting Safe Schools

Ensuring equal access to education and equal protection for LGBT students who are persistently harassed in schools is made particularly challenging by the approximately 16,000 school districts that oversee the education of 50 million children and adolescents in American schools (Lear, 2002). Wald, Button & Rienzo (1996) have observed that only about 1 in 5 Americans live in communities that guarantee some form of local gay rights protection, however, this does not necessarily extend to schools. Adopting state-level protections has been a slow process that has required extensive and ongoing mobilization, documentation of the level of victimization through state and local data collection, and even qualitative research to enumerate the experiences of LGBT students and staff in public schools (see Reis & Page, 1999). Community advocates and educators

seeking school reform have consistently used research to establish problem definition and problem recognition among policymakers. Button and colleagues (1997) see this component as a critical precursor for institutionalizing school-based programs for LGBT youth. Another essential component for adopting new school programs is helping policymakers understand that the benefits exceed the costs (Goodman & Steckler, 1989), an effort that advocates have routinely made by framing the need for protecting sexual orientation and gender identity as resulting in safer, more productive environments for all youth in schools. Research has been generated at the state (e.g., Szalacha, 2001) and local level (Reis & Price, 1999) to support these assertions.

Problem definition is at the heart of making an issue salient for decision makers. Fisher (1995) has pointed out that no policy deliberations are value free and values play a substantial role in problem definition (Kingdon, 1995). Moreover, some policymakers may have an extreme ideological bias that inhibits their ability to weigh the pros and cons of a policy deliberation (Fisher, 1995). The first step in Fisher's (1995) rational model of policy decision making is empirically identifying the existence of a problem—using research to assess and frame an issue. Yet, research related to LGBT youth in schools has been extremely limited and has become available only more recently, which predictably affects state and local initiatives to address these issues in schools. Attorneys and legal advocates also use research to support their arguments about the need to provide safe school environments, staff training and protections from discrimination, as the increasing number of school-based harassment cases referred to the courts have demonstrated. Just fifteen cases of anti-gay school harassment and discrimination that have been decided or settled since 1996 have generated more than \$3.5 million in settlements or penalties (National Center for Lesbian Rights, n.d.). Research has consistently been used to document the impact of harassment on health and mental health for students who are known or perceived to be gay. Nevertheless, the lack of strengths-based research has resulted in framing these issues from a negative or problem perspective. Of greater concern, however, is the lack of understanding of research and social science among public and elected officials (Smith & Torrey, 1996) which increases the challenges of dealing with an issue that is perceived as a moral concern by some and a birthright by others.

Eight states have passed legislation to ban discrimination or harassment based on sexual orientation in schools—California, Connecticut, Massachusetts, Minnesota, New Jersey, Vermont, Washington and Wisconsin—and three of them also protect students on the basis of gender identity—California, Minnesota and New Jersey (Lambda Legal, 2001; GLSEN, 2004). Adopting state laws that protect LGBT students and staff through civil rights or education statutes is more likely to result in local policies to support LGBT youth in schools (Wald et al. 2002) than relying on state education policies or regulations that are difficult to enforce. Nevertheless, the costs for failing to provide a safe school climate can be steep as Wisconsin school administrators learned when a federal appellate court awarded a former student nearly \$1 million for violation of his rights to equal protection and due process (Bentley, 1996). School officials were found liable for failing to protect a former student, Jaime Nabozny, from significant harm and creating a climate in which violent anti-gay abuse was tolerated. In addition to the Equal Protection Clause of the federal Constitution and the Equal Access Act, LGBT students have obtained some protection from sexual harassment under Title IX of the Education Amendments Act (Cianciotto & Cahill, 2003).

Policy Initiatives

Developing school-based initiatives has required substantial efforts by public officials, parents, advocates, community members and youth over a period of years, and as researchers have pointed out, school protections based on sexual orientation (and clearly gender identity) are still uncommon in school districts in the United States (Wald, Rienzo & Button, 2002). Nevertheless, the process of adopting these initiatives in state and local jurisdictions is instructive and has relied on available research and data to educate policymakers, frame the issues, inform the media and general public and rally school administrators and staff to understand the short and long term ramifications. Jurisdictions that have provided leadership in addressing these concerns typically followed similar patterns.

Reports of increasing, unmet needs of LGB youth prompted Seattle's Commission on Children and Youth to hold hearings on the needs of gay and lesbian youth in 1988, and led to the development of an ad hoc Advisory Committee on Gay/Lesbian Youth and Schools to assist in implementing the Commission's school recommendations and to provide training for Seattle School District staff. By 1993, the group had become a statewide coalition—the Safe Schools Coalition of Washington—and actively addressed anti-gay harassment and violence in the schools, working with state legislators, providing training and initiating research on the level of abuse, including a five-year qualitative study to document anti-gay harassment and violence in Washington schools (see Reis & Page, 1999). The Coalition used findings from this and other studies, together with inclusion of questions on sexual orientation and behavior in the municipal youth risk behavior survey (Reis & Saewyc, 1999) to educate policymakers and to inform the Seattle safe schools initiative. These efforts ultimately led the state legislature to support inclusion of sexual orientation as a protected category in the state's anti-bullying law, the Anti-Harassment, Intimidation and Bullying Act of 2002 (B. Reis, personal communication, May 25, 2004).

Prompted by release of the U.S. Secretary's Report on Youth Suicide in 1989, which reported results of several community studies and agency reports with alarmingly high rates of suicide attempts among gay youth (Gibson, 1989), advocates in Massachusetts pressed the Republican gubernatorial nominee to address these concerns at a policy level. Once elected, Governor Weld appointed the first state Governor's Commission on Gay and Lesbian Youth in 1992 which convened statewide hearings on the experiences of gay youth. More than half of youth who testified described hostile experiences in schools, which was corroborated by a school-based survey initiated by the Commission that documented widespread anti-gay attitudes (Perrotti & Westheimer, 2001). This prompted the Commission to focus on schools, and in 1993 they released their influential report, "Making Schools Safe for Gay and Lesbian Youth." The state Board of Education adopted four recommendations from the report focusing on: 1) policies to protect gay and lesbian students from harassment, violence and discrimination; 2) staff training in violence and suicide prevention; 3) school-based support groups for lesbian, gay and heterosexual students (GSAs); and 4) school-based counseling for family members

of gay and lesbian students. The state funded the Safe Schools Program for Gay and Lesbian Students and through advocacy from the Commission, students and community organizations, amended the existing student anti-discrimination law to include sexual orientation as a protected category. This made Massachusetts the second state, after Wisconsin to protect LGB students in public schools. As Perrotti and Westheimer (2001, p. 27) assert in their book on the Massachusetts safe schools program, “data documenting the numbers [of LGB youth] in schools and their experiences play an indispensable role in refuting arguments” by opponents that dismiss their presence and deny their needs.

Massachusetts’ state education department initiated a 3-year evaluation of the safe schools program that included approximately 1,700 students in a stratified random sample of secondary schools throughout the state. The study found that schools that implemented one or more components of the program (a non-harassment policy for LGB youth, teacher training, and the presence of a GSA) had lower levels of homophobia among students and higher levels of safety for LGB students (Szalacha, 2001). In schools with GSAs (gay straight alliances), 64% of students felt comfortable referring a friend with questions about sexuality to the school counselor, compared with 44% in schools without GSAs. More than half (54%) of gay and lesbian students said they felt supported by teachers or counselors in schools with GSAs, compared with 26% of students in schools without professional training. It seems that the availability of training prompted a desire to learn more: nearly half (45%) of professional staff indicated the need for additional training.

As noted earlier, the Los Angeles Unified School District developed the first school-based program for gay youth—Project 10—at one local high school in 1984. By 1987-88, the program was expanded to include all junior and senior high schools district-wide, and was emulated in communities in other parts of the country, including Cambridge, MA (Button, Rienzo & Wald, 1997) where the first GSA was founded. The program included a coordinator, ongoing workshops to train counselors, teachers and other staff, on-site teams to provide student support, assistance for building library resources, development and enforcement of nondiscrimination policies and anti-slur resolutions, and community networking. As in Massachusetts, the L.A. Board of Education established a Gay and

Lesbian Education Commission in 1992 to advise the Board on the needs of lesbian and gay youth, with expanded activities for implementing the program. Also moved by the Secretary's Report on Youth Suicide (Gibson, 1989), the San Francisco Unified School District created an Office of Support Services for Gay, Lesbian and Bisexual Youth in 1990 to provide professional development seminars for faculty at each school in the district (Hopkins Shah, 2001). Acknowledging that anti-gay discrimination was a crisis, the school adopted a formal policy in 1996 and mandated that the district assist staff in creating safe school sites with a focus on LGB youth and their families. The program was renamed Support Services for Sexual Minority Youth with a mission to provide ongoing training on sensitivity issues, school policies and gay-inclusive curricula, addressing and documenting anti-gay harassment. Since no evaluations of LGBT school policies or programs had been published at the time of her study, Hopkins Shah (2001) decided to evaluate the impact of the district's professional training component on elementary and middle school teachers and found that it had a significantly positive impact on their knowledge and behavior. After the training, teachers felt more comfortable providing students with support and resources related to sexual orientation, believed they would be have less difficulty accepting a student who was LGBT, felt a greater responsibility to intervene when anti-gay slurs were used, and reported positive changes in 13 out of 16 teaching dimensions.

California saw safe schools legislation introduced for the first time in 1995 when then-Assemblymember Sheila Kuehl introduced a bill that banned discrimination based on sexual orientation. The bill stalled and was reconsidered the following year when educators, advocates, and more than 250 youth traveled to Sacramento to lobby for adoption (GSA Network, 2001). The bill was re-introduced again in 1997 and 1999 when school advocates trained 70 student leaders and brought 700 students to the state capitol to meet with the governor, state superintendent and all state legislators. Advocates developed a fact sheet that included findings from both the 1997 Massachusetts Youth Risk Behavior Survey (YRBS) and the 1995 Seattle Teen Health Risk Survey, among the first school-based probability data that was stratified based on sexual orientation. Among the Massachusetts YRBS findings was a statistic showing that 22.2% of students routinely missed school each month because they feared for their safety. Driving home the severity of the problem,

Assemblymember Kuhl designated the bill AB 222. By 1999, advocates had developed a statewide coalition and used available research findings to elicit support and increase awareness of the level of distress that LGB youth routinely experienced in attempting to get an education. The message was coordinated through press releases, meetings with state legislators and their staff and discussion in the media (C. Laub, personal communication, June 4, 2004). After failing for a fifth time, the bill was reintroduced and ultimately passed during the same legislative session as the California Student Safety and Violence Prevention Act of 2000. This time, the law covered both “real or perceived sexual orientation” and “real or perceived gender identity” (GSA Network, 2001, p.9). Since then, the California Safe Schools Coalition, in collaboration with a range of community groups, has continued to collect and disseminate data to help ensure implementation of the law. This includes an important analysis of the 2001-2002 California YRBS data which found that 1 in 13 California middle and high school students had been harassed because they were known or perceived to be gay (California Safe Schools Coalition, 2004).

The experiences in these jurisdictions underscore the importance and role of research in educating policymakers and the general public, and helping decision makers frame a controversial, poorly understood issue for debate. In spite of its salience for policy deliberation, particularly in formulating school policies, research on LGBT youth is still limited and arguably, is in its infancy. Understanding this emerging field, along with trends and gaps, will help social scientists and policy analysts identify key research needs to develop appropriate and informed policy.

Health & Mental Health Issues for LGBT Youth

Health theorists have begun to rethink the role of individual choice and personal control in impacting risk behavior and health outcomes (e.g., Berkman & Kawachi, 2000; Diaz, 1998), arguing that behavior is conditioned by society (and culture) and that behaviors are socially patterned and often cluster and overlap (Berkman & Kawachi, 2000). Prevailing theories that inform research and

govern how interventions are developed and funded, such as the health belief model (e.g., Becker 1977), have neglected to consider the impact of social, environmental and cultural forces that are core constructs of ecological theory and directly influence behavior and health outcomes. The emergence of the field of social epidemiology is an important development for helping providers and policymakers understand the impact of social forces on people's lives. As the study of social determinants of health, social epidemiology is concerned with how the social environment influences behavior by: 1) shaping norms; 2) enforcing patterns of social control (that may be protective or risk enhancing); 3) providing or restricting environmental opportunities that affect behaviors; and 4) reducing or producing stress (Berkman & Kawachi, 2000). Similarly, the concept of structural violence (e.g., Farmer, 2002) delineates the impact of oppressive social forces in shaping the experiences and behaviors of an individual or group through poverty, racism, homophobia and anti-gay violence (among other negative social forces). These paradigms encourage researchers and practitioners to focus on the interaction between Bronfenbrenner's micro and macrosystems, as they effect an individuals' health and development.

Researchers have extended the theory of minority stress to lesbians (Brooks, 1981; DiPlacido, 1998), gay men (Meyer, 1995) and LGB populations (Meyer, 2003), arguing that conditions in the social environment, not just personal events may lead to negative health and mental health outcomes. In particular, Meyer (1995) has identified three aspects of minority stress that have special salience for LGB individuals, including: 1) external stressful events and conditions that may be chronic or acute; 2) expectations of stressful events and sustained vigilance required to manage them; and 3) internalized negative attitudes (e.g., homophobia and sexual prejudice). Moreover, having to conceal one's sexual identity and to regulate disclosure is a persistent source of stress, particularly for adolescents who have more limited coping skills and options for managing a stigmatized identity. A range of studies have concluded that minority stress processes are linked to negative health outcomes in lesbians, gay men and bisexuals, including depressive symptoms, substance use and suicidal ideation (Cochran & Mays, 1994; Meyer, 1995; Diaz, Ayala, Bein, Henne & Marin, 2001; Waldo, 1999).

Within these social and institutional contexts, LGBT adolescents are becoming aware of stigmatized sexual and gender identities, learning about intimacy and relationships, developing career aspirations and forming life goals. In this context, as well, they are seeking access to information about their emerging identities, sexual behavior, health promotion and prevention, including HIV-related information and risk reduction. Lesbian, gay and bisexual youth experience the same health and mental health concerns as their heterosexual peers, with the addition of having to deal with the health and social effects of stigma (Ryan & Futterman, 1998). Coping with stigma from an early age can help develop problem solving skills that adolescents do not generally develop until later in life. At the same time, however, studies show high rates of chronic stress, substance use, sexually transmitted diseases (STDs), victimization, suicidal thoughts and attempts among a substantial proportion of LGB youth. And gay and bisexual youth, particularly youth of color, are at high risk for HIV infection.

Coming Out: A Critical Developmental Milestone

As Herdt & Boxer (1993) have discussed, coming out represents a rite of passage, a transition from a private to a shared, or public identity. Identity consolidation is a key developmental task of adolescence that requires integration of various aspects of identity, including race and ethnicity with gender and sexual identity. For LGB adolescents, this requires transforming a socially stigmatized identity into a positive sense of self, often without adult awareness or support. This is a complex task for individuals of any age, but especially for adolescents who are becoming aware of their “difference” at increasingly younger ages. This task is more complicated for LGBT youth of color who must integrate sexual and gender identity with race and ethnicity in communities that generally do not support divergent sexual and gender identities (e.g., Greene, 1994; Morales, 1989).

Coming out—self-identifying as lesbian, gay or bisexual—and sharing this identity with others—takes place over a period of time, but among contemporary adolescents appears to be occurring in a shorter time frame. As a result, many LGB youth are coming out during adolescence,

rather than adulthood as in previous generations of lesbian and gay adults. Youth development experts have observed that LGBT adolescents are negotiating identity development in the context of key social institutions that socialize children and adolescents into adult roles, including civic responsibility and citizenship, however, this process occurs in the context of heteronormative institutions that devalue and denigrate the young person's same-sex identity (e.g., Russell, 2003). These institutions include the family, schools and faith communities that generally have many misconceptions about LGBT-related issues and typically provide limited or no support for the adolescent's sexual identity. Thus, the first and primary developmental milestone for these youth becomes leaving a presumptive heterosexual identity and constructing a gay or lesbian identity (Boxer, Cook, & Herdt, 1999).

Little is known about identity formation among transgender youth; moreover, transgender, as a cultural identity, is a recent development. Most of the literature on gender-atypical youth has focused on psychiatric adjustment and clinical issues, until the late 1990s when the first publications on transgender youth appeared in the professional literature, addressing social service needs (see, Mallon, 1999). With the emergence of LGBT youth support groups and Gay Straight Alliances (GSAs) in schools, and increased awareness of gender diversity and identities, more teens are "coming out" as transgender during adolescence, rather than waiting until they are adults to do so. Because adolescence is also a time when pressure to conform intensifies, and expectations of adults and peers are reinforced by family, schools and other social institutions, transgender youth need a great deal of support to help them understand and integrate their sexual and gender identities, and to cope with harassment and abuse from family, peers and adults in a range of settings. Few studies routinely include transgender youth. Compared with those who identify as LGB, there have been fewer transgender youth in most communities or programs that serve LGBT youth, which has made recruitment for research studies more difficult. At the same time, however, many writers routinely attribute research conducted on gay and bisexual youth or on LGB youth to LGBT youth, in general, which has further obscured the lack of research on their needs and their unique experiences (Ryan, 2003).

“Transgender” encompasses a broad range of gender non-conforming identities and behaviors, including transsexuals, cross-dressers, biologically intersexed persons, and “gender benders” who challenge gender norms for cultural or political reasons. Often confused with homosexuals, transgender individuals may be heterosexual, homosexual or bisexual. They also face significant discrimination in employment, housing and access to health care (Ryan & Futterman, 1998). Transgender and other gender non-conforming youth report ongoing harassment and ridicule in school and community settings. Without support at home they may drop out of school, run away and often end up on the streets where they are at risk for exploitation, drug abuse, survival sex and HIV. Many are unable to find jobs because of gender nonconforming appearance, lack of education or job skills. Most information about transgender persons has been obtained from those (generally transsexuals) who have sought counseling or services from gender identity clinics (Seil, 1996). Much less is known about the non-clinical transgender population, especially adolescents. In addition to youth who specifically identify as transgender, many gay-identified adolescents are gender-nonconforming.

LGBT youth “come out” for a variety of reasons, including normative developmental strivings, a need to integrate their identities for emotional integrity, discomfort with dishonesty and a need to increase intimacy with family and friends since keeping a secret distances them from others. Isolation has been a common experience for lesbian and gay youth who came out in the late 1980s and early 1990s before community services for LGBT were more available (see Martin & Hetrick, 1988). This has been changing as more services have been developed, and as GSAs and the internet have provided important vehicles for LGBT youth development. However, many youth feel a need to hide their sexual identity to avoid rejection and abuse. Many youth may try to “pass” as heterosexual by monitoring their behavior, dating the opposite sex or even expressing anti-gay sentiment. This increases the level of stress and emotional distress they experience and increases risk for negative health outcomes. At the same time, some youth have reported that being gay serves as a source of strength. In an exploratory study of 77 gay male youth, ages 14-20, Anderson (1998) examined self-esteem, social support and sense of competency . He found that youth in the sample also reported

developing crisis management skills that heterosexual youth may not achieve until later in life. Boxer & Cohler (1989) have observed that resilience has been identified as a characteristic of many older lesbians and gay adults as a result of dealing with the adversity of discrimination, homophobia, and other social stigma throughout much of their lives. And D'Augelli (1996) points out that—for lesbians and gay males—living with a lack of norms and social stigma demands unique coping skills.

Coming out has enormous significance for these adolescents by providing a shared sense of identity and increasing access to LGBT youth culture—an emerging phenomena in the 21st century. Lesbian and gay youth who have come out and who have accepted their identity report enhanced self-esteem (Herdt & Boxer, 1993/1996), while youth who have not disclosed their identity have been found to be more isolated socially and emotionally (Hunter, 1996). At the same time, however, youth who are more open about their sexual identity may also experience more negative peer pressure and higher levels of stress, and are at increased risk for victimization. Youth who are more open are more likely to lose friends and to report significantly more victimization at home and school than those who have not disclosed their sexual identity (D'Augelli, Pilkington, & Hershberger, 2002).

Sexual Behavior & Health Risks

Several school-based studies show higher rates of sexual activity among LGB youth, including a higher proportion of sex partners, earlier initiation of sexual intercourse, and a higher rate of sexual coercion or forced sexual intercourse than among heterosexual youth. Lesbian adolescents who are sexually experienced are likely to have had both male and female partners, since many have male partners first. Lesbian adolescents may also have sex with gay or bisexual male friends, which increases their risk for HIV infection. Both youth and health providers are often unaware that some STDs can be transmitted between women, such as HPV, bacterial vaginosis and trichomonas. Although some lesbian teens may become pregnant because they and their male partners fail to use contraceptives, others may become pregnant out of choice or in an attempt to change or hide their sexual identity. In one study, female youth who identified as bisexual or homosexual had significantly

higher rates of pregnancy and physical or sexual abuse than heterosexual youth or those who were unsure about their sexual identity (Saewyc, Bearinger, Blum, & Resnick, 1998).

Adolescents are at high risk for HIV infection. Two in four HIV-infected persons are under age 25, and prevalence among adolescents has increased significantly during the past decade, particularly among young men who have sex with men (MSM). According to the Young Men's Survey, a multi-city study of HIV prevalence and risk behaviors in young men (ages 15-22) who have sex with men, 7.2% of youth were HIV infected (Valleroy et al., 2000). Rates of infection increased with age – none of the 15 year-olds had HIV – but nearly 10% of 22 year-olds were infected. At highest risk were youth of color, including African-American, mixed-race and Latino youth. Less than 1 in 5 (18%) of youth who were infected knew their HIV status. Because many of the 15-22 year-olds were probably recently infected or are likely to become infected in the near future, HIV education and prevention are critical, especially for youth of color.

The Centers for Disease Control notes the importance of school-based programs for reaching youth before behaviors are established to reduce risk for such key concerns as HIV, STDs and unintended pregnancy (CDC, 1999). Incorporating appropriate health content into schools becomes even more important since research has shown that LGB youth were significantly less likely than heterosexual youth to receive HIV prevention instruction (Blake, Ledsky, Lehman, Goodenow, Sawyer, & Hack, 2001). According to the Massachusetts Youth Risk Behavior Survey, only 1 in 5 schools throughout the state provided gay-sensitive HIV instruction that addressed the needs of LGB youth. However, in schools where gay-sensitive HIV instruction was provided, LGB youth were less likely to have been sexually active during the past 3 months, had fewer sexual partners and were less likely to use alcohol and drugs compared with LGB students in school with no, low or minimally sensitive instruction (Blake, et al., 2001). Because of the cognitive isolation LGB youth experience due to lack of accurate information about sexual identity, lack of discussion of same-sex experiences in brochures, health promotion and prevention materials, and providers' lack of training and discomfort discussing sexual and other risk behaviors with teens, many LGB youth have a limited understanding of their risks for HIV, STDs, and pregnancy. Moreover, lack of safe, adult-supervised, drug-free places

to socialize – routinely available for heterosexual youth – are not available for most LGB youth so many socialize in environments that promote risky behaviors.

