



Advocates
For Youth

Rights. Respect. Responsibility.®

RESPECTING THE RIGHTS OF GLBTQ YOUTH, A RESPONSIBILITY OF YOUTH-SERVING PROFESSIONALS

By Jessie Gilliam, Program Manager for Internet Interventions, Advocates for Youth

Some organizations and programs are intentional about serving gay, lesbian, bisexual, transgender, and questioning (GLBTQ) youth. However, many programs in the United States that serve youth, including educational, health care, youth development, sports, recreational, and employment programs, among others, ignore or overlook the presence of GLBTQ youth among those they serve.

A recent survey of high school youth found that 5.5 percent self-identified as gay, lesbian, or bisexual and/or reported same-gender sexual contact.¹ This probably does not include transgender and questioning youth or those who are fearful of sharing this personal information. Consider then, that six to 10 percent of young people in classrooms and other youth programs may be GLBTQ. Often, unless the program positively acknowledges their presence and actively discourages homophobia, these young people feel compelled to keep their sexuality and their questions hidden.

Society in the United States is overtly hostile to GLBTQ people, and societal homophobia often leads them to devalue themselves. Statistics paint a frightening picture of the stresses in the lives of GLBTQ youth. Too often, these young people feel isolated and alone. Violence and hostility at home and school lead many GLBTQ youth to drop out, run away, use drugs, and attempt suicide.^{1,2}

A values-based approach to serving youth asserts that every young person is of infinite value, regardless of race/ethnicity, gender, health status, socio-economic background, sexual orientation, or gender identity. Valuing youth provides an ethical imperative to acknowledge and serve GLBTQ youth equally and positively along with heterosexual youth.

In October, 2001, Advocates for Youth launched the *Rights. Respect. Responsibility.*® (3Rs) campaign. Through the campaign, Advocates for Youth asserts that—

- Adolescents have the **right** to balanced, accurate, and realistic sexuality education, confidential and affordable sexual health services, and a secure stake in the future.
- Youth deserve **respect**. Today, they are perceived only as part of the problem. Valuing young people means they are part of the solution and are included in the development of programs and policies that affect their well-being.
- Society has the **responsibility** to provide young people with the tools they need to safeguard their sexual health and young people have the responsibility to protect themselves from too early childbearing and sexually transmitted infections, including HIV.

The 3Rs applies to *all* youth, regardless of sexual orientation or gender identity.

Most of my role models are my friends who have been able to survive when they were told they shouldn't.
Gay youth, in an online interview³

Anyone who provides services to youth has an obligation to promote the health and well-being of GLBTQ young people. These youth need and deserve help to survive in the face of family rejection and school harassment, against heightened HIV, STI, suicide, and violence rates, against racial, cultural and socio-economic prejudice. More, they can and should thrive as contributing members of their communities. But, GLBTQ youth need support in order to succeed.

Many programs and approaches exist that specifically serve GLBTQ youth, helping them to value themselves and to avoid or reduce sexual health risks. These approaches offer assistance,

Continued on page 2

Transitions

Volume 14 No. 4
June 2002

TRANSITIONS

Transitions (ISSN 1097-1254) © 2002, is a quarterly publication of Advocates for Youth — Helping young people make safe and responsible decisions about sex.

Advocates for Youth

Suite 750
2000 M Street NW
Washington, DC 20036
202.419.3420
www.advocatesforyouth.org

Media Project

A Project of Advocates for Youth & the Henry J. Kaiser Family Foundation

10999 Riverside Drive, #300
North Hollywood, CA 91602
818.762.9668
www.themediaproject.com

For permission to reprint, contact the editor at 202.419.3420.

Editor: Sue Alford
Design: Katharine Jewler

insights, and techniques to help programs that do not focus solely—or at all—on GLBTQ youth. Programs that respect young people’s right to make responsible decisions about sex will want to develop policies and environments that support *all* the youth in the program, irrespective of their sexual orientation or gender identity.

This issue of *Transitions* compiles the best of these approaches. It offers factual information about the lives of and risks to GLTBQ youth, as well as personal observations of young activists in the field. It provides criteria for successfully serving GLBTQ youth, GLBTQ youth of color, HIV-positive youth, transgender youth, and young people who question their sexual orientation. It addresses the chilling effect of abstinence-only-until-marriage education and the need of lesbian and bisexual young women for access to emergency contraception. Throughout the issue, GLBTQ youth give glimpses of their lives, perceptions, personalities, and experiences.³

Endnotes are found on page 19.

RESOURCES

- *An Emergency Option for Preventing Pregnancy after Sex*. Advocates for Youth, 2001.
- *HIV/AIDS and the Young African American Woman*. Advocates for Youth, 1999.
- Gelperin N. *Teaching with SEX, ETC.: Articles & Activities*. Network for Family Life Education, SEX, ETC., 2002.
- *Young Women Who Have Sex with Women: Falling through Cracks for Sexual Health Care*. Advocates for Youth, 2001.
- *I Think I Might Be Bisexual, Now What Do I Do?* Advocates for Youth, 2001.
- *I Think I Might Be Gay, Now What Do I Do?* Advocates for Youth, 2001.
- *I Think I Might Be Lesbian, Now What Do I Do?* Advocates for Youth, 2001.
- *Guide to Implementing TAP (Teens for AIDS Prevention): A Peer Education Program to Prevent HIV and STI*. 2nd ed. Advocates for Youth, 2002.
- *Resources for Gay, Lesbian & Bisexual Youth*. Advocates for Youth, 2001.

Visit www.advocatesforyouth.org for Advocates' publications. For SEX, ETC., visit www.sxetc.org.

Films by Teens for Teens

Scenarios USA is a program for teenagers to get them thinking about their choices and decisions around important issues that affect their lives, such as HIV/AIDS, unwanted pregnancy and violence. Teens, ages 12 to 22, address these issues by writing stories for the Scenarios contest, *What's the Real Deal*.

Winners get to make their stories into short films in their hometown, working with a professional filmmaker and crew. The finished products are high-quality short films that educators can use to spark discussion on important issues. The films have been shown on MTV, PBS and NBC

Continued on page 17

Table of Contents

3Rs & GLBTQ Youth	1
Stressors for GLBTQ Youth	3
Harassment in School	4
Youth Activism	5
Creating Inclusive Programs	6
Abstinence-Only Education	8
GLBTQ Youth of Color	10
Latino YMSM	11
Transgender Youth	12
Servicing HIV-Positive Youth	14
Coming Out?	16
Emergency Contraception	18
Bill of Rights	19

STRESSORS IN THE LIVES OF GLBTQ YOUTH

By Meg Earls, Grants Manager, Advocates for Youth

In the United States, GLBTQ youth often lack positive role models and face serious problems in a largely homophobic society. Numerous studies indicate that societal homophobia increases GLBT youth's risk for substance use, dropping out of school, homelessness, sexual risk-taking, and attempting suicide. Youth-serving professionals owe *all* the young people in their programs the opportunity to build their skills and self-confidence and to succeed; but many professionals are unaware of the risks faced by GLBTQ youth.

GLBT youth realize their sexual orientation early in life.

- Research suggests that sexual orientation may be determined during childhood. Many GLBTQ individuals report a feeling of being “different” from an early age.⁴ Prospective studies with adolescents show gay males and lesbians self-identifying at about age 16.⁵ Anecdotal evidence also suggests that many transgender youth have felt, from an early age, uncomfortable with their biological gender and/or expected gender role.⁶
- The age of coming out may be dropping as increased access to information and services for GLBTQ youth, particularly in urban areas, provides greater opportunities for self-affirmation and socialization.⁵

Openly identifying as GLBT may mean rejection by family, friends, and peers at school.

