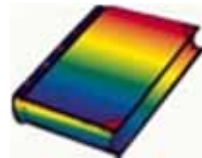




# A Provider's Introduction to Substance Abuse for Lesbian, Gay, Bisexual, and Transgender Individuals



Unifying science, education and service to transform lives



Midwest Conference  
On Problem Gambling  
& Substance Abuse

**Workshop**  
**Thursday, July 21, 2011**  
**1:30 – 2:30 p.m.**



## Facilitator



Mid-America  
**ATTC**

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and services to transform lives.

**Jan Wrolstad, M. Div.**

**Associate Director**

**Mid-America Addiction Technology Transfer Center**

**Institute for Human Development**

**University of Missouri-Kansas City**

**[wrolstadj@umkc.edu](mailto:wrolstadj@umkc.edu)**

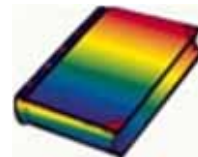
**816.235.5056**



# Module 1 - An Overview for Providers Treating LGBT Clients

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Gay, Bisexual, and  
Transgender Individuals



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## DISCUSSION: How many LGBTQ clients are in your treatment facility?



- How many clients does your facility/agency/ organization see/treat on a monthly or annual basis?
- Of those, how many are "out" to you as lesbian, gay, bisexual, or transgender?
- How many are out as LGBT to everyone in the treatment setting?

PowerPoint Slide # 1-2

## DISCUSSION, cont.: How many LGBTQ clients are in your treatment facility?



The Addiction Treatment Center of Illinois  
Approved by Substance Abuse and Mental Health Services Administration



- Does the number of LGBTQ clients who are out realistically reflect how many LGBTQ persons are actually being served in your setting? Why or why not?
- What is the potential of your agency to serve more LGBTQ clients?
- Why is it important to LGBTQ clients to address identity in the context of treatment for substance use disorders?

PowerPoint Slide # 1-2a

## Historical Perspectives on Homosexuality & Bisexuality



- **1870s** - Homosexuality, as a specific category, not described in medical or psychiatric literature until 1870s.
- **1940s and 1950s** - Same-sex sexual attraction and behavior was a mental disorder.
- **1957**- Dr. Evelyn Hooker's landmark study finds gays and lesbians "normal."
- **1969**- The Stonewall Riots in New York City.
- **1973** - The American Psychiatric Association removes homosexuality as psychopathology from the DSM.

Power Point Slide # 1-4

# TERMS in CATEGORIES

## *Categories and Descriptors*



### SEX

- Male
- Female
- Intersex

### GENDER

- Male / Masculine
- Female / Feminine

### GENDER ROLE

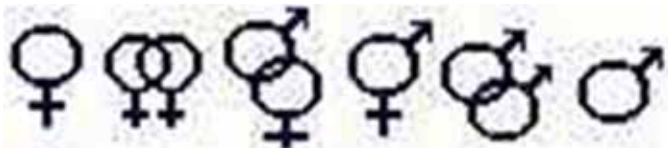
- Male / Masculine
- Female / Feminine

### GENDER IDENTITY

- Transgender
- Transsexual
- Male
- Female
- Queer
- Intersex

### SEXUAL ORIENTATION

- Lesbian
- Gay
- Bisexual
- Heterosexual
- Queer
- Questioning



# Men Who Have Sex with Men (MSM)



- Does not include just gay or bisexual men
- Used as a term to define a broader category of persons and includes both heterosexual and homosexual men
- Research is currently being conducted within this population group



# Demographics of Sexual Orientation



Difficult to establish for a variety of reasons:



- Rely on self-report
- Variance in research questions
  1. Self-reporting of same-sex desires
  2. Self-reporting of one-time same-sex sexual experiences
  3. Self-reporting of multiple same-sex sexual experiences
  4. Self-reporting of identification as gay, lesbian or bisexual
- Differing ideas about what constitutes a “sexual act”
- Difference between sexual orientation & gender identification

# Value of Reliable Demographics in Informing Public Policy



- Calculating costs and benefits of domestic partnership benefits
- Impact of legalizing gay unions and adoptions by gay persons
- Impact of rescinding U.S. military “Don’t Ask, Don’t Tell” policy
- Provide valuable information for revamping health and behavioral health systems
- Improve best practices in SUD and MH services for the LGBTQ population

