

Developmental and Adjustment Issues of Gay, Lesbian, and Bisexual Adolescents: A Review of the Empirical Literature

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Various studies have reported adjustment problems experienced by gay, lesbian, and bisexual (GLB) adolescents. A primary purpose of this paper is to critically review this literature. Difficulties that have been studied include past suicide attempts, substance use and abuse, conduct problems, and academic concerns. For example, a considerable number of GLB youth report a history of suicide attempts, with prevalence rates ranging from 11 to 42%. However, among other methodological concerns, studies in this area have not used a comparison sample of heterosexual youths. Characteristics of development particular to GLB adolescents are described, the empirical research on adjustment issues is reviewed, and potential risk and protective factors for GLB youths are discussed.

KEY WORDS: Gay adolescents; lesbian adolescents; bisexual adolescents; developmental issues; adjustment issues.

Various adjustment problems experienced by gay, lesbian, and bisexual (GLB) adolescents have been reported in the empirical literature. Difficulties that have been studied include past suicide attempts, substance use and abuse, conduct problems, and academic concerns. Some of these difficulties have been related to stress regarding acceptance and disclosure of a GLB sexual orientation. For example, a considerable number of GLB youth report a history of suicide attempts, with prevalence rates ranging from 11 to 42% (e.g., D'Augelli & Hershberger, 1993; Remafedi, 1987; Roesler & Deisher, 1972; Rotheram-Borus, Rosario, Van Rossem, Reid, & Gillis, 1995). Those percentages can be contrasted with a 7.1% lifetime prevalence rate of suicide attempts in a representative community sample of adolescents (Lewinsohn, Rohde, & Seeley, 1996). In addition, several investigators have reported "problematic" rates of substance use and abuse, conduct problems,

and academic difficulties in young gay and bisexual men (e.g., Remafedi, 1987; Rotheram-Borus, Rosario, *et al.*, 1994, 1995).

The empirical literature on the adjustment difficulties of GLB adolescents is replete with methodological problems (Savin-Williams, 1994). Thus, although there are data to suggest that GLB youth have particular adjustment problems related to the acceptance and disclosure of their sexual orientation, the methodological flaws in most published studies limit conclusive findings in this area. To date, the authors are not aware of a published critical review of empirical studies on adjustment issues of GLB adolescents who have lived in the United States. A primary purpose of this paper is to critically review this literature as it pertains to U. S. samples. In the first sections, we describe characteristics of development that are particular to GLB adolescents. The review of studies on adjustment issues follows. We conclude with a proposal of risk and protective factors particular to GLB youth, and suggestions for future research in this area.

It is important to note that published empirical studies regarding the life experiences of GLB youth

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were scarce before the 1980s; however, there has been an increase in the last decade. The paucity of research on GLB adolescents prior to the 1980s may be understood best given an historical background. During most of the 20th century, people who have identified as GLB typically have refrained from disclosing their sexual orientation as a result of religious, legal, and cultural repression (Patterson, 1995). Further, until the year 1969, people who identified as GLB generally could not be both open about their sexual orientation and publicly respected (Rothblum, 1994).

In June 1969, an uprising took place at the Stonewall Inn Bar in the Greenwich Village section of New York City. During this uprising (hereafter referred to as "Stonewall"), GLB individuals publicly demanded an end to oppression and discrimination on the basis of sexual orientation (Newton, 1994). Stonewall marked the beginning of the U.S. modern GLB liberation movement and it greatly impacted the lives of GLB people in the country. To illustrate, before Stonewall, less than 50 formal organizations were available in the United States for GLB individuals to meet socially and actively fight discrimination on the basis of sexual orientation. In contrast, 5 years after Stonewall, more than 3,000 of these groups had been established (Strickland, 1995). In addition, only in the last 25 years have large numbers of individuals publicly identified themselves as GLB (Patterson, 1995). Thus, as would be expected, the post-Stonewall era has opened more doors for GLB adolescents to accept and disclose their sexual orientation (Herdt, 1989).

It should be noted that adolescents who identified as GLB during the first part of the 20th century were visible in the gay male and lesbian communities of their time. For example, during World War II, the formation of gay male and lesbian relationships within the military was common, and youth often acknowledged their romantic feelings for people of the same gender within the context of the military (Faderman, 1991; Kennedy & Davis, 1993). Other contexts that facilitated the immersion of young people into gay male and lesbian culture included sports teams, bars, and colleges (Faderman, 1991; Kennedy & Davis, 1993).

Definition of Sexual Orientation During Adolescence

Same-gender sexual behavior has existed throughout history; however, until about 1850 the labels heterosexual, lesbian, and gay male did not exist

in Western societies (D'Emilio, 1983). Further, to this day, many non-Western societies do not conceive of sexual behavior along the homosexual and heterosexual continuum (e.g., Weinrich & Williams, 1991). Therefore, the process of defining sexual orientation in adults has been debated since the term's inception. For example, social scientists have argued whether fantasies and attractions, as well as sexual behavior, are components of sexual orientation (see Gonsiorek, Sell, & Weinrich, 1995, or Gonsiorek & Weinrich, 1991, for a discussion of these issues). Further, some authors have encouraged models of sexual orientation that focus on identity (e.g., self-labeling as a gay man), sexual behavior (e.g., engaging in sexual activity with same-gender partners), and community participation (e.g., belonging to a lesbian political organization; Golden, 1987).

There are certain issues that present difficulties in defining and measuring sexual orientation during adolescence. Many adolescents are likely to experience sexual interests and behaviors for the first time in their lives during puberty (Petersen, Leffert, & Graham, 1995). Further, exploration of the sexual self is an important developmental milestone for many adolescents (Petersen *et al.*, 1995). As such, many adolescents may engage in same-gender sexual behavior, or experience same-gender sexual attraction, but not self-label as lesbian or gay male. In addition, some youths who self-label as GLB may identify as heterosexual in adulthood. As becomes clear throughout this paper, research on GLB youths has taken place with participants who readily identify in that manner. Thus, psychological research about adolescents who experience same-gender behavior, fantasies, or attractions, but who do not self-label as GLB is scarce.

Because of their breadth, the following definitions have been chosen for this paper. A gay or lesbian sexual orientation is defined here as a self-label that implies "a preponderance of sexual or erotic feelings, thoughts, fantasies, and behaviors desired with members of the same sex" (Savin-Williams, 1990, p. 3). A bisexual sexual orientation is defined here as a self-label that implies sexual or erotic feelings, thoughts, fantasies, and behaviors that are desired with men and women.