- After coming out to their family, or being discovered, many GLBT youth are thrown out of their homes, face physical, emotional, and/or sexual abuse, or become the focus of family disfunction.²
- GLBT youth face hostility and violence at school. In one nationwide survey, over 83 percent of GLBT students reported verbal harassment while 90 percent of the youth said that other students never or rarely intervened. Forty-eight percent of GLBT youth of color reported verbal harassment on the basis of both orientation and ethnicity. Seventy-four percent of transgender students reported sexual harassment. Over 21 percent of all GLBT youth reported being punched, kicked, or injured with a weapon because of their sexual orientation while 42 percent reported being shoved or pushed.⁷ GLBT students are three times more likely than heterosexual students to miss school because they feel unsafe.¹

GLBTQ youth of color are often at disproportionate risk for abuse, suicide, and HIV infection.

- In one survey, 61 percent of GLBT youth of color reported being victims of violence from family, and 40 percent, from peers and strangers; 41 percent of females and 35 percent of males had attempted suicide.²
- In one recent study of young men who have sex with men (YMSM), 16.9 percent of men of mixed race/ethnicity who reported black background were HIV-infected. HIV prevalence was also higher among African Americans, men of mixed or other race/ethnicity, and Hispanics than among Asian American/Pacific Islanders or whites (14.1, 12.6, and 6.9 percent versus 3.0 and 3.3 percent, respectively).⁸

Research suggests that societal homophobia results in high rates of suicide and suicide attempts, substance abuse, and risk for HIV and other sexually transmitted infections (STIs).

- Numerous studies establish clear links between a youth's sexual orientation and the likelihood of attempting suicide. In a recent survey, GLB and questioning students were more than twice as likely, and gay and bisexual males were nearly four times as likely, as their heterosexual peers to have attempted suicide.⁹
- A study of public high school students found that GLB students reported far more use of crack cocaine, marijuana, alcohol, and inhalants than did their heterosexual peers. GLB students were also more likely to report cocaine use before age 13 than were their heterosexual peers.¹⁰
- In one recent study, during the previous six months 90 percent of YMSM had sex with at least one man, and 23 percent had sex with at least five men. Overall, 41 percent reported unprotected anal sex.⁸

Continued on page 4

R
I
G
H
T
S

HARASSMENT IN SCHOOL

By Braden Jahr, 16, Online Peer Educator with www.YouthResource.com, Advocates for Youth

What comes to mind when you hear the words “high school”? Do you think of a safe and friendly environment where students go to learn? Well, that isn’t the way it is for thousands of teenagers across the country. Just try to imagine going to school every day and worrying about your safety so much that you cannot concentrate. Imagine being screamed at, kicked, punched, threatened, and spit upon. How would you feel? You would probably feel the same way that thousands of gay students feel every day—worthless. Now can you understand why so many gay teenagers say that high school was one of the worst experiences of their lives?

I left high school after six months because of harassment like this and the school’s lack of understanding and support. Week after week, I went to the administration, informing them of the names I was called and the many other things my fellow students would do to me and others. I heard that they were doing the best they could—nothing. They blamed me. They told me that I brought it upon myself by the way that I looked, acted, and dressed. I was told that, if I would “tone it down,” I would be left alone. The irony was that I did not dress, look, or act out of the ordinary. Then, one day I was attacked in the hallway. I was not hurt, but I was badly shaken. The boy who attacked me was suspended for three days! Because the school didn’t protect me, I was forced to leave. I was forced to give up a part of my youth, to give up my personal rights to freedom, justice, and the pursuit of happiness as well as to an education.

My life has gotten so much better since I left high school. I have traveled to conferences around the country, meeting hundreds of amazing people, and have learned about aspects of gay life outside of a rural town. This last year has been a most liberating experience! In October, Advocates for Youth accepted me as a peer educator. I spend a lot of time answering e-mail from youth—some of them struggling with harassment in school and all of them looking for help, a way to cope with ignorance and lack of acceptance. I also spend considerable time working with the Triangle Foundation (Michigan’s largest gay rights organization) and with PFLAG (Parents, Families, and Friends of Lesbians and Gays) on their Safe Schools project. I speak to counselors and administrators from a few school districts, including those at my former high school, where I have successfully founded the area’s first diversity group of its kind.

I do this knowing that gay youth make up one-third of all suicides, in part because of the harassment at their schools and the stigma attached to being gay. School counselors, administrators, and staff can help to end this harassment. Help is available from organizations such as Advocates for Youth and GLSEN (The Gay, Lesbian, and Straight Education Network). I urge you to take a stand against discrimination in your schools, communities, and families. You will be helping more than you can imagine.

Continued from page 3

If thrown out of their homes, many GLBT youth face life-threatening situations living on the streets.

- Estimates vary, but service providers agree that GLBT youth make up a large and disproportionate share of homeless youth (25 to 40 percent).⁵
- In efforts to survive on the street, homeless youth often engage in survival sex and are at increased risk for rape, beatings, and STIs, including HIV.²

Endnotes are found on page 19.

GLBT YOUTH ACTIVISM: INSPIRING EACH OTHER

By Kael Parker, 21, Online Peer Educator with www.YouthResource.com, *Advocates for Youth*

R
E
S
P
E
C
T

Recently, an old friend reminded me that, when I first came out as queer, I thought I'd never be a part of "that activist scene." It's funny to see how much my life has changed since then, and how much of that change I owe to my experiences with GLBT youth activism.

In the beginning, activism was more of a social activity for me than anything else; I did it because my friends did it. That might never have changed if I hadn't come out as transgendered. Living as a transguy in rural Maine isn't easy, and I knew I needed support. I turned to the Internet and met a lot of other young guys like me. It was incredible, and I believe that, were it not for their courage and openness, I would have been unable to be honest with myself and my friends and family about my own life.

I built a Web site as a way to communicate with online friends and share a little more about myself. Then, I began getting e-mail from people who appreciated what I was doing, which really made all my time and effort worthwhile. Now, through my site—which started out just as a way to keep in touch with my friends—I am able to help other people.

After launching my Web site, I started working with a queer youth/adult collaborative based in Portland, Maine, that provides peer support, education, and outreach in the local community. Through the speakers bureau, I have 40 to 50 yearly speaking engagements at schools and conferences for medical and mental health professionals and others. Speaking and, hopefully, leaving audiences with something to think about is probably the most rewarding work I do. I think about how much it would have meant to me if someone had come into my high school and talked about sexuality and gender identity in a positive way, and I feel lucky to have the opportunity to do that for other youth.

I also work as an online peer educator with Advocates for Youth's Web site, www.youthresource.com, fielding questions from visitors to the site. I love being a part of the Advocates family, knowing that I've been well trained and that I have a strong support system to enable me to help other youth with their concerns. I enjoy the opportunity to reach a wide range of people, and I've had only positive experiences working as a peer educator.

I learned early on that networking—connecting with other people doing similar work—is critical to successful activism. Each time I meet someone new, whether that's a teacher, a young person asking how to make an organization more trans-inclusive, or someone whose partner has just come out as trans, a door opens up to possibilities that weren't there before.

Of course, there are some drawbacks to being open about my life. A lot of people don't agree with who I am and the causes I support, and I am an easy target for them as a result of being so "out." I've gotten nasty e-mail and snide remarks, and there have been times when I've felt physically unsafe. These things make me see even more clearly how important this work really is. I am glad to feel strong and proud and able to put myself out there to help other people. I know activism will continue to be a big part of my life.

Sometimes I feel like there is great change ... in the right direction, but then there are other days, like when I realize the partners of the gay September 11th victims aren't going to get federal relief, that I feel like a second class citizen.