# The Kinsey Scale

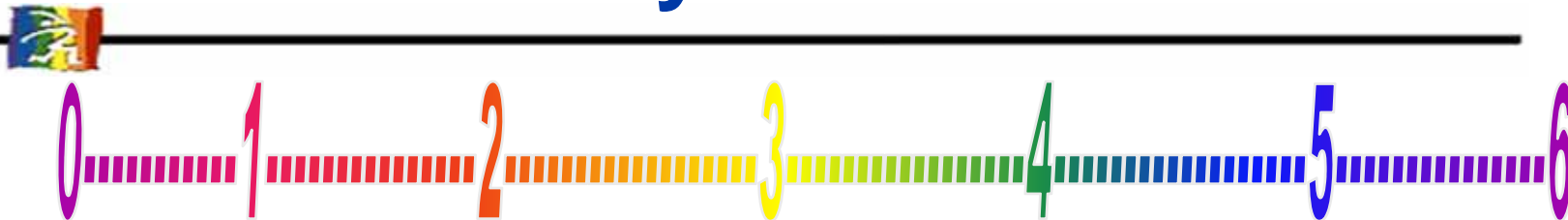


**Two famous studies of demographics of human sexual orientation were Dr. Alfred Kinsey's:**

- ***Sexual Behavior in the Human Male (1948)***
- ***Sexual Behavior in the Human Female (1953)***

**Used a 7-point spectrum to define sexual behavior**

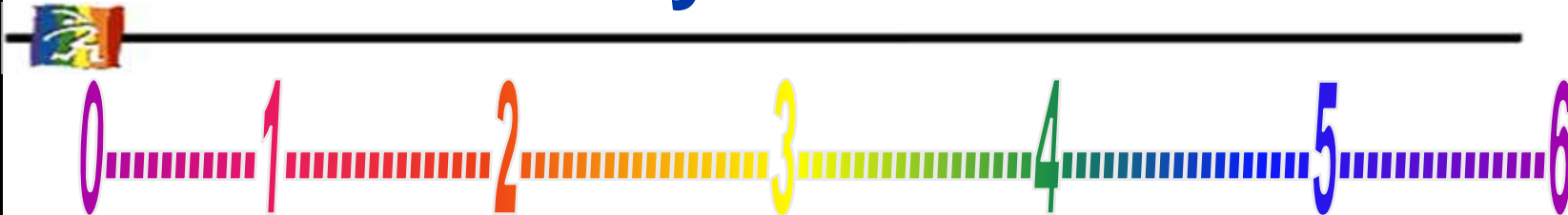
# The Kinsey Scale



- 0 Exclusively heterosexual**
- 1 Predominantly heterosexual, incidentally homosexual**
- 2 Predominantly heterosexual but more than incidentally homosexual**
- 3 Equal heterosexual and homosexual**
- 4 Predominantly homosexual, but more than incidentally heterosexual**
- 5 Predominantly homosexual , incidentally heterosexual**
- 6 Exclusively homosexual**

PowerPoint Slide # 1-5

# The Kinsey Scale



## Kinsey results disputed:

- 1954—John Tukey, Frederick Mosteller, William G. Cochran—stated that Kinsey based results on convenience samples rather than random samples
- 1979—Paul Gebhard (Kinsey's successor) and Alan B. Johnson—concluded that none of the original estimates were significantly affected by the perceived bias

# Demographic Surveys



- **Centers for Disease Control (CDC) Study (1989): self-identification of bisexuality** in men who have sex with men at **54%** in African Americans, **44%** in Hispanics and **11%** in white men.
- **Michaels, S. (1996):** indicating **10%** of men and **5%** of women **identifying as engaging in same-gender sexual behaviors**
- **Seil, D. (1996): Transgender studies - 15%** in general population but culled only from mental health data.
- **Centers for Disease Control (CDC) Study (2002):** 4% of females **had a sexual experience with another female** in the past 12 months. 11% of women had a same-sex sexual experience in their lifetime. 2.8% of women **Identify selves as bisexual**
- **Bockting, W.O. (2003):** More recent data from studies on HIV risk indicate **6% identification on the transgender spectrum.**

PowerPoint Slide # 1-6

# Research from The Williams Institute on Sexual Orientation/ UCLA School of Law



## Research paper: *Same-sex Couples and the Gay, Lesbian, Bisexual Population: New Estimate from the American Community Survey*

- Comparative data taken from 2 sources:

1. U.S. Census 2000
2. American Community Survey (ACS) 2005

- Number of same-sex couples in the U.S. grew by more than 30 percent from 2000 to 2005, from nearly 600,000 couples to almost 777,000.