CHARACTERISTICS OF DEVELOPMENT PARTICULAR TO GLB YOUTHS

The areas discussed in this paper, including developmental characteristics, stressors, and maladapt-

tive behaviors of GLB adolescents need to be studied in the context of typical adolescent development. However, a description of developmental processes related to adolescence is beyond the scope of this paper (for reviews in this area, see Adams, Gullota, & Markstrom-Adams, 1994; Petersen *et al.*, 1995). Still, some aspects of typical adolescent development are highlighted throughout the paper as they pertain to the discussion on GLB adolescents.

In this paper, the words youth and adolescence are used interchangeably. Adolescence is conceptualized here to contain three subphases: (a) early adolescence (ages 10–14), (b) middle adolescence (ages 15–17), and late adolescence (18–20; e.g., Elliot & Feldman, 1990). In general, early adolescence marks the period of transition from childhood to adolescence. An important milestone of this subphase is puberty (Petersen *et al.*, 1995). During middle adolescence, contact with peers becomes a crucial activity for development. Finally, late adolescence is characterized by the transition into adulthood, when the young person begins to take on the roles of adult life (Petersen *et al.*, 1995).

Most studies of GLB adolescents discussed here have varied in the age ranges of their participants. Studies have included adolescents ages 14 to 24 years old. Generally, however, participants in studies of GLB youths fall within the subphases of middle and late adolescence. Several of the most important aspects of development relevant to GLB adolescents are described in the following section. These areas include (a) gender role nonconformity; (b) prevalence of same-gender sexual behavior and identification as GLB during adolescence; (c) *coming out* (defined below) to self, peers, family, and other individuals; and (d) dating and love relationships among GLB youths.

Gender Role Nonconformity

Bailey and Zucker (1995) reviewed 41 retrospective studies that examined the association between atypical gender role behavior (before puberty) and sexual orientation (in adulthood) of a total of 27,724 heterosexual, gay male, and lesbian participants. Examples of areas measured in studies to evaluate cross-gender behavior include fantasy roles (e.g., pretending to be a girl during play), interest in rough-and-tumble play, toy interests, and gender of playmates (Zucker, 1985). Bailey and Zucker (1995) found that both gay men and lesbians recalled sig-

nificantly more cross-sex-typed behavior in childhood than heterosexual participants. Further, the effect sizes on these findings were among the largest reported in the area of gender differences (Bailey & Zucker, 1995). Cross-gender behavior was a stronger predictor of sexual orientation for men than for women.

The few prospective studies that have been published also report a strong association between cross-gender behavior and sexual orientation. Such studies typically have identified boys who displayed extreme patterns of sex-typed behavior and assessed their sexual orientation in late adolescence or young adulthood. To illustrate, Green (1987) examined the sexual orientation outcome of 66 feminine boys and 56 controls. The author found that up to 80% of the "feminine" group self-labeled as gay or bisexual, in contrast to about 4% of the "control" group. It is important to consider that prospective studies in this area have mainly used boys who were clinic-referred because of their gender role preferences and thus may not be representative of boys who prefer cross-gender behavior. Further, reports of girls who have been followed prospectively to evaluate sex-typed behavior and sexual orientation are scarce (Bailey & Zucker, 1995).

Prevalence of Adolescents Who Identify as GLB

Only a few studies since the 1970s have reported prevalence rates of adolescents who self-label as GLB or engage in same-gender sexual behavior. Further, such studies have tended to focus on only one variable of interest (e.g., same-gender sexual behavior), thus neglecting others that would provide more information relevant to sexual orientation (e.g., prevalence of adolescents who self-label as GLB, prevalence of same-gender attraction). For example, Sorenson (1973) noted that 17% of male adolescents and 6% of female adolescents in his study reported at least one same-gender sexual experience. Also, in their National Survey of Adolescent Males, Sonenstein, Pleck, and Ku (1989) found that 3% of adolescent males between 15 and 19 years old had engaged in same-gender sexual behavior.

The study published by Remafedi, Resnick, Blum, and Harris (1992) is an exception to the above mentioned shortcomings as the authors addressed multiple sexual orientation variables in their questionnaire. Specifically, Remafedi and colleagues surveyed 34,706 junior and senior high school

Minnesota residents from diverse living settings (e.g., urban, rural) and socioeconomic backgrounds. Most participants were Caucasian. Findings revealed that 4.5% of the sample reported experiencing primarily same-gender attractions. In addition, 2.6% of students endorsed a history of same-gender sexual fantasies. However, less than one third of all participants with predominantly same-gender attractions, fantasies, or behaviors self-labeled as GLB (Remafedi *et al.*, 1992).

With regard to sexual orientation, 88.2% of adolescents defined themselves as predominantly heterosexual, 10.7% of students were "unsure" of their sexual orientation, and 1.1% defined themselves as GLB. Students who reported being unsure of their sexual orientation were more likely to report same-gender fantasies and attractions and less likely to have had other-gender sexual experiences. However, such students also may not have known the meaning of sexual orientation. Finally, older adolescents were more likely than younger adolescents to report a GLB sexual orientation (Remafedi *et al.*, 1992).

Currently, it is estimated that 4 to 17% of the U.S. population identifies as GLB (Gonsiorek *et al.*, 1995). Therefore, it appears that adolescents are less likely to self-label as GLB than are older individuals. Still, in order to draw conclusions about the prevalence of youths who self-label as GLB or experience other behaviors relevant to sexual orientation (e.g., same-gender attractions), more studies with representative samples from the U.S. population are needed.

Coming Out to Self, Peers, Family, and Others

Definition of Coming Out. Coming out to oneself is defined as "a process during which a number of milestone events occur whereby an individual moves from nonrecognition of his or her homosexuality [*sic*], with perhaps a degree of sensitization of being somehow different from others, to self-recognition that he or she is indeed a homosexual [*sic*] person" (Savin-Williams, 1990, p. 30). Coming out to others involves an individual's disclosure of a GLB sexual orientation to people in his or her life (e.g., peers, family, co-workers). Although many people may experience coming out as a steplike progression (e.g., first awareness of same-gender attractions, acceptance of a GLB sexual orientation, disclosure to others), little empirical attention has been given to potential stages of coming out (Savin-Williams,

1990). Even less empirical attention has been given to the process of coming out in adolescence, as most discussions of acceptance and disclosure of a GLB sexual orientation are based on retrospective data from adults, or adult-based models (Savin-Williams, 1995).

