

## ADOLESCENT HOMOSEXUALITY

### Adolescent Development

The development of a sexual being is an essential part of human development, much is tied to culture and traditions.

The foundations of psychosexual development begin with authentic warmth, holding, and nurturance to the infant with the establishment of trust and a sense that the world is a safe place. The parental figure is the model of this closeness, trust, and nurturance.

The traditional society "deals with the sexually maturing youth" in a variety of ways, with the inculcation of mores and the use of ritual and formal enculturation.

The separation-autonomy process is central to the mid-adolescent experience. Emotional separation from parental figures occurs concurrently with the strong attachment to peers and the need for peer acceptance. This process can be a long term struggle for some youth.

### Human Sexuality

Adolescent sexuality is complex because it is associated with physical, psychological, psychosocial, and emotional developmental stages. Often these processes are occurring simultaneously.

Youth are often sensitive, worried, and frightened about their sexuality and their sexual development.

### Elements of sexuality

Human sexuality consist of several elements, namely:

- 1) Genetic Sex- determined by chromosomal analysis
- 2) Anatomic Sex- phenotypic characteristics of the body
- 3) Core Gender Identity-

The deepest sense a person has of being male or female

- 4) Gender role- The degree of conformity between societal expectation of ones gender and the person's interests, mannerisms, and behaviors;
- 5) Sexual orientation -refers to a pattern of sexual partner preference persisting over time.

### Homosexuality

In 1973, the American Psychiatric Association reclassified homosexuality as a sexual orientation/expression rather than as a mental disorder.

The first statement of homosexuality and adolescence by the AAP was in 1983 with an update in 1993: The Committee on Adolescence statement of Homosexuality and Adolescence, Peds. Vol. 92 No.4, October 1993:

Homosexuality is the persistent sexual and emotional attraction to members of one's own gender and is part of the continuum of sexual expression.

## Origins

The origins of gender becomes determined early in life, probably by 3-4 years of age. Sexual orientation appears not to be by choice. However, sexual behaviors and lifestyle is a choice which teenagers make regardless of sexual orientation.

Homosexual feelings and behaviors appear to be fairly common during adolescence.

(Exercise-Recalling your best friend as a child and the necessary transition from that close friendship for others)

Adolescent years are marked with exploration and self-discovery in all developmental processes.

Some teenagers engage in homosexual activities and later become heterosexual adults while others discover they are homosexual and develop a lesbian or gay identity.

## Homophobic fears

Antihomosexual sentiment and homophobic fears in society creates anxiety in homosexual youth or in youth who might have such a sexual preference.

Maylon has said about society:

"Homophobic beliefs and attitudes have become codified. This influence is seen in law, social policies, religious beliefs, child-rearing practices, and educational curricula...that is, antihomosexual bias has become an intrinsic aspect of the socialization process and, in this way, has a critical impact on epigenesis."

## **Epidemiological Data on Homosexuality**

Homosexuality is the most common sexual minority in our society. Though uncertain, as high as 10% of the population may be homosexual.

## **Stages of Homosexual Development**

### **Early childhood**

Homosexual identity formation appears to be present in childhood and continues through adolescence and into early adulthood. Many homosexual people report that at age 5 years or before they "felt different in some kind of way."

In an adult study, 70% of adult homosexuals reported feeling "somewhat" or "very much" different from same-sex peers during childhood. (Bell, Weinberg, and Hammersmith)

### **Adolescence**

Adolescence is a time of great developmental change involving times of identity crisis which can be defined as a time of increased vulnerability and increased opportunity. Autonomy and individuation are central to the normal separation from parental figures and an increasing identification with peer group and other social models outside of the home.

In a retrospective study of male homosexuality, the mean age at the time of awareness of same-sex attractions occurred at approximately age 13. The means age for lesbians is between age 14-16 years.

In early adolescence, the young person may be quite ambivalent about their sexuality, often worried and frightened. (They may present with fear of having HIV with their sexual debut).

In a study of 291 junior and senior high school boys, 30% had a homosexual experience to orgasm. (Ramsey)

Sorenson reported in a study that 11% of boys and 6% of girls between ages 13-19 years had at least one homosexual experience.

Awareness of homosexual identity occurs early in life and is usually well-formulated by the college-age years.

The autonomy/separation process from parental figures of gay adolescents is especially difficult. While they have the normal autonomy need, they may not have peer figures to become attached nor with which to identify. If they are identified as gay or lesbian, they are perceived as different and can become the brunt of emotional and even physical abuse. They learn to see themselves as a disliked minority with an inferior sexual orientation. This process can result in depression, negative self-concept, and increased isolation from the peer group.