1. More LGB may be choosing to couple with same-sex partners
2. Larger numbers may be willing to report their relationship

- In Midwest states:

1. Nebraska—71% increase
2. Kansas—68% increase
3. Iowa—58% increase
4. Missouri—56% increase



## Research from The Williams Institute on Sexual Orientation/ UCLA School of Law



Research paper: *Same-sex Couples and the Gay, Lesbian, Bisexual Population: New Estimate from the American Community Survey (2011)*

Estimates of percentage of GLB population:

1. Missouri—3.8%
2. Kansas—3.6%
3. Nebraska—3.4%
4. Iowa—2.8%



# Estimate of LGBT persons in the U.S.



- **3.8% identify as gay, lesbian, bisexual or transgender**
  - 1.8% identify as bisexual
  - 1.7% identify as gay or lesbian
  - 0.3% identify as transgender

- **10%—most widely accepted percentage**



- **some research estimates 20%**  
from Williams Institute, UCLA School of Law, 2011

# Estimate of Transsexual persons in the U.S.



- 1 per 20,000 to 50,000 persons
- More transsexual women (male to female) than transsexual women (male to female)

from Weitze & Osburg, 1996



# Substance Abuse Study

## RECENT RESEARCH

### *Characteristics of lesbian, gay, bisexual, and transgender individuals entering substance abuse treatment*

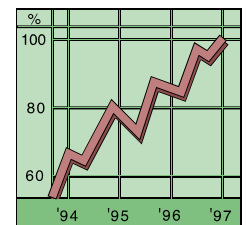
#### RESEARCHERS:

Bryan N. Cochran, Ph.D., Department of Psychology, University of Montana, Missoula, Montana  
Ana Mari Cauce, Ph.D., Department of Psychology, University of Washington, Seattle, Washington

#### PUBLISHED:

Journal of Substance Abuse Treatment: March 2006; vol. 30, no. 2; pp. 135-146

**See handout on JSAT research article.**



PowerPoint Slide # 1-7a



# Module 2: Cultural Issues for LGBT Clients

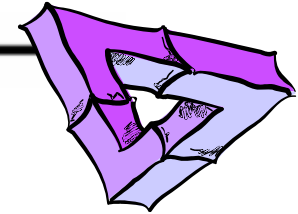
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# HOMOPHOBIA and HETEROSEXISM



- **Homophobia** is an irrational fear of gay and lesbian people or fear of same-sex relationships. In its most extreme form, homophobia is a hatred for or violence against LGBT persons.
- **Heterosexism** is an assumption of heterosexuality and the heterosexual perspective as the predominant or meaningful viewpoint.
- **Biphobia** is fear of and hatred for bisexuality.
- **Transphobia** is fear of and hatred for transgender persons.

## Levels of Acculturation: accommodation to the rules and expectations of the majority culture without entirely giving up cultural identity



- **Assimilated**—An assimilated person has consciously or subconsciously rejected his or her culture of origin (ethnicity) in favor of an adopted culture.
- **Bi-cultural/cultural multiplicity**—Bi-cultural or cultural multiplicity are terms used to describe persons who are integrated into a new cultural and social group, but function in the society and norms of the dominant culture as well.
- **Culturally immersed**—Culturally immersed individuals have rejected mainstream culture, and their emotional and spiritual needs are met exclusively in their new community.
- **Traditional**—Carriers of a community ethos. They neither overtly accept nor reject their ethnic identity. Have limited contact with the dominant culture or any outside communities.