Sexual Orientation Milestones of GLB Adolescents. The following summarizes findings from recent studies about coming out variables of GLB adolescents (for an extensive review of this topic, see Cohen & Savin-Williams, 1996). Note that only average ages of different milestones are reported, and they do not reflect the variability that exists within and between samples. With regard to the experiences of young lesbian and bisexual women, the average age of first awareness of same-gender attraction has been between the ages of 10 and 11 across several samples (e.g., D'Augelli & Hershberger, 1993; Herdt & Boxer, 1993; Sears, 1991). Further, first same-gender sexual experiences have been reported to happen (on average) between 15 and 17 years old (Herdt & Boxer, 1993; Sears, 1991). In general, young lesbian and bisexual women have tended to self-label as such between 14 and 17 years old (D'Augelli & Hershberger, 1993; Sears, 1991). Finally, the age of first disclosure about sexual orientation to another person appears to take place about 2 years following the self-labeling experience (D'Augelli & Hershberger, 1993; Sears, 1991). With regard to the experiences of gay and bisexual young men, first same-gender attractions have been reported to occur (on average) between the ages of 9 and 13 (D'Augelli, 1991; D'Augelli & Hershberger, 1993; Herdt & Boxer, 1993; Newman & Muzzonigro, 1993; Sears, 1991). First same-gender sexual experiences reportedly follow about 4 years after initial same-gender attractions are acknowledged, between 13 and 16 years old (D'Augelli, 1991; Herdt & Boxer, 1993; Sears, 1991). In addition, self-labeling as gay or bisexual tends to occur between the ages of 12 and 17 (D'Augelli, 1991; D'Augelli & Hershberger, 1993; Newman & Muzzonigro, 1993; Sears, 1991). Finally, on average, gay and bisexual male adolescents report first disclosing their sexual orientation to another person between 16 and 20 years old (D'Augelli, 1991; D'Augelli & Hershberger, 1993; Herdt & Boxer, 1993; Newman & Muzzonigro, 1993; Sears, 1991).

Consequences of Coming Out to Self and Others. A positive correlation has been reported in the empirical literature between accepting a GLB sexual orientation and self-esteem. To illustrate, individuals who positively accept their GLB sexual orientation

report higher levels of self-esteem (e.g., based on the Rosenberg self-esteem scale) than individuals who have difficulties accepting their sexual orientation (Savin-Williams, 1995). The process of affirming and disclosing a GLB sexual orientation also has been examined as a potential stressor for GLB youth. This aspect of coming out is discussed in the following section.

Dating and Love Relationships Among Gay Male and Lesbian Youth

It is important to note that most research on adolescent sexuality and love relationships has not addressed the variables of same-gender attractions, fantasies, or sexual behavior among their participants (see Savin-Williams & Rodriguez, 1993, for a discussion of this issue). Thus, scientific research regarding same-gender dating and love relationships is scarce (Savin-Williams, 1995). Further, the authors are not aware of any empirical study that has examined dating and love relationships among bisexual adolescents.

The data presented in this section are based on Savin-Williams' (1990) study of 317 young gay men and lesbian women, as his study is one of few empirical investigations on dating and love relationships among this group. However, information presented in the following paragraphs should be interpreted with caution because (a) participants may not be representative of the U.S. GLB adolescent population (e.g., few geographic areas were included; most participants were in college); (b) adequate psychometric properties were not reported for the instruments administered to participants; and (c) results are based on single-item questions to a self-report measure.

Dating and Love Relationships Among Gay Male Youth. Savin-Williams (1990) surveyed 214 gay men, a majority (75%) of whom were college students. The gay men ranged in age from 14 to 23 years old. Male participants were from diverse religions and living settings (e.g., rural areas, small towns, large metropolitan areas), and 90% were Caucasian. On the average, youth reported having experienced between one and two relationships. In general, love relationships had begun when male participants were 17.2 years old and lasted less than a year (their length ranged from several days to 7 years). Of interest, 58% of love affairs were with other men, and participants were more likely to have their first love affair with another man than with another woman.

Further, men who had their first sexual encounter with a man were more likely to have continued relationships with men. In addition, men were more likely to have long-term love relationships when their first affairs were at an early age.

Dating and Love Relationships Among Lesbian Youth. Savin-Williams (1990) surveyed 103 lesbian women, a majority (86%) of whom were college students. The young lesbian women were from an age range of 16 to 23 years old. The female participants' demographic characteristics were similar to male participants in this study. On average, young lesbian women reported having experienced between two and three love relationships. These relationships reportedly lasted an average of 15 months, and ranged from a few days to just under 10 years. In general, women reported that their first love relationship was equally likely to be with another woman than with a man, and began, on average, at the age of 16.6 years.

Commentary on Other-Gender Sexual Experiences. As noted above, and as stated in other reports (e.g., Savin-Williams, 1995), a large percentage of adolescents who self-label as gay and lesbian have engaged in other-gender sexual behaviors. Some youths have reported that they could not really know that they were lesbian women or gay men without having other-gender sexual experiences. In addition, some gay male youths have reported engaging in other-gender sexual behaviors to deny homoerotic attractions and some lesbian youths have reported that other-gender sexual behaviors resulted from peer pressure and coercion (Savin-Williams, 1995). Therefore, other-gender sexual behaviors and dating may allow gay and lesbian youths to better understand their affectionate feelings and to be included in a heterosexual peer group.

Similarities in Patterns of Dating Between Gay, Lesbian, and Heterosexual Youth. Although further research is necessary to obtain conclusive findings in this area, it appears that gay male and lesbian adolescents progress through dating in a pattern similar to heterosexual adolescents. For example, research suggests that heterosexual adolescents (a) progress through dating in a continuum characterized on one end by casual acquaintances and, on the other end, by having a committed relationship; and (b) are more likely to become involved in steady relationships and to engage in sexual behavior the earlier they begin to date (Miller, Christopherson, & King, 1993). Gay male and lesbian adolescents also seem to progress through a continuum of low and high levels of commitment in their dating behaviors. In addition, les-

bian and gay male adolescents are likely to become involved in steady relationships and sexual behaviors if they begin the dating process early.

POTENTIALLY STRESSFUL ASPECTS OF IDENTIFYING AS GLB ..

Stressors related to sexual orientation in GLB youth include (a) victimization related to sexual orientation, (b) fear and negative consequences of coming out to others, and (c) high-risk sexual behaviors. The term "potential stress" was chosen because some GLB adolescents may not experience events described in this section, and some individuals that do experience such events may not interpret them as stressful.