Youth interviewed online³

CREATING INCLUSIVE PROGRAMS

By Jennifer Augustine, MPH, HIV/STI Prevention Program Associate, Advocates for Youth

Kayla Jackson, MPA, Director, HIV/STI Prevention Programs, Advocates for Youth

Jane Norman, Director, Youth Empowerment Initiatives, Advocates for Youth

Advocates' staff is often asked to lead workshops or training sessions for youth-serving professionals who wish to become better informed about the needs of GLBTQ youth. Sometimes, participants say that they are interested in learning more about GLBTQ issues, but that "there aren't any GLBTQ youth in my program/town/city/state." This never fails to surprise staff, as studies show that between five and 10 percent of people are gay, lesbian, bisexual, or transgender.¹ Perhaps it might be more accurate to say that there aren't any gay, lesbian, bisexual, transgender, or questioning youth who feel safe enough to share this information with anyone in the program or sure enough to self-identify as gay, lesbian, bisexual, or transgender.

Whether or not youth-serving professionals know of any openly GLBTQ youth in programs, it is essential to create a safe space for young people who are, who believe that they might be, or who have friends or family members who are gay, lesbian, bisexual, or transgender. Research demonstrates that homophobia and heterosexism greatly contribute to higher rates of suicide, violence victimization, risk behavior for HIV infection, and substance abuse among GLBTQ youth as compared to their heterosexual peers.² Adults' responsibility is to *all* of the youth in the program. Even if some youth-serving professionals feel uncomfortable about sexual orientation, they owe it to the young people they serve to educate themselves and to help connect youth to the organizations, role models, and resources they need. Adults owe it to youth to respect the rights of each of them.

Creating programs that are inclusive of and sensitive to GLBTQ youth is not difficult, but it does require conscientious attention. The following suggestions will help.

- **Assess your own values and beliefs** regarding sexual orientation and gender identity. Taking stock will help you address internal biases, recognize personal limits, identify areas for personal growth, and enable you to serve GLBTQ youth in an open, honest, respectful manner.
- **Discuss sexual behaviors explicitly** rather than assuming that everyone defines sexual intercourse in the same way. Also, avoid terms that make unwarranted assumptions or are disrespectful in nature. For example, the term 'gay sex' is inaccurate and helps no one; heterosexual, bisexual, and lesbian youth may engage in anal intercourse while gay males may not. It is unprotected anal intercourse—not being gay—that poses a strong risk for infection with HIV and other sexually transmitted infections (STIs). Unprotected vaginal and oral sex also pose risks.
- **Use inclusive language.** Discuss 'partners' instead of always assuming a youth's prospective date or sexual partner is of the opposite gender. If you are using role-plays, using ambiguous names, such as Chris or Taylor, will allow students to personalize the context to their lives rather than to reject the role-play scenario as being irrelevant.
- **Make it clear that homophobic sentiments and actions have no place in the program.** Develop a "zero tolerance" policy regarding discriminatory words and behavior directed at GLBTQ youth, just as you would toward racist and sexist remarks. Post the policy in public areas and develop clear guidelines for disciplinary actions. When training students or staff to lead or facilitate workshops, include opportunities to practice responding to unacceptable language and behaviors.

- **Proactively address stereotypes and misperceptions** that may exist among youth and other audiences. “If I say that HIV is a ‘gay disease,’ who can explain why I am wrong?”
- **Incorporate comprehensive sex education.** Sex education programs should include information about *both* contraception *and* abstinence. When discussing abstinence, do not talk about “abstinence-until-marriage.” Like heterosexual youth, GLBTQ youth search for intimacy and emotional closeness and may long for a committed relationship. In a society where same-gender marriages are often illegal and where same-gender committed relationships are ignored or frowned upon, the concept of “abstinence until marriage” completely ignores the emotional and physical needs of GLBTQ youth.
- **Consider posting a ‘safe zone’ sticker**, available from the National Youth Advocacy Coalition (www.nyacyouth.org) that states “A person displaying this symbol is one who will be understanding, supportive, and trustworthy if a gay, lesbian, bisexual, or transgender youth needs help, advice, or just someone with whom they can talk.”
- **Schedule training sessions to debunk myths and stereotypes.** Explain the differences between sexual orientation and behavior and assure students that same-gender feelings and crushes do not necessarily mean a student is, or is not, gay. Include information about sexual orientation throughout a training or program. This helps to dispel the stigmatization of homosexuality as deviant and abnormal.
- **Ask GLBTQ youth and adults to participate in panel discussions or as speakers** to share some of their experiences. Create a safe zone and opportunities for youth to talk openly about racism, sexism, homophobia, and other forms of oppression.
- **Include local groups that serve GLBTQ people** in referral and resource lists.
- **Consider working with students to begin a Gay/Straight Alliance** in school, if one does not already exist. For more information, visit www.glsen.org.
- **Build youth-adult partnerships into the program.** Make sure that youth leaders include those who identify as GLBTQ. Programs are more effective and sustainable when youth are partners in the programs’ design, development, implementation, and evaluation.
- **Provide peer support.** Young people benefit by developing leadership, communication, and other pro-social skills and by seeing role models with whom they can identify. Ensure that peer leaders include youth who identify as GLBTQ.
- **Hire GLBTQ adults to work in the program** as full- or part-time staff or as volunteer mentors.
For more information, training, and strategic assistance on providing a safe and supportive environment for GLBTQ youth, contact Advocates for Youth at 202.419.3420 or visit www.advocatesforyouth.org.

Endnotes are found on page 19.

There are gay/straight alliances in schools now, but many queer kids are still being beaten up.

Youth interviewed online³

ABSTINENCE-ONLY-UNTIL-MARRIAGE EDUCATION: ABANDONING RESPONSIBILITY TO GLBTQ YOUTH *

When Congress passed the Personal Responsibility Act in 1996, it directed public funding to support abstinence-only-until-marriage education. Ostensibly aimed at preventing teen pregnancy and out-of-wedlock births, abstinence-only education serves to stigmatize homosexuality and GLBT people. Some \$87 million in public funds have been spent in each year since 1997 on abstinence-only-until-marriage education. Five of the eight requirements of the abstinence-only provision have a particularly negative impact on GLBT people. Abstinence-only education funded through the Personal Responsibility Act

- *Teaches abstinence from sexual activity outside marriage as the expected standard for all school age children.*
- *Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems.*
- *Teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity.*
- *Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.*
- *Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society.*¹¹

Dangers of Abstinence-Only Education to All Youth

First, it is important to note the threats that abstinence-only-until-marriage education poses to young people in general. Research has shown that sex education that promotes the delay of first intercourse but simultaneously teaches safer sex practices is more effective than abstinence-only education. A World Health Organization review of 35 sex education programs around the world documented the relative ineffectiveness of abstinence-only education in stemming the spread of sexually transmitted infections.¹²

A report released by U.S. Surgeon General David Satcher in early 2001 also questioned the effectiveness of abstinence-only education. Satcher noted that there has been little research to demonstrate the effectiveness of this particular type of instruction.¹³ Moreover, initial indicators are that the Act's abstinence-only provisions have had a chilling effect on the discussion of homosexuality and on sex education efforts aimed at stopping the spread of sexually transmitted infections (STIs) and teen pregnancy.

Abstinence-only-until-marriage approaches to sex education are counter-productive, dangerous, and even harmful to youth. The approaches present premarital sex as intrinsically harmful. Relying on shame and fear, these approaches spread inaccurate information about STIs and contraceptives; present rarely occurring, worst-case scenarios as routine and common; stigmatize and evoke hostility toward people with AIDS; and largely ignore homosexuality, except as a context for HIV transmission. Some curricula are explicitly hostile toward lesbians and gay men.¹⁴

Abstinence-only approaches present condoms as a dangerous and ineffective form of birth control, overstating condom failure rates and translating people's failure to use condoms properly as an intrinsic defect in the product. Gender stereotypes about males and females are frequent—presenting boys as sex-crazed and girls as less interested in sex than in finding love. The curricula frequently blame feminism for promiscuity and warn girls about the way they dress. Children of single parents and unmarried straight and gay parents are the subjects of such stereotypes as, children of single parents “have lower grades and aspirations” and “are twice as likely to have behavior problems and seek psychiatric help.”¹⁴

* Adapted and reprinted with permission. Cahill S and Jones KT. *Leaving Our Children Behind: Welfare Reform and the Gay, Lesbian, Bisexual and Transgender Community*. New York, NY: The Policy Institute of the National Gay & Lesbian Task Force, c2001.

