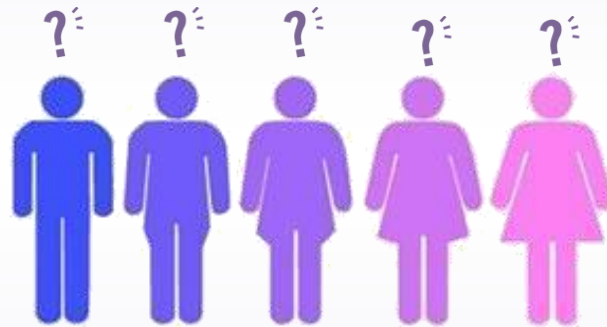


# Clinical Issues in Counseling LGBTQ Youth & Families



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# Top 10 Clinical Issues of LGBTQ Youth

## 1) Internalized Homophobia/Heterosexism-

- Refers to negative feelings because of one's sexual orientation. The feeling that one is “bad” or flawed due to not adhering to heteronormative expectations.
- Youth who are able to accept their LGBTQ identity have lower levels of depression, anxiety and other mental health problems.



# Top 10 Clinical Issues of LGBTQ Youth

## 2) Acceptance (Peer/Family)-

- In a 2009 National School Climate Survey, 72.4% of students reported hearing homophobic remarks, such as “faggot” or “dyke,” frequently or often at school.
- LGBTQ young adults who reported higher levels of family rejection during adolescence were:
  - 8.4 times more likely to report having attempted suicide
  - 5.9 times more likely to report high levels of depression
  - 3.4 times more likely to use illegal drugs
  - 3.4 times more likely to report having engaged in unprotected sexual intercourse



# Top 10 Clinical Issues of LGBTQ Youth

## 3) Self-Esteem-

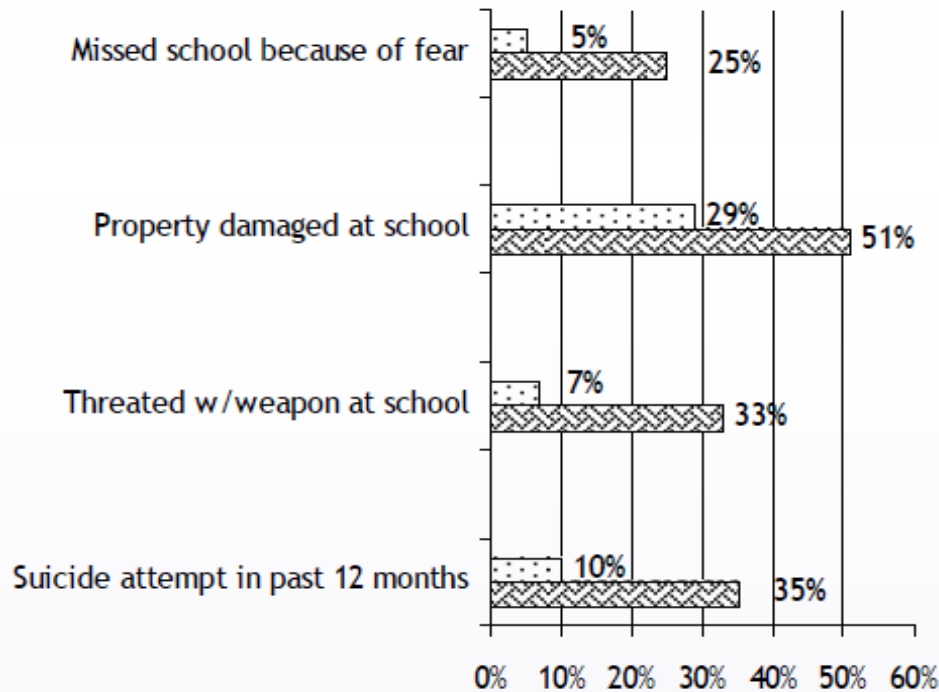
- Self- esteem is a term used to reflect a person's overall evaluation or appraisal of his or her own worth.
- Having low self worth or lack of personal value can become a mental health risk factor. (?)



# Top 10 Clinical Issues of LGBTQ Youth

## 4) Safety Concerns & Bullying-

Victimization among GLB Youth



□ Non-GLB Youth  
▨ GLB Youth



Source: Garofalo, R., et al. (2006). The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics*, 101, 895-902.

# Top 10 Clinical Issues of LGBTQ Youth

- Gays and lesbians are some of the most frequent victims of hate crimes, and are 7 times more likely to be crime victims than heterosexual people.
- At least 75% of crimes against gays and lesbians are not reported to law enforcement due to shame, embarrassment and/or fear that reporting would result in retaliation or disclosure of their sexual identity.



# Top 10 Clinical Issues of LGBTQ Youth

## 5) Lack of Knowledge of LGBT History, Culture, Role Models and Resources-

- During GSA Focus Group interviews, 2 out of 6 GSAs involved had no members who were familiar with Harvey Milk.
- There are often very few openly gay staff members or teachers in schools.
- The presence of out LGBTQA teachers and school staff are an important component to reducing isolation, and to help students feel supported.