Substance Use

In school-based studies, LGB youth report higher rates of alcohol and drug use, and cigarette smoking, compared with their heterosexual peers. For example, they were more likely to use alcohol and other drugs, such as steroids, marijuana and cocaine (DuRant, Krowchuk, & Sinal, 1998; Garofalo, et al., 1998), to engage in high risk or heavy drug use (Reis & Saewyc, 1999), to have smoked cigarettes during the past 30 days (DuRant, et al., 1998; Garofalo, et al., 1998), and to have used smokeless tobacco (Garofalo, et al., 1998) than heterosexual youth. At the same time, however, population-based studies also include a much higher proportion of bisexual youth and recent studies have shown greater vulnerability among bisexual youth on a number of related variables (e.g., Goodenow, Netherland & Szalacha, 2002). So it is difficult to know how widespread substance use may be among all LGB youth, especially since some other community studies of LGB youth show rates that are comparable to adolescents, in general (Herdt & Boxer, 1993; Lock & Steiner, 1999) or comparable on alcohol and other drugs, except marijuana (D’Augelli, et al., 2002).

As Ryan & Futterman (1998) have pointed out, lesbian and gay youth use alcohol and drugs 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. However, vulnerability is increased as a result of social isolation and the need to hide their sexual identity. As a result, they may use alcohol and drugs to deal with stigma and shame, to deny same-sex feelings, or to defend against ridicule or anti-gay violence.

Accurate assessment, prevention and early intervention are especially important for LGBT youth who often socialize outside of bars and clubs to connect with LGBT communities and young adults for whom substance use has become part of a shared cultural experience. Teens and young adults may use alcohol and drugs to reduce tension and anxiety during social and sexual interactions.

With habituation, sexuality may become linked with alcohol and recreational drug use and become a routine component of sexual arousal and behavior. Substance use during or before sexual activity can affect judgment, increasing risk for HIV infection. Because many learn about their sexual and gender identities and LGBT culture from adults, they are vulnerable to substance abuse and other risky behaviors, and need positive role models and safe environments for socializing and recreation (Ryan & Futterman, 1998).

Victimization

As D'Augelli (1996) has pointed out, lesbian, gay and bisexual youth have few opportunities to explore their identity without placing themselves at risk for victimization. They lack supportive environments to socialize with other gay peers and to learn about their sexual identity, including protective and preventive behaviors, which increases isolation, and risk for HIV infection. In addition to school-based experiences (reported previously in this chapter), community studies have consistently reported high levels of harassment and abuse (e.g., D'Augelli & Hershberger, 1993). Anecdotal reports suggest that transgender youth are more frequent victims. However, the proportion of transgender youth is small, even in large community studies; for example, only 28 transgender youth (about 3.2% of the sample) participated in a national survey of school-related experiences of over 900 LGBT youth, recruited through LGBT support groups and online (Kosciw & Cullen, 2001).

Population-based studies of youth in schools show significantly higher rates of victimization among LGB youth, compared with their heterosexual peers (DuRant, et al., 1998; Garofalo, et al., 1998). Anti-gay harassment can have a profound effect on school climate, distilling fear and dread in many young people and promoting an atmosphere of intolerance. For many youth, the anxiety of trying to avoid detection and victimization at school can also affect academic performance. Many LGB and questioning youth know of other teens who are victimized, and this often sends a powerful message to pass as heterosexual and to hide. Hiding is likely to cause considerable anxiety and contribute to social withdrawal.

Mental Health Concerns

Lesbian, gay, and bisexual adolescents experience a range of mental health concerns that affect adolescents, in general. However, they are also at risk for stress and mental health problems related to stigma. Most LGB youth grow up to lead satisfying, productive lives, but some are more vulnerable. Some youth experience pre-existing vulnerabilities, such as dysfunctional or addicted parents, abuse and neglect and underlying emotional disorders that make it difficult to manage the stress associated with their sexual or gender identity. Some providers have suggested that adolescents with such histories may comprise the majority of youths who attempt suicide or who develop serious substance abuse problems (Hetrick and Martin, 1987).

Chronic stress is an ongoing concern for many LGB youth, particularly those who are worried about disclosure and harassment. In a study of stressful life events for gay and bisexual youth of color, emotional distress increased with the amount of gay-related stress, such as coming out to parents, relatives and friends; having their sexual identity discovered; and being ridiculed because they were gay or bisexual (Rosario, Rotheram-Borus, & Reid, 1996). Gay-related stress was associated with increasing depression. Youth with higher self-esteem reported less emotional distress, including depression and anxiety.

Suicide is a significant concern for all adolescents, representing the third leading cause of death in youth aged 15-24 (Hoyert, Kochanek & Murphy, 1999). Between 6 and 13% of adolescents have reported at least one suicide attempt (Garland & Ziegler, 1993). No one really knows how many lesbian, gay or bisexual youth actually commit suicide, but rates of suicide attempts and suicidal thoughts are consistently very high in a range of studies. In school-based studies, LGB youth were more than three times as likely as their heterosexual peers to have attempted suicide during the past 12 months (Garofalo, et al., 1998; Reis & Saewyc, 1999), and nearly twice as likely to have developed a suicide plan – a serious indicator of suicide intent (Reis & Saewyc, 1999). Studies of gay and bisexual suicide attempters show they were more likely to have self-identified as gay or bisexual and come out to others at younger ages (Hershberger & D'Augelli, 1995; Remafedi, Farrow, & Deisher, 1991) to have friends and relatives who attempted or committed suicide (Hershberger & D'Augelli,

1995; Remafedi, Farrow, & Deisher, 1991) and to have been rejected because of their sexual orientation (Schneider, Faberow, & Kruks, 1989). Family problems, conflict with sexual identity, and pressure to conform to gender norms and behavior are also associated with suicide attempts.

Eating Disorders

Although research is limited, eating disorders have been identified as a concern for young gay males (Herzog, Norman, Gordon, Pepose, 1984; Siever, 1994). In a study of male and female patients in an inpatient program for eating disorders, male patients were more likely to be gay (Herzog et al., 1984). In other studies of body image, eating disorders and weight, gay men were found to be more dissatisfied with body image and appearance than heterosexual men (Brand, Rothblum & Solomon, 1992; Silberstein, Mishkind, Striegel-Moore & Timko, 1989; Russell & Keel, 2001) or women (Siever, 1994), while lesbians appeared least concerned (Siever, 1994). A population-based study of students in grades 7-12 found that homosexual males were more likely to report disordered eating and were more than twice as likely to report body dissatisfaction as their heterosexual peers (French, Story, Remafedi, Resnick & Blum, 1996). Homosexual and bisexual males were also more than twice as likely to report bingeing and purging as were heterosexual male teens. Schools provide education on nutrition and self-care, and school practitioners are in a position to help identify young people with eating disorders. Because the focus for eating disturbances has typically been on young women, many providers are unaware that adolescent males (and adults) are at risk for eating disorders and related health problems.

Need for Support & Confidentiality

School practitioners can play an essential role in providing accurate information about risk behaviors and prevention, providing community referrals, counseling LGBT youth and helping contribute to safer, more supportive school environments. Support is essential to help LGBT youth develop positive coping skills and deal with the challenge of managing a stigmatized identity. Many

LGBT youth lack a supportive adult to whom they can disclose their sexual identity without fear of reprisal, who can provide guidance, affirmation and support. As Ryan & Futterman (1998) have pointed out, fear of inappropriate disclosure is a significant concern for LGB youth who may experience discrimination, rejection, loss of critical relationships (e.g., family and close friends), compromised care and ejection from their homes if confidentiality regarding their sexual identity is violated.

For LGBT youth, the internet has become a primary vehicle for transmitting and shaping LGBT youth culture, providing support and connection with peers (particularly for youth in rural and non-urban areas), sharing information for health prevention and promotion and providing access to services. Even in communities with support services for LGBT youth, online resources offer anonymity, ready access and opportunities to connect with other youth. Together with infolines and hotlines, they provide critical access points to services and support for youth who may lack other resources (Ryan, 2001). Although mentioned infrequently in the health literature, online support is an important component of positive youth development for LGBT youth.

Normative Development

Most of the literature on LGB youth has focused on problems and risks, yet much of the experience of LGBT youth involves integrating stigmatizing experiences into normative development. Parenting and career development are cultural milestones for young people that are anticipated and discussed by parents and family beginning in early childhood. For LGBT youth, however, these issues are fraught with challenges, and as noted earlier, their citizenship is limited by the state which restricts normative developmental markers such as marriage and parenting in the context of marriage for same-sex individuals. Yet, these strivings are normative and culturally enforced within their families and other social institutions. Ryan and Futterman (1998) have directed providers to incorporate developmental milestones, such as parenting and career development, into anticipatory guidance counseling for LGB youth and their parents. Lack of support for primary relationships and foreclosure

of their grandparenting role have been significant obstacles for integrating LGB individuals into their families and, predictably, lack of family support increases vulnerability and risk. For example, Diaz & Ayala (2001) found that family acceptance was the most important factor in reducing risk for HIV infection and fostering resiliency in adulthood in a study of adult gay men. In addition, emerging research shows that family acceptance is a protective factor for LGBT youth while family rejection has serious negative health and mental health outcomes (Ryan & Diaz, 2005).

Career planning is an important developmental task that has been challenging for gay adolescents who lack positive models for occupational and career choices and have been exposed to pervasive cultural stereotypes of career options for lesbians and gay men. Historically, many have selected job options based on the level of tolerance and discrimination in the workplace. Restrictive stereotypes may push lesbians and gay men into jobs with less security, lower pay and fewer benefits, such as the food service and hospitality industries or the arts. In a study of sexual orientation and stress in the workplace, nearly half of lesbians and gay men surveyed said that sexual orientation had influenced their choice of career (Woods, 1993). Lack of third party coverage restricts access to care and limits options for health prevention and promotion, particularly health care utilization (Cochran, Mays, Bowen, Gage, Bybee, Roberts, Goldstein, Robison, Rankow & White, 2001; Rankow & Tessaro, 1998). In a population-based survey of Los Angeles County, 30% of heterosexuals, 37% of lesbians and 52% of bisexuals were uninsured (Diamant, Wold, Spritzer & Gelberg, 2000). As LGBT youth self-identify at younger ages, these issues continue to assume far more salience for adults, such as school counselors, who routinely discuss these concerns with students.

Chapter 3 – Methods

A primary goal of research is to advance knowledge and to address gaps in our understanding of social issues. In commenting on the use of research to study pervasive social problems such as AIDS or homelessness, Schutt (2001) identifies other important research goals of shaping policy and organizing action. The increasing visibility of gay youth in schools as a key policy issue has confounded school providers and local and state officials. An important aspect of addressing school safety and meeting the needs of all students is understanding adolescent development, and their health and mental health concerns among school practitioners. Academic journals, particularly those furnished as a membership benefit by professional associations, provide a primary vehicle for reporting on new research, interventions, policy, treatment and approaches to service delivery and care.

Although lesbian, gay, bisexual and more recently, transgender (LGBT) youth have become an increasingly visible population in educational and service delivery settings, little is known about the professional literature that has developed over the past 30 years to inform and shape how services are delivered and to provide guidance on appropriate and quality care. Content analysis offers an effective research method for determining the content and gaps in the professional literature related to key concerns for LGBT youth to inform the scholarship on an emerging body of knowledge. Klaus Krippendorff (1980/2004), an early proponent of the method who has written an early textbook on the field, observes that the term *content analysis* is about 60 yrs old. Krippendorff (2004, p. xviii) points out that the term was first included in the 1961 edition of *Webster's Dictionary of the English Language* which defined it as an "analysis of the manifest and latent content of a body of communicated material (as a book or film) through classification, tabulation and evaluation of its key symbols and themes in

order to ascertain its meaning and probable effect.” As Krippendorff elaborates, content analysis is an empirically grounded method, exploratory in process, and predictive or inferential in intent.

Content analysis has a long history of use in communications, journalism, sociology, psychology and business, and is used increasingly by researchers from a wide range of disciplines (Neuendorf, 2002). First applied to study newspaper content and to analyze Nazi propaganda broadcasts during World War II, its use has been extended to psychiatry, anthropology, education and public policy, for example, Namewirth's (1973) analysis of value changes in U.S. political party platforms over a 120-yr period. In an early text, Berelson (1952) identified one of the uses of content analyses as tracing the development of scholarship. Researchers have used content analysis to determine how specific fields are evolving. Shanas (1945) analyzed emerging issues and trends in sociology over a 50-yr period, while Barcus (1959) studied trends in content analysis research using a similar time frame. More recently, content analysts have focused on important social issues and concerns. For example, Greenberg and colleagues have focused on trends in the use of alcohol and other drugs (Greenberg, Fernandez-Collado, Graef, Korzenny, & Atkin, 1980), while the National Television Violence Study (1997) examines violence in cable and television programming and the Kaiser Foundation supports a project to study health-related sexual behaviors in television characters (e.g., Kunkel, Cope-Farrar, Biely, Maynard & Donnerstein, 2001). In addition, a sizeable body of research has focused on a systematic analysis of the images of racial and ethnic minorities in the media (e.g., Dixon & Linz, 2000).

Mental health researchers, particularly psychologists, have used content analysis to assess content that affects practice with clients. Salazar & Cook (2002) analyzed 10 years of psychology research on domestic violence and sexual assault to determine whether psychology research decontextualized the social environment related to violence. Wong and colleagues analyzed AIDS-related content in psychology textbooks to examine how the discipline prepares its students for a career in HIV/AIDS research and practice (Wong, Harper, Duffy, Faulring, & Eggleston, 2001). Iwamasa, Sorocco & Koonce (2002) reviewed the ethnic minority content in clinical psychology journals over a 17-year period to determine whether clinical psychologists have the scholarly

resources available to assist them in becoming more culturally competent. And finally, researchers have begun to examine the lesbian and gay-related content in social work (Van Voorhis & Wagner, 2002), counseling psychology (Buhrke, Ben-Ezra, Hurley, & Ruprecht, 1992) and marriage and family therapy journals (Clark & Serovich, 1997) to critique the content, identify the gaps, assess the level of homophobia, and provide recommendations for practice and for improving subsequent research.

To date, no one has conducted an analysis of the literature on LGBT youth for school practitioners. The literature on LGBT youth, in general, represents an emerging field and one that is increasingly used to inform policy and legislation and to support legal rulings. As school districts increasingly develop anti-discrimination policies related to sexual orientation and gender identity in schools, school practitioners—who often serve as educators, mediators and staff resource persons for teachers and administrators—must have a basic understanding of emerging research related to sexual orientation and gender identity, a knowledge of the health and mental health concerns of LGBT youth, an awareness of community resources and an understanding of how to promote a supportive educational environment for all children and adolescents in the school setting.

Description of the Study

This study provided a content analysis of the professional literature related to lesbian, gay, bisexual and transgender (LGBT) youth published in journals for school practitioners since those journals were founded. Based on prior reviews of the literature, the first identified publication on adolescent homosexuals appeared in the professional literature in 1972 in the *Journal of the American Medical Association* (see Roesler & Deisher, 1972). This study proposed to examine information that has been published in the primary and secondary journals for school practitioners on LGBT youth since these journals were established. School practitioners include school counselors, nurses, psychologists and social workers who work within the elementary, middle and secondary school system with children, youth and families to promote positive development and health behaviors, to

assist youth and families with behavioral and related problems that interfere with learning and school success, to assist with adjustment difficulties and special needs and to provide consultation, education and support for school personnel, administration and at times, school decision makers, on related issues.

The study also examined the extent to which states with anti-discrimination laws, regulations and professional standards that protect students and staff on the basis of sexual orientation and, in some cases, gender identity, have developed materials to train school practitioners. In their comparative study of communities with and without ordinances that include protections based on sexual orientation, political scientists, James Button and Kenneth Wald, found that states with gay rights legislation had more gay-related programming in schools than states that had not adopted such laws (Button, Rienzo & Wald, 1997). In addition to reviewing the literature for school practitioners, the study also sought to compare and contrast the professional literature published in primary and secondary journals for school practitioners with materials developed by state departments of education to train school practitioners on working with LGBT youth in schools in states with anti-discrimination provisions.

The study was divided into two phases. Phase I identified the universe of materials published in professional journals for school practitioners related to LGBT youth from initial publication of each journal to December 2005, including their health and mental health concerns. These materials were collected and coded, after assessing inter-rater reliability of the coding instrument. Phase II sought to identify materials developed by state departments of education in states with laws, regulations and professional standards that protect students and staff on the basis of sexual orientation and/or gender identity. If available, these materials would have been coded and analyzed for content and themes using the same coding instrument, and then compared with the content in articles from primary and secondary journals for school practitioners published in the professional literature.

Research Questions

Using content analysis methods, the study sought to answer the following research questions:

1. What types of articles have been published on LGBT youth in primary and secondary journals for school practitioners during the past three-and-a-half decades?
2. In which of the primary and secondary journals read by school practitioners have these articles related to LGBT youth been published?
3. To what extent have states that have adopted laws to protect LGB (and in some cases transgender) youth from discrimination in schools developed materials for school-based providers related to care of LGBT youth in school settings?
4. What content areas do articles and state-developed materials that focus on LGBT youth address?
5. How do these state-developed materials compare with those published in journals for school practitioners?
6. What trends or major themes and directions do articles related to LGBT youth show?
7. What are the gaps, or major missing content areas, in these articles and state-developed materials related to care of LGBT youth?

Phase I: Selection of Professional Literature

The investigator identified and reviewed all of the literature published in the primary and secondary professional journals for school practitioners published during the review period. Only journal articles and brief reports that focused on LGBT youth were included in this analysis. Material published in newsletters or circulars, as well as editorials or book reviews published in journals, were not included.

To identify this literature, the investigator conducted a thorough search using the following databases: ArticleFirst, Cumulative Index to Nursing & Allied Health Literature (CINAHL), ERIC, FirstSearch Databases, Psychological Abstracts, Sociological Abstracts, Social Sciences Citation Index and Social Work Abstracts. Each database was searched using the following terms that encompass primary descriptions of LGBT youth commonly used during this time period: “gay youth,” “lesbian youth,” “bisexual youth,” “transgender youth,” “homosexual youth,” “sexual minority youth” and “queer youth.” These same search terms were used in combination with the terms “adolescent” and “teenager.” To ensure that no articles were missed the investigator also searched within the index of each primary and secondary journal.

School-Based Journals

To determine which publications school practitioners—school nurses, counselors, social workers and psychologists routinely read—the investigator contacted the professional associations for each discipline and asked them to identify the primary and secondary journals that their members—school practitioners—routinely read. These associations included the following: for school counselors, the American Counseling Association (ACA) and American School Counselor Association (ASCA); for school nurses, the National Association of School Nurses (NASN) and the American School Health Association (ASHA) Division of School Nursing; for school psychologists, the National Association of School Psychologists (NASP) and the American Psychological Association (APA) Division of School Psychology; and for school social workers, the National Association of Social Workers (NASW), and the School Social Worker Association of America (SWAA).

Variables of Interest

After identifying these sources, the investigator obtained a copy of each published journal article, then sorted and filed them by date of publication in preparation for coding. The investigator

followed procedures recommended by Krippendorf (2004) and Neuendorf (2002) for planning and implementing a content analysis study, beginning with research questions prior to initiating the study, and when appropriate, formulating hypotheses. For this study, each individual article or each internally produced document from state departments of education constituted the unit of analysis. In selecting individual variables, the investigator used the framework for health and mental health-related issues developed by Ryan & Futterman (1997/1998) in the first comprehensive guide to health and mental health issues for lesbian and gay youth. This publication, which was developed as a follow on to a conference convened by the Federal government to identify the primary care needs of lesbian and gay youth and to develop guidelines for care, is used widely in health, mental health and school settings. The book provided a comprehensive assessment of the scientific and professional literature on lesbian and gay youth and presented guidelines for care using a conceptual framework that was based on Bronfenbrenner's (1979) ecological systems theory. Bronfenbrenner's (1979, p. 27) theory holds that "development never takes place in a vacuum; it is always embedded and expressed through behavior in a particular environment." This framework provides for the consideration of health and mental health concerns that are influenced by the environment, are interactive with others and change over time. This includes consideration of the impact of stigma and sexual prejudice on a young person's developing self-concept, together with social, institutional and environmental factors that mediate or enhance negative attitudes, discrimination and violence.

Variables of interest, based on this framework, include the following:

1. Issues related to development: including sexual orientation and sexual identity; gender identity; coming out; isolation; acknowledgment that lesbian and gay youth are coming out at an earlier age and in particular, that they are becoming aware of same sex-attraction at an average age of 10; resiliency or strength; family; parenting; and career development.

2. Issues related to the environment: homophobia; heterosexism; impact of stigma; impact of time; online support; sexual prejudice; strategies for promoting a supportive environment; discussion of resources and referral information; and policy discussion, including professional policy, school policy and public policy.

3. Specific health and mental health concerns that are salient to these youth: sexually transmitted diseases (STDs); HIV/AIDS; HIV counseling and testing; discussion of prevention and risk reduction information; lesbian youths' risk for HIV infection; lesbian youths' risk for sexually transmitted diseases; pregnancy; substance abuse; cigarette smoking; depression and other mental health concerns; suicide; reparative therapy (attempts to change the youth's sexual orientation from homosexual to heterosexual); harassment and victimization; sexual abuse; eating disorders; and confidentiality.

For the purposes of this study, a variable was considered to be present if the variable was represented in the article in a minimum of two sentences.

Coding

Krippendorff (2004, p. 220) defines coding as “the transcribing, recording, categorizing or interpreting of given units of analysis into the terms of a data language so they can be compared and analyzed.” Krippendorff (2004) calls for two coding stages—designing and refining the coding system and then applying it. Using the preceding categories as variables of interest, the investigator developed and tested a coding system to code all of the collected materials. The investigator developed a preliminary coding scheme (Appendix A) that included the variables of interest together with other key administrative variables, including: 1) coder's name, publication, author, date entered

into the computer and verified; 2) populations included in the publication (lesbian, gay, bisexual, transgender, heterosexual or other); 3) type of article (e.g., review, empirical, intervention, training or theoretical); 4) type of research (e.g., primary analysis, secondary analysis, qualitative, quantitative or combined); 5) sample size; 6) type of sample (e.g., probability, systematic non-probability, convenience); 7) sample composition (youth, counselors, health educators or trainers and school providers and personnel); 8) percentage of each population included in the publication based on sexual identity and ethnicity; and 9) inclusion or specific focus of the publication on youth of color.

The coding scheme (Appendix A), which represents the third version of the coding form, was divided as Krippendorff suggests into three sections, containing: administrative information, information on organizing the records, and information on the phenomena represented in the records. A key component in developing a coding scheme is developing recording instructions and defining variables. The investigator developed a coding manual for the study that includes instructions and definitions for coders. This manual is provided as Appendix B. Maintaining reliability in obtaining the data is essential in ensuring accuracy and reproducibility. For content analysis, Krippendorff (2004, p. 212) defines reliability as “the degree to which members of a designated community agree on the readings, interpretations, responses to, or uses of given texts or data.”