Victimization Related to Sexual Orientation

Several authors have examined victimization of GLB youth related to sexual orientation issues (e.g., Hunter & Schaefer, 1990; Martin & Hetrick, 1988). However, most studies have either been qualitative in their methodology or have used samples from clinic settings (Savin-Williams, 1994). Still, victimization based on known or presumed GLB sexual orientation is a common form of bias-related violence (Pilkington & D'Augelli, 1995), and youths who are coming out are at particular risk for victimization among their family and peers (Savin-Williams, 1994).

Pilkington and D'Augelli (1995) overcame some of the methodological flaws of previous research on victimization of GLB youth. First, the authors contacted gay and lesbian community centers throughout the country that had activities for youths, and 14 centers from diverse urban areas agreed to distribute the authors' survey. Second, a relatively high participation rate (i.e., 44%) was reported. Third, the authors reported an adequate age distribution of adolescent participants, ranging from ages 15 through 21. Finally, participants were from diverse ethnic backgrounds.

Overall, respondents reported that they had experienced a mean of 2.7 instances of victimization ($SD = 2.5$) that they attributed to their sexual orientation. Participants from ethnic minorities reported significantly fewer forms of victimization than did Caucasian participants. The following frequencies of different types of victimization related to sexual orientation were reported by participants: (a) 80% re-

ported experiencing verbal insults, (b) 44% reported one or more threats of physical violence, (c) 33% reported having objects thrown at them, (d) 31% reported being chased or followed, (e) 22% reported experiencing sexual assault, (f) nearly 20% reported that they had been physically assaulted (e.g., hit, kicked, punched), and (g) 13% reported being spat upon (Pilkington & D'Augelli, 1995).

Total victimization scores for participants were significantly correlated with fear for safety in the community and at school. Clearly, GLB youths suffer specific and sometimes dangerous forms of verbal and physical abuse that they perceive to be due to sexual orientation-related issues. However, little is known about how these experiences impact their lives. Still, victimization related to sexual orientation has been reported by GLB adolescents as a negative consequence of coming out to others. A detailed description of this issue follows.

Fear and Negative Consequences of Coming Out to Others

Many GLB adolescents fear disclosing their sexual orientation to heterosexual friends, family members, and other individuals in their life (e.g., co-workers, peers at school) due to fears of being rejected or harassed by these individuals (Pilkington & D'Augelli, 1995). In the following paragraphs, issues regarding disclosure of a GLB sexual orientation are briefly discussed as they pertain to coming out to family members and friends. For more in-depth discussion of these issues, see Pilkington and D'Augelli (1995) and Rotheram-Borus and Fernandez (1995).

Coming Out to Family Members. In one sample of GLB youths, approximately 67% rated the prospect of disclosure to their family members between *somewhat troubling* and *extremely troubling* (Pilkington & D'Augelli, 1995). In addition, 22% of youth in this sample feared verbal abuse at home and reported that this fear reduced the likelihood that they would disclose their sexual orientation. Prevalence of abuse related to sexual orientation was reported by Pilkington and D'Augelli (1995). The authors noted that 36% of youths in their sample had been verbally insulted at least once by an immediate family member. In addition, 10% of youths reported having experienced physical harm from a family member that was related to a sexual orientation issue. The stress of disclosing a GLB sexual orientation may be compounded by changes in the parent-child interaction

that take place for typical adolescents. Changes in this relationship include an increase of parent-adolescent conflict during early adolescence (Petersen *et al.*, 1995), and greater expectations of the adolescent's responsibility for behavior from parents (Ebata, Petersen, & Conger, 1990). Also, some GLB youth who may have experienced close relationships with certain family members until adolescence may lose these sources of social support upon disclosure of their sexual orientation.

Coming Out to Friends. Pilkington and D'Augelli (1995) reported that 36% of young men and 27% of young women in their study expressed that fears of losing friends limit their disclosure of sexual orientation. In fact, 43% of young men and 54% of young women in their sample reported losing at least one friend as a result of disclosure of a GLB sexual orientation. Fear of rejection from peers and actual loss of friendships may be interpreted as particularly stressful, as peer relationships become increasingly important to youth when they progress through adolescence. During adolescence, young people typically spend more time with peers than in previous years (Crockett & Petersen, 1993), and any loss of social support during this period may have more negative consequences for youth than at other times in development.

High-Risk Sexual Behaviors Among GLB Youth

Some research has suggested that there are high rates of unprotected sexual acts among certain groups of GLB youth (e.g., American Medical Association [AMA], 1994; Lemp *et al.*, 1994; Rotheram-Borus & Koopman, 1991). These sexual behaviors may place certain GLB adolescents at risk of becoming infected with sexually transmitted diseases, including HIV. In fact, high-risk sexual behavior between men accounts for the largest proportion of AIDS cases among adolescents ages 13 to 21 years old (Remafedi, 1994). Further, AIDS is the sixth leading cause of death among adolescents ages 15–24 in the United States (Hunter & Haymes, 1998). Therefore, high-risk sexual behaviors are conceptualized here as potential stressors for some GLB adolescents. A summary of findings from major studies in this area follows.

Most research on HIV status and high-risk sexual behaviors of GLB youth has focused on the experiences of gay and bisexual young men (Hunter & Haymes, 1998; Rotheram-Borus, Hunter, & Rosario,

1995). For example, Rotheram-Borus and Koopman (1991) studied safe-sex practices among mostly Hispanic and African-American gay and bisexual male adolescents (age range 14–18) who sought services from the Hetrick-Martin Institute (HMI), a social service agency in New York City. Findings revealed that 37% of participants reported sometimes having protected sex and 33% of youth reported never having protected sex. Therefore, high-risk sexual practices were common among this sample.

Lemp *et al.* (1994) also investigated the prevalence and consequences of sexual and other risk behaviors among young gay and bisexual men. Their sample was from the San Francisco and Berkeley area and was formed by approaching young men in public venues (e.g., parks, dance clubs, and street corners). Lemp *et al.* found that 32.7% of participants reported having unprotected anal intercourse in the previous 6 months. In addition, 17% of participants reported intravenous drug use at some point in their lives. Further, prevalence of HIV infection among this sample was 9.4%; the seroprevalence of Hepatitis B markers was 19.8%; and syphilis prevalence was 1% (Lemp *et al.*, 1994).

Finally, Remafedi (1994) investigated the reported high-risk sexual practices of young gay and bisexual men from mostly urban areas in Minnesota. The author attempted to target a representative sample of this area (i.e., by recruiting from social groups, gay publications, and referrals from the community). Of the participants, 63% reported having engaged in unprotected anal intercourse or intravenous drug use; 47% of participants reported inconsistent use of condoms during anal sex, and 94% reported inconsistent use of condoms during oral sex (Remafedi, 1994). Thus, certain populations of gay and bisexual male adolescents appear to be particularly at risk of contracting sexually transmitted diseases (STDs), including HIV.