PowerPoint Slide # 2-8a

# Core Aspects of Identity

- Family of Origin
- Race
- Ethnicity
- Age
- Class
- Sexual Orientation
- Gender Identity
- Abilities
- Appearance
- Religion
- Other



PowerPoint Slide # 2-2

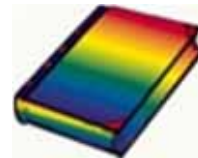


# Module 3: Legal Issues for Programs Treating LGBT Clients

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# Confidentiality

## Vol. 42 of the Code of Federal Regulations [CFR], Part 2

- **No disclosure without consent about anyone who has applied for or received any substance abuse-related assessment, treatment, or referral services**
- **Applies from the time an individual makes an appointment**
- **Applies to former clients**
- **Prohibits disclosure of information that would identify the individual either directly or by implication as a substance abuser.**

# Use of Consent and Disclosure Without Consent



## CONSENT MUST BE USED:

- To seek information from collateral sources
- To make periodic reports or coordinate care
- To make referrals

## DISCLOSURE WITHOUT CONSENT:

- Medical emergency
- Child abuse mandated reporting
- Communications between program staff

Important Note: Disclose information with caution, consequences of disclosure may be detrimental to the client.

PowerPoint Slide # 3-4

# *What Treatment Programs Can Do To Help LGBT Clients*

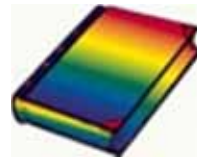


- **Confidentiality**
- **Caution on Self–Disclosure**
- **Educate Staff and Clients**
- **Legal Inventory**
- **Respect for LGBT Clients**
- **Program Safety for LGBT Individuals**
- **Affirmative Action/Cultural Competence**



# Module 4: An Overview of Treatment Approaches, Modalities, and Issues of Accessibility in the Continuum of Care

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# Approaches, Levels and Continuum of Care, and Access to Treatment



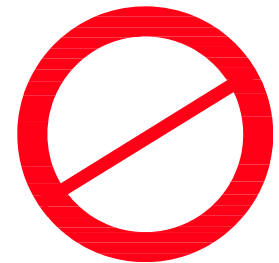
- **Treatment-readiness approaches**
  - Sexual orientation and gender identity issues
  - Coming out
  - Social stigma and discrimination
  - Health concerns, such as HIV/AIDS
  - Homophobia and heterosexism
- **Level of care**
  - Residential versus outpatient
  - LGBT community-based support services
- **Continuum of care**
  - LGBT-specific versus mainstream

PowerPoint Slide # 4-2

# LGBT Client *Do's* and *Don'ts*



- **Staff Sensitivity**
  - Knowledge, skills, and attitudes
- **Assessment Practices and Issues**
- **Facilities and Modalities**
  - For example, room assignments and shared bathrooms
  - Individual, group, and family interventions
- **Discharge and Aftercare**



PowerPoint Slide # 4-3

# Defining **LGBT Affirmative** Care

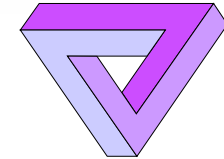
- **LGBT-tolerant**  
Aware that LGBT people exist and use their services
- **LGBT-sensitive**  
Aware of, knowledgeable about, and accepting of LGBT people
- **LGBT-affirmative**  
Actively promote self-acceptance of an LGBT identity as a key part of recovery

PowerPoint Slide # 4-4

# Special Assessment Questions



- Level of comfort being LGBT person ?
- Stage of coming out ?
- Family/support/social network ?
- Health factors ?
- Milieu of use ?
- Drug use and sexual identity or sexual behavior connections ?
- Partner/lover use ?
- Legal problems related to sexual behavior ?
- Victim of gay bashing ?
- Same-gender domestic violence ?
- Out as LGBT in past treatment experiences ?
- Correlates of sober periods ?



PowerPoint Slide # 4-5



## Family Influences



1. What are the **important values and major influences**, positive and negative, that you received from your families while growing up?
2. How do these family influences **affect our lives**?
3. How might all of these family values and influences **affect a client's relapse patterns** and/or recovery?

Power Point Slide #6-2, n12

# Taking a Family History



## All Clients:

- What were the rules of the family system?
- Was there a history of physical, emotional, spiritual, or sexual trauma?
- Were all family members expected to behave or evolve in a certain way?
- What were the family's expectations in regard to careers, relationships, appearance, status, or environment?
- In general, was sex ever discussed?