### **Clinical Issues with homosexual adolescents**

Trust, respect, and confidentiality are fundamental to the health care of gay and lesbian youth. The goal of the provider is to provide a comfortable and safe health care setting in which to hear the questions and concerns of youth and to impart knowledge which will help the young person live a safe and productive life. The youth must be able to reserve the right to disclose their sexual identity and lifestyle when ready and when safe.

#### **The Clinical History**

Homosexual youth are especially aware of verbal and non-verbal cues from people around them and are especially aware of homophobic bias.

A simple explanation of the reasons for taking a medical/health history is reassuring to youth. They will often challenge what the reasons are for asking certain questions. Simple, honest answers are all that is necessary. ie. "I ask the questions to understand how you are so that I give you information on good health practices and make sure that you know how to be safe and healthy."

Sensitive issues can be dealt with once a confidential and trusting relationship is established with the young person. The sexual history must not presume activities nor orientation. Skilled interviewing can augment and assist in obtaining important data on the feelings, attitudes, and behavior of the youth. It is useful to give the young person about the normal nature of questions, concerns, and lifestyle issues. --to put it into a normative framework whenever professionally possible.

The young person needs a sense of control, empowerment, and

In the early adolescent visit, care should be taken to give pubertal and post-pubertal preparation, information about bodily changes, and a non-judgment approach to the new issues that the youth is facing.

Sexual history includes same sex and opposite sex partners, age of sexual debut, consensual and non-consensual sex, types of sexual experience (intercourse and outercourse), concurrent substance use, survival sex, condom use, and sexual toy use. Gender identity issues should include assessment of core identity, gender dysphoria, and hormone use.

High-risk feelings and behaviors must be identified (oral, anal, and/or vaginal coitus, multiple partners, depression/suicide, substance abuse, social and physical environmental risks).

### The Physical Assessment

A brief explanation of the physical exam should include the purpose, extent, and specific procedures included. Respect for privacy, gowning, and appropriate chaperoning must be considered.

The exam should include assessment of overall appearance and well-being, pubertal staging, skin findings (tatoos, piercing, cutting, tracks, manifestations of STDs, bruising), penile edema, lymphadenopathy, anal pathology (including discharge, venereal warts, herpetic lesions, fissures, and others). Young men need evaluation of the penis, scrotum, and prostate. They may need a rectal evaluation to rule out protologic complications of anal intercourse including fissures, tears, nonspecific proctitis, and foreign bodies. Young women need evaluation of breast, external genitalia, vagina, cervix, uterus, and adnexa.

### Laboratory Assessment

Males engaging in sexual activities with other males should be screened for STDs, including gonorrhea, syphilis, chlamydia, and enteric pathogens. The oropharynx, rectum, and urethra should be examined and appropriate cultures obtained when indicated. Urine leukocyte esterase is helpful in screening males for STDs.

Hepatitis B immune status should be assessed. Immunization should be given to all sexually active or potentially sexually adolescents.

HIV testing should be offered and must include informed consent, pre- and post-test counseling, and support during the waiting period.

Women who have sex exclusively with other women are at low risk for transmitting STD, however, disease can spread if one partner is infected. Lesbian women who engage in unprotected sex with men face the risk of STD and pregnancy. Whenever considered, pregnancy must be ruled-out, even in lesbian young women. Birth control and STD prevention should be given in that situation.

## Counseling

Pubertal preparation is a foundation for the health care provider to begin a relationship with the young person throughout adolescence. It is based on a confidential relationship in which the patient feels in control and can consent to care. The preparation includes discussion on anatomic and physiologic changes including secondary sexual characteristics, orgasm/ ejaculation, menstruation, and changes in body responses and feelings.

For the early adolescent, there is increased concern and awareness of the body resulting in many questions and the need for validation and confirmation of normalcy. Gynecomastia is a common concern in early adolescent young men.

There is a cognitive expansion in early adolescence with an enriched fantasy life and often increased emotional lability and expression of fears.

Sexual experimentation occurs during this time with infatuations/ "crushes", homosexual experimentation, masturbation, and a great deal of shared "knowledge" among peers.

An evaluation must be made as to the degree of distress and discomfort the young person is experiencing. The normal swings of mood and normal ambivalent feelings of adolescents must be measured as to degree and to the amount of psychic pain. Homosexual youth may express counterphobic reactions with anger toward their homosexual urges.

If worries are expressed, it is important to not assure too vigorously. This can "close off" the expression of feelings and concerns and interfere with a deeper understanding of the youths distress.

## Disclosure

Homosexual youth need to reserve the right to decide when, where, and to whom to disclose sexual identity. When the young person considers informing parents, considerations must include risk of violence, harassment, rejection, and/or abandonment. (Runaway gay youth have experienced previous shock treatments and exorcism for their homosexuality).