The above mentioned figures may be compared to a report from the Centers for Disease Control (1996) stating that 54.4% of adolescents from a large representative U. S. sample endorsed having used a condom during their last sexual intercourse. Further, Friedman *et al.* (1997) noted that only 19% of youths surveyed reported that they always used condoms while engaging in sexual activity. Adolescents in this study were recruited from a neighborhood with a high prevalence of drug injection.

With regard to studies on high-risk sexual behavior of lesbian and bisexual women, the American Medical Association (1994) published a report based

on a sample of 711 women from low-income backgrounds in San Francisco. Findings revealed that lesbian and bisexual women were more likely (a) to report having anal sex with men and (b) to be infected with HIV than heterosexual women. In addition, Lemp *et al.* (1995) interviewed lesbian and bisexual women (ages 17-40) in public venues of San Francisco and Berkeley. The authors found that 40% of participants reported having experienced unprotected vaginal or anal sex with men in the past. Still, transmission of HIV from woman to woman was rare (Lemp *et al.*, 1995).

In conclusion, some groups of lesbian and bisexual women also appear to be at high risk of contracting STDs, including HIV. However, empirical reports about high-risk sexual behavior of lesbian and bisexual young women are scarce and needed to expand the clinical reports that are available (e.g., Hetrick & Martin, 1987; Hunter & Haymes, 1998; Rotheram-Borus, Hunter, *et al.*, 1995). Finally, it also is possible that young women who only have sexual experiences with other women are at *decreased* risk of contracting HIV and other STDs, although this remains to be investigated.

REVIEW OF STUDIES ON ADJUSTMENT ISSUES OF GLB YOUTH

Adjustment issues of GLB adolescents that have been associated with sexual orientation factors are exemplified here in five different areas: (a) history of suicide attempts; (b) risk factors for suicide attempts; (c) history of conduct problems; (d) past substance use and abuse; and (e) academic difficulties. These areas are not comprehensive of adjustment problems that may pertain to GLB youth; however, they comprise difficulties that have been examined across studies. Research included in this review was quantitative in its methodology and systematically studied the variables of interest. Therefore, discussion articles and qualitative studies regarding adjustment issues of GLB adolescents are not contained in this report. Further, only research that focusing on youths (i.e., cutoff age of 24) was incorporated into the review.

History of Suicide Attempts

Most studies that have explored adjustment issues of GLB adolescents have assessed the youths'

history of suicide attempts. In the next paragraphs, findings from individual studies are presented, followed by a summary and critique of the group of studies. The earliest investigation in this area was made by Roesler and Deisher (1972), who interviewed 60 young gay and bisexual men. Participants were recruited through acquaintances of the researchers, from the selective service, and in social settings (e.g., bars). Participants were interviewed and the authors found that 31% of participants reported having made at least one suicide attempt. In addition, 8.6% of participants had a past history of multiple suicide attempts (Roesler & Deisher, 1972).

The next systematic assessment of suicide attempts was made by Remafedi (1987). The investigator interviewed 29 young gay and bisexual men who were recruited through advertisements in gay newspapers, gay radio shows, and a health department clinic. Participants were interviewed by the author regarding a variety of areas. Remafedi found that 34% of participants reported attempting suicide at some time in their lives and 7% had made multiple attempts. In a later study, Remafedi, Farrow, and Deisher (1991) interviewed 137 gay and bisexual male adolescents who were recruited from advertisements in gay publications, bars, social and counseling groups, and peer referral. The authors used a structured interview to gather information in different areas of the adolescents' lives. In addition, participants completed self-report measures regarding suicide attempts and ideation. Findings revealed that 30% of participants reported at least one suicide attempt, and 44% of these participants reported more than one attempt. Studies by Remafedi and colleagues were composed primarily of Caucasian participants.

Schneider, Farberow, and Kruks (1989) also assessed the past suicidal behavior and other characteristics of 108 young bisexual and gay men. Participants were recruited from gay and lesbian student organizations from 14 colleges in Los Angeles and "rap" groups conducted by a local gay and lesbian community center. Among other areas assessed, participants responded to questions regarding past suicide attempts. Schneider *et al.* found that 20% of participants reported past suicide attempts.

Rotheram-Borus, Rosario, *et al.* (1995) reported findings from their longitudinal study of 136 mostly Hispanic and African-American adolescent gay and bisexual men who attended the HMI. The authors assessed the frequency of suicide attempts through a single interview item administered. Investigators in this study reported that at baseline, and during sub-

sequent 6-month time frames, 11% of youth reported attempting suicide. In a previous study, Rotheram-Borus, Hunter, *et al.* (1994) administered items from a suicide-related scale and found that 39% of the adolescents reported a past suicide attempt. Of those who had attempted suicide, 52% reported making more than one attempt.

The following two studies made some improvements to the methodology of previously mentioned studies by (a) including women as participants, and (b) gathering descriptive data from multiple geographic areas. First, Proctor and Groze (1994) administered self-report questionnaires to 221 GLB youths who were recruited from ethnically diverse youth groups in the United States and Canada. The authors found that 40% of participants reported past suicide attempts and 26% reported seriously thinking about suicide at least once. Second, D'Augelli and Hershberger (1993) administered self-report measures to 194 GLB adolescents from 14 community centers across the United States. Among other areas assessed, participants were asked questions regarding past suicide attempts. Forty-two percent of the sample reported a past suicide attempt. The number of attempts made by participants who reported this behavior ranged from 1 to 15 ($M = 3.1$, $SD = 3.2$).

Finally, Remafedi, French, Story, Resnick, and Blum (1998) compared reports of suicide attempts from GLB adolescents as well as gender-matched heterosexual participants who lived in Minnesota. Remafedi *et al.* found that suicide attempts were endorsed by (a) 28.1% of bisexual and gay male adolescents, (b) 20.5% of bisexual and lesbian adolescents, (c) 14.5% of heterosexual young women, and (d) 4.2% of heterosexual young men in their sample. In addition, Garofalo, Wolf, Kessel, Palfrey, and DuRant (1998) also found that GLB youths were more likely than their school peers to have engaged in suicide ideation and attempts.