## LGBT Clients:

- Was anyone else in the family acknowledged to be or suspected of being a lesbian, gay, bisexual, or transgender individual?
- How did the family respond to other individuals coming out or being identified as LGBT individuals?
- Is the client out to his or her family?
- If the client is out, what type of response did he or she receive?

Power Point Slide # 6-4, n14

# Modalities



- **Group counseling—may be difficult**
- **Family counseling—may be difficult**
- **Individual counseling**

## Research-based Interventions

- PROP (Positive Reinforcement Opportunity Project)
  - low-intensity contingency management intervention in both outpatient and community settings
  - Preliminary efficacy at reducing methamphetamine use (Shoptaw et al, 2006)
- Gay-Specific CBT Groups (Shoptaw, 2005)
  - Significantly reduced depressive symptoms in sample of methamphetamine-dependant gay and bisexual men

PowerPoint Slide # 4-6



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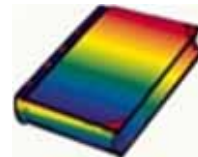
# Module 5

## The Coming Out Process for Lesbians and Gay Men

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# CLINICIANS GUIDE



## to Working With Lesbian, Gay, Bisexual, and Transgender Clients in Substance Abuse Treatment

1. **Understand the "coming out" process and its impact**
2. **Understand clinical issues and effective interventions with lesbians, gay men, bisexuals, transgender individuals, and LGBT youth**
3. **Have skills for working with LGBT families**
4. **Be able to identify and assess related health and mental health issues**
5. **Demonstrate skills for evaluating and improving counselor competence in treating LGBT clients**

Power Point Slide # 5-1

# Coming Out



**The term "coming out" refers to the experiences of lesbians and gay men as they work through and accept a stigmatized identity, transforming a negative self-identity into a positive one.**

# The CASS Model

## Stage I: Identity Confusion



Occurs when a person begins to realize that he/she may relate to or identify as being gay or lesbian, a process of *personalizing the identity*.

- **Tasks:** Exploration and increasing awareness
- **Feelings:** Anxiety, confusion
- **Defenses:** Denial
- **Recovery:** Having a confidential support person

Power Point Slide # 5-5

# The CASS Model

## Stage II: Identity Comparison



Occurs when a person ***accepts the possibility the he/she might be gay or lesbian.***

- **Tasks:** Exploration of implications, encountering others like oneself
- **Feelings:** Anxiety, excitement
- **Defenses:** Bargaining and rationalizing
- **Recovery:** Meeting gays/ lesbians/ bisexuals/transgender persons in recovery

Power Point Slide # 5-6

# The CASS Model

## Stage III: Identity Tolerance



Occurs when a person comes to ***accept the probability that he/she is an LGBT person.***

- **Tasks:** Recognizing social and emotional needs as a gay man or lesbian
- **Feelings:** Anger, excitement
- **Defenses:** Reactivity
- **Recovery:** How to be gay, lesbian, bisexual, or transgender and stay sober

# The CASS Model

## Stage IV: Identity Acceptance



Occurs when a person ***fully accepts rather than tolerates himself or herself as an LGBT person.***

- **Tasks:** Development of community and acculturation
- **Feelings:** Rage and sadness
- **Defenses:** Hostility towards straight culture
- **Recovery:** Lesbian/gay/bisexual/transgender recovering  
community building

# The CASS Model

## Stage V: Identity Pride



Occurs when the person *immerses himself or herself in the LGBT community and culture to live out identity totally*

- **Tasks:** Full experience of being an LGBT person, confronting internalized homophobia
- **Feelings:** Excitement and focused anger
- **Defenses:** Arrogant pride and rejection of straight culture as the norm
- **Recovery:** Integrating sexuality, identity, and recovery

# The CASS Model

## Stage VI: Identity Synthesis



Occurs when a person develops *a fully internalized and integrated LGBT identity and experiences himself or herself as whole when interacting with everyone across all environments.*

- **Tasks:** Coming out as fully as possible, intimate gay and lesbian relationship; self-actualization as a gay man, lesbian, bisexual, or transgender person
- **Feelings:** Excitement and happiness
- **Defenses:** Minimal
- **Recovery:** Maintenance (end stage)

Power Point Slide # 5-10

# Neisen's 3-Phase Model for Recovery From Shame

## Phase I: Breaking the Silence



Parallels the process of coming out. It is important for LGBT individuals to tell their stories and to address the pain of being different in a heterosexist society.