With disclosure to the parental figure(s), there are often a series of reactions. They may need reassurance that it is "no one's fault", that they have not failed. The family members may grieve the loss of what a heterosexual lifestyle might have brought including children. The family may be relieved that the "secret is out". Members of the family may have known the sexual orientation of the young person for sometime.

Parents and family members may derive considerable benefits from organizations such as Parents and Friends of Lesbian and Gays (PFLAG).

### Specific Risks of Homosexual Youth

- 1) Internalized homophobic
  - Societal and religious rejection
  - Family and peer rejection

When homosexual youth are raised in an environment of sanctioned antihomosexual biases, they can assume a "internalized homophobic." They perceive themselves as flawed, inferior, second-class citizen and can develop self-hate. In Remafedi's study 43% of homosexual youth reported strong negative attitudes from parents and 41% from friends.

Self-hate can result in a variety of destructive activities and attempts to deal with feelings of inadequacy. The following list of risk factors can be a response to these feelings. Substance abuse, acting out, sexual promiscuity and school failure can result.

Emotional panic is a risk of younger adolescents who are experiencing homosexual feelings in conjunction with personal taboos. They appear with physical symptoms in a medical setting under such circumstances.

2) Runaway and homelessness with risk of exploitation and isolation  
Remafedi's study found 48% having runaway from home

2) Emotional and Physical Abuse

Remafedi's study found 55% experiencing verbal abuse from peers and 30% experienced physical abuse

3) Isolation leading to risky sexual behavior

Prostitution

4) Substance Abuse

Remafedi found regular substance abuse in 58% of homosexual youth. Certain drugs can increase dysinhibition and put the young person at risk of dangerous sex and other activities.

5) STD- Gonorrhea, syphilis, chlamydia, enteric pathogens, hepatitis B virus

Much higher incidence in males than females

Mean annual number of sexual partners for gay males was seven of which one-third were with anonymous partners in such places as gay bars and other public places.

6) HIV

AIDS is the 6th leading cause of death in the US among youth aged 15 through 24 years of age. There are over 1,200 confirmed cases of AIDS in individuals ages 13-21 of which 47% were attributed to homosexual or bisexual transmission, with another 7% with dual risk factors of homosexual activity and intravenous drug abuse. Sex between males accounts for about half of AIDS in teenage males.

Sexually active youth need safe sex education and support, including advice and access to condoms.

HIV infection demonstrates the importance of preventive health and person specific health care during adolescence.

7) School Failure

8) Suicidal ideation and behavior.

Remafedi's study found 34% having attempted suicide.

The US Department of Health and Human Services report on youth suicide stated that gay and lesbian youth are five times as likely to attempt suicide as other teenagers and that 30% of completed teen suicides may be among teenagers dealing with issues of sexual orientation.

Suicidal ideation and behavior is one area which is not confidential. Parental and supportive figures must become involved.

## **Conclusions**



"The American Academy of Pediatrics reaffirms the physician's responsibility to provide comprehensive health care and guidance for all adolescents, including gay and lesbian adolescents and those young people struggling with issues of sexual orientation." from *Homosexuality and Adolescence* by the Committee on Adolescence, *Peds.* Vol. 92, No. 4, October 1993.

### Definition of Terms

Coming out	The acknowledgment of one's homosexuality and the process of sharing that information with others.
Gender identity	The personal sense of one's integral maleness or femaleness; typically occurs by 3 years of age.
Gender role	The public expression of gender identity; the choices and actions that signal to others a person's maleness or femaleness; one's sex role.
Heterosexist Bias	The conceptualization of human experience in strictly heterosexual terms and consequently ignoring, invalidating, or derogating homosexual behaviors and sexual orientation.
Homophobia	The irrational fear or hatred of homosexuality, which may be expressed in stereotyping, stigmatization, or social prejudice; it may also be internalized in the form of self-hatred.
Homosexuality	An entity in which the individual is motivated, exclusively or preferentially, to seek active sexual gratification with a member of the same sex.
In the closet	Nondisclosure or hiding one's sexual orientation from others.
Sexual orientation	The persistent pattern of physical and/or emotional attraction to members of the same or opposite sex. Included in this are homosexuality, bisexuality, and heterosexuality. The terms preferred by most homosexuals today are lesbian women or gay men.
Transsexual	An individual who believes himself or herself to be of a gender different from his or her assigned biologic gender.
Transvestite	An individual who dressed in the clothing of the opposite gender and derives pleasure from this action, This is not indicative of one's sexual orientation.