Establishing Inter-rater Reliability

Before coding and analyzing the content of selected research articles, the investigator: 1) trained a secondary coder on the coding system; and 2) established the reliability of the coding system and the clarity of the operational definitions that described each code. The investigator calculated inter-rater reliability using Miles & Huberman’s (1994) recommended formula. A high standard of agreement (proposed as a minimum of .80) is recommended for coding content by both Krippendorff (2004) and Neuendorf (2002). The coding form is included as Appendix A.

The coding system developed for this study called for continued training until an appropriate level of agreement (.80) could be obtained by both coders. If both coders were unable to attain 80%

agreement on specific content-related variables across the 5 articles, the operational definition of that particular variable would be examined by the coders to assess for ambiguity and confusion. After appropriate changes were made, the coders would then select 5 new articles that contained similar content to again code independently, but this time only coding for those variables on which they did not obtain 80% or greater inter-rater reliability. They would continue training on articles from the training pool until 80% agreement was attained for all content variables. After three rounds of training, variables for which the investigator and secondary coder were unable to achieve 80% agreement would be deleted.

Once a reliable coding instrument was developed, the investigator and secondary coder would independently code all articles in the general pool. Both coders would then code all articles in the sample and the investigator would calculate the raw agreement index for each coded article. To facilitate coding, the coding form (Appendix A) would be rated in two sections, first on the administrative sections of the coding form and second on the content-related section, so that two separate scores could be obtained. As noted, reliability must reach .80 agreement on each section of the form (administrative information and content-related information). The content analysis would only include variables with 80% agreement or above. Disagreements would be resolved through inter-rater discussion. The investigator would make the final determination to assess whether or not a variable was considered to be present for purposes of analysis.

Reliability of the coding system was calculated according to the following steps:

1. A second coder with research experience was trained on the coding instrument by the investigator, using as examples a minimum of 5 articles that contained similar content as the articles in the general pool, to establish the reliability of the coding system and to clarify operational definitions for each code. However, the training articles (which were also published in the professional literature during the same time period and reflected the types of

articles included in the general pool) were published in professional journals for non-school practitioners. Variables were scored as being included in an article if the specific item was discussed in a minimum of two sentences. Variables that were only mentioned once were scored as being absent on the coding form. Both the investigator and the second coder coded each article separately using the third version of the coding instrument (Appendix A) and the coding manual (Appendix B) developed by the investigator. Sample-related data (see Appendix A) were coded separately from content related data.

The observed proportion of overall agreement across all 5 articles, also called inter-rater reliability, was calculated for each content code/variable by dividing the number of instances of agreement between the two coders by the sum of the number of agreements plus the number of disagreements (inter-rater reliability = total agreements / total agreements + total disagreements; Miles & Huberman, 1994).

2. Using Miles & Huberman's (1994) procedures, the investigator established reliability for each of the 40 content variables. For this analysis, based on the "yes" or "no" response for each coder, each content variable received an "agree" or "disagree" for each of the articles coded. For example, if 10 articles were coded, then the combined number of agreements and disagreements for each variable must equal 10.
3. Based on the proportion of actual (observed) agreements or raw agreement index, the investigator calculated the percentage agreement using the following formula:

number of agreements

Reliability = _____

total number of agreements + disagreements

Of the 40 content variables in each of the 5 selected articles, 29 achieved 100% (5 out of 5) agreement and 11 achieved 80% (4 out of 5) agreement. The sample-related data section achieved 100% agreement across all 5 articles. Since this rate achieved, and in most cases exceeded, the minimum level of .80 required for baseline reliability, no additional training was required. The rate of reliability for content-related data was calculated at .94 (188 agreements / 188 agreements + 12 disagreements = .94) which exceeded the minimum level of .80 required for baseline reliability. Following this training round, the investigator clarified several definitions in the coding manual to further enhance reliability for coding content in the general pool of articles.

4. After attaining more than 80% agreement (.94) on all content variables in training articles, the coding system was then be considered to be reliable.

Phase II: State-Developed Educational Materials

The investigator also contacted the health divisions of each state Department of Education in states that had adopted legislation to protect lesbian, gay, bisexual and/or transgender youth on the basis of sexual orientation and/or gender identity in schools. Health division staff in each state with relevant anti-discrimination laws were asked if they had developed training and/or educational materials on working with LGBT youth for school practitioners, and if so, to provide copies of those materials for the study. The investigator had planned to assess and analyze materials developed by state educational departments using the same methods as those for publications from mainstream journals, and then to compare these materials with publications in journals for school practitioners.

Data Base

The investigator created an SPSS data file with each journal article considered to be a case. Each item coded by the coding instrument, and any other pertinent information about the article, was assigned a numerical value, whenever possible, and was entered as variable values for analyzing trends and testing hypotheses.

Analyses

Two types of analyses were conducted:

- 1) A descriptive analysis of literature trends over time, emphasizing the emergence of different content themes, and different methodologies, in different types of journals and although intended, state-developed materials could not be analyzed.
- 2) A set of statistical analyses or descriptive procedures to test the main proposed comparisons and hypotheses of the study.

I. Descriptive Analysis of Trends over Time

The investigator conducted descriptive analyses of the literature to focus on how the body of literature on LGBT youth published in journals for school practitioners had evolved over time, using Bronfenbrenner's (1979) ecological theory and the principles of social epidemiology (Berkman & Kawachi, 2000) as a framework. Both approaches focus on the interconnected, interdependent nature

of a person's experiences in the environment and relate to how these forces affect health and development.

Review by Decade

Cumulative

The first analysis examined the literature published during each decade (1970s, 1980s, 1990s) and the first five years of the current decade to identify the types of articles published (review, empirical, intervention, training and theoretical) and to establish the extent to which empirical research had been published in these journals. The investigator described the specific content in each type of article to demonstrate how the body of knowledge had been developed by adding new kinds of data during each subsequent decade. For example, during the 1970s, very little information was available to providers about gay youth. During the 1980s, the AIDS epidemic began to shape the kinds of research that was conducted and published, so much of the new research on gay youth focused on AIDS. The 1990s saw the first published probability studies from state Youth Risk Behavior Surveys that clearly documented the higher level of risk among LGB youth, compared with their heterosexual peers.

Concentrations & Gaps in Content

This analysis by decade also enable the investigator to identify concentrations and gaps in the literature. For example, the investigator assumed that much of the early literature would focus on coming out, but was interested in learning to what extent these publications addressed a full range of health and mental health concerns for LGBT youth; to what extent do they addressed the needs of youth of color; and to what extent they focused on the need to adopt or follow specific kinds of policy. Presenting the content-related variables in a table that includes cumulative percentages enabled the

investigator to identify which areas were well represented or over-represented and which were under-represented in the literature.

For this study, school practitioner journals included the primary and secondary journals that were routinely read by each of four disciplines (school counseling, nursing, psychology and social work) that provide a range of services for students in elementary, middle and secondary schools. Within each decade, the investigator sorted articles by the type of journal in which they appeared to assess the extent to which information was made available to various disciplines. This was important since many disciplines only read within their discipline, even though adolescence is a multi-disciplinary field, which limits the providers' understanding of emerging concepts, newly identified risks and protective factors, as well as cumulative theory building.

After articles were sorted by discipline, the investigator also examined the types of content variables included in articles published in each discipline to explore, for example, the extent to which articles published in various journals included content on environmental issues (e.g., homophobia and heterosexism, and the impact of stigma on health) and which included a full range of health and mental health issues.

The investigator developed the following descriptive graphics based on this information:

- A bar chart showing the number of articles published on LGBT youth in journals for school practitioners, by decade.
- Three tables showing trends over time of content in articles published in primary and secondary journals for school practitioners depicting: 1) percentages of the types of articles published by decade (e.g., empirical, review); 2) percentages of the types of journals in which they were published (e.g., school counseling, nursing); and 3) percentages of the total number

of times each content variable was mentioned in all articles for school practitioners by discipline.

- Two tables showing trends sorted by primary practitioner discipline (counseling nursing, psychology, social work) showing percentages of: 1) the types of articles published; and 2) types of content included in these articles.

Comparison of School-Based Publications with State-Developed Materials

The investigator also sought to describe the content in materials developed by states with laws that protect students and staff on the basis of sexual and/or gender identity and to compare their content with content variables in publications for school practitioners.

Using these findings, the investigator planned to develop:

- A table depicting state-developed materials that showed the percentages of the number of times each content variable was mentioned in materials developed by each state with school-related statutes that include protections based on sexual orientation and/or gender identity.
- A table that compared the percentages of content variables from articles published in primary and secondary journals read by school practitioners with the content in state-developed materials.

II. Hypotheses Testing

Hypothesis 1

Selected articles that report empirical research are more likely to be published in school psychology journals than in periodicals published for other disciplines.

This hypothesis will be tested using a Chi-square analysis of the association between study type (empirical study versus not) and journal type (psychology versus not).

Hypothesis 2

Of all selected articles published in journals for school practitioners, the majority will be published in journals for school counselors.

This hypothesis involves no statistical test other than an examination of actual percentages of articles published in the different types of school practitioner journals, such as journals for school counselors, nurses, and social workers.

Hypothesis 3

Fewer than 10% of states with anti-discrimination laws related to schools will develop materials for school practitioners.

This hypothesis involves no statistical test other than an examination of actual percentages of materials developed by states with anti-discrimination laws.

Hypothesis 4

Materials developed by state agencies for school practitioners on LGBT youth will, on average, include fewer content variables than articles published in school practitioner journals.

This hypothesis will be tested by comparing the mean number of content variables in state-developed materials with the mean number of variables in articles published in school practitioner journals using a t-test for testing the statistical difference between two means.

Hypothesis 5

Compared with journals specifically for school practitioners, mainstream journals that constitute either primary or secondary journals read by school practitioners will publish fewer articles on LGBT adolescents.

This hypothesis will be tested by comparing the mean number of articles published in mainstream journals with the mean number of articles published in school practitioner journals using a t-test for testing the statistical difference between two means.

Hypothesis 6

Less than 10% of articles will address the impact of time on LGBT adolescents, either as external forces that affect public attitudes or as a phenomenon that informs new and historically different cohorts of LGBT youth.

This hypothesis involves no statistical test other than an examination of actual percentages of articles that address the impact of time on LGBT adolescents.

Hypothesis 7

Less than 10% of articles will address the influence of public policy on LGBT adolescents.

This hypothesis involves no statistical test other than an examination of actual percentages of articles that address the influence of public policy on LGBT adolescents.

Chapter 4 – Findings

Identification of primary and secondary journals read by school practitioners—in consultation with key program staff at the eight professional associations that represent school providers—generated a total of 15 journals that constitute the professional journal pool for this analysis. These include the following (presented in Table 1): for school counselors, the *Journal of Counseling and Development*, *Elementary School Guidance and Counseling*, *The School Counselor* and *Professional School Counseling* constitute primary journals for the American Counseling Association (ACA), with *Professional School Counseling* serving as the primary journal for the American School Counselor Association (ASCA). *The Counseling Psychologist* serves as a secondary journal for both counseling groups. Three of these journals – *Elementary School Guidance and Counseling*, *The School Counselor* and *Professional School Counseling* have merged within the past 10 years. Moreover, the *Journal of Counseling and Development* was previously published as the *Personnel and Guidance Journal* prior to 1984.

For school nurses, primary journals include the *Journal of School Nursing* for the National Association of School Nurses (NASN) and the *Journal of School Health* for the American School Health Association (ASHA) Division of School Nursing, which also serves as a secondary journal for NASN members. For school psychologists, primary journals include *School Psychology Review* for the National Association of School Psychologists (NASP) and both the *Journal of School Psychology*, and *School Psychology Quarterly* for the American Psychological Association's (APA) Division of School Psychology. Secondary journals include *School Psychology Review* for the APA's Division of School Psychology, and the *Journal of School Psychology* for NASP members. For school social workers, primary journals include *Social Work in Education* and *Children & Schools* (which merged in

Table 1: SCHOOL PRACTITIONERS – JOURNAL READERSHIP & ARTICLES ON LGBT YOUTH

Discipline	Primary Journals	Secondary Journals	Years of Publication	No. of Articles on LGBT Youth
Counselors				
ACA	<i>Journal of Counseling & Development</i> (<i>Personnel & Guidance Journal</i>)		1984-present (1952-84)	3
	<i>Elementary School Guidance and Counseling*</i>		1967-97	0
	<i>The School Counselor*</i>		1954-97	2
ASCA	<i>Professional School Counseling*</i>		1997-present	11
		<i>The Counseling Psychologist</i> (secondary journal for ACA & ASCA)	1969-present	0
Nurses				
NASN	<i>Journal of School Nursing</i>		1996-present	4
ASHA Division of School Nursing	<i>Journal of School Health</i>	(secondary journal for NASN)	1937-present	6
Psychologists				
NASP	<i>School Psychology Review</i>	(secondary journal for APA Division of School Psychology)	1980-present	7
APA Division of School Psychology	<i>Journal of School Psychology</i>	(secondary journal for NASP)	1963-present	0
	<i>School Psychology Quarterly</i>		1986-present	1
Social Workers				
NASW School Social Work Division				
SSWAA	<i>Social Work in Education**</i>		1978-2000	1
	<i>Children & Schools**</i>		2000-present	1
	<i>School Social Work Journal</i>		1976-present	1
		<i>Social Work</i> (secondary journal for SSWAA)	1948-present	4
TOTAL				41

**The School Counselor, Elementary School Guidance & Counseling and Professional School Counseling* merged into *Professional School Counseling*; ** *Social Work in Education* became *Children & Schools*

2000) for both the National Association of Social Workers (NASW), and the School Social Worker Association of America (SSWAA), with the *School Social Work Journal* serving as a primary journal the *School Social Work Journal* serving as a primary journal and *Social Work* as a secondary journal for SSWAA members. Of this school provider journal pool, only the *Journal of Counseling and Development* and *The Counseling Psychologist* for counselors and *Social Work* for social workers are mainstream journals which are read by other counselors and social workers who do not practice exclusively in school settings. The oldest journal—*Journal of School Health*—began publication in 1937 and the most recent non-consolidated journal—*Journal of School Nursing*— was founded in 1996. Since they began publication, these journals have published from 2 -12 issues per year accounting for scores of articles on topics of interest and concern to school-based providers.

Collection of Journal Articles

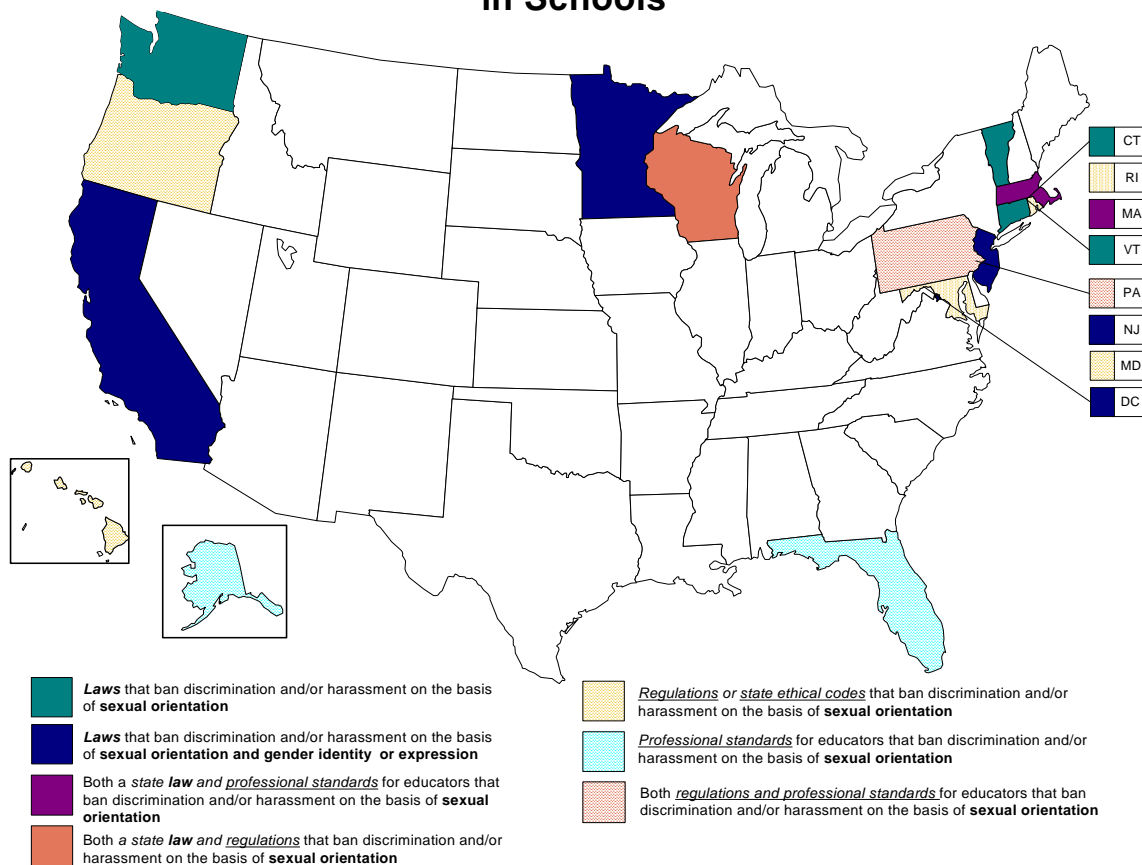
A thorough review of selected databases, together with a review within each journal index, generated a total of 41 articles published on LGBT youth since 1937 when the first of these journals began publication. The first article on gay youth was published in 1978 in *The School Counselor* (see Tartagni, 1978). The number of articles published in each journal is presented in Table 1. A copy of each journal article was subsequently obtained and filed by date in preparation for coding.

Collection of State-Developed Materials

To clarify states with anti-discrimination laws, regulations and professional standards related to sexual orientation and/or gender identity in schools, the investigator reviewed existing documentation in an analysis of related state policies (GLSEN, 2004) and conducted a separate database search in Westlaw for any subsequent state policies that may have been adopted more recently. States with current laws, regulations and professional standards related to sexual orientation and/or gender identity in schools are presented in Figure 1.

Figure 1

State Policies Related to Sexual Orientation & Gender Identity in Schools



A total of 15 states and the District of Columbia were identified that had adopted measures to prohibit discrimination and harassment of students on the basis of their sexual orientation. Eight states and the District of Columbia currently have laws that cover students on the basis of sexual orientation. These include: California, Connecticut, Massachusetts, Minnesota, New Jersey, Vermont, Washington, Wisconsin and the District of Columbia. Although harassment of transgender and gender-nonconforming youth is extensive, only 4 states—California, Minnesota, and New Jersey and the District of Columbia—also explicitly prohibit discrimination or harassment on the basis of gender identity.² GLSEN, a national advocacy organization that promotes safe schools, estimates that these

2

The District of Columbia's statute covers gender expression in the form of "personal appearance" which has been interpreted by DC courts to cover transgender people (Cianciotto & Cahill, 2003).

laws only cover about 25% of students who are at risk for anti-gay discrimination (12.1 million out of approximately 47.7 million elementary and secondary students in schools nationwide) while only about 18% of students are protected by state law on the basis of gender identity or expression (GLSEN, 2004).

Five other states—Hawaii, Maryland, Oregon, Pennsylvania and Rhode Island plus Wisconsin—offer protection against school harassment and discrimination through regulations or ethical codes. And 4 states—Alaska, Florida, Massachusetts and Pennsylvania—have adopted professional standards that prohibit discrimination against students on the basis of sexual orientation. Laws generally offer more protection than regulations, and professional standards have less impact than either of these policy options.

The investigator then contacted each of 16 designated state departments of education to identify materials developed by each department related to sexual orientation and/or gender identity in schools. Within each state department of education the investigator interviewed the designated staff person who was responsible for and/or knowledgeable about training for school providers and how states address issues related to LGBT students. Individuals interviewed typically included state school health services coordinators, HIV coordinators and safe schools coordinators. Notably, however, even though some states had designated programs for working with LGBT students and these issues are of ongoing concern to school providers and personnel, only one state department of education among all 16 jurisdictions (about one-third of the states) contacted to obtain pertinent material for this study—Massachusetts—had developed specific materials to train school providers on issues related to working with LGBT students. However, the Massachusetts safe schools program was defunded in 2002 through major budget cuts that eliminated their health services program, so the materials were never disseminated to school personnel and were no longer available for use or review at the time of this study.

Coding Articles

After establishing inter-rater reliability (at .94), the investigator further clarified coding definitions and both coders proceeded to code each article published in school provider journals separately. Inter-rater reliability for content in all articles was calculated at .97 (1590 agreements / 1590 agreements + 49 disagreements = .97). Each coded article was entered into an SPSS database which provided the analyses for this study.

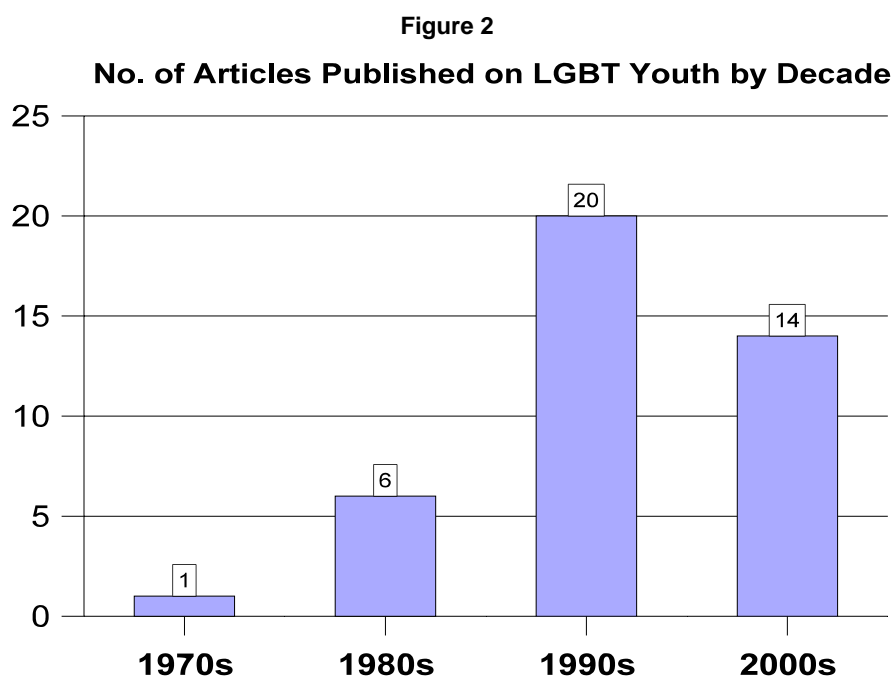
Findings in Selected Journal Articles

Descriptive Analyses

The study found a dearth of journal articles on LGBT youth published in journals for school providers since 1937. A total of 41 articles were published during this period which represents a handful of articles for professionals who are routinely called upon to help school systems, students and families address a range of issues related to LGBT identity development, school safety, victimization and disclosure to families and peers (Figure 2). Only one article was published on gay youth in the 1970s (Tartagni, 1978) which corresponds with the limited number published within the general professional literature in the 1970s when 5 articles were published on gay adolescents in mainstream professional journals. By comparison, nearly 400 articles were published in mainstream professional journals on LGBT youth between 1972 (starting with the earliest journal publication on gay youth) and the end of 2002, using the same search terms and major databases for social science, medicine, nursing, social work and education to identify related publications on LGBT adolescents.