### Counselor Tasks:

1. Facilitate client discussion of hiding LGBT feelings from others
2. Explore emotional costs of hiding/denying one's sexuality
3. Discuss how the client has tried to fit in and at what cost
4. Examine negative feelings of self-blame, feeling bad or sick, and the effect of shaming messages on client
5. Foster client's ability to be out

Power Point Slide # 5-11

# Neisen's 3-Phase Model for Recovery from Shame

## Phase II: Establishing Perpetrator Responsibility



Allows clients to understand their struggle in the context of societal discrimination and prejudice.

### Counselor Tasks:

1. Facilitate focusing and, managing anger constructively, not destructively
2. Help client understand and accept negative self-image as socio cultural, not personal
3. Counteract client's experience of heterosexism and homophobia by role-modeling and by providing a treatment environment that is empowering for LGBT persons, not stigmatizing.

# Neisen's 3-Phase Model for Recovery from Shame

## Phase III: Reclaiming Personal Power



Involves improving self-concept, self-esteem, and self-confidence

### Counselor Tasks:

1. Facilitate client's self-concept and self-efficacy
2. Identify and change negative messages to affirmations
3. Recognize and release residual shame
4. Develop a positive affirming spirituality
5. Integrate public and private identities
6. Build a support network, connect to community



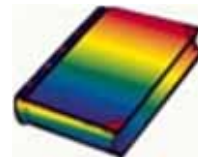
# Module 7

## Clinical Issues with Lesbians

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# Myths and Facts About Lesbians



**Myth:** You can tell a lesbian by how she looks.

**Fact:** Lesbian appearances are diverse. Some women may look or act masculine; other women may look or act feminine. Not all lesbians are “butch”.

Power Point Slide # 7-2, n15

# Myths and Facts About Lesbians



**Myth:** Lesbians hate men, are afraid of men, or want to be men.

**Fact:** Most lesbians do not hate, fear, or want to be men. Most lesbians have relationships with men in a variety of roles: family, friends, colleagues, coparents, etc.

# Myths and Facts About Lesbians



**Myth:** Lesbians do not form stable relationships.

**Fact:** Like their straight counterparts, some lesbians engage in serial dating and are not monogamous; some are in long-term partnerships.

Power Point Slide # 7-4, n17

# Myths and Facts About Lesbians



**Myth:** A lesbian identity is about sex.

**Fact:** Although being lesbian certainly is about being sexually attracted to other women, many lesbians also talk about the power and importance of their emotional and affectional feelings and attractions for other women. In addition, there is a lesbian cultural identity.

Power Point Slide # 7-5, n18

# Myths and Facts About Lesbians



**Myth:** Sexual abuse by men or bad relationships with men causes lesbianism.

**Fact:** There is no research that suggests sexual, physical, or emotional abuse by men causes lesbianism.

Power Point Slide # 7-6, n19

# Myths and Facts About Lesbians



**Myth:** Lesbianism is caused by a hormonal imbalance and could be changed by taking the right hormones.

**Fact:** There is no evidence to support a relationship between sexual orientation and hormonal levels.

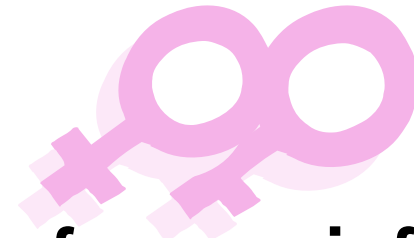
Power Point Slide # 7-7, n20



## Special Issues for Lesbians

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1. **Multiple stigmas and stressors related to sexism, lesbian identity, and substance use**
2. **Relationships as a major treatment focus for all lesbians**
3. **Relapse to protect themselves from painful feelings surrounding their sexuality**



Power Point Slide # 7-8, n21



# Module 8

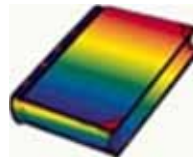
## Clinical Issues with Gay Male Clients

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# Myths and Facts About Gay Men



**Myth:** Gay men appear and act more feminine.

**Fact:** Gay male appearances and behaviors are diverse. Some men may look or act hypermasculine; other men may look or act in a manner more associated with being feminine.