Summary and Critique of Findings

Based on the studies reviewed, the prevalence rates for reported past suicide attempts among GLB youths have ranged from 11 to 42%, although rates from most studies fall between 30 and 42% (e.g., D'Augelli & Hershberger, 1993; Remafedi, 1987; Remafedi *et al.*, 1991; Roesler & Deisher, 1972; Rotheram-Borus, Rosario, *et al.*, 1995). Furthermore, 8.6 to 52% of attempters have reported repeated suicidal behaviors (Remafedi *et al.*, 1991; Roesler &

Deisher, 1972; Rotheram-Borus, Hunter, *et al.*, 1994). The variability in rates across studies may be attributed to differences in (a) the number of participants, (b) the demographic characteristics of participants, (c) the definitions used to assess past history of suicide attempts, and (d) the methodology used for assessment (e.g., interview vs. paper-and-pencil scales).

Methodological limitations of studies were similar across reports. They include (a) selective recruitment strategies (e.g., bars, counseling groups, social service agencies), (b) reliance on retrospective data and self-report to obtain information, (c) lack of reported psychometric properties for measures used, and (d) exclusion of female participants from studies (with the exception of two studies described above). Such methodological flaws limit the conclusions that can be made for findings regarding suicide attempts among GLB youth.

Note that most of the studies reviewed in this section did not assess suicide attempts in a heterosexual comparison group. However, prevalence rates reported among GLB adolescents appear to be higher than those reported for the general adolescent population. To illustrate, Lewinsohn *et al.* (1996) found that 7.1% of their representative adolescent community sample had reported a past history of suicide attempts. Rates reported by Lewinsohn and colleagues were higher for girls than for boys. This finding is interesting to note, as most studies on GLB youths have not included young women as participants.

Risk Factors for Suicide Attempts

A series of suicide risk factors have been reported for typical community and clinical adolescent samples. One study reported the following risk factors for an adolescent community sample: (a) past history of suicide attempts, (b) current episode of major depression and other internalizing behaviors, (c) current externalizing behaviors, (d) female gender, (e) past diagnoses of psychopathology, (f) interpersonal difficulties, and (g) poor academic performance, among others (Lewinsohn *et al.*, 1996). In another report, suicide risk factors for adolescents included (a) chronic and debilitating illness, (b) failure in school, (c) family discord, (d) lack of peer social network, (e) recent and frequent attempts, (f) depression, and (g) other psychopathology, among others (Fremouw, de Perczel, & Ellis, 1990).

Studies of GLB adolescents generally have not assessed suicide risk factors based on empirical find-

ings for typical adolescents. Still, several studies have assessed these risk factors in GLB youth. For example, Rotheram-Borus, Hunter, *et al.* (1994) reported that suicide attempters were more likely to (a) have dropped out of school, (b) live outside their home, (c) have family or friends who attempted suicide, and (d) have disclosed their sexual orientation to parents and siblings than nonattempters. As expected, Hershberger, Pilkington, and D'Augelli (1997) noted that youth with greater mental health problems and suicide ideation were more likely to have had a history of suicide attempts.

Also, Remafedi and colleagues (1991) reported that participants noted the following reasons for attempting suicide: (a) family problems (e.g., conflict with family members, parents' marital discord, divorce, or alcoholism); (b) turmoil about sexuality; (c) depression; (d) conflict with peers; (e) problems in romantic relationships; and (f) dysphoria associated with substance abuse. In contrast, when GLB youths have reported low rates of victimization, high levels of family support and self-acceptance have been associated with fewer mental health difficulties (Hershberger *et al.*, 1997).

Some studies of GLB adolescents have compared reports of participants who have and have not attempted suicide with regard to sexual orientation variables. For example, attempters have been found to self-label as GLB and disclose their sexual orientation to others at younger ages than nonattempters (D'Augelli & Hershberger, 1993; Remafedi *et al.*, 1991; Schneider *et al.*, 1989). In addition, attempters have reported a greater loss of friends as a result of disclosure of sexual orientation than nonattempters (D'Augelli & Hershberger, 1993; Hershberger *et al.*, 1997). Finally, suicide attempters have reported greater instances of victimization due to their sexual orientation and lower self-esteem than nonattempters (Hershberger *et al.*, 1997).

Of interest, among men, attempters have been found to report a more feminine or undifferentiated gender role than nonattempters (Remafedi *et al.*, 1991). Also, male attempters appear to be more likely to have disclosed their sexual orientation to parents or siblings than nonattempters (Rotheram-Borus, Hunter, *et al.*, 1994).

History of Conduct Problems

Few studies have assessed conduct problems in GLB adolescents (e.g., Remafedi, 1987; Rotheram-

Borus, Rosario, *et al.*, 1995). In his sample of young gay and bisexual men, Remafedi (1987) found that (a) 48% of participants had run away from home at least once in their lifetime, (b) 43% of youth who ran away at least once reported doing so for sexuality-related conflicts, and (c) the remaining 57% reported running away due to family conflict in general. Further, approximately 50% of all subjects had been arrested, been in juvenile detention, or arraigned in juvenile court at least once (Remafedi, 1987).

Rotheram-Borus, Rosario, *et al.* (1995) assessed delinquency and other conduct problems in their sample of gay and bisexual adolescent men. When delinquent acts were assessed, 85% of their sample reported that they never had contact with the criminal justice system. Also, participants reported a mean of 3.2 conduct problems at baseline. Problems assessed included truancy from work or school, destroying property, and lying. Although these behaviors were labeled problematic by the authors, their deviance when compared to norms, as well as functional impairment were not assessed. Methodological limitations discussed in the section on history of suicide attempts also apply to the studies reviewed in this section.

Past Substance Use and Abuse

Remafedi (1987) assessed substance abuse in gay and bisexual male adolescents based on the DSM-III (American Psychiatric Association [APA], 1980) definition, and found that 58% of participants met criteria for this disorder. However, the method for assessing substance abuse was not specified and the specific substances abused also were not reported. Of interest, the Centers for Disease Control (1996) reported that 32.6% of their large adolescent sample reported having consumed five or more drinks of alcohol at least once in the previous 30 days. Further, 2 to 42% of this sample endorsed consuming another substance (e.g., marijuana, cocaine) in their lifetime.

Several articles also have reported "high" or "problematic" rates of substance use among mostly Hispanic and African American gay and bisexual male adolescents (Rotheram-Borus, Rosario, *et al.*, 1994, 1995), but clear rationales for the labeling of substance use as high or problematic were not provided. In a more thorough and comprehensive study, Rosario, Hunter, and Gwadz (1997) interviewed 154

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ethnically diverse GLB youths from various sites in New York City (e.g., college campuses, community centers, and social service agencies) about their past history of substance use. The authors found that the majority of young women and men reported a history of frequent multiple substance use. Further, symptoms of substance abuse were common among this sample (Rosario *et al.*, 1997).