Particular Threat to GLBTQ Youth

Programs that focus on abstinence-only-until-marriage are detrimental to GLBT youth, those questioning their sexual orientation, the children of GLBT parents, and GLBT teachers and administrators in the nation's schools. These programs largely ignore homosexuality except as a context for HIV transmission, but some programs implicitly and explicitly stigmatize homosexuality. For example, *Sex Respect* teaches that, “[R]esearch and common sense tell us the best ways to avoid AIDS are: Remain a virgin until marriage ... Avoid homosexual behavior.”¹⁴ When homosexual sexual practices are noted, *Sex Respect* portrays them as “unnatural behavior.”¹⁴

As mandated by the Personal Responsibility Act, abstinence-only-until-marriage education teaches that marriage is the only appropriate context for sexual relations. *WAIT Training* explicitly seeks to “reframe the act of sexual intercourse as best and most appropriate between two committed married people who love each other.”¹⁴ *FACTS* presents homosexuality as beyond the realm of common sense: “it only makes sense that marriage is the only place for sexual activity to be enjoyed free from negative consequences.”¹⁴ *Clue 2000* says: “Sexual love, also called conjugal love, is the love between a man and a woman in marriage.”¹⁴

At least two abstinence-only curricula are overtly hostile to gay men and lesbians. *Clue 2000* engages in the standard, right-wing tactic of conflating homosexuality with pedophilia and incest.¹⁴ *Facing Reality* assures teachers and parents that presenting homosexuality as intrinsically dangerous is actually in the best interests of students and is not homophobic. It also repeats the outdated notion of AIDS as a gay disease:

*[M]any homosexual activists are frustrated and desperate over their own situation and those of loved ones. Many are dying, in part, due to ignorance. Educators who struggle to overcome ignorance and instill self-mastery in their students will inevitably lead them to recognize that some people with AIDS are now suffering because of the choices they made. ... Teachers, in order to preserve an atmosphere of intellectual freedom, should feel confident that when examining health issues and moral implications of homosexual behaviors, they are not engaging in an assault on a particular person or group.*¹⁴

The irony of the last sentence is particularly rich. Abstinence-only-until-marriage education is, by definition, a suppression of alternative points of view and involves supplanting of a method scientifically proven to be effective in decreasing the spread of STIs with another, unproven method. Yet this approach is constructed as “preserv[ing] an atmosphere of intellectual freedom.”

In contrast to abstinence-only programs, studies have shown that lesbian, gay, and bisexual youth who receive gay-sensitive HIV instruction in school tend to engage in risky sexual behavior less frequently than similar youth who do not receive such instruction. In a random sample of high school students in Massachusetts, among sexually active youth, gay youth reported more sexual partners, more frequent use of substances before engaging in sex, and higher rates of pregnancy than other youth. However, those gay youth that received gay-sensitive HIV instruction reported fewer sexual partners and less frequent substance use before sex compared to other gay youth.¹⁵

The authors of this study contend that the increased risky sexual behavior among gay youth “tends to be a shifting of sexual orientation and self-identification, and the pressure of a stigmatized sexual identity forces some gay, lesbian, and bisexual adolescents to go to great lengths to prove to themselves and others that they are not gay.”¹⁵ This often involves engaging in heterosexual activity to prove that one is straight to themselves or others. It is clear that those sex education programs that incorporate information on HIV and sexuality are beneficial in reducing risky sexual behavior among youth exploring their sexuality.

Efforts to silence and stigmatize homosexuality can have devastating effects on the health and well-being of GLBTQ youth. A recent NIH-funded study of Latino gay and bisexual men, found a correlation between experiences of homophobia and increased likelihood to engage in HIV risk behaviors. It also found that family acceptance and the presence of an openly gay role model while growing up correlated with lower incidence of HIV risk behaviors.¹⁶ The promotion of homophobia and ignorance about HIV/AIDS and other STIs hurts all students, but especially those who are gay or from gay families.

Endnotes are found on page 19.

MEETING THE SPECIAL NEEDS OF GLBTQ YOUTH OF COLOR

By Kayla Jackson, MPA, Director, HIV/STI Prevention Programs, Advocates for Youth

GLBTQ youth of color face stigma related to both race and sexual orientation. Some also face bigotry related to their gender identity. Surviving racial/ethnic discrimination requires strong connections to family and ethnic community. However, GLBTQ youth of color seldom receive support regarding sexual orientation or transgender identity. Indeed, ethnic communities often perceive gay, lesbian, and bisexual orientation or transgender identity as a rejection of ethnic heritage. Unlike racial stereotypes that family and ethnic community positively reframe, many ethnic minority communities strongly reinforce negative cultural perceptions of homosexual orientation.¹⁷ Thus, stigma places these young people at greater risk for substance use, violence, and risky sexual behaviors.

African American and Latino young men who have sex with men (YMSM) are more likely than other YMSM to be infected with HIV.⁸ Young lesbians of color, particularly African Americans and Latinas are at risk for HIV infection and pregnancy due, in part, to the strong value placed on motherhood and childbearing in their ethnic communities.¹⁸ Young GLBTQ American Indians are often at increased risk for substance abuse, mental illness, and HIV infection.¹⁹ The needs of Asian and Pacific Islander GLBTQ youth are likely to be overlooked due to the 'model minority' stereotype, language barriers, and underreporting of AIDS cases.²⁰

Most models of homosexual identity development are based on the experiences of white, middle- and upper-middle class lesbians and gays.¹⁷ Often, youth of color don't identify as 'gay' or 'queer,' which may constitute a barrier to successful service delivery. To effectively meet the needs of GLBTQ youth of color, programs must integrate awareness of racism with an understanding of how culture shapes sexual attitudes, values, and beliefs.

Good programs targeting youth of color already fully integrate the culture of the target youth into their activities, language, and materials. They already acknowledge and incorporate culturally specific values, attitudes, beliefs, and knowledge about health, sexuality, and relationships. But these programs may not yet acknowledge the presence and needs of GLBTQ youth among those they serve. Programs are most likely to be effective in also meeting the needs of these youth of color when they:

- Use language that is inclusive and non-pejorative with regard to sexual orientation and gender identity.
- Involve youth, including GLBTQ youth, in planning and implementation.
- Focus on the assets of each teen participant, regardless of sexual orientation and gender identity.
- Address the needs of the whole young person.
- Consider the social and cultural factors that influence behaviors.
- Provide peer support to change peer norms.
- Offer gender-inclusive and sexual orientation-inclusive activities and opportunities.
- Build skills.
- Acknowledge culturally specific values, attitudes, and beliefs.⁵
- Ask young people how they self-identify and use these terms.
- Acknowledge when culture and sexual orientation cause conflicts for GLBTQ youth and recognize and confront cultural biases regarding sexual orientation and gender identity within the program.

Programs that serve youth of color can also serve GLBTQ youth of color through sensitivity, caring, and acceptance. A supportive environment within effective programs can go a long way towards reducing the morbidity suffered by GLBTQ youth of color.

Endnotes are found on page 19.

LATINO YOUNG MEN WHO HAVE SEX WITH MEN: UNIQUE NEEDS AND CHALLENGES

By Alex Franka, Program Associate, Advocates for Youth

A large and growing community of Latino young men who have sex with men (YMSM) is severely affected by HIV/AIDS in the United States and in Latin American countries. According to a recent study, Latino YMSM in the United States are twice as likely to become HIV-infected as are white YMSM.⁸ Latino YMSM need prevention programs that are appropriate in both language and culture and that address their specific Latino community.