Nearly half (49%) of all articles for this analysis were published in two journals—one for school counselors and one for school psychologists—each of which published a special issue of their respective journals on lesbian and gay adolescents. As Table 1 shows, *Professional School Counseling* has published the highest proportion of articles on LGBT youth with a total of 11

publications. However, 10 of these were published in a special issue of the journal on LGBT youth in 1998. *School Psychology Review* published the second highest number of journal articles on LGBT youth with a total of 7 articles—all of which were published in a special issue of the journal in 2000. The *Journal of School Health*, read by school nurses, yielded the third highest number of articles for a total of 6 published on LGBT youth since 1937. Notably, all of these journals are published specifically for school practitioners rather than as mainstream journals that target all members of a profession and not just school practitioners. These two special issues together account for more than one-third (34%) of all articles published on LGBT youth in journals for school providers.



Impact of Lack of Data on Analyses

Given that no state materials were identified in 16 jurisdictions, and materials developed four years ago in Massachusetts that were never disseminated to school personnel are no longer available, three research questions and two hypotheses could not be investigated.

Research Question 1

This dissertation was guided by a series of research questions and hypotheses. This review of findings will begin by answering the research questions. The first question addresses the types of articles that have been published on LGBT youth in primary and secondary journals for school practitioners during the past three-and-one-half decades. Table 2 describes the types of articles published during this period, including empirical, intervention, review, theoretical and training.

Table 2 depicts the gradual expansion of the literature from an exclusive focus on intervention or practice with gay students beginning in the late 1970s to an growing concern with training issues beginning in the 1980s and the introduction of publications on empirical research in the 1990s when 5 studies were published on assessing the knowledge level and capacity of school counselors to address the needs of lesbian and gay students (Fontaine, 1998; Price & Telljohann, 1992), understanding gay students' experiences (Omizo, Omizo & Okamoto, 1998), determining risk factors for suicide (Proctor & Groze, 1994) and evaluating the impact of training on school professionals' knowledge and beliefs about gay youth and HIV/AIDS (Remafedi, 1993).

Table 2: Types of Articles Published in Journals for School Providers by Decade

<i>Article Type</i>	Types of Articles Published Within Each Decade				Percentage of TOTAL
	1970s	1980s	1990s	2000s	
Empirical	0%	0%	25%	21%	19.5%
Intervention	100%	83%	70%	64%	71%
Review	0%	0%	0%	7%	2.2%
Theoretical	0%	0%	0%	0%	0%
Training	0%	17%	5%	7%	7.3%

Although a majority of school-based providers acknowledge using professional journals to learn about advances in their field, and significant changes have occurred in the development of LGBT youth as a separate cultural cohort during this review period, very few review articles (7%) and no theoretical articles were published on LGBT youth during this period. Moreover, given the rapid emergence of lesbian and gay youth as a new age cohort in the early 1990s, it is striking that less than 1 in 5 articles (19.5%) included in this review report findings from empirical studies. Only 2.2% provide a review of key issues while 7.3% discuss training approaches, strategies and needs. The absence of review and theoretical articles is particularly distressing since adolescence and sexuality are both multidisciplinary fields and important research and commentary is published in a wide range of disciplines.

Empirical Studies

Only about 1 in 5 articles published in school provider journals were empirical. Of these, 2 were qualitative and 6 were quantitative. More than half were published in the 1990s with the rest published after 2002. Price & Telljohann published the first empirical paper in 1992—a probability study of perceptions of adolescent homosexuality, surveying 289 secondary school counselors who were members of the American School Counselor Association. This was also only the second article to mention gay youths' risk for AIDS (the first was Coleman & Remafedi's paper on counseling LGB adolescents published in 1989). When asked about the etiology of homosexuality, the most common responses to Price & Telljohann's (1992) survey were that it was a chosen lifestyle or the result of child sexual abuse. Eighty-one percent of counselors reported that professional journals were their leading source of information about homosexuality, while a key recommendation of the authors was the need for more professional literature about LGB youth for school counselors.

Fontaine (1998) followed up 6 years later with a second survey using a convenience sample of 101 counselors at a state professional conference. More than half of school counselors surveyed reported having experience working with students who had concerns about their sexual orientation

and at least 1 in 5 elementary school counselors knew of students in their schools who were lesbian or gay or were questioning their sexual identity. However, only 8% of counselors reported having a high level of competence in working with lesbian and gay youth and 89% were interested in further training on working with this population. Moreover, professional journals were their top source of information on homosexuality.

Remafedi (1993) published one of 4 publications on training, including the only empirical study and remarkably, the only article exclusively on HIV/AIDS—an assessment of a state training program on the knowledge, attitudes and behaviors of 164 school personnel related to HIV/AIDS, using a systematic non-probability sample, from a statewide HIV training program. Remafedi found that trainees scored significantly higher on their knowledge related to HIV and adolescent homosexuality, were more likely to teach students about issues related to homosexuality and to improve the school climate for homosexual students. Eighty-one percent of school staff trained reported increased awareness of homosexual students as a result of the training, and more than half requested additional instruction. Seventy percent of participants said they had witnessed homophobic language or behavior in their schools while 58% said that colleagues seldom, if ever, intervened.

Other studies published in the 1990s include a survey of 221 LGB youth on health concerns and suicide risk, using a convenience sample from LGB youth groups throughout the U.S. and Canada (Proctor & Groze, 1994). Typical of most earlier (and many current) studies of LGB youth, nearly three-fourths were male and 69% were white. This was followed by a qualitative study of the experiences of 10 gay and lesbian youth (mostly male) from a range of ethnic backgrounds about their concerns and negative experiences (Omizo, Omizo & Okamoto, 1998).

The first empirical study published in a school psychology journal focused on the mental health impact of anti-gay victimization on 350 LGB youth in colleges and secondary schools from LGB youth groups in the U.S. and Canada (D'Augelli, Pilkington, & Hershberger, 2002). LGB youth in the study reported first becoming aware of same-sex attraction between ages 10 and 11. Many youth (63% of males and 73% of females) reported gender non-conforming behavior during childhood. Youth who were more open about their sexual orientation were more likely to be victimized, with high

school students reporting higher rates of victimization than college students. Rates of suicidal ideation and attempts were high, and victimization in high school was correlated with mental health symptoms and with posttraumatic stress, in particular.

The last two studies—both published in social work journals after 2003—focused on the school experiences of LGB youth and the experiences of parents who learn that their child is lesbian or gay. Elze (2003) reported on a survey of 136 LGB high school students identified through community groups and networks in northern New England and found that a majority had experienced school victimization (60%) while 84% observed anti-gay harassment and 41% said their teachers told homophobic jokes. More than half had sought help from a school professional for issues related to their sexual orientation. LGB students' comfort with schools increased as they became more integrated with their peers and observed teachers and administrators acting on their behalf to address harassment and increase support for diversity. Saltzburg (2004) interviewed 7 parents of lesbian and gay youth (5 mothers and 2 fathers) in one of the first publications—and the first in primary and secondary school journals for school providers—on parent's responses after an adolescent child comes out as lesbian or gay. Parents were white, middle-class and lived in suburban communities and reacted with feelings of distress and loss to their child's disclosure.

Research samples were largely white, and were mostly recruited by convenience. None focused specifically on youth of color and only half reported on the specific experiences of LGB youth. Moreover none of the samples included transgender adolescents.

Intervention Articles

The largest proportion of articles published in school provider journals—71%—focus on intervention and practice-related issues. Counseling journals published more than two-fifths of the intervention articles across the broadest time frame, followed by nursing with about one-fourth, psychology with one-fifth and social work publishing about 1 in 7 intervention articles (Table 3). Regardless of discipline, these articles typically place homosexuality within a social context,

discussing negative perceptions, stereotypes and beliefs about homosexuality and the impact of social stigma on homosexual adolescents. Language describing non-heterosexual adolescents begins to shift from homosexual to gay and then lesbian by the late 1980s, reflecting the development of new cultural cohorts described by Herdt (1992a). Transgender adolescents were generally mentioned in articles published after 2000, though little information specific to them was included in these articles.

Earlier articles often denote the stigma that accrues to school personnel or others who try to help or advocate for gay youth, as well as the ubiquity of the “closet” and employment sanctions that affect adults who were known or perceived to be homosexual. For example, Tartagni (1978) observes that anyone who empathizes with homosexuals is believed to be homosexual and cites the case of a Washington state teacher who lost his job because he was gay. Chng (1980, p. 517) underscores that homosexuality remains a major social taboo and states that schools “deny the presence of homosexuals among their student population and exclude all known homosexuals from their faculty.” Ross-Reynolds & Hardy (1985) remind school psychologists of the risks in helping homosexual youth and describe an educator who recommended books of interest to gay youth for a school library who received threatening phone calls and lost employment opportunities. Treadway & Yoakam (1992) writing in a journal read by school nurses point out that teachers who challenge homophobic remarks

Table 3: Intervention Articles Published for School Providers by Decade

<i>Discipline</i>	Intervention Articles Published In School Journals			
	1970s	1980s	1990s	2000s
Counseling	1	2	7	2
Nursing	–	1	4	2
Psychology	–	1	1	4
Social Work	–	1	3	–

for students or colleagues put themselves at “risk for being gay,” while Taylor & Remafedi (1993) provide guidance for developing in-service training and classroom instruction on homosexuality, but caution school nurses to be prepared for vocal community criticism and the need to build a solid support base in anticipation of such reactions.

Intervention articles provide background information about homosexuality, with earlier articles shifting from a discussion of the etiology of homosexuality to sexual identity development. Many authors designate a proportion of the population that is known to be gay, but these estimates vary widely and some are more accurate than others. For example, a number of authors state that 10% of the population is gay, drawing this figure from early incorrect interpretations of gay advocates based on Kinsey’s (1948) findings that 10% of men were exclusively homosexual for at least 3 years. Marinoble (1998, p. 4) cites an article published a decade earlier to substantiate the proportion of the population that is lesbian or gay, applying this equally to men and women, as well as children: “It is safe to say that the same percentage can be applied to school children; that is approximately 10% will eventually come to identify themselves as gay or lesbian.” This assertion was published despite the fact that state population-based studies have yielded substantially lower rates specifically reported by lesbian and gay-identified students (as well as other studies on adults) before this article was published in the late 1990s. Divergent reports of the prevalence of homosexuality in the population are confusing and contradictory, and for policymakers often call into question the credibility of an issue—in this case, for example, whether LGB youth constitute a substantive enough group to warrant policy consideration.

Earlier articles, in particular, discuss religious disapproval of homosexuality and the belief that homosexuality is a sin. One article in the mid-80s focuses on adolescent homosexuality and pregnancy as two poles for crisis counseling, underscoring that homosexuality in adolescence is a crisis event (Ross-Reynolds & Hardy, 1985). Still another in the mid-90s—not included in this analysis since it did not specifically focus on homosexual adolescents in the title—pairs adolescent homosexuality and male rape as sexual issues that counselors need to address (Street, 1994).

Many of these practice-based articles cite professional standards and policy statements related to working with gay and lesbian clients to help school providers understand their role and carry out their responsibilities for LGB and more recently, transgender students. Nearly all provide resource information to connect LGBT youth and families with education and services and to promote strategies for helping improve school climates.

Conflicting Interpretations of Youth Suicide

A majority of intervention articles (72%) discuss suicide risk among gay youth. As more research findings became available, authors began to cite specific studies. Within the general professional literature, a wide range of community studies and reports, and more recently several state probability studies, have continued to demonstrate high rates of reported suicide attempts among LGB youth. However, information on completed suicides has been much more difficult to obtain.

In 1989, the U. S. Secretary of Health issued a report on youth suicide that included a chapter on lesbian and gay youth. While not a research study, the chapter, which was written by a social worker, discussed the high reported rates of suicide attempts among gay male youth and gay and lesbian adults, and speculated that gay youth were 2 to 3 times more likely to attempt suicide than other young people and *may* comprise up to 30% of completed youth suicides each year (Gibson, 1989). The gay media and others reported this chapter as a “study” and many reports erroneously stated that one-third of all *completed* adolescent suicides were among gay youth. In reviewing these articles, it became clear that several authors had misreported Gibson’s assertions, stating incorrectly that gay and lesbian youth accounted for approximately one-third of all deaths from suicide (Muller & Hartman, 1998); that suicide was the number one cause of death among gay and lesbian youth (Marinoble, 1998); that 30% of all completed youth suicides were related to issues of sexual identity (Proctor & Groze, 1994); and that “the incidence of completed suicides for teens struggling with gay or lesbian identity issues was three times that of teens in general” (Treadway & Yoakam, 1992, p. 354).

These inaccuracies—published in counseling, nursing and social work journals alike— suggest that these authors did not read the source material and took the erroneous reports either from the media or from other publications. Ironically, two articles with incorrect interpretations of Gibson’s (1989) report are each published in the same issues of *Professional School Counseling*, while another (McFarland, 1998) published in the same issue, accurately cites Gibson’s report.

Research Question 2

The second research question focuses on which primary and secondary journals read by school providers have published articles related to LGBT youth, and how those articles are distributed within each provider discipline. As noted in Table 1, the largest proportion of articles— nearly half—are published in *Professional School Counseling*, the primary journal for the American Counseling Association and the American School Counselor Association, and *School Psychology Review*, the primary journal for the National Association of School Psychologists and secondary journal for the APA Division of School Psychology. Counseling journals accounted for nearly two-fifths (39%) of all articles published on LGBT youth in school provider journals during this period, followed by nursing journals which published nearly one-fourth (24%). Psychology journals represent nearly 20% of articles while social work accounts for 17%. A majority of counseling and nursing articles and most social work articles were published in the 1990s, with nearly all of the psychology articles published since 2000. Three journals, including two school provider journals—*Elementary School Guidance and Counseling* and the *Journal of School Psychology*—and one mainstream journal—*The Counseling Psychologist*—published no articles on LGBT adolescents since the 1960s when these journals were first established.

The distribution of types of articles published within each discipline during the review period varies, as depicted in Table 4. The content of counseling articles mirrors that of psychology journals, with psychology offering more review-related content, an important area to appraise providers of emerging issues and trends as well as developments across disciplines. Nursing articles concentrate

primarily on intervention, with one in 5 articles addressing training and presenting research findings, respectively. A majority of social work articles also focus on intervention, followed by empirical studies, 2 out of three of which were published since 2003.

Table 4: Types of Articles Published in Journals for School Providers by Discipline

<i>Article Type</i>	Types of Articles Published			
	Counseling	Nursing	Psychology	Social Work
Empirical	12.5%	20%	12.5%	43%
Intervention	75%	60%	62.5%	57%
Review	0%	0%	12.5%	0%
Theoretical	0%	0%	0%	0%
Training	12.5%	20%	12.5%	0%

Research Question 3

The third question addresses the extent to which states that have adopted laws, regulations and professional standards to protect LGB (and in some cases transgender) youth from discrimination in schools have developed materials for school-based providers related to care of LGBT youth. As noted earlier, only one state with specific school-related policies had developed materials for school providers, but those materials were no longer available after funding was cut. Many of the states included in this analysis had not undertaken specific activities related to services or provider training related to LGBT youth.

States with policies that protect LGB youth in schools have dealt with these issues in a variety of ways:

Washington state—which generated the first statewide safe schools coalition in 1993—conducted training for state employees about the provisions of the law when their state anti-

bullying law—which includes sexual orientation among other categories—was passed in 2003. However, state employees report that it is unclear whether sexual orientation was actually mentioned during these legislative trainings.

The District of Columbia has not developed specific materials to train school providers on LGBT issues. The local chapter of GLSEN, together with another local community organization that provides support services for LGBT youth and the DC chapter of PFLAG (Parents, Families & Friends of Lesbians & Gays) have provided some training to teachers and school personnel.

Several states that did not develop state-specific materials for school providers on LGBT youth have made training available, at least for some school providers, with training and materials developed by the American Psychological Association's (APA) Healthy LGB Students Project. The APA project was initiated in 1998 to develop and implement training for school providers in conjunction with professional conferences and communities around the country.

Connecticut has not developed specific state training materials for school providers. However, the state department of education has organized state trainings for school providers with materials developed by the APA. After the initial training materials were developed by APA staff and consultants, Connecticut and several other states served as pilot states to help APA fine tune their materials. Since the initial pilot training, Connecticut has organized 2-3 trainings per year and about 250 school providers have received the APA training. The state department of education has also developed a brochure to advertise these trainings which is posted on their website together with other training activities.

Minnesota has also made the APA training available to some personnel and provided training to state employees through Out for Equity, an LGBT safe schools training initiative developed by a local school district (St. Paul). The St. Paul school district program also includes parent and family services, staff development and support, classroom presentations and a protocol for creating a supportive school climate inclusive of LGBT students. At the same time, however, the current state political climate does not support development of training materials for school providers on LGBT

youth. In 2002, under the previous governor, the state health department developed and disseminated a comprehensive training booklet for health professionals on the health and mental health of LGBT youth (Minnesota Department of Health, 2002). Under the current conservative governor, however, this booklet has not been reprinted, and one public official commented that the governor's office would say that this resource does not exist.

Maryland has offered the APA training to school providers. Under the current more conservative governor, staff reported that they were not permitted to include LGBT-related harassment in a policies and procedures manual being written on bullying and harassment for the state, and this climate has affected their ability to address LGBT issues in schools.

Wisconsin has also offered the APA training and the department has worked with community organizations, including GLSEN, which have provided some training in schools.

Massachusetts, which developed the first statewide program to protect and support lesbian, gay and bisexual youth in schools in 1993 under then-Governor Weld, developed information resources and fact sheets in a 4-section information packet for school providers and personnel that carried the State seal. During 9 years of operation, the Massachusetts Safe Schools Program for Gay and Lesbian Students provided staff training, technical assistance, regional conferences and small school grants, while sharing resources and serving as a model for states and school districts across the country. However, in 2002, under major state funding cuts, the \$800,000 program was defunded along with the state's \$11 million Health Protection Fund. Just prior to defunding, the program's coordinator had developed a new resource packet that included related articles on LGBT youth. When the program was defunded in 2002, these materials could not be printed and were never disseminated. As the first state to develop a comprehensive program for LGBT youth, Massachusetts was also the only state to develop materials to train school providers. However, when the office was disbanded the materials and program files were not kept, so these state-developed materials were not available for this analysis.

Research Question 4

Sexual Orientation & Gender Identity

The fourth question focuses on specific content areas that articles on LGBT youth address. Findings related to articles in school provider journals are depicted in Table 5. In terms of developmental issues and specific milestones (Table 5a), most articles discussed sexual orientation, often including information on earlier models of identity development (that were modeled on the coming out experiences of adults, mostly gay males). By comparison, few articles discussed gender identity, with psychology journals being more likely to discuss this important emerging issue, and offering the only detailed review article on gender identity development published in school provider journals, and one of the few in the professional literature, in general. Isolation was more likely to be discussed in social work and counseling articles, perhaps reflecting more of their counseling roles in school settings. Coming out was typically discussed in many articles across disciplines, often in the

Table 5a: Content in Articles on LGBT Youth in School Provider Journals

Content Areas	SCHOOL PROVIDER DISCIPLINES				% of Total
	Counseling	Nursing	Psychology	Social Work	
<i>DEVELOPMENT</i>					
Sexual Orientation/Identity	81.3%	80%	75%	71.4%	78%
Gender Identity	18.8%	10%	50%	28.6%	24.3%
Isolation	62.5%	50%	37.5%	71.4%	56%
Coming Out	43.8%	50%	62.5%	42.9%	44%
Earlier Age of Coming Out	0%	10%	0%	0%	2%
Average Age of 10	0%	10%	12.5%	0%	5%
Family Issues	87.5%	50%	62.5%	85.7%	73%
Resiliency/Strength	18.8%	10%	0%	28.6%	14.6%
Parenting	6.3%	0%	0%	0%	2%
Career Development	6.3%	0%	0%	0%	2%

context of disclosure to friends and family. Family issues were commonly discussed, usually in terms of the potential for negative family reactions, family concerns about having an LGB child or the need for family counseling after an adolescent comes out.

Earlier Age of Coming Out

Four areas related to identity development, adaptation and cultural expectations are rarely addressed in the literature for school providers. For example, hardly any articles discuss the earlier age of coming out which has been reported in numerous publications across disciplines, in the general professional literature. Only nursing mentions this important concern for families, providers and policymakers in a more recent publication. The key finding that adolescents are becoming aware of sexual attraction at an average age of 10—which has critical implications for schools and policymakers—is only mentioned in a few articles in nursing and psychology, including an empirical study (D’Augelli, et al., 2002).

Resiliency

Resiliency and strength, important factors in adapting to challenges such as managing a stigmatized identity and dealing with harassment and victimization during childhood and adolescence, are mentioned in only a few articles, predominantly social work which uses a strengths approach to working with clients. Several other articles mentioned resiliency or positive coping only once which precluded the issue from being designated as being present in the coding scheme that required discussion in two sentences for inclusion in this analysis.

Parenting & Career Development

Only counseling articles among school provider disciplines minimally mentioned two important social milestones—parenting and career development in 6.3% of published articles—that have

important implications for LGBT adolescents. Parenting has been challenging for lesbians and gay men in same-sex relationships due to social sanctions, lack of family support, lack of survivorship options and sanctions against adopting or serving as foster parents in many jurisdictions. Nevertheless, parenting is a critical cultural milestone, a family expectation and a birthright. Similarly, many lesbians and gay men have avoided some career options because of concerns about disclosure or homophobia that has often channeled them into jobs with few benefits or opportunities for advancement. Gender non-conforming adolescents and adults have a particularly difficult time being accepted in jobs and careers with rigid expectations related to appearance and gender presentation. These issues are often addressed by school providers, particularly in helping youth with decisions related to career and vocational development. Understanding the social impact on LGBT youth helps counselors respond proactively and appropriately in their work with LGBT students.

Homophobia, Heterosexism & Sexual Prejudice

Most articles placed the experiences of LGBT adolescents in a social and environmental context, connecting their individual private experiences with meso and macro public arenas that greatly influence their lives (Table 5b). A majority of articles across disciplines discuss the impact of homophobia. Fewer discuss heterosexism, a cultural ideology that denies and denigrates any nonheterosexual form of behavior, identity, relationships or community. It is possible that these articles are more likely to use the term “homophobia” since it is an earlier term that has been more widely disseminated at the practice and community level so that practitioners, who potentially wrote many of the intervention articles published in these journals, would have greater familiarity with its usage. The lack of inclusion of the most recently developed term to describe all negative attitudes based on sexual orientation, whether the target is homosexual, bisexual or heterosexual—“sexual prejudice”—suggests a failure to read across disciplines or outside of their practice-based professional journals. Notably, no articles published in school based journals have used or discussed the usage of this overarching concept which was initially published in 2000 (see Herek, 2000).