# Top 10 Clinical Issues of LGBTQ Youth

## 6) Discrimination/Harassment-

- 84.6% of LGBT students reported being verbally harassed at school.
- 40.1% reported being physically harassed at school.
- 18.8% reported being physically assaulted at school.
- An important safety component for students are for school districts to have a clear discrimination, harassment and anti-bullying policy.





# Top 10 Clinical Issues of LGBTQ Youth

## 7) Social Isolation-The challenge of adolescence

- LGBTQ Youth (especially those who are not out), can be very socially isolated from their peers.
- The role of the GSA/QSA/LGSA is to reduce isolation and to help students connect with a supportive peer group.



# Top 10 Clinical Issues of LGBTQ Youth

## 8) Dating/Sexuality-

- Inability to be open about their feelings with peers and/or family members.
- Inability to access “age appropriate” information about same sex attractions.
- Lack of knowledge about safer sex practices.
- Managing a “double life” in order to explore sexual feelings that are considered unacceptable.



# Top 10 Clinical Issues of LGBTQ Youth

## 9) Homelessness/School Drop-Out Rates-

- 50% of all gay and lesbian youth report that their parents reject them due to their sexual orientation.
- 26% of gay and lesbian youth are forced to leave home because of conflicts over their sexual orientation.
- 40% of homeless youth are identified as LGBTQ.
- 29.1% of LGBTQ students missed a class at least once and 30% missed at least one day of school in the past month because of safety concerns.



# Top 10 Clinical Issues of LGBTQ Youth

## 10) Coming Out Issues - Considerations.....

–To come out vs. not come out

- Dealing with internalized homophobia
- Risking possible rejection of peers/family/community
- Self-esteem
- Risk of bullying, harassment, violence and discrimination
- Dating/Sexuality
- Increased risk of high school drop out (if rejected)
- Increased risk of substance use/abuse
- Increased risk of STIs
- Increased risk of homelessness (if rejected)



# Clinical Diagnosis

- Depression
  - Rates of suicide attempts among LGBTQ youth are 20 - 40% higher than among non-LGBTQ youth.
  - Suicide is the leading cause of death among gay and lesbian youth.
  - Over 30% of all reported teen suicides each year are committed by gay and lesbian youth.



# Clinical Diagnosis

- Anxiety
  - LGBTQ youth ages 14-21 are significantly more likely to report anxiety than their heterosexual peers.
    - Fear of being “outed” by others
    - Fear of rejection by family members/peers
    - Fear of bullying/harassment



# Clinical Diagnosis

- Substance Abuse & Substance Dependence
  - Gay and lesbian youth are at much higher risk than their heterosexual peers for alcohol and drug abuse.
  - Approximately 30% of lesbians and gay men have problems with alcohol.



# Clinical Diagnosis

- Trauma (PTSD)
  - LGBTQ youth are more likely to be physically, verbally and emotionally abused by family members than their heterosexual peers (for reasons related to their sexuality).
  - LGBTQ youth are at least 7 times more likely to be crime victims than their heterosexual peers.
  - There is a strong link between victimization (trauma) and the vulnerability to mental illnesses such as depression, anxiety and PTSD.





# Interventions

- Creating a safe and supportive environment

Clinical vs. School



# Interventions

- Ensuring that intake paperwork is culturally sensitive and written in gender neutral terms
  - Parent/Guardian vs. Mom/Dad
  - Sex: Female/Male/Blank (write in)
  - Sexual Orientation: (write in)
  - Asking, “what’s your PGP?”



# Interventions

- Addressing, rather than ignoring, the stigma of being an LGBTQ youth while.....
- Not making assumptions that the youth is suffering with their LGBTQ identity.



# Interventions

- Building coping skills-
  - Utilizing a strength based approach which focuses on areas the youth is doing well.
  - Reminding the youth of previous life challenges in which they have coped well.
  - Encouraging the use of journaling, art and music to identify and express their feelings.