Challenges in Preventing HIV Infection among Latino MSM

Why are Latino YMSM at higher risk of HIV infection? In many Latin American countries, ministries of health refuse to acknowledge HIV infection's prevalence in the population.²¹ Sometimes, the ministries alter HIV/AIDS statistics and derail research efforts.²¹ As a corollary, prevention messages reach few people in these countries. Thus, immigrants arriving in the United States may have little information about the importance of safer sex.

As a group, Latino YMSM come from traditional families where religion and family are important and homosexuality is stigmatized. Latino YMSM seldom self-identify as gay or bisexual. They marry and have children rather than 'out' themselves. Many of these young men suffer from depression and engage in sexual activities with other men when under the effects of alcohol and/or drugs. Unprotected sex in these circumstances increases their chances of being infected with HIV and then of infecting their female partners. Many Latino YMSM also have a false perception of their safety because they believe that only gay or bisexual men get infected with HIV. Since many Latino YMSM do not self-identify as gay or bisexual, they believe they are not at risk for the virus. Thus, they may not consider the risks posed by unprotected sex.

Culturally Competent Prevention Messages

Since Latino YMSM often don't identify as gay or bisexual, they don't respond to prevention messages aimed at gay or bisexual men. Prevention messages must be specifically tailored to Latino YMSM. Latino populations need interventions that are in tune with their values and beliefs and that include activities to increase knowledge and promote positive changes in sexual behaviors. Campaigns should aim at individual, interpersonal, and societal levels.

1. HIV transmission among injection drug users is a serious problem among Puerto Ricans living in the United States.²² This community needs messages integrating prevention and treatment for HIV/STI and substance abuse.
2. Sex between men represents the primary cause of HIV infection among Latinos born in Mexico, Cuba, and Central and South America.²² Therefore, prevention messages in these communities should focus on understanding cultural attitudes towards homosexuality and bisexuality.
3. Countries in Central and South America need encouragement and support in creating better education and prevention programs. With more knowledge about HIV, people in these countries can make better informed sexual health decisions.
4. In the United States, Latinos need high quality health services and prevention messages that are not racist or homophobic. Provider staff needs to be sensitive to the needs of Latino YMSM from different communities.
5. Messages should utilize voices of Latino YMSM. Print material should be accessible in the places where Latino YMSM look for sex and in clinics where they go for treatment.²³
6. Messages targeted to HIV-positive YMSM should empower young men to protect both themselves and their partners from STI infection.

Endnotes are found on page 19.

TRANSGENDER YOUTH AND THE ROLE OF SERVICE PROVIDERS *

By A. Charlene Leach, Deputy Director, National Youth Advocacy Coalition

No single group has gone more unnoticed by society, or abused and maltreated by institutional powers, than youth with transgender needs and feelings. With the exception of its attention to child labor and child abuse or neglect law, our society has relegated children to a class virtually without voice or rights in society.

Excerpt from *Transgender Care* by Gianna E. Israel and Donald E. Tarver

Gender is a construct. I can shape ... how I want to be perceived.

Transgender Youth³

In recent years, many programs for GLBTQ youth have witnessed an increased presence of youth who self-identify as transgender.* Youth who do not conform to prevalent gender norms, usually represented as feminine women and masculine men, often experience severe harassment, discrimination, ostracism, and violence. Transgender youth are increasingly claiming their right to define and express themselves in new ways. These new ways might include hormone treatment, gender reassignment surgery, name change, and cross living, to name a few. GLBTQ youth service providers, in particular, increasingly observe the diverse ways in which these youth choose to identify, including making the choice not to identify.

Service providers, parents, families, peers, and community members have key roles to play in supporting the healthy development of transgender youth. Respecting transgender youth means taking responsibility for providing supportive services and a safe environment. The following list should assist in beginning or improving services for transgender youth. The recommendations will not answer all questions, but they will assist, in conjunction with input from youth, in assuring quality services for transgender youth.

- **Don't make assumptions!** Do not assume that you know a youth's gender, or that a youth has gender identity issues, just as you would not make assumptions about a young person's sexual orientation. Exploring gender is a healthy expression of personal development. Self-identification or acknowledgement is a crucial first step in a youth's identity development and expression of self.
- **Create a safe and open environment.** Work towards creating an affirming environment that supports non-stereotypical gender expression, and where there is room for dialogue or discussion. Use inclusive, affirming, non-presumptuous, nonjudgmental, and gender-neutral language. Create organizational norms on behavior and language with youth.
- **Be informed and don't be afraid to examine your own beliefs.** Most of us are products of a trans-phobic society that holds rigid gender roles. We have been influenced by misinformation and fear. We're taught what is feminine and masculine, female and male, and we expect that these bipolar categories will not change. Recognize

* These tips are from a resource manual on gender identity and transgender youth issues, currently under review for publication by the National Youth Advocacy Coalition. For further information, please contact the Coalition at 202.319.7596.

+ Editor's note: Many transgender youth have felt uncomfortable from a very early age with their biological gender. These youth often feel very strongly that they are a person of the other gender. Other transgender youth may be comfortable with their biological gender and embrace a more fluid definition of "male" or "female" behavior and appearance than is the norm in their society.

your level of comfort with different types of gender expression and how this can affect your interactions with youth. Don't be afraid to ask questions.

- **Seek to fully understand gender identity.** Each person's gender identity is natural to that person. Gender identity and sexual orientation are a part of each of us and often develop uniquely. Gender identity may be experienced as a continuum. Some people do not experience gender solely as female or male. It is important for youth-serving professionals to educate themselves on gender identity, sexual identity, adolescent development, and social stereotypes. Moreover, sexuality and gender expression, though integral, are only two aspects of a whole person, and it is important to maintain a balanced perspective in addressing the multifaceted issues of youth's development.
- **Respect confidentiality.** When a young person shares personal information about gender identity, you have achieved the trust of that youth. A breach of this confidence can have dire consequences for the young person. If it truly becomes necessary to share the information, first get the young person's permission.
- **Know when and where to seek help.** Be aware of appropriate referral agencies for crisis intervention, mental and physical health services, emergency assistance, etc. Transgender youth are often subject to abuse, homelessness, suicide, harassment, and physical violence. Be aware of your personal and organizational limits and accept that your organization may not always be the best one to assist a young person in some situations. For assistance in finding program models, visit www.nyacyouth.org or www.youthresource.com.
- **Provide training for staff, board, volunteers and, in some cases, other youth.** Up-to-date training is necessary to help staff develop sensitivity and skills around interacting with youth, preventing groups from being derogatory to individuals, and educating all. Provide transgender youth with information on physical safety.
- **Protect from harassment!** Immediately protect transgender youth from harassment in any form, whether perpetrated by other youth, staff, or others. Make it clear that harassing and/or abusive behavior toward anyone will not be tolerated.
- **Provide single occupancy bathrooms, if possible.** Many individuals are uncomfortable about the idea of a man in the women's room and *vice versa* while transgender youth will feel they are using the appropriate bathroom. Every person has the right to use the bathroom, regardless of gender identify. Consider providing single occupancy bathrooms.

My body fits my gender identity perfectly, because I am who I am.

Transgender youth³

My body is fine by me... but other people don't seem comfortable with my body as it confuses them.

Transgender youth³

SERVING HIV-POSITIVE YOUTH

By Jennifer Augustine, HIV/STI Prevention Programs Associate, Advocates for Youth

In a homophobic society, many people equate sexual orientation with HIV infection. Knowledgeable youth-serving professionals know and can assure youth that no such connection exists. Most gay, lesbian, bisexual, and transgender people are not infected with HIV. Many people who are HIV-infected are heterosexual. HIV-infected youth, regardless of sexual orientation, need a supportive environment in order to remain healthy. They need to feel respected and safe and to have their right to information and services acknowledged.