Impact of Time

Similarly, no articles published in school provider journals have discussed the impact of time in terms of the emergence of gay adolescents as a new cultural cohort, and the effect this is having on youth development, risk and coping behaviors, interactions with peers and family members, life chances that were not viable for prior generations of lesbian and gay adults, and the life course. This perspective is important to help school providers, administrators and policymakers understand how the needs of contemporary cohorts of LGBT children and adolescents differ from those of earlier generations and how literature written about earlier cohorts of lesbian and gay adolescents, for example, in the 1980s or even early 1990s, may no longer apply to the experiences of the contemporary generation.

Online Support

Surprisingly, no articles published in these journals have discussed the critical role of the internet and online support in providing access to information, resources and peers for LGBT youth which also levels geographic barriers, particularly for youth in rural areas and small towns that lack knowledgeable providers and resources. One or two articles mentioned the word “online” once, but for the purposes of this study, inclusion requires discussion of the topic area in a minimum of two sentences.

School Risk

School risk was mentioned in about 1 in 4 articles with the exception of social work articles that mentioned the risk for negative school outcomes for LGBT youth in 71.4% of articles published. This issue concerns school administrators and policymakers since loss of educational opportunities—precipitated by harassment and school victimization—has significant consequences for society. Understanding that school risk is an outcome of anti-gay victimization, which is widespread in many school districts around the country, helps administrators and policymakers realize the need for

inclusion of sexual orientation and gender identity in state and school anti-discrimination policies. Awareness of school risk also helps school providers more accurately interpret patterns of absence from class, avoidance behaviors and somatic complaints (Ryan ^ Diaz, 2005) that are indicators of harassment that can ultimately result in school failure if left unchecked.

Table 5b: Content in Articles on LGBT Youth in School Provider Journals

Content Areas	SCHOOL PROVIDER DISCIPLINES				
	Counseling	Nursing	Psychology	Social Work	% of Total
<i>ENVIRONMENT</i>					
Homophobia	81.3%	60%	50%	28.6%	70%
Heterosexism	18.8%	50%	37.5%	14.3%	29%
Sexual Prejudice	0%	0%	0%	0%	0%
Impact of Stigma	56.3%	40%	50%	28.6%	46%
Impact of Time	0%	0%	0%	0%	0%
Online Support	0%	0%	0%	0%	0%
School Risk	25%	20%	25%	71.4%	31.7%
Resources & Referral Info	62.5%	90%	50%	57.1%	65.8%
Strategies/Supportive Environment	56.3%	90%	87.5%	42.9%	68%
Professional Policy	31.3%	40%	37.5%	42.9%	36.5%
School Policy	25%	40%	37.5%	42.9%	34%
Public Policy	12.5%	10%	25%	28.6%	17%

Resources, Referrals & Strategies

Most articles provided resource information and discussed the importance of making appropriate referrals for LGBT students, together with providing strategies and recommendations for creating a supportive school environment. One-third to two-fifths of articles across disciplines cited professional policies and standards to inform school providers of their professional roles and responsibilities and to potentially provide professional cover for providers who take a leadership role to advocate for appropriate services for LGBT students in school. A comparable proportion of articles

addressed the need for incorporating LGBT issues into school policy, while a smaller proportion discussed public policy issues, notably the lack of civil rights or the need to advocate for state laws that protect the rights of LGBT students in schools.

HIV/AIDS

Inclusion of content on health and mental health issues related to LGBT youth varied widely within articles in ways that cause concern since key issues were substantially under represented or missing entirely (Table 5c). As would be expected, 80% of articles published in school nursing journals mentioned HIV/AIDS—a critical health concern for gay and bisexual youth, particularly youth of color. However, only about one-third (31.3%) of counseling articles included HIV, while no psychology or social work articles discussed this very important health concern. Even more alarming is the failure of most articles—across disciplines—to discuss HIV counseling and testing and to help school providers understand its role in HIV prevention. Only 12.5% of counseling articles and 10% of nursing articles discussed HIV counseling and testing, and these articles were published 8-17 years ago, before the AIDS epidemic expanded significantly into adolescent populations and before recent technological advances in HIV testing have made it easier to administer in a wide range of settings. Similarly, only 1 article out of 41 or 2% of articles published in journals for school providers discusses lesbians' risk for HIV and STDs (see Black & Underwood, 1998). This article also represents the only publication in the pool that specifically addresses the experiences of lesbian youth in schools.

Since most health promotion and prevention literature does not include information relevant for LGBT youth, many youth who think concretely do not understand their risks for STDs, HIV and even pregnancy. Health education and prevention for LGBT adolescents is further compromised by the inability—for nearly the past two decades—to use federal funds which support state AIDS programs for HIV-related materials that discuss homosexuality or same-sex behavior (see Bayer, 1989).

Lesbians' Risk for HIV & STDs

Lesbian youth are also at risk for STDs, both as a result of same-sex and heterosexual behavior, however, information on sexual health risks for lesbian adolescents is extremely limited (see Ryan & Futterman, 1998), as lack of content in these articles demonstrates. Only one article (Black & Underwood, 1998) published in school journals—the same article that mentions lesbians' risk for HIV—discusses their risk for STDs. Many providers are unaware that STDs can be transmitted between lesbians (including human papillomavirus, bacterial vaginosis, trichomonas, herpes and chlamydia), and most lesbians who are sexually active have also had male partners which puts them at risk for HIV infection and a wide range of STDs.

Confidentiality

Confidentiality—a critical element in adolescent health and mental health care—is rarely discussed in school provider journals, showing up in 12.5% of counseling and psychology journals respectively, 20% of nursing journals, and no social work journals. Many adolescents who are concerned about the repercussions of others' learning about their LGBT identity need assurances from school providers that their confidentiality will be protected. Although providers learn about the importance of confidentiality in their professional training programs, journals serve a continuing education role that helps reinforce key aspects of practice and informs providers about specific applications, such as the importance of confidentiality in working with LGBT students.

Depression

Depression is reported in nearly all studies of LGB adolescents, and rates of depression are quite high, particularly when associated with school victimization and other negative experiences related to having a stigmatized identity. Although depression is often reported among adolescents, in general, its association with suicide, coupled with the high rates of suicidal ideation and attempts in

LGB youth, call for increased awareness among providers of depression among LGBT youth.

Depression was included in this study in less than one-third (29%) of articles, overall.

Other Mental Health Issues

In earlier articles, other mental health issues typically reported the belief among many—including many providers—that homosexuality was a mental disorder. Psychology articles, in particular, were more likely to discuss these issues, including how homosexuality has been treated, such use of as psychoanalysis, hormone therapy, castration, electroshock and psychosurgery (e.g., Ross-Reynolds & Hardy, 1985). More recent publications discuss specific mental health issues, besides depression, that are concerns for LGB adolescents, including anxiety, chronic stress and posttraumatic stress. However, these issues were minimally addressed in articles published for disciplines other than psychology.

Eating Disorders

Although eating disorders have been identified as a health concern in the professional literature, particularly for gay males, by at least the mid-1980s (e.g., Herzog, Norman, Gordon, & Pepose, 1984) and in the 1990s (French, Remafedi, et al., 1996; Siever, 1994), this information has not been reported in school provider journals. No articles have discussed eating disorders as a concern for these youth. School providers typically address eating disorders in health education programs and individual sessions, identifying youth at risk and counseling adolescents about the serious repercussions of this health concern.

Pregnancy

As noted, since health promotion and prevention information generally fails to include LGBT individuals, many LGBT youth—who have already internalized misconceptions about their health

needs and risks—do not apply these message to themselves. Many have misconceptions about reproductive and sexual health; for example, some lesbian youth may not think they are not at risk for pregnancy simply because they are a lesbian. Still others may become pregnant in an attempt to change or hide their sexual identity. Analysis of data from a state school health survey found that female youth who identified as bisexual or homosexual had significantly higher rates of pregnancy than heterosexual youth or those who were unsure about their sexual identity (Saewyc, Bearinger, Blum, & Resnick, 1998). Despite the reality that many lesbian adolescents who are sexually active also have male partners, only 40% of nursing articles and no other disciplines discussed the need to provide education and information on pregnancy for lesbians and bisexual adolescents, as well as for gay males who may father children.

Harassment/Victimization

Victimization is a normative experience for LGBT adolescents. The very first article published on gay adolescents in a school provider journal nearly 30 years ago (Tartagni, 1978) begins with a note from a middle school student who reports being harassed because he was gay. yet, his experiences are repeated in schools throughout the country on a daily basis today “Ever since 7th grade they’ve been at it [harassing me]. I hate to walk down the halls. I hate to get on the bus in the morning... It’s hard to get up and go off into that kind of world every day” (Tartagni, 1978, p. 27). Little appears to have changed since this note could have been written to any school counselor or other school provider today. Subsequent research has identified the health and mental health risks associated with school victimization including mental health problems and posttraumatic stress (D’Augelli, et al., 2002); school avoidance and suicide (Garofalo et al., 1998); and effects that last into adulthood, including risk for HIV infection, depression, substance abuse problems, and suicide attempts (Ryan & Diaz, 2005). A majority of articles addressed school victimization, with the highest proportions of articles represented by counseling and psychology (87.5% each).

Other Health Issues

Like other adolescents, LGBT youth have chronic health problems, disabilities that have specific health implications, a need for health promotion and information related to wellness and positive health development, as well as other health concerns. However, only nursing in 40% of articles published mentioned other health concerns besides those identified on the coding form.

Prevention/Risk Reduction

Prevention and risk reduction information, education and counseling are especially important for youth who are at high risk for major health and mental health concerns. Despite the fact that the majority of articles focus on intervention, only 30% of nursing articles and 12.5% each of counseling and psychology articles discuss issues related to prevention and risk reduction.

Reparative Therapy

Efforts to change a person's sexual orientation were common when homosexuality was classified as a mental disorder in need of treatment, before the American Psychiatric Association removed homosexuality from the list of mental disorders in 1973. Earlier articles, particularly in psychology, were more likely to discuss reparative or conversion therapy than more recent publications. As the fundamentalist conservative movement has grown since the 1970s and begun to target homosexuality, promoting reparative therapy and formal ex-gay organizations has become a central endeavor of fundamentalists groups, and many have specifically targeted gay youth and their families. However, the literature does not reflect the extent of this resurgence and the challenge it often poses to families who lack basic information about sexual orientation and gender identity. Only 37.5% of psychology articles and 6.3% of counseling articles discuss reparative therapy.

Sexual Abuse

Rates of sexual abuse are high among children and adolescents, in general. Moreover, sexual abuse is one of the strongest predictors of youth risk behaviors. A prevailing—but unfounded—myth about homosexuality is that it is caused by sexual abuse. For example, the first published survey of school counselors believed that sexual abuse was one of the major causes of homosexuality (see Price & Telljohann, 1992) which reflects an overall lack of understanding among providers of the development of sexual orientation. Like other children and adolescents,

Table 5c: Content in Articles on LGBT Youth in School Provider Journals

Content Areas	SCHOOL PROVIDER DISCIPLINES				% of Total
	Counseling	Nursing	Psychology	Social Work	
<i>HEALTH & MENTAL HEALTH</i>					
AIDS/HIV	31.3%	80%	0%	0%	31.7%
HIV Counseling & Testing	12.5%	10%	0%	0%	7%
Lesbians' Risk for HIV	6.3%	0%	0%	0%	2%
Lesbians Risk for STDs	6.3%	0%	0%	0%	2%
Confidentiality	12.5%	20%	12.5%	0%	12%
Depression	31.3%	40%	12.5%	28.6%	29%
Other Mental Health Issues	18.8%	10%	50%	28.6%	24%
Eating Disorders	0%	40%	0%	0%	2%
Pregnancy	0%	40%	0%	0%	9.7%
Harassment/victimization	87.5%	60%	87.5%	71.4%	78%
Other Health Issues	0%	10%	0%	0%	2%
Prevention/Risk Reduction	12.5%	30%	12.5%	0%	14.6%
Reparative Therapy	6.3%	0%	37.5%	0%	9.7%
Sexual Abuse	12.5%	10%	25%	0%	12%
STDs	31.3%	50%	0%	0%	24%
Substance Abuse	31.3%	50%	50%	42.9%	41%
Cigarette Smoking	0%	0%	12.5%	0%	2%
Suicide	68.8%	70%	62.5%	71.4%	68%

LGBT youth are at risk for sexual abuse which further complicates identity development and increases risk for a range of concerns, including risk for HIV infection (e.g., Bartholow, Doll, & Joy, 1994). Recent analysis of data from several population-based studies indicates that LGB adolescents and youth who report same-sex romantic attraction appear to be at higher risk for sexual and physical abuse than heterosexual peers, with up to 2 in 5 bisexual and lesbian girls and 1 in 3 bisexual and gay boys reporting abuse (Saewyc, Pettingell & Skay, 2004). In addition to increased risk for a range of negative health outcomes, one of the sequelae of child sexual abuse is identity confusion, and abuse survivors may have difficulty resolving their sexual identity which has implications for providers who work with adolescents and young adults. Few articles have discussed issues related to child sexual abuse for LGBT youth—psychology articles were most likely to include these issues (in 25% of articles), followed by counseling (12.5%) and nursing (10%).

Sexually Transmitted Diseases

STDs are common among young people who are sexually active; nearly two-thirds of STDs occur in young people under age 25. As with their heterosexual peers, LGBT youth who are sexually active are at risk for STDs—and some studies show high risk among gay male teens (e.g., Remafedi, 1993)—yet lack of accurate information about prevention and transmission increases their risk. Half of nursing articles and about one-third of counseling articles included information about STDs.

Substance Abuse

School-based studies show higher rates of alcohol and drug use among LGB adolescents, compared with their heterosexual peers (DuRant, Krowebuk, & Sinal, 1998; Garofalo, Wolf, Kassel, et al., 1998). Although LGB youth use alcohol and drugs for many of the same reasons as heterosexual youth, their vulnerability is increased as a result of isolation, the need to hide their sexual identity, to deny same-sex feelings, or to defend against ridicule or anti-gay violence. Youth who report high

levels of anti-gay violence in school also report substance abuse problems related to addiction as young adults (Ryan & Diaz, 2005). Understanding the additional stressors that many LGBT adolescents experience is important to help providers understand their risk for substance abuse. School provider journals were more likely to include information related to substance use than many other topics, with content ranging from inclusion in about one-third of counseling articles to half of nursing and psychology articles.

Cigarette Smoking

Reported rates of cigarette smoking are high among both LGB adolescents and adults. In the Massachusetts Youth Risk Behavior Survey, for example, 59.3% of LGB students reported that they smoked cigarettes, compared with 35.2% of heterosexual students and 34.8% nationally (Garofalo, et al., 1998). In the same study, 33.7% of LGB students reported using smokeless tobacco, compared with 7.7% of their heterosexual peers. An analysis of adolescent children of women enrolled in the Nurses' Health Study II found that lesbian and bisexual girls were more than 6 times as likely to have smoked in the past month and almost 10 times as likely to have smoked weekly in the past year, compared with their heterosexual peers (Austin, Ziyadeh, Fisher, et al., 2004).

Experts who have worked with LGB adolescents suggest that higher usage is related to stress associated with their sexual identity, social isolation, victimization, and lack of family and social support for their sexual orientation which may make them more vulnerable to targeted promotional campaigns from tobacco manufacturers (D'Augelli, 2004). Many adult smokers became addicted to nicotine during adolescence, and schools offer an important education site to help adolescents understand the health risks of tobacco use. Awareness of higher risk among non-heterosexual students will help school providers target school prevention initiatives effectively. However, most school provider journals were unaware of the risks for LGB adolescents since only 12.5% of psychology articles and none in other disciplines included cigarette smoking as a health concern for this population.

Suicide

Suicide is a serious health concern that represents the third leading cause of death for youth ages 15-19 (National Center for Health Statistics, 2001). Like other primary causes of death among adolescents, suicide is preventable, so appropriate identification, assessment and treatment are critical. Reported rates of suicide attempts among LGB youth in research studies and community reports significantly exceed reported rates among adolescents, in general. In school-based studies, LGB youth were more than three times as likely to have attempted suicide during the past 12 months (Garofalo, et al., 1998; Reis & Saewyc, 1999), and were nearly twice as likely to have developed a suicide plan (Reis & Saewyc, 1999) than their heterosexual peers. A range of studies show that youth who have attempted suicide report more gay-related stress, family problems, conflict with sexual identity and pressure to conform to gender norms. Among youth, in general, between 6 and 13% of adolescents have reported at least one suicide attempt (Garland & Ziegler, 1993). Because schools provide an important intervention point for education and identification of adolescents at risk, provider awareness of risks for LGBT youth are essential. In the current study, most articles discussed suicide risk among LGBT youth, ranging from 62.5% of articles in psychology journals to 71.4% in social work journals.

Research Question 5

The fifth question addresses the trends or major themes and directions identified in articles on LGBT youth. The focus of school provider articles has been predominantly on intervention – providing basic information about sexual orientation, identity development, support needs, community resources and strategies and encouraging providers to advocate for positive change and a more supportive school climate. School provider journals have made some important contributions to the overall literature on LGBT youth, in general. One special issue on LGBT adolescents produced the only in-depth publication in the professional literature, to date, on gender atypical youth and the only article on questioning youth, while another special issue published one of a handful of articles on lesbian youth

and one of a small number on youth of color, on this population, overall. School journals also published one of the few articles in the overall literature that focuses on legal issues related to lesbian and gay youth and provider's responsibilities to protect them from school victimization.

As with the literature on LGBT youth published in professional journals, overall, these publications largely concentrate on problems and risks, and provide very little discussion of resiliency or positive coping. No mention of positive youth development, leadership development or civic engagement were found, even though Gay Straight Alliances (GSAs) play an important role in youth development for LGBT adolescents and their allies. Similarly, these publications focused more on prevention, when it was mentioned, with no observable discussion of wellness and little focus on health promotion.

Moreover, the majority of articles were written in the 1980s and 1990s, and reflect the historical period in which they were written, so they are less likely to reflect the experiences of contemporary youth, including the experiences of transgender youth and the salience of gender for this generation of LGBT individuals, the importance of youth development, and changing perspectives on adolescents and interactions with their families. In many literature review sections, authors continue to cite older references which continue to make this material time-bound. Because most of the material is presented from the perspective of LGBT youth in a hostile environment—as opposed to youth in a changing society—youth are typically presented as being acted upon as passive victims, rather than being actors in their lives and an important resource for development.

Lack of inclusion of pertinent theoretical concepts such as sexual prejudice or other key concepts related to sexual development such as the critical finding that the average age of awareness of sexual attraction occurs around age 10 suggests that authors who write articles for school providers are not reading outside their discipline and are not keeping up with developments related to sexuality and sexual development.

Research Question 6

The final research question focuses on the gaps, or major missing content areas, in these articles related to care of LGBT youth. Gaps and missing content areas occur in both the types of articles published, as well as in specific content areas. Little empirical research has been published on LGBT youth in school journals, and the research that has been published addresses both the experiences and needs of adults who work with youth as well as the adolescents themselves. The absence of content on LGBT youth in some journals, including *The Counseling Psychologist*, and the *Journal of School Psychology*, prevents many providers, including non-school providers who read mainstream journals (such as *The Counseling Psychologist*), from accessing needed information on LGBT adolescents. Moreover, review and theoretical articles that can be relied upon to synthesize findings across disciplines, as well as the limited number of training-related articles published in these journals constitute significant gaps in the types of school provider literature published, to date.

Content is significantly limited in terms of specific populations where information is lacking in the literature overall, including information on lesbian, bisexual, and transgender adolescents, youth of color, and families. The surprising lack of content on the earlier age of coming out which has significant implications for school providers, administrators and policymakers, and the lack of discussion that the emergence of sexual awareness—at an average age of 10 for heterosexual and homosexual youth—appears to be linked to physiological development is a major gap in the literature that severely restricts the capacity of school providers and administrators to plan and address issues related to sexual orientation in schools, including middle and elementary schools.

The link between school victimization and various negative outcomes needs to be emphasized to encourage school providers and administrators to develop and implement school safety measures and no-slur policies. It is surprising that no articles included findings on evaluating safe schools initiatives, such as the Massachusetts state program which showed the benefits of having policies and staff training related to school safety and LGBT youth (see Szalacha, 2001). Moreover no articles discussed Gay Straight Alliances in any substantive way as a primary vehicle for empowering LGBT students and their allies in schools and for providing a sanctioned institutional

setting where non-heterosexual students can practice citizenship skills and learn civic engagement, normatively incorporating all aspects of their identity. The absence of positive youth development, with a focus on positive coping, resiliency and strengths must be addressed in the school literature to help providers learn how to support healthy adolescent development in LGBT youth whose trajectories have been little understood and who have been taught by society and social institutions to hide and to reject core aspects of their being.

The limited focus on HIV outside of nursing journals and the absence of information on HIV counseling and testing is a serious gap given the high rates of HIV infection, particularly among bisexual and gay male youth. Sexual and reproductive health are important areas for all adolescents, especially youth who get little accurate information in a way that resonates with their needs and experiences. Little information was provided related to lesbians' risk for STDs or HIV and other health concerns in general, including cigarette smoking which is very high in reported studies of these youth. Only one article addressed family issues, and it focused exclusively on white middle-class parents and reactions of distress and concern with their child's sexual orientation. Information is urgently needed on the experiences of LGBT youth of color and their families, across socioeconomic groups and lived experiences. Also missing is information on spirituality—an important resource in promoting resiliency—and how LGBT youth can address their spiritual needs and reconcile religious attitudes and beliefs that reject or disavow their sexual identity.

Hypotheses

The study generated the following hypotheses:

Hypothesis 1: *Articles that report empirical research are more likely to be published in school psychology journals than in periodicals published for other disciplines.*

This hypothesis was analyzed by examining cross tabulations between journal discipline and article type with a Chi-square analysis. The analysis showed that contrary to the stated hypothesis, the number of articles published in social work journals was greater than the number published in journals for school psychologists. However, the association between journal discipline and article type was not statistically significant, χ^2 (9df) = 9.23, $p = .416$ (ns). The low number of empirical articles may possibly explain the lack of statistical significance obtained.

Hypothesis 2: *Of all articles published in journals for school practitioners, the majority will be published in journals for school counselors.*

As identified in Table 1, the largest number of articles, beginning with the first article published on gay youth in 1978, was published in journals read by school counselors with a total of 16 articles. The majority of articles (10) were published in a special issue of *Professional School Counseling* in 1998. Four more were published in the 1980s, with only 2 additional articles published since 2000. Counseling journals have published the most diverse collection of articles on LGBT youth, including the only publication in this pool on lesbian students and the only one on youth of color, in this case on Asian-American lesbian and gay adolescents (Chung & Katayama, 1998). Chi square analysis examining the frequency of articles across all 4 journal types found no statistical significant difference in the number of articles published by different disciplines, χ^2 (3df) = 4.756, $p = .191$ (ns).

Hypothesis 3: *Fewer than 10% of states with anti-discrimination laws related to schools will develop materials for school practitioners.*

Only 1 state—Massachusetts—had developed materials for school-based providers. However, this hypothesis could not be tested since the school health program was defunded before these materials had been disseminated and they were no longer available at the time of this study.