Power Point Slide # 8-2, n23

# Myths and Facts About Gay Men



**Myth:** Same-sex sexual behaviors can often be blamed on using alcohol and drugs; once the client achieves sobriety, he will no longer desire or seek same-sex sexual relations.

**Fact:** Many gay men report using alcohol and drugs to cope with their guilt and shame about same-sex sexual desire and behaviors.

# Myths and Facts About Gay Men



**Myth:** Gay men are not interested in or are unable to engage in committed relationships, only in sexual encounters.

**Fact:** More gay men these days report seeking or being in long-term committed relationships with partners, and many gay male couples are parenting children.

# Myths and Facts About Gay Men



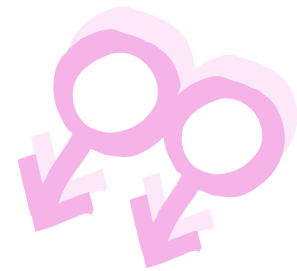
**Myth:** Most gay men are overly enmeshed with their mothers and have cold or indifferent fathers.

**Fact:** Many gay men had "normal" family relationships; some had excellent relationships with both parents, and some had terrible relationships with both parents.

## Special Issues for Gay Men



1. **Linking of substance abuse and sexual expression**
2. **Internalized homophobia**
3. **The role of sexual abuse and violence**
4. **Limited social outlets**
5. **Geographic and cultural differences have an important impact on the lives of gay men**
6. **Limited role models and deeply ingrained stereotypes**
7. **Substance use and HIV/AIDS.**



Power Point Slide # 8-6, n27



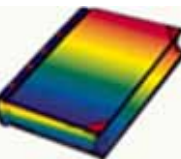
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# Module 11

## Clinical Issues with Youth

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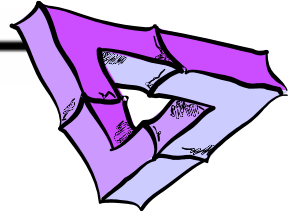
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# Adolescent Statistics



- **20 to 40% of homeless youth identify as LGBTQI2S**
- **62% of LGBTQI2S homeless youth have attempted suicide**  
(29% of heterosexual homeless youth have attempted suicide)
- **75% of LGBTQI2S homeless youth have histories of substance abuse** (63% of heterosexual homeless youth have histories of substance abuse)
- **LGBTQI2S homeless youth experience an average of 3.2 more acts of sexual violence than their heterosexual peers**

from SAMHSA Homelessness Resource Center

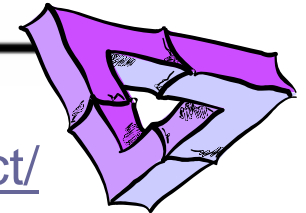
# It Gets Better Project



[www.itgetsbetter.org](http://www.itgetsbetter.org)

A screenshot of the It Gets Better Project website. The top navigation bar includes links for ABOUT, BLOG, TAKE THE PLEDGE, TAKE ACTION, WATCH VIDEOS, GET HELP, EVENTS, MERCHANDISE, and CONTRIBUTE. The main header features the project name "IT GETS BETTER PROJECT" and the website URL "WWW.ITGETSBETTER.ORG". A central text block reads: "Many LGBT youth can't picture what their lives might be like as openly gay adults. They can't imagine a future for themselves. So let's show them what our lives are like, let's show them what the future may hold in store for them." Below this, there are filters for "NEWEST", "POPULAR", and "SUBMIT YOUR OWN VIDEO &gt;". A search bar with the text "Find Videos" and a "SEARCH" button is also present. The main content area displays a grid of video thumbnails. A large video player is centered, showing a young man speaking. The video player includes a play button, a progress bar at 0:00 / 2:24, and a "YouTube" logo. At the bottom of the player, there is a share link: "IT GETS BETTER | WATCH ON YOUTUBE | Share on: [Facebook icon] [Twitter icon]".