Half of all new HIV infections occur among young people under 25 years old and every hour, two Americans under age 25 are infected with HIV.²⁴ Far too many HIV-positive youth are unaware of their HIV status because they have not been tested. In a nationally representative survey, only 27 percent of sexually active youth ages 15 to 17 reported that they had been tested for HIV and only 48 percent knew “for sure” where they could go to be tested.²⁵

Moreover, linking HIV-infected youth to health care is difficult. Most HIV-infected youth do not receive adequate health care, even when it is available.²⁶ Barriers to health care for HIV-infected youth include lack of financial resources and insurance, mistrust of health care professionals, difficulty negotiating complex health care systems, complex medical regimens, a shortage of providers with expertise in both HIV and adolescent medicine, and concerns about confidentiality. Also, fear, denial, and cultural perspectives may play a role in a youth’s reluctance to go for care. However, research pinpoints major components of effective programs that serve HIV-positive youth.

Youth-Friendly Services

Youth-friendly services help HIV-positive youth overcome barriers to health care. Youth-friendly services offer

- Flexible hours on weekends and evenings to minimize conflict with school or work
- Accessibility through convenient locations, public transportation or tokens, and/or travel vouchers
- Intensive case management to assist youth in adjusting to complex issues, such as disclosure and partner notification, and to provide links to other services, such as mental health care, substance abuse treatment, transportation, housing, and appointment reminders
- The active involvement of young people in all program aspects, including design, planning, operations, and evaluation
- Staff’s cultural competency, including sensitivity to youth culture, racial/ethnic cultures, gender, sexual orientation, and HIV status
- Décor, materials, and atmosphere that are youthful and welcoming
- Informational materials appropriate to the literacy level(s) and language(s) of the youth served.

Comprehensive Health Care

HIV-positive youth need multidisciplinary case management and care—integrating primary and reproductive health care with HIV-specific care, mental health services, and secondary prevention. Youth usually prefer age-appropriate, “one-stop shopping” health care settings and providers who are familiar with their needs.²⁶ Also, health care providers’ attitudes, such as respectfulness or its opposite (i.e., condescension toward youth and homophobia) appear to be major factors in drawing youth into or deterring them from using the health care system.

A primary concern when working with HIV-positive youth is helping them adjust to their HIV status. Overall goals of primary care include determining the stage of HIV disease; monitoring immune function and viral load; identifying and addressing psychosocial needs; and providing ongoing health maintenance, access to state-of-the-art treatment, education about HIV and risk reduction, and access to appropriate clinical trials.⁵ Like adults, youth have a range of psychosocial issues, ranging from emotional support, treatment adherence, and discrimination and isolation, to basic needs for food, shelter, and transportation. In addition, youth must deal with the developmental, cognitive, and emotional changes of adolescence.

Comprehensive Mental Health Services

Providers need to assess the support available to HIV-positive youth, identify support systems and available resources, and encourage HIV-positive youth to use them. Support networks may include family, friends, sexual partners, health care providers, teachers, counselors, clergy, and adult role models. Providers should also assess youth's awareness of and involvement with community-based HIV/AIDS programs. Working with speakers bureaus, volunteering, and participating in community planning groups can promote the well-being of HIV-infected youth. HIV-positive youth can also benefit from peer support groups.

Many HIV-positive youth also struggle with mental illness and substance abuse. Providers may need to deal with these issues by directly providing or by linking youth with substance abuse and mental health programs before a young person's HIV-specific care can be adequately implemented.

Other Issues to Consider

In addition, other issues may be important to providing quality services to HIV-positive youth.

- **Respect**—Youth want to be treated with respect and may fail to seek needed services if they perceive a lack of respect.
- **Confidentiality**—Providers should assure youth that the information they share is confidential. HIV-infected youth may experience rejection, discrimination, and violence if their confidentiality is breached.
- **Disclosure**—Making decisions about disclosure of HIV status is an important step for HIV-positive youth who may fear rejection, harassment, and violence from family, friends, and partners. GLBTQ youth may also face added stigma due to their sexual orientation and/or gender identity. Youth may need guidance and support, including referral to support groups.
- **Secondary Prevention**—HIV-positive youth need information about how to prevent re-infection and new infections (with different strains of HIV and with other STIs) which could damage their immune system and interfere with health regimens. Secondary prevention offers a chance to empower HIV-positive youth with a sense of control over the future direction of their illness.

Youth-serving organizations (YSOs) and AIDS-services organizations (ASOs) play an integral role in serving HIV-positive youth. Although YSOs may have a greater understanding of youth culture, ASOs usually have more experience with HIV care and treatment. Through collaborative partnerships and coordinated services, agencies can overcome barriers to health care for HIV-positive youth.

HIV infection in young people is a challenge for youth, health care providers, and policy makers alike. Effective and sustainable programs that adequately serve HIV positive youth can be difficult to achieve. However, society has a responsibility to provide services to HIV-infected youth and the benefits are noteworthy and far-reaching. Young people have a right to services that are affordable, accessible, confidential, and youth-friendly. HIV-infected youth also have a right to be treated with respect.

Endnotes are found on page 19.

National Resources for HIV Positive Youth

Adolescent AIDS Program

Childrens Hospital, Montefiore Medical Center
718.882.0232
www.AdolescentAIDS.org

Advocates for Youth

202.419.3420
www.advocatesforyouth.org

AIDS Alliance for Children, Youth and Families

202.785.3564
www.aids-alliance.org

CDC National AIDS Hotline

800.342.2437 (English)
800.344.7432 (Spanish)
800.243.7889 (TTY)

National Association of People with AIDS

202.898.0414
www.napwa.org

National Minority AIDS Council

202.483.6622
www.nmac.org

National Youth Advocacy Coalition

202.319.7596
www.nyacyouth.org

YouthHIV

A project of Advocates for Youth
202.419.3420
www.youthhiv.org

I'M COMING OUT... I WANT THE WORLD TO KNOW...(OR DO I?)

by Jessie Gilliam, Program Manager for Internet Interventions, Advocates for Youth

If you've made yourself accessible to teenagers, sooner or later one or more of them might ask for advice, information, or support regarding sexual orientation or gender identity. Some youth might be questioning (or figuring out their feelings) around orientation and identity, while others might have "discovered" their identity or orientation and want to discuss the implications. This article offers appropriate, respectful responses to GLBTQ youth. Written by youth, the responses address some of the questions most frequently asked about sexual orientation and coming out.

What does it mean to be GLBT?

Gay men are physically, sexually, and emotionally attracted to other men. Lesbians are women who are physically, sexually, and emotionally attracted to other women. Bisexual people are physically, sexually, and emotionally attracted to both men and women.

Transgender people feel that the gender to which they were born (or assigned at birth) does not correspond with their gender identity. Transgender people include those who identify as transsexual, that is people born female who identify as male (female-to-male) and people born male who identify as female (male-to-female). Transgender people also include those who may not identify as part of a bipolar gender system. Gender identity doesn't say anything about sexual orientation; someone could be transgender and be straight or gay or lesbian or bi.

Youth may find themselves identifying with one of these basic definitions pretty strongly or with none of them at all. That's okay – no one has to rush to self-label now or ever, and some people choose different labels, such as pansexual, same gender loving, and genderqueer, to name just a few.

How do I know if I'm gay, lesbian, bisexual, or transgender?