Substance use rates of GLB youth in the above mentioned studies were not compared to heterosexual peers. Such comparisons are necessary in order to assess whether behaviors are normative for other youth with similar demographic characteristics but a different sexual orientation. Interestingly, Garofalo *et al.* (1998) found that GLB youth from Massachusetts' high schools were more likely than heterosexual peers to report engaging in multiple substance use. In addition, GLB youths in this study were more likely to have initiated this behavior earlier in their lifetime than heterosexual peers (Garofalo *et al.*, 1998).

Academic Difficulties Associated with Sexual Orientation Variables

The assessment of academic difficulties in GLB youths has received little attention in the empirical literature. Findings from the few studies that have examined this adjustment issue are reported here. For example, Remafedi (1987) found that 69% of participants reported school concerns related to sexual orientation-related issues (e.g., verbal abuse from peers); 28% of participants left high school before graduating; and 39% of participants reported frequent truancy. The exact nature of the association between academic problems and difficulties related to sexual orientation, as well as the clinical significance of the behaviors, cannot be determined from these findings. Another study that assessed school issues found that 28% of gay and bisexual men and 19% of lesbian and bisexual women feared being physically hurt at school due to prejudice related to their sexual orientation (Pilkington & D'Augelli, 1995). Of concern, 22% reported actually being physically hurt at school for this reason (Pilkington & D'Augelli, 1995).

RISK AND PROTECTIVE FACTORS FOR TYPICAL AND GLB ADOLESCENTS

The following discussion is based on concepts from the field of developmental psychopathology.

This area of study focuses on understanding childhood and adolescent psychopathology within the context of antecedent and consequent events, and relating behaviors that deviate from the norm to typical development (Wenar, 1994). Risk factors are defined here as "factors that increase the probability that development will be diverted from its normal path, resulting either in clinically significant problem behavior or psychopathology" (p. 511). In contrast, protective factors are "factors that promote healthy development and counteract the negative effects of risks" (p. 510).

In this section, general factors that have been related to psychopathology in adolescence are described first. It is assumed that an understanding of these factors can facilitate a conceptualization of risk and protective factors for GLB youths. Following that, potential risk and protective factors that may be related to maladaptive behaviors (e.g., suicide attempts) of GLB adolescents are proposed. Factors proposed in this section have not been established in the research literature as having a causal association with maladaptive behaviors or psychopathology. Therefore, future research will need to explore their relevance to GLB youths.

Risk and Protective Factors for Typical Adolescents

Ebata *et al.* (1990) proposed a model of risk and protective factors related to the development of psychopathology during adolescence. Their model is briefly presented here. Ebata *et al.* identified (a) individual characteristics that may be risks or protective factors in coping with stressful events, (b) factors related to the social context, and (c) particular challenges of development in adolescence. These areas are discussed in the following paragraphs.

Individual Characteristics as Risk or Protective Factors. One component that merits consideration in assessing any form of psychopathology for an adolescent is the biological disposition she or he may have to particular disorders. This can be explored in part by determining the adolescent's family history of mental illness. Another area to examine is the adolescent's past history of internalizing and externalizing behavior problems (Ebata *et al.*, 1990). Both family history and individual history of mental health problems are risk factors for the development of psychopathology in all stages of life (e.g., Kovaks & Paulauskas, 1984). In addition, the adolescent's gender should be considered, as the forms in which

maladaptive behavior are manifested have different gender ratios. For example, externalizing behavior problems (e.g., attention-deficit hyperactivity disorder, conduct disorder) are more prevalent in boys than in girls, and internalizing behavior problems (e.g., depression, anxiety) are more prevalent in girls than in boys, particularly during adolescence (Ebata *et al.*, 1990). Garmezy (1985) identified different individual variables that can serve as risk or protective factors for the development of psychopathology. Protective factors include high levels of self-esteem, feelings of control, a view of the environment as predictable, a view of life as basically a positive experience, an ability to evoke positive responses from the environment (e.g., through good temperament, sociability), and high intellectual abilities. Opposite aspects of the above mentioned variables may place an individual at risk for mental health concerns (e.g., low levels of self-esteem, a view of the environment as unpredictable, low intellectual abilities). In addition, children who have experienced high levels of distress (e.g., resulting from extreme poverty or debilitating physical illness) have greater difficulties in attaining psychologically healthy states, although some children may be resilient to their adverse circumstances and have quite adaptive outcomes (Garmezy, 1985).

Factors Related to the Social Context. Garmezy (1985) also identified environmental circumstances that may be risk and protective factors to the development of psychopathology. Risk factors resulting from the individual's social context include (a) severe marital discord within the family, (b) low socioeconomic status, (c) large family size, (d) a history of criminal behavior on the part of the parent or adolescent, (e) psychiatric disorder of a family member (particularly the mother), and (f) care of the child by government authorities at any particular time. In contrast, social factors which play protective roles include a close personal bond with at least one relative, preferably an adult relative, and a supportive school environment (Garmezy, 1985).

Challenges Particular to Adolescence. Timing of developmental changes that is generally different from peers, as well as multiple, simultaneous changes, have been associated with negative behavioral outcomes for adolescents (Ebata *et al.*, 1990). For example, poor outcomes have been reported for girls who have an early physical development during adolescence (e.g., Petersen & Taylor, 1980). Special features of adolescence make it likely to be more challenging than other age periods because this

phase is characterized by multiple changes with regard to the adolescent's individual development and social context (Petersen, 1987). Particular situations that may be interpreted as stressors during adolescence include (a) increased expectations and demands on the part of parents and teachers, who may attempt to encourage greater individual responsibility for behavior; (b) stress related to the timing of puberty; and (c) first experiences of dating and the development of love relationships (Ebata *et al.*, 1990). However, the situations mentioned above, as well as other challenging events during adolescence, also may be an opportunity for growth and positive outcomes. Further, attainment or maintenance of psychological well-being, as well as adaptation to new demands and environments, may be facilitated by the youth's capacity to draw on individual and environmental resources (Ebata *et al.*, 1990).

Risk and Protective Factors Particular to GLB Youth

One aspect of development that may be added to the individual-historical factors in the model of Ebata *et al.* (1990) is the greater likelihood of experience of childhood gender-role nonconformity among GLB individuals (Bailey & Zucker, 1995). An individual's past experience of these behaviors could result in potential risk for being punished by peers and family if the behaviors are unacceptable in those social contexts. However, gender role nonconforming behaviors also may function as strengths for the individual. For example, a girl with a history of involvement in many sports activities (a behavior that may be more expected or common for boys) may develop better spatial and motor abilities than girls without such experience.