Hypothesis 4: *Materials developed by state agencies for school practitioners on LGBT youth will, on average, include fewer content variables than articles published in school practitioner journals.*

This hypothesis could not be tested for the same reason as hypothesis 3.

Hypothesis 5: *Compared with journals specifically for school practitioners, mainstream journals that are either primary or secondary journals read by school practitioners will publish fewer articles on LGBT adolescents.*

The 41 articles were divided into two groups of articles. One group of articles ($n = 7$) included mainstream journals and the second group ($n = 34$) included school journals. The mean number of articles published on LGBT youth was calculated for each group. Mainstream journals published 7.57 articles, while school provider journals published a mean of 4.06 articles. The differences between these two means were tested using a t-test for equality of means. As a first step in the analysis the investigator tested for equality of variance between the two groups. Levene's test for equality of variance showed that equal variances could not be assumed ($F = 8.235$, $p = .007$). Therefore, a t-test was used, appropriate for testing the difference between two groups with unequal variances. The results of the test (t-test = 2.085, $p = .075$) suggest a marginally significant statistical difference between the groups.

The hypothesis is accepted as stated on two accounts. The first is that the observed means (4.06 vs. 7.57) are obviously quite different. And second, the lack of statistical difference is possibly due to the low number of articles in mainstream journals.

Hypothesis 6: *Less than 10% of articles will address the impact of time on LGBT adolescents, either as external forces that affect public attitudes or as a phenomenon that informs new and historically different cohorts of LGBT youth.*

No articles reviewed for this study discussed the impact of time on LGBT youth, particularly the emergence of gay youth as a separate cultural cohort and the ramifications this has on youth development, on shaping advocacy skills and civic engagement, and on promoting risk and resiliency by distinguishing this cohort of young people from prior generations of lesbian and gay adults who came out during adulthood. Bronfenbrenner has discussed the importance of time in shaping the life course, and this component is especially salient for this newly emerged cohort of a lesbian and gay life course which can be expected to result in different outcomes based on distinctly different experiences. One of the challenges for educating and training school providers is their lack of understanding that literature published on the experiences of gay youth in the 1970s and 1980s differs substantially from literature published on the experiences of contemporary generations of LGBT adolescents in 2000.

Hypothesis 7: *Less than 10% of articles will address the influence of public policy on LGBT adolescents.*

Seventeen percent of articles reviewed discussed public policy. Counseling, psychology and social work journals published 2 articles each, while nursing published one article that addressed the influence of public policy on LGBT youth. The majority of articles that included public policy were

published within the past 5 years. Only one article, published in a counseling journal, focused on the legal responsibility to protect gay students from harm (McFarland, 2001), while others briefly discussed the interpretation of existing statutes, the need to advocate for policies to protect gay youth in schools, and the need to become familiar with relevant state and federal laws, including confidentiality statutes.

Although this proportion was higher than anticipated, it is still quite low given the impact that public policy has had on the lives of lesbian and gay individuals in terms of restricting access to services, benefits (including survivorship), the right to marry or adopt children and prior criminalization of homosexuality through sodomy laws. Public policy is especially pertinent for LGBT youth since school victimization—because of known or perceived gay identity—is widespread and has many negative repercussions. Thus, one would anticipate that a higher proportion of articles would either address the lack of or need for state laws or regulations to address discrimination related to sexual orientation and gender identity in schools. The highest level of inclusion related to public policy occurs in social work journals, where about one-fourth (28.6%) of articles include such content. Like social work, psychology's policy statements related to sexual orientation and working with LGB individuals call for advocacy and active engagement to promote informed public policy. Given the advocacy focus of social work, in particular, and the macro system context that recognizes the ecological impact of cultural, political and economic systems on people's lives, it is surprising that this connection is not made more explicitly and frequently in at least the articles published for school social workers.

Chapter 5 – Conclusions & Policy Implications

This dissertation examined the professional literature related to LGBT youth published in journals for school providers over a 30-year period. The study focused on the emergence of a new cohort of LGBT adolescents in schools as a pivotal policy issue that epitomizes the struggle between conflicting values in contemporary American society. In addition to conducting a content analysis of the professional literature published in 15 journals for school counselors, nurses, psychologists and social workers, the investigator contacted officials in state departments of education in states with laws, regulations and professional policies related to sexual orientation and/or gender identity to identify state-developed materials for school providers on LGBT youth. The analysis was conducted to identify the resources, level of information and guidance provided in professional school journals and through departments of education to assist school practitioners in carrying out their roles and responsibilities related to this emerging population of students in school settings. This chapter provides a discussion of the findings, conclusions, policy implications, limitations and recommendations for further research. The findings are considered from a macro, meso and micro perspective, consonant with the underpinnings of Bronfenbrenner's ecological theory and the principles of social epidemiology which have informed this study.

Overview of the Findings

In reviewing 15 primary and secondary journals read by school providers since publication began, only 41 articles were found that focused on LGBT youth in schools. Half of these were concentrated in two journals—*Professional School Counseling* and *School Psychology Review*, both of which published special issues on LGB and LGBT youth, respectively. Few empirical articles (19.5%), a handful of training articles (7.3%) no theoretical and very few review articles (2.2%) were published even though adolescence, sexuality and gender are cross disciplinary in nature, and important and pertinent findings and observations are published in a range of publications, across disciplines.

Of those empirical studies that were published, most focused on white LGB youth. Only one publication related to intervention was published on youth of color, one on lesbians and one on gender atypical youth. One of these publications—*School Psychology Review*—was responsible for publishing one of the very few publications in the overall adolescent literature on gender nonconforming youth and the only one, to date, on youth who are questioning their sexual identity.

Nearly three-fourths of articles (71%) focused on interventions or practice-related issues with LGB youth, including the need to promote a safe school environment. Many referred to professional standards and policy statements to encourage practitioners to actively provide services and support for LGBT youth. Several provided inaccurate information in discussing a federal government report on adolescent suicide that included a chapter on lesbian and gay youth. Key areas were not addressed related to important advances in adolescent development. For example, only one article discussed the earlier age of coming out among LGBT youth—a significant issue for families, educators, policymakers and providers, while only a few discussed a critical finding that children, including LGB youth, become aware of sexual attraction, on average, at about age 10. Few articles mentioned resiliency and strength and when families were discussed, it was usually in the context of negative reactions to their child's sexual orientation. Only one article mentioned parenting and career

development—important milestones for all young people that have been fraught with challenges for LGBT adolescents.

No articles discussed the impact of time on LGBT youth, an aspect of Bronfenbrenner's ecological theory that has particular salience for this contemporary cohort of adolescents whose life trajectories and life course will differ from those of earlier generations of LGBT adults who lived all or much of their lives in the closet. For example, Neugarten (1979) has pointed out that patterns of growth and change differ for each generation and historical cohort, and this has critical implications for school providers, administrators and policymakers in understanding the emergence, development and strivings of this distinct cohort of LGBT adolescents. Surprisingly, no articles discussed the critical role of the internet in identity development and facilitating transmission of LGBT youth culture. Only about 1 in 4 articles mentioned school risk, a concern for many LGBT youth who experience harassment and abuse at school. When public policy was discussed (in 17% of articles), it was usually in the context of limitations on civil liberties with less focus on how providers might help advocate for appropriate policies for LGBT youth and families or a discussion of the policy implications of new research.

Most articles discussed victimization, harassment and risk for suicide, but very few mentioned such issues as other health concerns, prevention, and risk reduction, confidentiality and sexual abuse. There were substantive gaps in discussing reparative or conversion therapy, a significant concern that has been increasingly promoted by conservative religious providers and groups, but which the major health professional associations do not condone and caution against. Cigarette smoking, a significant and growing health risk for LGBT youth, was only mentioned in one psychology article, while pregnancy, a concern for all sexually active teens and eating disorders, a health concern, in particular for young gay males, were only mentioned in a few nursing articles. STDs, a concern for all sexually active youth, were mentioned in one-third of counseling articles, half of nursing articles and no psychology or social work articles. Nevertheless, more than 3 million teens acquire a sexually transmitted infection each year. Moreover, viral STDs (such as herpes, hepatitis B and human papillomavirus) are incurable, and the costs to the individual and society are significant in terms of

health problems, sequellae and treatment costs. For example, direct medical costs alone for treatment of all estimated cases of STDs in the U.S. are determined to be \$8.4 billion per year (Kaiser, 1998).

HIV/AIDS, a serious health risk for sexually active adolescents—particularly gay and bisexual youth—was discussed in 80% of articles for school nurses, no psychology or social work articles and only one-third of counseling articles (about one-third of articles, overall). Of newly diagnosed people with HIV infection in 2003, approximately 63% are estimated to be among men who have sex with men and 50% are black (CDC, 2005). Moreover, nearly half (48%) of young men who have contracted HIV through same-sex contact are unaware of their HIV status. Even though early detection is especially important to provide treatment and to prevent HIV transmission to others, only 7% of all articles mentioned HIV counseling and testing, a basic recommendation for counseling and care of all sexually active individuals, including adolescents.

Similarly, only one article published in a counseling journal on lesbian adolescents mentioned lesbians' risk for HIV infection or STDs as a result of same-sex contact. Few providers are aware that same-sex transmission of STDs and HIV can occur between female sexual partners. While STDs are far more commonly transmitted, cases of female-to-female HIV transmission have been documented. Yet a large proportion of lesbians, particularly adolescents, do not realize that they are at risk for STDs through same-sex contact. At the same time, many providers do not understand that many lesbians have male sexual partners and that sexually active lesbian adolescents, in particular, are at risk for unplanned pregnancy. In a recent multi-city study of lesbians and STDs, Koh (2005) and colleagues found that, compared with heterosexual and bisexual women, lesbians had more male sex partners during the past year and reported the highest prevalence of intercourse with bisexual men (which increased their risk for STDs and HIV). In another study of lesbian sexual practices and perceptions of risk, participants perceived that STD risk reduction was primarily a concern for heterosexual women (Marrazzo, Coffey, & Bingham, 2005). Moreover, they had very little knowledge of common STDs, such as bacterial vaginosis and genital herpes which can be transmitted between women, and they reported that providers lacked knowledge about STDs, risk reduction and sexual health among lesbians.

Assumptions are consistently made about the knowledge level of providers related to sexual health issues, particularly since we have entered the third decade of the AIDS pandemic. Yet, educators and policymakers often overlook the fact that lack of sexuality training in professional schools requires ongoing iteration of basic information to correct misconceptions and provide common guidelines, particularly for new graduates who are starting their professional careers in schools and other practice settings without any background or practice experience. A study of in-service and pre-service school counselors randomly sampled from the state counseling association and from 11 counseling schools in Ohio (Costin, et al., 2002) underscores the urgency of this need. Both groups had very limited knowledge of HIV transmission—only 16% could correctly discuss the possibility of HIV transmission in a restaurant where the cook had HIV; and nearly 9 in 10 thought that HIV could be transmitted via mosquito bites. Nearly half (43%) would not feel comfortable answering students' questions about AIDS. And only 1% knew what proportion of the states provided AIDS education in their curricula. Moreover, one-third of participants viewed HIV/AIDS as a "gay disease," or a disease that is caused due to "immoral behavior" such as sexual promiscuity or drug use. Counseling students on personal concerns and behavior is a core function of school counselors and other school providers, yet clearly one wherein these practitioners are unable to address students' basic questions and concerns.

Lack of State-Developed Materials

The lack of state-developed materials to underscore for school providers the state mandate to protect students (and staff) on the basis of sexual orientation and/or gender identity is alarming given the high cost of bias-related victimization to individuals, their families and society, in general. While some states had invited community groups to provide training to school providers and a few had made the American Psychological Association's training for school providers on LGB students available for school personnel, no states other than Massachusetts had developed specific materials (including fact sheets) to provide guidance in implementing state laws, regulations or professional standards related to LGBT youth in schools. As noted, however, the Massachusetts safe schools program was defunded

along with other budget cuts shortly after staff had developed a resource packet for school personnel in 2002. As a result, these materials were never distributed and were not maintained when the office was dismantled.

Distributing state-developed materials on an under-studied, vulnerable and high risk population sends a clear message to personnel that addressing these issues by following the state mandate is a priority. Moreover, it provides specific guidance on implementing the mandate. In the absence of specific guidelines, it is likely that these laws, regulations and professional standards will not be implemented, even when task force and other implementation reports are developed. For example, the California Safe Schools Coalition (2006) was founded in 2001 to “ensure the effective and comprehensive implementation of the California Student Safety and Violence Prevention Act of 2000” which had failed to implement recommendations from the advisory task force charged with developing guidance to implement the law (see California Department of Education, 2001). These recommendations include a range of provisions related to training. Yet more than 5 years after the law was adopted, a policy study has found that 60% of school districts responding to the survey are not in compliance with state law, and most fall short in addressing the needs of transgender and gender non-conforming students (California Safe Schools Coalition, 2006). Although the California law is among the most progressive state laws for protecting LGBT students in schools, implementation is sporadic and uneven since it has been left to school districts to carry out. As a result, many districts are not actively informing parents and youth of the law’s existence, many do not require or provide training for teachers, providers or staff. And even though—as previously noted—studies consistently show that young people first become aware of same-sex attraction, on average at age 10, few elementary school districts have adopted policies or provide teacher and staff training. Consequently, students and families continue to report discrimination and abuse in schools, several school districts have contested aspects of the state law and lawsuits are continuing to be filed to seek redress for school victimization.

This lack of implementation reflects an ongoing problem with unfunded mandates. Fix and Kenyon (1990, p. 1) define a mandate as “an order or command...that one level of government

imposes on another.” Hero (1989) observes that states that are more innovative are more likely to mandate as a way of implementing policies. Since mandates may either be cost intensive or somewhat controversial, local jurisdictions have few incentives to implement them. Four of the states with high levels of mandates that Hero highlights in a study of state mandates —California, Minnesota, Oregon and Washington—are also states with provisions related to sexual orientation and/or gender identity in schools. However, based on discussions with state officials involved with developing and implementing these measures, the level of implementation is inconsistent and generally low. Lovell (1981) notes that the majority of state mandates are “direct orders” to county and local government, while Kelly (1995) points out that mandates are an important part of governing in a system of divided government, and those that involve issues such as civil rights clearly serve a statewide interest. Nevertheless, the quality of monitoring and enforcement strategies that governments use to comply with mandates is one of the least examined issues, particularly the reluctance of regulating governments to penalize noncompliant jurisdictions (Fix & Kenyon, 1990). Yet, lack of implementation and non-compliance defeats the spirit and the letter of the law and in this case, perpetuates significant levels of disruption and distress that have negative outcomes for a young person’s health and mental health, family functioning, educational attainment and capacity to contribute to society.

Social Costs of Anti-Gay Victimization in School

The immediate impact of anti-gay victimization on the health and mental health of youth who are known or perceived to be gay has been well documented, particularly in population-based studies (see California Safe Schools Coalition, 2004; DuRant, et al., 1998; Garofalo, et al, 1998; Reis & Saewyc, 1999). In addition, youth who are targeted because of their known or perceived sexual orientation report less connection to school, community or supportive adults, less support from teachers, family and friends, and fewer resources for coping with problems than students who are not the targets of anti-gay harassment (California Safe Schools Coalition, 2004). This has important implications for adjustment as well as for social and career development.

Of particular concern, emerging research shows that anti-gay victimization has long-term adverse effects that persist into adulthood and impact health, mental health and well-being. In a new study of LGBT adolescents, young adults and their families and caregivers, Ryan & Diaz (2005) found that youth who have been victimized in school because of their LGBT identity are at significant risk for negative health and mental health outcomes in adulthood. For example, LGBT young adults (ages 21-25) who experienced high levels of anti-gay victimization in middle or high school were twice as likely to report symptoms of depression and substance abuse problems associated with addiction as were their LGBT peers who experienced low levels of victimization. In addition, they were more than five times as likely to report suicidal ideation during the past 6 months, more than three times as likely to have attempted suicide, and more than twice as likely to put themselves at risk for HIV infection during the past 6 months, compared with LGBT peers who reported low levels of anti-gay victimization during adolescence. Moreover, young adults who reported high levels of anti-gay victimization in school had significantly lower levels of self-esteem, social support and life satisfaction than peers with low levels of bias-related victimization, which shows the corrosive effect of victimization on all aspects of a young person's life.

In addition to having adverse consequences on health and mental health, anti-gay victimization affects academic achievement and contributes to school failure. In the same study, LGBT youth who experienced high levels of school victimization reported that it negatively affected their grades, limited their participation in school-related activities and caused them to avoid school, change schools, leave school for periods of time and drop out of school entirely (Ryan & Diaz, 2005). Students in Washington State who experienced anti-gay related school victimization from kindergarten through 12th grade reported that it negatively affected their grades and evaluations, affected their concentration and caused them to change schools or drop out of school (Reis & Page, 1999). In a national study of LGBT students, youth who experienced higher levels of anti-gay harassment received lower grades and were twice as likely to report that they did not plan to attend college, compared with LGBT peers who reported lower levels of harassment (Kosciw, 2004). And in two population-based studies of

adolescent risk behavior, LGB youth reported missing days of school because they felt unsafe (California Safe Schools Coalition, 2004; Garofalo et al., 1998).

In the California Healthy Kids Survey, for example, students who reported anti-gay harassment who were known or perceived to be gay were more than three times as likely to miss days of school compared with peers who were not harassed (California Safe Schools Coalition, 2004). They were also more likely to report lower grades than students who experienced other bias-related harassment based on ethnicity, gender or religion. Because children and adolescents spend a significant portion of their time in school, these disruptive and adverse experiences affect other important aspects of development that occur in schools including socialization, civic engagement and career development. Such marginalization of LGBT children and adolescents in school inhibits their ability to practice and to develop important life skills that are needed to function as productive adults.

Concern over school failure has led the private sector, including the Bill & Melinda Gates Foundation, to develop initiatives to help young people stay in school to help support the development of a competitive workforce. An increasing number of researchers are reporting that about 1 in 3 students in public high schools will not graduate (Thornburgh, 2006), and the costs of school failure to the individual and society are very high. In a policy review of why the nation should invest in adolescents, Burt (1998) describes alarming findings from the Carnegie Council on Adolescent Development (1993) which show that each year's class of high school dropouts costs the nation \$260 billion in lost earnings and foregone taxes over their lifetime; average lifetime earnings for high school dropouts are \$230,000 less than a high school graduate and contribute \$70,000 less in taxes; and each added year of secondary education reduces the probability of public welfare dependency in adulthood by 35%, with related reductions in public costs. Thornburgh (2006) also points out that an estimated two-thirds (67%) of prison inmates nationwide are high school dropouts. And Cohen (1995) calculates the financial and social costs of a career criminal, including foregone earnings and the impact of average crimes committed, at \$1million to \$1.3 million per criminal, in addition to victim-related costs. Burt (1993) concludes that there are substantial costs to government and to individuals

for every failure of youth to reach adulthood alive and healthy, with an adequate education, and the capacity to contribute to society.

Roles & Responsibilities of School Providers

Professional Roles & Guidance

School counselors, nurses, psychologists and social workers are guided by professional standards and ethical codes that govern their approach to working with clients and patients, their responsibility to the schools and educational environments in which they practice, and their responsibility to their professions and to continuing education. Indeed, as the American School Counselor Association's (2004, p.4) ethical standards for school counselors states: "Professional and personal growth are ongoing throughout the counselor's career." Ongoing education and training is emblematic of practitioner disciplines. For social workers, cultural competence is perceived as a lifelong process that requires ongoing learning and education about diversity (National Association of Social Workers, 2001). According to the National Association of Social Workers' (1996, p. 22) code of ethics: "Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics." For school nurses, "Ongoing professional development ... is essential to assure competence in the practice of professional school nursing" (National Association of School Nurses, 2003). School psychologists must "engage in continuing professional development. They must remain current regarding developments in research, training and professional practices that benefit children, families and schools" (National Association of School Psychologists, 1997, p. 3), and this includes reading professional journals and books. Some of these guidelines also discuss the importance of conducting research, writing for publication in professional journals and presentations at professional meetings.

These professional associations have also adopted specific guidance related to sexual orientation and gender identity (National Association of School Nurses, 2003); practice with sexual minority youth (National Association of School Psychologists, 2004) and LGB youth in schools (National Association of School Psychologists & American Psychological Association, 1998); and LGB and transgender individuals and issues (National Association of Social Workers, 2000). Moreover, the National Association of School Nurses (NASN), National Association of Social Workers (NASW) and National Association of School Psychologists (NASP) have adopted a range of public and professional policy statements that govern practice on such issues as HIV/AIDS (NASP, 2005; NASW, 2000), sexuality education (NASP, 2003), school violence (NASP, 2001; NASN, 2005), peer bullying (NASN, 2003), eating disorders (NASN, 2002), adolescent pregnancy and parenting (NASN, 2004; NASW, 2000), substance use and abuse (NASN, 2005) and youth suicide (NASW, 2000).

All of these professions direct providers to address the needs of children and adolescents at the individual, family, community and school levels. And predictably, most articles reviewed for this dissertation include strategies and guidance to promote a supportive school environment for LGBT youth as well as resources and referral information. This holds for nurses as well as other disciplines. For example, NASN's (2002, p.2) guidance on the role of the school nurse, calls for nurses to promote a healthy school environment to "provide for the physical and emotional safety of the school community" and to address "the emotional environment of the school to decrease conditions that may lead to bullying and violence and/or an environment not conducive to optimal mental health and learning." For school psychologists, "NASP (2004) believes that school psychologists are ethically obligated to ensure that all students have an equal opportunity for the development of their personal identity in an environment free from discrimination, harassment, violence, and abuse. To achieve this goal, education and advocacy must be used to reduce discrimination and harassment against sexual minority youth by both students and staff." Social workers have a strong history of advocacy at various levels of the system and counselors who historically have practiced at the individual level have been increasingly challenged to advocate to promote social justice and to serve as change agents to foster

systemic change (see, Bernak, 1998; House & Martin, 1998; Kiselica & Robinson, 2001; Lee, 1998; Myers, Sweeney & White, 2002).

Importance of Professional Journals

The lack of academic training for health and mental health providers related to sexuality, in general, and homosexuality, in particular, makes professional journals even more critical in helping providers meet their responsibility for ongoing professional development. Indeed, professional journals are viewed as a top information source for learning about LGB issues in studies of school counselors (Fontaine, 1998; Price & Telljohann, 1991) and psychologists (Murphy et al., 2002). Professional journals are considered to be the hallmark of a professional organization, providing members of a given profession with scholarly and relevant information about current issues, best practices, and research in their field (Bauman et al., 2002). When initially founded, the editors of *Professional School Counseling* recognized the importance of research and determined to strike a balance between research and practice-related articles (Sink, 1999). In a recent analysis of the journal, however, only one-fourth of articles published since that time have reported empirical research. Nevertheless, even though this falls short of the anticipated goal of 50% of published articles, it still represents far more than the number of empirical articles published in the same journal on LGBT youth for the current content analysis. During the same time period, only two empirical studies were published in *Professional School Counseling* related to lesbian, gay and bisexual adolescents.