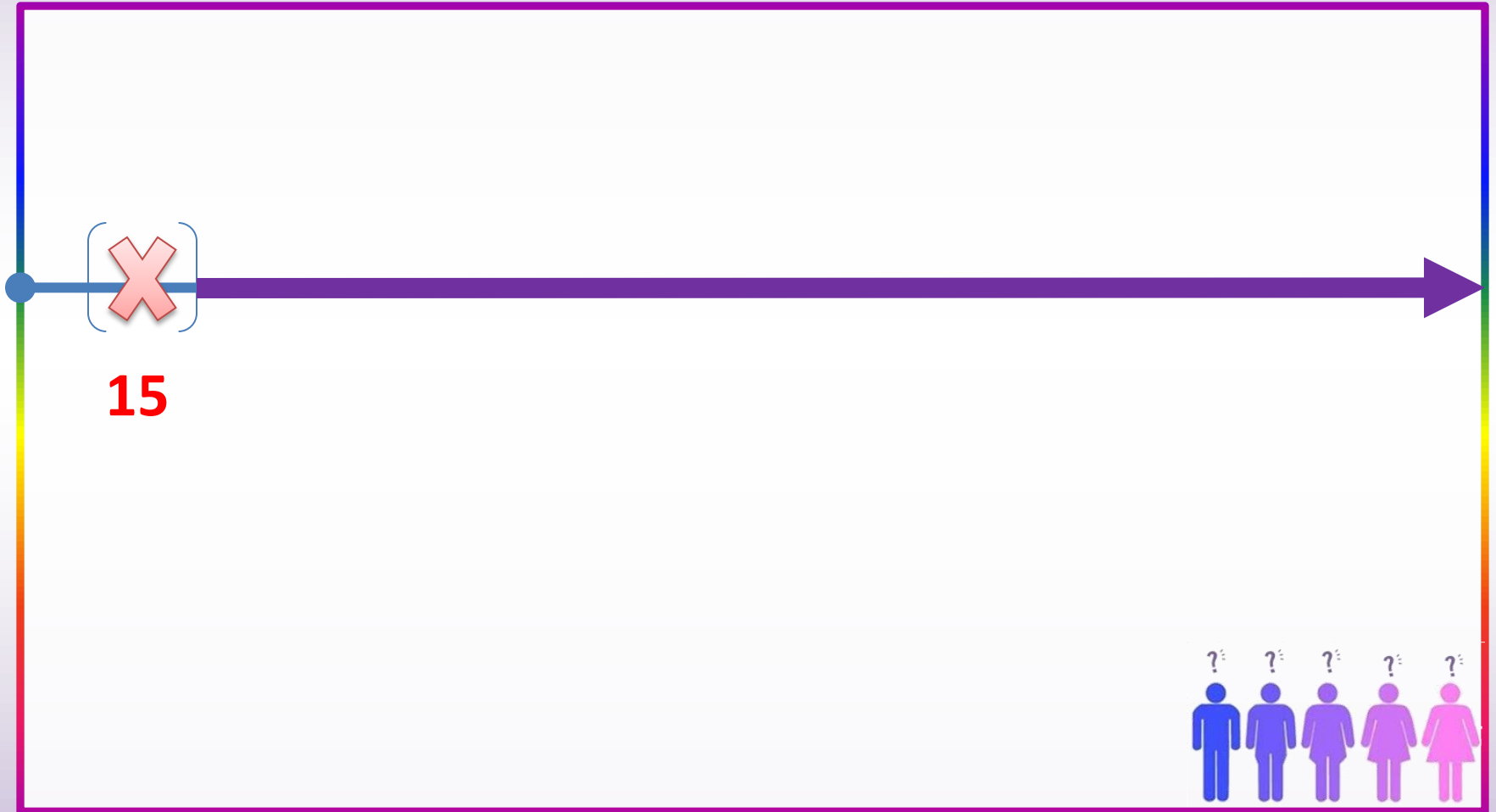


# Interventions

- Determining whether the youth has a support network, and if necessary, work to strengthen these natural resources/supports.
- Helping the youth understand that whatever painful events might be happening today are not going to last forever. (Timeline intervention)
- Increase the youth's awareness of community resources, local LGBTQA events and opportunities for community involvement.



# Timeline Interventions



# Case Study

## “Michael”

- 13 year old African-American male
- Middle school
- Referred to the Connect Center LGBT Focus Intern in December, 2011.
- Presenting Problem: Harassing a male student with “love notes.”



# Special Considerations

- LGBTQ youth are one of the only minority populations that cannot assume support and acceptance by their parents.
- Being supportive of an LGBTQ youth does not necessarily mean encouraging them to come out.
- Be mindful of other populations with similar issues: youth with LGBT parents and siblings of LGBT youth.
- Gender non-conforming youth who are not LGBTQ identified, but may be treated as such due to their gender expression.
- Remember, the LGBTQ identity is oftentimes fluid and can change over time.





# Take Home Message

- Working with LGBT families can be complex, and it often takes a high level of skill and clinical experience in order to provide the level of support these youth and families need.



# Take Home Message

- Understanding the unique challenges that LGBT youth face is imperative in being able to handle the issues of sexuality, coming out, bullying/harassment, confidentiality, mental health issues, substance use/abuse, trauma, educational difficulties, etc. that may be present in the lives of these youth.



# Take Home Message

- The ethical mandate to “Do No Harm”, means that we all share the responsibility of being culturally skilled, not just culturally competent, to effectively work with these youth and their families.



# Resources

## Connect Center

Provides supportive services for students who identify as LGBTQ within SCUSD

[nichole-wofford@scusd.edu](mailto:nichole-wofford@scusd.edu) 916.643.2354

[emily-herr@scusd.edu](mailto:emily-herr@scusd.edu) 916.643.7997

Bullying Prevention

[sheila-self@scusd.edu](mailto:sheila-self@scusd.edu) 916.643.9076

## LGBTQ Task Force

Meets monthly to improve the climate and safety within SCUSD schools for LGBTQA individuals.

[lawrence-shweky@scusd.edu](mailto:lawrence-shweky@scusd.edu) 916.643.9141