# *It Gets Better Project*



- *It Gets Better: Dan and Terry:*  
<http://www.itgetsbetter.org/pages/about-it-gets-better-project/>
- *It Gets Better: San Francisco Giants:*  
<http://www.itgetsbetter.org/blog/entry/san-francisco-giants-become-first-professional-sports-team-to-join-the-it-g/>
- *It Gets Better: Janet Mock's Transformative Journey:*  
<http://www.youtube.com/watch?v=g0t-Ft-vRUE>
- *It Gets Better: President Obama:*  
<http://www.youtube.com/watch?v=geyAFbSDPVk>
- *It Gets Better: UMKC Pride:*  
[http://www.youtube.com/watch?v=w1CF0wGC\\_oU&playnext=1&list=PL302B5931520BD4B1](http://www.youtube.com/watch?v=w1CF0wGC_oU&playnext=1&list=PL302B5931520BD4B1)

# True or False ????

There is overwhelming evidence that verbal and physical violence against LGBT youth of all backgrounds can lead to high-risk behaviors that increase their risk for substance abuse and HIV/AIDS

**TRUE**

Youth who were victims of bias related harassment and/or violence are:

- **Twice as likely to report bingeing on alcohol** (5-plus drinks at one time) at least once in the past month
- **Twice as likely to report using marijuana** in the past month
- **Three to ten times as likely to report having tried cocaine**
- **Two to three times as likely to report having ever tried hallucinogens, depressants or stimulants**

Report of the Anti-Violence Documentation Project from the Safe Schools Coalition of Washington (1997).

Power Point Slide # 11-3, n3

# True or False ????

Reports of higher rates of suicidal behaviors and suicide among LGBT youth have not been supported in the research on adolescent suicide.

**FALSE**

The Youth Risk Behaviors Survey in the States of Vermont and Massachusetts (2000) found that LGBT youth are

- **Twice as likely** to report having seriously considered suicide in the past year.
- **Twice as likely** to say they made a suicide plan in the past year.
- **Three to four times as likely** to report having attempted suicide in the past year.
- **More than four times as likely** to say they made a serious enough suicide attempt in the past year to have been treated by a health care professional.

Power Point Slide # 11-4, n4

# True or False ????

LGBT adolescents are twice as likely as straight students to feel unsafe or afraid at school, some, most, or all of the time.

**TRUE**

- **97%** of students in public high schools report **regularly hearing homophobic remarks** from their peers.
- LGBT youth are **two to four times more likely** than their heterosexual peers to have been threatened or injured with a weapon at school.
- **34%** of lesbian, gay, and bisexual students surveyed had been the **target of verbal assaults** at school or en route to or from classes.

# True or False ????

School officials and guidance counselors are more aware today of the need to protect LGBT youth from antigay harassment.

**FALSE**

- Of 289 high school counselors surveyed in the Seattle Safe Schools Survey, **one in six thought there were no lesbian, gay, bisexual or transgender youth in their schools.**
- **20%** believed they were not competent at counseling LGBT students



# Exhibit 11-1: Sexual Identity: Age of Onset

Average Age (Years) Event Occurs				
Behavior / Identity	Earlier Studies*		More Recent Studies**	
	Males	Females	Males	Females
First awareness of same-sex attraction	13	14-16	9	10
First same-sex experience	15	20	13-14	14-15
First self-identified as lesbian or gay	19-21	21-23	14-16	15-16

\*Studies of adults who remembered their experiences as children and adolescents

\*\*Studies of adolescents who described their experiences as they were happening or right after they happened

**from *A Provider's Introduction . . . . , p. 101*** Power Point Slide #11-8, n8

# Special Issues for LGBT Youth



## LGBT Youth of Color:

- **Integrating** their sexual, racial, and ethnic identities
- **Interacting with three separate communities-** ethno-cultural, LGBT, and mainstream
- **Managing more than one stigmatized identity.**

## All LGBT Youth:

- **Higher risk for depression and suicide**
- **Homelessness is a particular concern for LGBT youth** with reports from various studies showing ranges from **20 percent to 40 percent**
- Homeless youth are at high risk for **exploitation; e.g. survival sex** (exchanging sex for food, drugs, or shelter)
- LGBT homeless and runaway youth have **many health and social problems** .



The Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Questions? Comments?

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Unifying science, education and service to transform lives