The lack of content on LGBT issues is stark and surprising in these 15 journals given the rapid emergence of LGB and more recently, transgender youth, as a major policy issue in schools as reported by the media. For example, at least 1,344 newspaper articles were published on LGB youth related to Gay Straight Alliances between May 1996 and August 2000, according to a media analysis conducted for the GSA Policy Project (Sweat, 2001). In these newspaper articles, the health and safety of LGB adolescents was a primary topic of discussion. The prevalence of these articles in major newspapers throughout the United States parallels the same time period when only two empirical

publications (and 9 publications, all told) were published in *Professional School Counseling* on LGB youth. Since that time, only one subsequent article has been published on lesbian and gay students in the same journal. An important role of professional journals is to provide access to new and emerging research, while presenting cross-cutting issues that affect policy and practice. Given the lack of professional training on sexuality and LGBT issues, in general, these journals must serve a dual function to provide basic information as well as guidance related to critical emerging issues for practitioners.

One has to ask why so few articles—a total of 41—were published in these primary and secondary journals read by school providers during a time of rapid emergence of LGBT children and adolescents in middle and high schools throughout the United States. Obviously these issues are of concern to school providers who have been dealing with these issues in their schools. For example, in a survey of school counselors published in 1998, Fontaine (1998) found that more than half of respondents said they had worked with students who had concerns about their sexual orientation, and at least 1 in 5 counselors said they knew of elementary school students who were lesbian or gay or who were questioning their sexual identity. In addition, only 8% of counselors reported having a high level of competence in working with lesbian and gay youth and 89% asked for further training on these issues. Remafedi (1993) who published findings from the evaluation of a state HIV/AIDS training program for school personnel found that 70% of participants said they had witnessed homophobic language or behavior in their schools and 58% reported that colleagues seldom, if ever, intervened.

In a national survey of school counselors, nurses, psychologists and social workers conducted by the American Psychological Association (2001) in collaboration with the professional associations representing these four disciplines, 98% reported that LGB students were at higher risk for harassment than their heterosexual peers. In addition, 90% of providers surveyed said that LGB students were at higher risk for suicide; 93% said they were at higher risk for anxiety; 94% said they were at higher risk for low self esteem and 72% said that substance abuse was higher among LGB youth, compared with their heterosexual peers. Moreover, 97% felt that it was important to intervene when anti-gay harassment occurred, yet only about one-third had actually intervened to stop anti-gay

harassment. Nearly three-fourths (71%) felt that it was their responsibility to provide safer sex counseling (prevention and risk reduction information) to LGB youth, but only one-third had actually done so. About the same proportion (70%) felt they should talk about and should recommend HIV testing to LGB adolescents who were at risk for HIV infection, yet only 29% had actually done so. Across all disciplines, the barriers to providing appropriate services to LGB youth were the same: 92% of school providers said they lacked the training to provide these services, while another 92% said they lacked the knowledge or skills to do so. One must ask: can these significant gaps be attributed to discomfort with sexuality, in general, or are they reflective of heteronormative attitudes about the nature of human sexuality?

Ambivalence About Sexuality

Anke Ehrhardt (1996, p. 1523), a research psychologist who has studied sexuality and gender for nearly 40 years, has observed that the United States has a history of profound ambivalence toward human sexuality, and “nowhere is this more apparent than in our policies, regulations and attitudes regarding the sexual behavior of children and adolescents.” She and others note that the policy debate related to sexuality, in general, is fueled by strong convictions of right or wrong and leaves little room for an impartial assessment or discussion of the facts. Discussions of sexuality rarely perceive sexuality as a normal expression of human development expressed from early childhood. Among adolescents, all sexual behaviors are framed as being problematic (Kotchick, Shaffer, Forehand & Miller, 2001).

Ehrhardt is concerned that in the U.S., sexuality is predominantly conceptualized, assessed and discussed in the context of risk behavior which may contribute to increased rates of distortions and interpersonal problems related to sexuality, while lack of appropriate education contributes to the high rates of sexually transmitted diseases and teen pregnancy. She notes—with concern—that fewer than 10% of children in the U.S. receive comprehensive sexuality education that includes a discussion of sexual behaviors. And cross-cultural studies have found that, compared with their peers in other

industrialized countries, U.S. teenagers report higher risk behaviors and have poorer indicators of sexual health. For example, U.S. teen birth and abortion rates are 3 to 13 times higher than those in the Netherlands, Germany and France, while STD rates may be as much as 25 times higher (Berne & Huberman, 2000). This discomfort with sexuality, in general, which as we have seen in chapter 2 has affected the academic study and discourse on sexuality, further contributes to the stigma and the lack of factual discourse related to homosexuality. And it is within this larger context that issues related to LGBT youth are being framed, debated and acted upon.

Role of the Schools in Promoting Well-Being

One of the most important functions of schools has been to maintain and improve health (Kolbe, Collins & Cortese, 1997). In fact, health was listed as the first of seven Cardinal Principles of Secondary Education established for the United States in the 1918 Commission on the Reorganization of Secondary Education. In addition to health services, the majority of mental health services for young people are provided in school and primary care settings (Hoagwood & Johnson, 2003). For most children in this country, the school system is their only source of mental health services. Of those who do receive some type of mental health care, the overwhelming majority—70-80%—receive it within the school setting. Health is multi-dimensional. As former Surgeon General Jocelyn Elders has pointed out, "You can't educate a child that isn't healthy, and you can't keep a child healthy that isn't educated" (Wilsdon, 2005).

Experts have observed that the most serious and expensive health and social problems that afflict the United States today are largely generated by behavioral patterns established during adolescence (Kolbe et al., 1997). Of these, the increased prevalence of sexual intercourse among school-age youth contributes to major health and social problems; STDs, including HIV infection, and unintended pregnancies affect millions of teenagers each year. By preventing these and other behavioral health problems, school providers and "school health programs could help reduce the

spiraling costs of health care, improve educational outcomes, and thus improve economic productivity and quality of life” (Kolbe et al., p. 257). In a world increasingly connected through globalization, such efforts become an important aspect of a country’s economic competitiveness and, in fact, the World Bank (1993) has asserted that school health programs could become one of the most cost-effective strategies in improving the health of populations throughout the world. This has important implications for ensuring that school providers have the training and continuing education they need to provide appropriate health and mental health services in schools.

Commentators consistently discuss the importance of schools in playing a fundamental role not only in education, but also in the development of personal, interpersonal and social skills that prepare children and adolescents to participate in and contribute to society. In a case before the U.S. Supreme Court related to compulsory education (*Wisconsin v. Yoder et al.*, 1972), the Federal government clarified the mission of public education as: 1) assisting in socializing the young; 2) preparing students to play a role in continuing the nation’s economic vitality; and 3) teaching youth in a manner that maintains the prevailing political system (in other words, teaching civic responsibility and citizenship) (Adelman & Taylor, 2003). Yet notions of citizenship are generally conceptualized within a framework of moral boundaries (e.g., inside/outside, included/excluded) that do not include homosexuals whose rights to full citizenship (e.g., marriage, survivorship, military service, etc.) are abrogated in most societies (see Plummer, 2001; Richardson, 1998). Plummer (1995) has expanded on Marshall’s (1950) earlier conceptualization of citizenship to include a new domain of sexual citizenship—the making public of private identities such as lesbian and gay lives—that through the process of telling their sexual (identity) stories have transformed experiences that were previously unspeakable, and fueled a social and political movement that mobilized to press for civil and human rights. According to Plummer’s (1995, p. 149) formulation, “Rights and responsibilities are not ‘natural’ or ‘inalienable’ but have to be invented through human activities and are built into the notions of communities, citizenship and identities.”

Since the early 1990s with the emergence of the internet and the expansion of LGBT youth support programs in communities throughout the United States, LGBT adolescents have been telling

their own identity stories and reframing those stories not as victims (as the professional literature consistently portrays them) but as morally congruent individuals who share a vibrant culture, cohort identity and altered life course that is now characterized by “coming out” during adolescence into a community of peers while still living with their families or caregivers. The rapid growth of GSAs (gay straight alliances) in schools has provided a new socially sanctioned space for the normative validation of LGBT identity in schools (Ryan & Russell, 2001). Yet, very few articles published in these school journals mention GSAs; only a handful discuss resiliency and strength, and those that do have ignored this important manifestation of positive youth development wherein LGBT youth and their allies learn civic engagement, leadership skills and important lessons about citizenship and discursive democracy through active participation in these school clubs.

As Richardson (1998) and others have noted, citizenship for gay people has been predicated on maintaining their LGBT identity in private. And obviously not all young people have access to the internet or GSAs or are able to publicly express their LGBT identities. Applying these concepts to LGBT youth, Russell has observed that with the exception of the media, silence and marginalization characterize the major institutions that socialize LGBT youth (family, faith communities and schools). Such marginalization inhibits the typical developmental experiences that would otherwise prepare these young people for fully engaged citizenship. Moreover, youth who are unable to come out publicly because of fear of family rejection or other pressures, cannot share a dimension of their lives that is central to their normative development. By failing to provide a safe environment where LGBT students do not have to hide, schools constrain healthy development for LGBT children and adolescents and hinder opportunities for citizenship development and workforce preparation that are central to their institutional mission. In addition, current developments related to federal sex education policies also limit information to potentially life saving health information for non-heterosexual students and students who are sexually active.

Fields & Hirschman (forthcoming) argue that the federal policy of abstinence-only education that has forced the states who have accepted federal funding (most of them) to restrict sexuality education in schools to a discussion of sexuality that focuses on abstinence as the only sure way to

avoid out-of-wedlock pregnancy, STDs and other health problems is discriminatory and harmful to many adolescents. Abstinence-only programs are required to teach that sexual activity outside of marriage is likely to have harmful psychological and physical effects; that a mutually monogamous relationship in the context of heterosexual marriage is the expected standard of human sexual activity; and that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents and society at large (Personal Responsibility and Work Opportunity Reconciliation Act, 1996). According to Fields and Hirschman (forthcoming), such instruction discriminates against LGB individuals who do not have the right to marry. For these young people, membership and belonging are contingent on confining their sexual lives to a single sexual trajectory—abstinence until marriage (which is not legally permitted). Moreover, they are excluded from access to sex education in school since the classroom discourse on sex education has no relevance to their lives. Moreover, in some communities, these programs repress free speech in schools.

In a recent position statement on abstinence-only policies and programs, the Society for Adolescent Medicine (2006, p. 83) cautions that “providing ‘abstinence only’ or ‘abstinence until marriage’ messages as a sole option for teenagers is flawed from scientific and medical ethics perspectives. Such programs are inherently coercive and often provide misinformation, while withholding information needed to make informed choices.” In addition, evaluations of these programs provide no evidence of efficacy in delaying initiation of sexual intercourse. Moreover, they provide no guidance or information on risk reduction, condom or contraception use for teens who are already sexually active (about half of the adolescent population) or who may become sexually active. The medical association asserts that such programs are having a chilling effect on sexuality education throughout the United States as increasingly educators are prohibited from teaching about contraception and the percentage of programs that only discuss abstinence continues to increase.

Since the late 1940s, human rights advocacy and related efforts have expanded the boundaries of human rights to encompass health as a human right (see Mann et al., 1994). Accordingly, the Society for Adolescent Medicine (2006a, p.86) concludes that “Access to complete and accurate HIV/AIDS and sexual health information is a basic human right and is essential to

realizing the human right to the highest attainable standard of health. Thus, governments have an obligation to provide accurate information to their citizens and eschew the provision of misinformation; such obligations extend to state-supported health education and health care services.” These legal guarantees are found in a number of international treaties (including the International Covenant on Civil and Political Rights and the Convention on the Rights of the Child), which provide that all people have the right to “seek, receive and impart information and ideas of all kinds,” including information about their health. Moreover, the work of some school providers, such as social workers, is directed by professional cultural competency standards that are to be applied within the United Nations Declaration of Human Rights, as well as their professional code of ethics (NASW, 2001).

These directives are especially relevant for LGBT adolescents who are at high risk for HIV infection, particularly young males. Questions related to sexual orientation, HIV instruction and behavior included on the Massachusetts Youth Risk Behavior Survey show that LGB adolescents are significantly less likely than their heterosexual peers to have received HIV prevention instruction at school (Blake et al., 2001). Yet they are significantly more likely to report lifetime and recent sexual intercourse than heterosexual youth and they report higher pregnancy rates. In addition, few LGB adolescents—only 7%—have received HIV education that is sensitive and pertinent to their experiences, and those in schools where HIV instruction was minimal or had low likelihood of addressing their educational needs were at highest risk. Nevertheless, when HIV instruction was provided that specifically addressed their educational needs, LGB youth were less likely to have had sex within the past 3 months, had fewer sexual partners and were less likely to have used alcohol and drugs prior to last sexual intercourse, compared with LGB peers who did not receive such instruction. As previously noted, cognitive isolation and lack of health promotion and prevention information that specifically includes the experiences of LGBT youth is a significant barrier to promoting health and teaching self-care. Moreover, such behaviors are established during adolescence and form behavioral patterns that support or jeopardize health throughout the life course.

In view of the increasing rates of HIV infection among heterosexual and LGBT-identified youth (approximately 50% of new HIV infections worldwide are among youth ages 15-25), the Society for

Adolescent Medicine (2006b) calls for an expanded HIV counseling and testing program, noting that many prevention activities take place in school and community settings. They assert that such programs are central to HIV prevention and treatment efforts, and that particular attention should focus on LGBT youth. Nevertheless, as we have seen in the current study, school providers have received little guidance from their professional journals related to addressing HIV, STDs, HIV counseling and testing and sexual health with LGBT students. Moreover, an important national study of the practices and training needs of school providers (American Psychological Association, 2001) documents the urgent need for information and training to carry out their professional responsibilities in these and related areas.

Impact of Politics & Current Federal Policies

Numerous commentators, scholars and analysts have discussed the impact of the current Administration's policies to "shape" science and to restrict how public health services are being implemented in health, reproductive health, HIV and related services in schools and agencies within the U.S. and in the provision of foreign aid related to health and human services. Epstein (2006, p.2) points out that these efforts "seem to target not only sexual ideas and practices ... but also the scientific practices responsible for generating and disseminating knowledge about sexuality" in general. In an information age, restricting and targeting core aspects of knowledge production and knowledge dissemination has profound ramifications for the health and well-being of citizens both in the U.S. and others throughout the world.

Epstein (2006) recounts a series of attempts by the Administration and members of Congress to control access and to reframe interpretation of scientific information that have been discussed and responded to by many scientific authorities and professional associations. These activities include: 1) a crackdown on the use of federal funds by community-based AIDS prevention organizations "perceived to be promoting sexuality;" 2) a sudden unwillingness by the Centers for Disease Control (CDC) to endorse the efficacy of condoms to prevent the spread of HIV, after having previously

presented condoms as an important prevention measure – this followed the replacement of a comprehensive fact sheet on condoms on the CDC website with information that lacks crucial information on condom use and efficacy in July 2001; 3) a decision by the Food and Drug Administration (FDA) to overrule its expert advisory panel to ban a morning-after contraceptive pill that had been approved for release by the committee; 4) efforts to limit participation on scientific advisory panels to members who hold specific ideological positions on critical issues (such as access to abortion); as well as 5) Congressional efforts to revoke funding for previously funded NIH research studies on sexuality and health that came within two votes of adoption by the U.S. House of Representatives in July 2003.

These and related actions were seen as incursions into the integrity of the scientific review and decisionmaking process and the dissemination of critical public health information by the major scientific organizations, causing many researchers, health advocates and policymakers to respond publicly (e.g., American Psychological Association, 2003). In response to attempts to replace scientific advisory committee members with individuals who held specific ideological views in agreement with the Administration, the American Association for the Advancement of Science and members of scientific advisory committees reminded policymakers of the critical role that scientific advisors play in helping develop balanced evidence-based policy. Several distinguished scientists, writing in the journal, *Science*, cautioned that based on the Administration's current political practices: "Instead of grappling with scientific ambiguity and shaping public policy using the best available evidence (the fundamental principle underlying public health and environmental regulation), we can now expect these committees to emphasize the uncertainties of health and environmental risks, supporting the administration's anti-regulatory views. And in those areas where there are deeply held conflicts in values, we can expect only silence" (Michaels et al., 2002).

LGBT youth in schools have become a significant policy issue for state and local policymakers across the country. Bills have been introduced in at least 19 states to expand or limit the rights of LGB students, and a few include gender identity (Buchanan, 2006). Most of these measures focus on protecting students from bullying and discrimination, but several seek to limit their visibility in school,

including bills that require parental permission for students to join GSAs or limit the ability of these groups to meet on campus. In Montgomery County, Maryland, a parents' group went to court to block a health education course that mentioned homosexuality, pressuring the school board to eliminate the program six months after unanimously approving it (Janofsky, 2005). State measures have been introduced or considered to restrict children's access to gay-related books in Alabama, Oklahoma and Louisiana. Other efforts have emerged to force public schools and other settings to eliminate policies that protect lesbian, gay men and bisexuals from harassment on the basis that their right to visibility and protection restricts the rights of conservative Christians to discriminate against them by exercising their beliefs (Simon, 2006).

This political climate represents the backdrop against which the increased focus on LGBT children and adolescents in schools is being addressed. School providers are called upon not only to address the needs of individual students, but also to deal with them in the context of their families and communities. They must also focus on the school environment, address issues that arise in classrooms, provide consultation and guidance on these issues to colleagues, school administrators and officials, and assist with implementing and framing policy. Providing appropriate services requires knowledge and understanding of these concerns, a basic understanding of human sexuality and development, knowledge of emerging research and the ability to apply these issues to policy and practice. The literature published in school journals and the lack of state-developed materials and inconsistent training opportunities offer school providers few resources to meet their professional responsibilities and workplace demands. As Deborah Stone (1988) has pointed out, policy making is a struggle over ideas, and ideas are at the center of all political conflict. In this context, interpretations are more powerful than facts. But if school providers who are key mediators within our educational institutions lack the basic information and facts, how can they to respond to critical challenges related to such core values as equity and justice?

The emergence of LGBT adolescents as a visible student cohort in middle and high schools throughout the country is occurring amidst extensive changes in the educational policy landscape. Educational reforms that teach for specific outcomes are also impacting school-based providers and are affecting and in many cases, limiting, the services they can provide to students. As school counselors are increasingly pressured to assume testing roles in some jurisdictions, for example, their ability to provide traditional school counseling and resource services are increasingly restricted which affects their ability to address the needs of LGBT students and to help promote safer school environments. In many ways, the findings from this dissertation reflect the politics of education both in terms of how emerging policy and practice issues related to LGBT youth are minimized or sidestepped in response to implementing broader policy initiatives, such as the No Child Left Behind Act, as well as how political realities impact professional education and the responsibility of professional associations to adhere to their own policy standards in addressing issues that are perceived as controversial and value-based. Even though various studies consistently show that providers need and want more education and training on LGBT issues, and professional associations that represent school-based providers have adopted a range of policy statements related to LGBT issues that call for professional and continuing education, appropriate practice and often advocacy and policy intervention, the dearth of content in professional journals belies their commitment to addressing these issues. The lack of content in professional education on sexuality and adolescent development leaves knowledge gaps that continuing education venues, particularly professional journals, are well equipped to fill, yet this study indicates that such gaps persist in the professional literature, as well.

An earlier analysis by the investigator of literature related to LGB youth (Ryan, 2000) generated similar findings and offered several recommendations for how professional associations might address these knowledge gaps. For example, the author recommended that editors of professional journals actively solicit articles on key aspects related to LGB and transgender youth. In particular, the author recommended that journal editors invite key experts to write annual review articles of current pertinent literature related to LGB and transgender youth for school practitioner journals. This would help synthesize emerging research findings from multi-disciplinary perspectives,

beyond practitioner disciplines, and make them available to school-based providers who do not typically read academic journals in other disciplines where much of this information is published, such as anthropology and sociology. Other recommendations include: publication of special issues of professional journals that focus on LGBT youth; developing and disseminating fact sheets on practice strategies and issues in working with LGBT youth, and providing updates on key emerging research findings, using association newsletters, newspapers, websites, and listserves for dissemination.

In undertaking the interviews with state program staff for this study, some of them discussed the role of advocates and stakeholders in pressing for state laws or provisions that protect students and employees on the basis of sexual orientation and/or gender identity. For example, California's program staff discussed continuing advocacy efforts to implement these measures after legislation had been enacted in the state. Program staff from states that have invited community organizations, such as GLSEN or other safe schools programs to provide training for school providers on LGBT issues, have typically developed ongoing relationships with those organizations. And these organizations fill an important training gap by working with state program staff to train school-based providers. Although the investigator's interviews did not routinely solicit information on the role of stakeholders in advocating for state education departments to implement key components, such as provider training, after these laws, regulations or professional policies have been adopted, these findings indicate that further advocacy from community groups and stakeholders is needed to ensure that states actively work to educate school providers on key policy and practice issues in working with LGBT students.

Need for Reframing the Approach to LGBT Youth

Although it has become normative for lesbian and gay, and increasingly transgender youth to come out during adolescence—and to come out in the context of a vibrant youth culture—the way that researchers, policymakers and most providers frame LGBT adolescents still reflects an earlier

victim-based paradigm that is problem and deficit-focused. The articles analyzed for this dissertation represent this outmoded issue frame of LGB adolescents as victims and dependents. What is needed in these journals, in professional training, staff training and the media is an accurate reframing of this emerging population of adolescents that reflects the reality of their lives, elicits research and publications that seek to understand their development from an ecological perspective, and places them in the context of adolescents, in general. The focus on youth development that views young people as an asset to be supported, mentored and given opportunities for leadership and skill development has sidestepped LGBT adolescents, as has an accurate understanding of their needs, challenges, strengths and positive contributions. Much can be learned from the life experiences of a diverse, multi-ethnic population that has contended with and thrived in spite of challenges, discrimination, lack of support and adversity during childhood and adolescence.

The classrooms of today are charged with preparing children and adolescents for the worksites of the future. Perhaps the most important characteristic in terms of anticipated changes in demographics and future work environments is an acceptance of and appreciation for diversity. Young adults, whom public opinion polls show as being far more accepting of diversity and their LGB peers than older adults, intuitively know this. The marketplace is adapting faster than our educational institutions in providing a supportive environment for LGBT employees. In 2005, more than 100 major U.S. corporations received a 100% positive rating as measured by inclusive policies, domestic partner coverage, diversity training and other measures to attract LGBT workers (Human Rights Campaign, 2005). This includes such companies as Toyota, Dow Chemical, American Express, General Mills, Nike, Chevron and Citibank, among others.

The importance of diversity in promoting creative capital and economic activity has been examined by Richard Florida (2002) and colleagues. In developing a creativity index to measure the attractiveness of communities to key wage earners and innovators, Florida found that acceptance of diversity was a key aspect of successful communities. And the most influential variable of all was the prevalence of gay people in the population which serves as a barometer of an environment's openness to all kinds diversity. Yet, none of these issues are mentioned or discussed in the articles

published in school provider journals during this review period. Reading these publications, compared with the experiences of LGBT adolescents in schools, communities and the media today, is like stepping back in time. Unless LGBT adolescents, like their heterosexual peers, are seen as an asset worthy of nurturing and supporting for their future contributions to society, school systems will continue to debate whether to provide the environmental supports they need for positive, healthy development. And still seeing LGBT issues as controversial, many will continue to avoid providing essential staff education, introducing appropriate policies and ensuring educational equity.