Some developmental challenges that may be experienced by GLB adolescents could pose specific risks for maladaptive behavior (e.g., suicide ideation, suicide attempt, substance use). These pertain to their social context. Specifically, negative consequences of coming out to family members and friends, and victimization due to sexual orientation are among potentially harmful events. Clearly, the interpretation and occurrence of these events will vary across individuals. Also, as discussed previously, factors pertaining to the disclosure of a GLB sexual orientation have been related to attempting suicide. Specifically, greater loss of friends after disclosure and younger self-labeling have been associated with

suicide attempts (D'Augelli & Hershberger, 1993; Remafedi *et al.*, 1991).

Conversely, a GLB adolescent's disclosure of his or her sexual orientation to someone in the environment actually may be positive. In fact, many family members, friends, and other individuals in a GLB adolescent's life could respond to this information with acceptance and support. Supportive and accepting individuals in a GLB youth's life may protect the adolescent from harmful effects of other risk factors. As noted earlier, Hershberger and D'Augelli (1995) found that family support was associated with GLB adolescents' greater self-acceptance, which, in turn, was associated with fewer mental health difficulties reported by youth.

SUGGESTIONS FOR FUTURE RESEARCH

Issues Regarding Sampling

As is evident from this review, most of the studies about GLB youths have been performed with participants recruited from the following settings: (a) centers that offered specific programs for GLB adolescents (e.g., HIV prevention, social events); (b) universities; and (c) agencies that required youths to travel to the site in order to participate in the study. The authors' efforts in recruiting such samples are commendable, as GLB youths are a difficult population to access, regardless of the setting or region. In addition, many adolescents who have participated in research studies may have been at a vulnerable stage in their coming-out process and the information gathered about them remains invaluable. However, this research only can be generalizable to youths who make use of such facilities.

As such, the nature of past research has excluded the experiences of other adolescents in community settings that may be at different stages of coming out. In future studies targeting adolescents dealing with sexual orientation issues, it is important to evaluate the experiences of youth who (a) have predominantly same-gender sexual attractions and behavior but do not self-label as GLB, (b) self-label as GLB but are not public about it, and (c) have come out to themselves and others but do not frequent formal activities for GLB adolescents, among other groups.

In an ideal situation, a large number of participants would be recruited from school and other community settings in order to obtain representative

samples from the geographic areas studied (Working Groups, 1995). Such sampling strategies would allow the recruitment of heterosexual comparison groups. A heterosexual comparison group would be a group of adolescents matched by age and other demographic characteristics (except for sexual orientation) to GLB adolescents. This addition to future studies should prove beneficial for several reasons. First, data obtained from this group would assist with controlling for findings related to demographic characteristics other than sexual orientation. Second, if differences in the prevalence of psychopathology do exist for variables related to sexual orientation, then the study will have more power to detect them. Finally, it is crucial that bisexual and lesbian women be included in future studies, particularly when justifications for having all male participants in past studies have been weak.

Future researchers in this area should be particularly invested in ensuring the privacy and confidentiality of participants (Working Groups, 1995). In fact, whenever possible, a waiver of parental/guardian involvement should be obtained (Working Groups, 1995). Such measures are not only in line with ethical standards, but may increase the likelihood that participants are honest in responding to sensitive questions. Still, some adolescents, such as members of certain ethnic minority groups, may be more hesitant to acknowledge struggles with sexual orientation because that may place them at higher risk of discrimination (Greene, 1994).

Issues Related to Methodology

Future studies evaluating the prevalence and factors related to mental health concerns and suicidality may be more methodologically sound if the following characteristics are considered. To obtain a wide spectrum of experiences, studies may include participants from clinical settings, but these should be balanced with samples from community and school settings. Second, if mental health variables are of interest, then diagnostic criteria should be used to evaluate the clinical significance of behavioral concerns. Third, hypotheses should be based on conceptual models that are empirically based (e.g., suicide risk factors already reported in the literature for adolescents should be evaluated in future studies of suicidality). Finally, whenever possible, information should be obtained through several methods (e.g., clinical interviews, self-report measures) with ade-

quate psychometric properties. Assessments with valid and reliable measures increase the internal validity of a study, the conclusiveness of findings, and the potential to replicate a study. A detailed example of such an investigation follows.

A comprehensive study of mental health concerns would involve screening participants to evaluate whether they meet criteria for psychiatric categories that often apply to adolescents (e.g., depression, anxiety disorders, substance abuse or dependence). Such categories should be drawn from the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; APA, 1994)*, as this manual is the most widely accepted among mental health professionals in the United States. Further, criteria for diagnoses are empirically based.

To arrive at different diagnoses, it is recommended that participants undergo a structured clinical interview. The Diagnostic Interview for Children and Adolescents-IV (Reich, Welner, & Herjanic, 1998) and the Anxiety Disorders Interview Schedule for DSM-IV: Child Version (Albano & Silverman, 1996) are both based on DSM-IV categories. Further, participants should be asked to complete self-report measures developed to evaluate the clinical significance of emotional concerns. For example, the Children's Depression Inventory (Kovacs, 1992) and the Reynolds Adolescent Depression Scale (Reynolds, 1986) are commonly used, psychometrically sound, measures of depressive symptoms.

If a researcher is interested in evaluating the relation between the development of psychopathology and sexual orientation variables, a very large participant pool is needed. The study should begin a few years before the variables are expected to peak. For example, before significant levels of alcohol consumption are expected to occur, before the person is likely to recognize same-gender sexual attractions, or before cross-sex-typed behavior may be evident. This would allow the researcher to evaluate what proportion of individuals develop a GLB identification, the history of atypical gender role behavior in the sample, and how these factors are related to psychosocial stress, anxiety, depression, and so forth.

In sum, there are specific experiences that are unique to GLB adolescents (e.g., coming out). Future investigations into these processes will facilitate a broader understanding of the impact of gender role and sexual orientation development on adolescents' lives. The literature has points to a strong possibility that GLB youths are at particular risk for developing psychopathology and maladaptive behaviors. How-

ever, conclusive findings in this area cannot be achieved until methodologically sound research is performed. Such research may reveal that GLB adolescents are, indeed, an at-risk group with regard to the development of psychopathology. Conversely, findings may reveal that most GLB youths are resilient during a particularly challenging period of their lives, while a subgroup of these youths may require increased community and family support.

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