A young person might not know if he/she is GLBT, and that's okay. There's no rush—sexual identity and gender identity develop over time. Most young people are intensely sexual around puberty when the body starts changing and hormones start flowing. Sexual feelings may be so strong that they are not directed towards particular people or situations but seem to emerge without cause. People who decide they are gay, lesbian, or bisexual find that, over time, their attraction becomes more clearly focused and consistent. They find themselves falling in love and dreaming or fantasizing sexually more about males, females, or both, consistently and clearly. People who are transgender may find that they feel more like "one of the boys" than "one of the girls" or *vice versa*, that they picture their body/self image as a different gender than they are, or that they don't identify with society's ideas about appropriate gender roles/behaviors for men and women.

No one can decide that someone else is GLBT. Liking ABBA or Ani DiFranco doesn't mean a person is gay or lesbian. Sexually experimenting with someone of the same gender doesn't mean a person is gay or lesbian. Sexual behavior—what one *does* sexually—may be different from what one ultimately understand as one's sexual identity—that is, who one learns that one *is*. Being male and wearing skirts or being female and having really short hair doesn't mean a young person is or is not transgender. The individual decides. Youth shouldn't feel pressured by stereotypes into self-labeling.

Am I normal?

It is perfectly natural to be gay, lesbian, bisexual, and/or transgender. Many people are GLBT, and many of them lead happy, interesting, and productive lives. GLBT people are doctors, lawyers, librarians, waitpersons, athletes, and plumbers. They are of all racial/ethnic and religious backgrounds. Assure the young person that he/she is absolutely normal.

How Can I Avoid HIV, Other STI's and Involvement in Unwanted Pregnancy?

Abstinence from sexual intercourse is the surest way to avoid unwanted pregnancy, HIV, and other STIs. Many young people—gay, straight, or bisexual—choose activities such as hugging, kissing, talking, and massage to show affection. If one chooses to have sexual intercourse, he/she needs to be responsible and use protection. Remember:

- Vaginal, anal, and/or oral intercourse—use a latex or polyurethane condom or dental dam or other latex or polyurethane barrier to prevent the risk of sexually transmitted infections, including HIV.
- Vaginal intercourse—in addition to using a latex or polyurethane condom, also use another effective method of contraception, such as birth control pills or Depo-Provera to prevent pregnancy.
- Lubrication—when using a latex condom, do not use petroleum or oil-based lubricants. Use only water-based lubricants, such as KY Jelly. Also avoid using nonoxynol-9, because it may cause irritation and increase the risk of transmission of HIV and other STIs.
- Manual sex—use a latex or polyurethane barrier, like surgical gloves.

Remember that blood-to-blood contact is the most direct route for HIV transmission. Sharing equipment or needles—for piercing or tattooing the body, taking medications, or using drugs—is dangerous since blood may be left on the used equipment or needles. If possible, avoid sharing needles for *any* purpose.

Whom Should I Tell?

Coming to terms with one's own sexuality or gender identity can be very difficult. In fact, the hardest one a young person may ever have to tell is him/herself! A young person should only tell others when he/she feels ready, and doing so is not always easy. Some people might be very receptive, while others might not be able to handle the information as well as the young person had hoped they would. It may be easiest to talk first about one's sexuality or gender identity with someone she/he knows will understand, such as a parent, brother or sister, clergyman, or guidance counselor. Youth may also find someone to talk with through the Internet or at youth groups. Reaching out can help ensure that youth have support as they talk about their sexuality, and they might be surprised at the relief they will feel when they know others understand.

Where Can I Find Support?

Advocates for Youth has Web sites by and for GLBT youth, including www.youthresource.com and the Spanish-language www.ambientejuven.org. Many major cities have a GLBTQ hotline. If a young person is concerned about privacy, he/she can call from a phone booth. A good hotline counselor will let her/him share feelings and will direct the youth to organizations that help GLBTQ people. There may even be an area GLBTQ youth group; young people can ask the hotline or visit www.youthresource.com for listings. Youth might also want to see if the school has a gay straight alliance. It may seem difficult to believe, but there are other GLBT people wherever young people are!

Continued from page 2

affiliates, Oxygen, at film festivals and on the Internet as well as on ABC's *World News Tonight* and NPR's *On the Media*.

Scenarios USA introduces a new film in the series. *Lipstick* is a story about a group of teenage best friends, the courage of one girl to express who she is, and the struggle of another to accept and understand difference. Together, the four friends confront fears and prejudice, and friendship prevails. *Lipstick* deals forthrightly and understandingly with sexual identity, self-expression, and acceptance.

Lipstick is available for purchase beginning mid-June 2002 for \$15.00. To order, contact *Scenarios USA*, 110 West 18th Street, 6th Floor, New York, NY 10011 or phone 646.230.7677.

EMERGENCY CONTRACEPTION, AN IMPORTANT OPTION FOR YOUNG WOMEN WHO HAVE SEX WITH WOMEN

By Tamarah Moss, Program Manager, Emergency Contraception Initiative, Advocates for Youth

Many young women who have sex with women (YWSW) also have sexual intercourse with men. In a survey of lesbians, 77.3 percent reported sexual intercourse with one or more males in their lifetime.²⁷ Sexual intercourse with men places YWSW at risk for unintended pregnancy. Indeed, one study showed that lesbian and bisexual teens have twice the rate of pregnancy as their heterosexual and questioning peers.²⁸ Compared to their female peers, lesbian and bisexual teens reported a higher incidence of sexual abuse, incest, and rape; heterosexual relationships before they identified as lesbian; internalizing the stigma associated with lesbian identity and using pregnancy to ensure being perceived as heterosexual; and engaging in heterosexual activity as a means to deal with their fear of discrimination and rejection.²⁸

Therefore, health providers and educators should make special efforts to educate YWSW about emergency contraception as an option to prevent teen pregnancy. Emergency contraception (EC) is a method of preventing pregnancy *after* contraceptive failure, sexual assault, and/or unprotected sexual intercourse. Emergency contraceptive pills (ECPs) can be used any time up to 120 hours (five days) after sexual intercourse.

As such, ECP is an option that could annually avert as many as 50 percent of pregnancies and consequent abortions among American teens.²⁹ ECPs are available as Preven, Plan B, and/or as repackaged birth control pills that are taken in a particular dosage and manner. ECPs do not cause abortion because the pills have no effect after pregnancy is established. (The American College of Obstetricians and Gynecologists defines pregnancy as beginning with implantation.³⁰) For more information on ECPs, visit www.advocatesforyouth.org.

Lesbian and bisexual teens, like their heterosexual peers, face barriers to obtaining ECPs. Barriers include providers' lack of knowledge about ECPs, cost, time constraints, lack of insurance and transportation problems, and limited clinic hours. Teens often fear that their confidence will be violated. They also often fear procedures such as blood tests, pelvic exams, and the reputed side effects of ECPs. However, lesbian and bisexual teens face additional challenges from providers, including homophobia, heterosexual assumptions, and lack of understanding of lesbian health care issues.

Youth-serving professionals can help overcome barriers and ensure lesbian and bisexual young women's access to health care. Access means timely use of personal health services to achieve the optimal health outcomes. Health care providers and educators need to ensure that lesbian and bisexual teens receive respect and comprehensive information:

- Inform young women who have sex with women of the risks associated with unprotected vaginal, anal, and oral sexual intercourse.
- Develop and distribute ECP educational materials that address the needs of all teenage women, including lesbian and bisexual teens.
- Develop formal referral systems among health providers, educators, and GLBTQ youth serving organizations.
- Provide ECPs in clinical and non-clinical settings.
- Ensure that teens are able to get hold of ECP within the 72-hour time period. Better yet, provide ECPs or prescriptions for ECP *in advance of need* and without pelvic exams.
- Create both teen-friendly and GLBTQ-friendly office policies and/or procedures.
- Provide training to staff on the needs of lesbian and bisexual teens.

Endnotes are found on page 19.