Limitations of the Study

The current study specifically examined content related to LGBT youth in the primary and secondary journals read by school providers so this study only explored one vehicle for information dissemination related to policy and practice. However, providers may read other journals or professional newsletters or listserves, and may get information on these issues from colleagues and from the media. The investigator did not conduct in-depth interviews with state informants, but asked whether their state had developed materials for school providers related to LGBT youth, and if not, why they had not developed such materials. Beyond a basic discussion of the reasons for developing such materials, or not, the interview did not explore the political environment that affected these decisions.

Recommendations for Further Research

This study examined the literature and the availability of state-developed materials for school providers related to LGBT youth. This raised many questions about how professional schools prepare health and mental health providers to deal with issues related to human sexuality, and LGBT issues,

in particular. Substantive studies related to training health and mental health providers in preparation for working with LGBT children and adolescents would help illuminate significant gaps in their training and may encourage professional schools to begin to address these gaps.

The study raised many questions about how LGBT youth are framed as a policy issue and how reframing may help policymakers become more responsive to their concerns. Stone (2006) has conceptualized reframing racial health disparities as a critical policy issue for state governments and her approach provides helpful guidance for rethinking how LGBT youth are addressed as a policy concern. In interviewing state officials it became clear that policy studies of how and why states decide to provide resources for addressing sexual orientation and gender identity issues, including implementing state mandates for non-discrimination and anti-bullying laws, can help expose underlying attitudes, perceptions and beliefs that hinder the development of appropriate services, such as the ability of gender non-conforming children and adolescents to obtain a public education. Attitudes about sexuality and gender are still poorly understood. The sexual literacy and research literacy of public officials and policymakers are important determinants in how they approach decisionmaking related to sexuality and sexual health and in which policies they adopt, yet we know little about the personal, social and cultural factors that go into shaping their decisions.

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Appendices

Appendix A

CODING FORM

I. ADMINISTRATIVE DATA:

Coder's name: _____ Date: _____ State-Developed Resource: Yes No Code No. _____
 Pub Title: _____ Journal: _____ Discipline: _____
 Author(s): _____ Date/vol/no: _____
 Completed: Yes No Verified: Yes No Inter-rater Reliability: _____ Entered into Computer: Yes No
 Notes: _____

II. SAMPLE-RELATED DATA:

Circle populations included: L G B T H O Type of article: Review Empirical Intervention Training Theoretical
 Type of research: Primary analysis Secondary analysis Qualitative Quantitative Combined
 Sample Size: _____ (Number) Probability Sample Systematic non-probability Sample Convenience Sample

NON-PROBABILITY SAMPLES:

Percentage included: _____ Lesbian _____ Gay Male _____ Bisexual _____ Includes youth of color: Yes No
 _____ Transgender _____ Other _____ Specifically youth of color: Yes No

Percentage included: _____ African-American _____ Latino _____ Asian/Pacific Islander _____ Native American _____ Mixed Race _____ White _____ Other

Indicate Percentage of the *Population* that is: _____ Lesbian _____ Gay _____ Bisexual _____ Combined Range: _____ to _____

III. CONTENT-RELATED DATA:

VARIABLE	YES	NO	NOTES
<i>Development</i>			
Sexual Orientation/Identity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Gender Identity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Isolation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Coming Out	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Earlier Age of Coming Out	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Average age of 10	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Family Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Resiliency/Strength	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Parenting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Career Development	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>Environment</i>			
Homophobia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Heterosexism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sexual Prejudice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Impact of Stigma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Impact of Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Online Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
School Risk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Resources & Referral Info	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Strategies/Supportive Environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Professional Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
School Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Public Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>Health/Mental Health</i>			
AIDS/HIV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
HIV Counseling & Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Lesbians' Risk for HIV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Lesbians' Risk for STDs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Confidentiality	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other Mental Health Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Eating Disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pregnancy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Harassment/Victimization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other Health Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Prevention/Risk Reduction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Reparative Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sexual Abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
STDs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Substance Abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cigarette Smoking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Suicide	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

APPENDIX B

CODING MANUAL

Coding Instructions

These instructions are provided to help coders interpret and appropriately code selected variables for an analysis of the health and mental health literature on lesbian, gay, bisexual and transgender youth over more than a 30-year period from 1972-2005. The purpose of the study is to document the extent to which new information, practice guidelines and important findings are being incorporated into the literature published and developed for school practitioners.

The coding form is divided into three sections: 1) administrative information at the top of the page; 2) information about the type of publication and sample in the middle of the page; and 3) information on health-related content variables covering the rest of the page. The form includes a section for notes next to each health-related content variable to help the coder refine the coding scheme at the beginning of the study and to document unique or unusual findings throughout the study.

I. Administrative Information

To begin coding an article, the coder will enter his or her name in the administrative section at the top of the coding form, then enter the date and the code number for each article analyzed. Code numbers will be assigned numerically in ascending order for each alphabetized publication, beginning with 001. Code numbers for state-developed materials will be preceded by the letter "S." The coder will also enter the title, author(s), date, volume and issue number for each publication, and check the appropriate box to indicate whether or not a file is based on a state-developed resource. After each article is coded, the coder will check the box ("yes") indicating that coding has been completed. The master coder will check the box ("yes") after the article has been verified in the subset of articles used to verify reliability of the sample with a second coder. When data are entered into the computer, the researcher will check a third box ("yes") indicating that data have been entered. A line is provided for notes related to administrative information in this section of the coding form.

II. Sample-Related Information

- Populations Included

Coders will identify all populations that are included in the publication's sample (or primary population discussed in the article), by circling "L" for lesbian, "G" for gay, "B" for bisexual, "T" for transgender, "H" for homosexual and "O" for other.

Definitions:

Lesbian – sexual and emotional attraction to other women.

Gay – sexual and emotional attraction to other males.

Bisexual – sexual and emotional attraction to both males and females.

Homosexual – sexual and emotional attraction to same-sex persons.

Transgender – a wide range of identities and experiences that include transsexuals, cross dressers, and individuals, regardless of their gender, who are perceived to be gender non-conforming. Transgender persons may be lesbian, gay, bisexual or heterosexual.

Other – groups that are not designated in the previous categories; includes youth who are identified as sexual minority, queer, questioning or uncertain of their sexual orientation.

- Type of Article

Coders should categorize each article in one of five categories based on the *primary orientation* of the publication. When articles contain more than one type of information, coders should select the category that *best* represents the article. For example, intervention articles generally include a review of the literature, but the primary focus is on providing services or on a specific approach to care, such as HIV risk reduction counseling.

Review articles discuss an overview of issues related to a particular topic (e.g., identity development), citing a range of references.

Empirical articles report research findings of a systematic investigation that involves the collection of data, or an analysis of data that another researcher has collected.

Intervention or practice-related articles focus on a specific approach to service delivery, such as providing HIV counseling and testing to adolescents. Provides general information related to the care of LGBT youth.

Training articles provide specific guidelines, strategies or approaches to training providers on delivering services or care.

Theoretical articles focus on developing, discussing or critiquing theories or theoretical issues.

- Type of Research

Coders should identify the type of research the author has conducted for empirical articles by selecting the appropriate categories on the coding form. Research will be either primary or secondary; and will use a qualitative, quantitative or a combined approach.

Primary analysis – direct collection of data from human subjects.

Secondary analysis – analysis of a pre-existing dataset that was collected by other researchers. In this case, the researcher does not interact with human subjects in the original sample, either

directly or indirectly.

Qualitative – research methods that focus on capturing participants' lived experiences rather than using categories that are predetermined by the investigator, e.g., intensive interviews or focus groups. Data include mostly written or spoken words that do not have a numerical interpretation (Schutt, 2001).

Quantitative – research methods such as surveys or experiments that record phenomena in terms of categories that vary in amount. Data are either numbers or attributes (Schutt, 2001).

Combined – research that uses both qualitative and quantitative methods. For example, some studies may use focus groups or in-depth interviews prior to conducting a survey.

- Sample Size

Coders should enter the article's sample size in the section marked "sample size" and should indicate whether the sample is a probability or a convenience sample.

Probability sample – a sample in which all participants have a known chance of being included and some kind of randomly selected sample. When properly designed, results of these studies may be generalizable to the larger population.

Systematic non-probability sample – a sample in which the researcher makes a concerted attempt to select a wider sample (than a convenience sample) to expand the applicability of the findings. For example, some studies of HIV risk have used a venue-based survey that documents the number of individuals who frequent specific locales during a 24-hour period over the course of a week. Researchers then use the frequency findings to help select their sample.

Convenience sample – uses a sample that is available and accessible to the researcher, for example, youth who participate in an LGBT youth support group or attend Gay-Straight Alliance meetings.

For *probability* studies only, coders should enter the percentage of youth who identify as "lesbian," "gay," "bisexual," "heterosexual" or "other" when this information is provided in the article. (Transgender youth have not been categorically studied in probability studies, to date, so they will not be included in probability studies during this time period.) Code for these identities when the language is specifically stated.

These definitions include:

Lesbian – sexual and emotional attraction to other women.

Gay – sexual and emotional attraction to other men.

Bisexual – sexual and emotional to both men and women

Heterosexual – sexual and emotional attraction to opposite-sex persons.

Other – includes any other reported identities, including questioning youth and youth who are unsure about their sexual orientation.

- Sample Size – Non-Probability Samples

Sexual/Gender Identity: For studies that do not include probability samples, coders should report the percentage of each group included in the study, based on the youth’s reported identity. This includes reporting the percentage of youth who identify as “lesbian,” “gay,” “bisexual,” “transgender” or “other.” In this case, “Other” includes any youth who do not identify as LGBT.

Youth of Color: Coders should indicate whether the sample includes *any* youth of color, including African-American, Latino, Asian-American, Native-American, mixed race or other. In this case, “mixed race” includes youth who specifically identify as mixed race or as belonging to more than one ethnic minority group. “Other” includes any youth who do not identify with the designated ethnic minority categories.

Coders should indicate whether the study specifically focuses on youth of color by checking the appropriate box, “yes” or “no.” *Specifically* means that the article focuses only on one or more ethnic minority group(s) and does not include caucasian youth.

If the study includes youth of color (along with caucasian youth), coders should enter the percentage of these youth in the sample next to each specific ethnic minority group included in the sample.

Percentage of LGB Youth in the General Population: In some articles (usually non-empirical), authors will make statements or provide statistics on the proportion of the total population of youth or adults they believe to be lesbian or gay. When authors make these statements, coders should enter the percentage reported to be lesbian, gay or bisexual in the appropriate section on the form. In this case, “*Combined*” means that all identity groups are combined into one category; for example, some authors may assert that 5-10% of the population is lesbian, gay or bisexual.

III. Information on Content-Related Data

Coders will read each article and document the presence or absence of key variables in the text. These variables include health and mental issues, topics related to coming out and sexual or gender identity, and approaches to providing information and support for youth. Coders will document the presence or absence of these variables in each publication by marking a “yes” or “no” in the designated box for each variable.

A “notes section” is included for coders to document unusual or exemplary examples of particular variables, and to assist coders in refining the coding form at the beginning of the study. To be coded as being present in the text (receiving a “yes” response), the variable must be discussed in sentence form. Variables that are only mentioned once—as a one-word or one phrase inclusion in a publication—will

be coded as “no.” A variable will be considered to be present in the article (and coded “yes”) if the variable is represented by a minimum of two sentences in the article.

Coders will code the variable as present in the text, based on the writer’s use of that specific word in the text. However, the following definitions are provided to help coders understand the common uses of these terms in this literature.

Development

Sexual Orientation/Identity – pattern of physical behavior and emotional-erotic attraction to others, believed to be established in early childhood. Code for discussion of sexual orientation, sexual identity or homosexuality.

Gender Identity – a person’s deeply felt sense of being male or female or being somewhere between these two genders on a broad continuum of gender presentation. Code for specific discussion of gender identity.

Isolation – feeling emotionally distant and being separate and apart from others because of a need to hide one’s sexual identity; social separation as a result of compartmentalizing one’s sexual identity.

Coming Out – self-identifying as lesbian, gay or bisexual and sharing that identity with others. Code for discussion of coming out or models of coming out.

Earlier Age of Coming Out – lesbian and gay youth are coming out at earlier ages than prior generations of lesbian and gay adults who came out as lesbian or gay in the 1970s and 1980s. For the purposes of this study, coders will document whether authors include a statement saying that “lesbian, gay and/or bisexual youth are coming out at earlier ages.”

Average Age of 10 – researchers have documented that the average age of sexual awareness for homosexual and heterosexual youth is about age 10 for males and females (see, for example, Herdt & Boxer, 1993; McClintock & Herdt, 1996). For the purposes of this study, coders will document whether authors specifically mention that children are becoming aware of same-sex attraction (or sexual attraction) at an average age of 10, citing this body of research or related research.

Resiliency/Strength – the capacity to rebound in the face of adversity; the ability to use internal and external resources to mitigate challenges and difficult life circumstances, including discrimination and a hostile environment. Also code for self-reports of positive coping and sources of strength, or the need to address positive, healthy aspects of the adolescent’s identity.

Family Issues – discussion of the youth’s family, family interaction and communication, disclosure to family members, impact of coming out on family members, and concerns of family members related to the youth’s sexual or gender identity.

Parenting – the right to procreate is considered to be a human right for all individuals; historically, lesbians and gay men have received little social support to have children and to raise them in the context of their families and communities. In this context, parenting means providing support for a youth’s right to parent and to envision a future family for themselves, as heterosexual youth routinely do.

Career/Vocational Development – external support from family, peers and providers for developing career and vocational plans; having the capacity—and permission—to plan for the future, including perceptions that a range of options, opportunities and life choices are available, and are not limited by stigma and negative stereotypes.

Environment

Homophobia – fear, hatred or prejudice towards homosexuals or homosexuality, felt or expressed by a person or group. Institutionalized fear, hatred or prejudice towards homosexuality that result in invisibility, discrimination, neglect or mistreatment. Coders should look for the actual word “homophobia” in the text.

Heterosexism – denial and neglect of non-heterosexual identity, behavior, relationships or community; perceiving heterosexuality as the most important or valid expression of sexual identity. Often expressed in subtler forms than homophobia (e.g., absence of support and neglect rather than overt prejudice). Coders should look for the actual word “heterosexism” in the text.

Impact of Stigma – social, psychological, emotional or physical effect of having a socially devalued identity (i.e., homosexuality). For the purposes of this analysis, coders will designate this category as being included if the article or state-developed material specifically mentions the impact of stigma or if it discusses the negative effect of having a socially stigmatized identity.

Impact of Time – discussion of the impact of historical forces or events (e.g., AIDS epidemic) on public attitudes about homosexuality and the lives of LGBT youth; discussion of the emergence of gay adolescents as a new cultural cohort, or the differences between earlier generations of lesbian and gay adults (who came out in an earlier historical period, such as the 1970s or 80s) and this contemporary generation of young people who are coming out during adolescence.

Online Support – having internet access to accurate information and a range of resources about sexual orientation and gender identity, including supportive peer listserves or services. Using the internet to access information about LGBT issues.

School Risk – risk for school failure, truancy, poor grades, poor school performance, dropping out of school and impaired education that some LGBT youth experience related to extensive harassment and victimization in school.

Resources and Referral Information – providing educational materials on LGBT issues, and referral and contact information for finding supportive providers, agencies and community services. Some publications include a resource list at the end of the publication, while others may urge providers to develop a local resource list of supportive services and community programs for youth and families.

Sexual Prejudice – negative attitudes based on an individual’s sexual orientation, commonly directed at LGB individuals, homosexual behavior or LGB communities. For the purposes of this analysis, coders will designate this category as being included if the article or state-developed material specifically mentions the term “sexual prejudice.”

Strategies/Supportive Environment – providing strategies and interventions to increase support for LGBT youth and to impact their environment by making them safer and more supportive. Most articles address the individual level, but this code will also identify efforts to affect the systems-level by promoting safer environments.

Professional Policy – guidelines or policy statements from professional associations such as the American Psychiatric Association or the National Association of Social Workers. This code includes articles that mention specific policy statements that have already been adopted, as well as those that authors believe should be adopted to address unmet or emerging needs of LGBT youth.

School Policy – discussion of the need for or existence of specific school policies related to sexual orientation or gender identity. Some articles might discuss statements from school practitioners who talk about having or needing to have a school policy to protect LGBT youth in schools. Others might talk about the provisions of a state law that requires each school district to adopt a policy for addressing these issues in schools. Still others might encourage practitioners to advocate for a formal policy for their specific school.

Public Policy – specific mention of laws or the need for laws or regulations related to sexual orientation and gender identity. This code includes sodomy laws as well as anti-discrimination laws, and any existing or proposed legislation, whether federal or state.

Health/Mental Health

AIDS/HIV – infection with the human immunodeficiency virus, related symptoms and diagnosis with AIDS-defining diseases.

HIV Counseling and Testing – discussion of the need for HIV counseling and testing; either encouraging or discouraging youth from getting tested; discussion of actual procedures for counseling youth about preventing HIV infection and testing procedures.

Lesbians’ Risk for HIV – lesbian youth are at risk for HIV infection primarily through sex with males, and in particular, gay male peers. Although extremely rare, cases of HIV transmission have been reported between female sexual partners.

Lesbians’ Risk for STDs – lesbians are also at risk for sexually transmitted diseases, both those contracted from sexual contact with male partners, as well as STDs contracted from female partners (this includes human papillomavirus, trichomonas and herpes, among others).

Confidentiality – protecting a patient’s or client’s confidences shared during the delivery of health, mental health or social services. Code for specific mention of confidentiality.

Depression – a mood disorder that affects functioning, cognition and behavior, and may lead to loss of energy and fatigue, changes in eating patterns, sleep problems, difficulty concentrating and feelings of hopelessness; associated with suicidal thoughts and attempts; this category includes specific discussion of the word depression.

Other Mental Health Issues – discussion of other mental health concerns not specified in this analysis. This includes use of the term “mental health problems” as well as discussion of specific mental health issues such as anxiety, or specified or unspecified psychiatric conditions.

Eating Disorder – severely limiting food intake or eating large amounts of food (binging) followed by an urgent need to vomit (purging). Code for specific mention of eating disorders.

Harassment/Victimization – being physically and verbally discriminated against because of one’s sexual or gender identity, including name-calling, stealing property, making threats, assault or violence, attack with a weapon and psychological threats.

Other Health Issues – discussion of other health concerns not specified in this analysis. This includes issues such as health promotion, diet and exercise, wellness and oral health, among others.

Pregnancy – conceiving and carrying a fetus in the uterus. This code includes males who impregnate females, as well as females who become pregnant. Some literature suggests high rates of pregnancy among young non-heterosexual females.

Prevention/Risk Reduction – providing counseling and guidance on strategies and behaviors to reduce the likelihood of developing specific diseases and debilitating conditions; often associated with HIV, but also related to STDs, pregnancy and other health concerns for adolescents.

Reparative Therapy – therapeutic attempts by mental health professionals, counselors or others to try to change a person’s sexual orientation from homosexual to heterosexual.

Sexual Abuse – any sexual act with a child performed by an adult or an older child. This includes fondling the child’s genitals; getting the child to fondle an adult’s genitals; mouth to genital contact; rubbing an adult’s genitals on the child; or penetrating the child’s vagina or anus. Code for sexual abuse.

Sexually Transmitted Diseases (STDs) (or Sexually Transmitted Infections) – diseases acquired as a result of sexual intercourse with an infected individual, such as gonorrhea, genital herpes or genital warts.

Substance abuse – extensive use of mood altering substances that eventually becomes habituating; includes alcohol and other drugs, such as marijuana, inhalants, club drugs and stimulants.

Cigarette smoking – smoking tobacco. Coders should separate this from substance abuse, in general, and marijuana use, in particular.

Suicide – trying to kill oneself through a variety of means, such as gunshot, drug overdose or other lethal means. Most information on lesbian, gay and bisexual youth and suicide describes either suicide attempts or suicidal ideation (persistent, intrusive thoughts of suicide and self harm). For the purposes of this study, coders should mark as present text that discusses suicide attempts, ideation or thoughts.

VITA

Caitlin Ryan was born in Norwich, Connecticut, and lived in a small town in Illinois and suburban New Jersey where she studied art and music during childhood and adolescence. As a teenager, she worked as a community volunteer in West Virginia and as a volunteer teacher with the traveling people in Ireland. She received her Bachelor of Science degree with a major in human sexuality from Hunter College, City University of New York and her Master's in Social Work in clinical social work from Smith College School for Social Work in Northampton, Massachusetts.

Ryan began working on lesbian and gay health issues in the mid-1970s, and coordinated the 1978 National Gay Health Conference in New York City. She is a founder and past President of the National Lesbian and Gay Health Foundation, and a founder of the National Association of People With AIDS. In 1981 she initiated and later was co-investigator of the National Lesbian Health Care Survey—the first national study to identify lesbian health and mental health needs and concerns, sampling nearly 2,000 lesbians from all 50 states—which was published in 1987. From 1982-85, Ms. Ryan developed community based AIDS services in Atlanta and Washington, DC as director of AID Atlanta and the Whitman-Walker Clinic AIDS program. In 1986, she became co-director of the AIDS Policy Center at the George Washington University where she tracked and analyzed state AIDS policy and legislation, and conducted policy research for federal and state legislators and public health officials. She co-authored the first book on AIDS policy, *AIDS: A Public Health Challenge*, which was distributed to all members of Congress, governors and key public health officials, and served as the basis for many of the recommendations of the first Presidential Commission on AIDS.

She worked at the National Institutes of Health and as a public official overseeing HIV/AIDS policy and services. As a consultant to many federal and private agencies, she trained more than 40,000 employees on AIDS-related issues in business, health and security settings, developed implementation guidelines for HIV/AIDS clinical care, and helped coordinate recommendations for the first two reauthorization cycles of the Ryan White CARE Act.

Ryan has written numerous articles, monographs and reports for legislators, public officials, health and mental health providers and consumers. Her book, *Lesbian & Gay Youth: Care & Counseling*—the first comprehensive guide for health and mental health care for lesbian and gay youth—which was published as an issue of the American Academy of Pediatrics, adolescent section journal and by Columbia University Press, received the Distinguished Book Award from the American Psychological Association's Division 44, and a Book of the Year Award from the *American Journal of Nursing*. Her most recent book *Serving LGBT Youth in Out-of-Home Care* was published as part of the Child Welfare League of America's Best Practice Guidelines series and provides model standards for care of LGBT youth in child welfare and juvenile justice settings.

She has received numerous awards from professional and community-based groups, including the American Association of Physicians for Human Rights, the National Association of People With AIDS, and the Jane Addams-Howard Brown Lifetime Achievement Award from the National Lesbian and Gay Health Association. In 1988, she received the highest professional award from the National Association of Social Workers and was named "Social Worker of the Year" for her leadership and contributions to the AIDS epidemic and social change.