GLBTQ YOUTH'S HEALTH CARE BILL OF RIGHTS

As a GLBTQ young person accessing health care—

- You have a right to receive treatment without discrimination on the basis of race/ethnicity, religion, gender, gender identity, disability, or sexual orientation.
- You have a right to receive respect and positive, caring treatment.
- You have a right to ask questions. You have a right to ask for clarification and to receive explanations of tests, treatments, treatment options, and all aspects of your care.
- You have a right to receive confidential and affordable care. Your provider should assure you that the information you share is confidential and will not be disclosed to a parent or guardian unless you provide permission. If the provider will not guarantee your confidentiality, you have a right to find a provider who will. * You should not be denied care based on your ability to pay.
- You have a right to accurate, uncensored information.
- You have a right to demand youth-friendly services that are flexible and culturally appropriate.
- You have a right to nonjudgmental health care. Your provider should not make assumptions about your behavior.
- You have a right to disclose your sexual identity, gender identity, and sexual activities. This information may help providers understand what types of tests, referral, and health information you need.
- You have a right to say “no” to care and to learn about the effect this may have on your health.
- You have a right to change providers at any time and for any reason. You also have a right to a second opinion.

* In most states, providers must share information regarding physical and sexual abuse of minors with police and/or child welfare officials. If this is a concern, ask your provider about the law before sharing your concerns.

Endnotes

- ¹ Massachusetts Department of Education. *Massachusetts High School Students and Sexual Orientation, Results of the 1999 Youth Risk Behavior Survey*. Boston, MA: The Dept, 1999. [http://www.state.ma.us/gcgly/yrbstf99.html]
- ² Savin-Williams RC. Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: associations with school problems, running away, substance abuse, prostitution, and suicide. *J Consult Clin Psychol* 1994;62:261-69.
- ³ Earls M. Online interview conducted with 30 GLBTQ youth regarding their resources, perceptions, and support systems. Washington, DC: Advocates for Youth, 2002.
- ⁴ Downey JI. Sexual orientation issues in adolescent girls. *Women's Health Issues* 1994; 4:67-68.
- ⁵ Ryan C, Futterman D. *Lesbian and Gay Youth: Care and Counseling*. [Adolescent Medicine State-of-the-Art Review; v. 8, no. 2] Philadelphia: Hanley & Belfus, 1997.
- ⁶ _____. Stories of youth posted on www.youthresource.com/community/transgender/. Washington, DC: Advocates for Youth, 2001-2002.
- ⁷ Kosciw JG, Cullen MK. *The School-Related Experiences of Our Nation's Lesbian, Gay, Bisexual, and Transgender Youth: The GLSEN 2001 National School Climate Survey*. New York: GLSEN, 2001.
- ⁸ Valleroy LA et al. HIV prevalence and associated risks in young men who have sex with men. *JAMA* 2000; 284:198-204.
- ⁹ Garofalo R et al. Sexual orientation and risk of suicide attempts among a representative sample of youth. *Arch Pediatr Adolesc Med* 1999; 153:487-93.
- ¹⁰ Garofalo R et al. The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics* 1998; 101:895-902.
- ¹¹ *Personal Responsibility and Work Opportunities Reconciliation Act*. [PL 104-193.] Washington, DC: United States Congress, 1996.
- ¹² Baldo M et al. *Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth*, presented at the IXth International Conference on AIDS, Berlin, June 6-10, 1993. Geneva: World Health Organization, 1993.
- ¹³ Office of the Surgeon General. *The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior*. Washington: Office of the Surgeon General, 2001. [available on line at www.surgeongeneral.gov/library/sexualhealth/]. For recent evaluations of the effectiveness of comprehensive sex education versus the ineffectiveness of abstinence-only-until-marriage education, visit www.advocatesforyouth.org and click on Abstinence-Only-Until-Marriage-Education under “Topics and Issues.”
- ¹⁴ Kempner ME. “Toward a sexually healthy America: abstinence-only-until-marriage programs that try to keep our youth ‘scared chaste.’” New York: Sexuality Information & Education Council of the United States, 2001.
- ¹⁵ Blake SM et al. Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: the benefits of gay-sensitive HIV instruction in schools. *Amer J Public Health* 2001; 91:940-6.
- ¹⁶ Diaz RM, Ayala G. *Social Discrimination and Health: The Case of Latino Gay Men and HIV Risk*. New York: Policy Institute of the National Gay & Lesbian Task Force, 2001.
- ¹⁷ Ryan C and Futterman D. Social developmental challenges for lesbian, gay, and bisexual youth *SIECUS Report* 2001; 29(4).
- ¹⁸ Centers for Disease Control & Prevention. *Young People at Risk: HIV/AIDS Among America's Youth*. Atlanta, GA: The Centers, (2000).
- ¹⁹ Pagliaro S, Gipson M. *Effective HIV/STD and Teen Pregnancy Prevention Programs for Young Women of Color*. Washington, DC: Advocates for Youth, 2000.
- ²⁰ Center for AIDS Prevention Studies, University of California at San Francisco. *What are Asian and Pacific Islander HIV Prevention Needs?* San Francisco: The Center, 1998.
- ²¹ Franka A. Discussions with staff of nongovernmental organizations during fact-finding trips to Central America. Washington, DC: Advocates for Youth, 2001-2002.
- ²² Centers for Disease Control & Prevention. *HIV/AIDS Among Hispanics in the United States*. [http://www.thebody.com/cdc/hispanic2.htm.]
- ²³ Centers for Disease Control & Prevention. *Taking Action to Combat Increases in STDs and HIV Risk among Men Who Have Sex with Men*. Atlanta, GA: The Centers, 2001. [http://www.cdc.gov/nchstp/od/nchstp.html]
- ²⁴ White House Office of National AIDS Policy. *Youth and HIV/AIDS 2000: A New American Agenda*. Washington, DC: The Office, 2000.
- ²⁵ Kaiser Family Foundation. *National Survey of Teens on HIV/AIDS*. Menlo Park, CA: The Foundation, 2000.
- ²⁶ Futterman D, et al. HIV and AIDS in adolescents. *Pediatric Clinics of North America* 2000; 47:171-187.
- ²⁷ Diamant AL et al. Lesbians' sexual history with men: implications for taking a sexual history. *Arch Intern Med* 1999; 159:2730-36.
- ²⁸ Saewyc EM et al. Sexual intercourse, abuse and pregnancy among adolescent women: does sexual orientation make a difference? *Fam Plann Perspect* 1999; 31:127-33.
- ²⁹ Trussell J et al. Emergency contraceptive pills: a simple proposal to reduce unintended pregnancies. *Fam Plann Perspect* 1992; 24: 269-73.
- ³⁰ American College of Obstetricians & Gynecologists. *Emergency oral contraception*. *ACOG Practice Patterns* 1996; 3:1-8.
- ³¹ Ryan CC, Futterman D. Lesbian Adolescents. *Health and Sexuality*. ARHP 2001; v.6 no. 2:10-11.

ADVOCATES FOR YOUTH'S ONLINE INTERVENTIONS BY YOUTH FOR YOUTH

- YouthResource (www.youthresource.com) is created by and for GLBTQ youth ages 13 to 24 and takes a holistic approach to sexual health by offering support, community, resources, and peer-to-peer education about issues of concern to GLBTQ youth.
- Ambiente Joven (www.ambientejoven.org) is a Web site for Latino/Latina YMSM and GLBTQ youth and provides information on safer sex, HIV/AIDS, and mental and sexual health through peer educators based in the United States and Latin America.
- YouthHIV (www.youthHIV.org) is created by and for HIV-positive youth and HIV peer educators to provide safe and effective mental and sexual health information, community support, resources and referral, and opportunities for advocacy.
- MySistahs (www.mysistahs.org) is created by and for young women of color and provides holistic sexual health information.



Advocates for Youth
Suite 750
2000 M Street NW
Washington, DC 20036

Address Service Requested

Nonprofit Organization
US. Postage
PAID
Washington, DC
Permit Number 2362