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# The Unique Social Isolation Homosexual Adolescents Experience

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THE UNIQUE SOCIAL ISOLATION HOMOSEXUAL ADOLESCENTS  
EXPERINCE:  
A NEED FOR SOCIAL WORK TO PROVIDE A VOICE TO THIS COMMUNITY  
SOCIALLY, POLITICALLY, ECONOMICALLY AND EDUCATIONALLY

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Bachelor of Arts in Social Work.

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2005

## **Introduction**

Gay, Lesbian, Bisexual and Transgender (GLBT) adolescents experience a unique social isolation as compared with other minority and oppressed groups, with seventy percent of GLBT adolescents identifying isolation as their number one issue (Simmons, 1983). Most gay youth have grown up in heterosexual families and the “coming out” process for homosexual youth and the adjustment to a “socially stigmatized” role, are issues heterosexual adolescents do not experience (Robinson, 1991). Studies done on youth homelessness approximate that 26 percent of gay and lesbian youth are forced to leave home because of conflicts with their families over their sexual orientation and 40 percent of homeless youth self-identify as gay, lesbian or bisexual (Seattle Commission on Children and Youth, 1986, Gay Youth Statistics, 2005, & Remafedi, 1987). Fifty percent of gay and lesbian youth report that their parents have rejected them due to their sexual orientation, 25 percent of gay and lesbian youth are verbally abused by parents and nearly 10 percent threatened or physically abused by immediate family (Remafedi, 1987). GLBT adolescents are one of the few groups who do not have parents as role models and very few positive role models provided through media. Through popular films such as *Boys don't Cry*, *The Children's Hour*, *Basic Instinct*, and *Broke Back Mountain*, the media provides a basic message to homosexual adolescents that they will always be lonely, lose their families and either commits suicide or murder (Hunter & Schaecher, 2003).

Identity formation is an important feature of adolescent development (Zastrow & Kirst-Ashman, 1997) and during the ages of 11 to 17 years, adolescents look to their peers for their intimacy and self-esteem needs (Robinson, 1991). Forty-six percent of

homosexual adolescents lose a friend after “coming out” to that friend (Ryan & Futterman, 1997), with 80 percent of GLBT youth reporting experiencing social, emotional and cognitive isolation (Hetrick, 1987), and 50 percent of national youth service organizations reporting no services or resources to educate or support GLBT youth and their peers (Advocates for Youth, 1995).

With 20 to 45 percent of GLBT youth experiencing verbal and/or physical abuse as a result of their sexual orientation, gay and lesbian youth are in constant fear of physical harm (Eversole, 1994). The lack of peer support and resources, such as literature, role models, education, peer groups, support groups and social gatherings (other than bars), cause a unique form of social isolation that can escalate into a number of other problems, such as homelessness, violence, suicidal ideation, drug and alcohol abuse and dropping out of school (Robinson, 1991).

Homosexuality has become a front line issue in current society’s struggle regarding social, political and economic justice and equality. With removal of homosexuality as a pathological disorder from the Diagnostic Statistical Manual, the homosexual community was recognized as a new minority group representing two to ten percent of the general population (Nuffield Counsel on Bioethics, 2005.). Such a figure may under-represent the actual numbers of homosexuals because many individuals do not want to divulge their sexual orientation (Nuffield counsel on Bioethics, 2005.).

“Social workers’ primary goal is to help people in need and to address social problems” (NASW, 1999, p.5). GLBT youth have unique social problems and needs. Through providing services such as counseling, group therapy and community organizing, surrounding policies to provide more equality to GLBT youth in the schools

and communities, to the GLBT youth, the social work profession can begin to provide a better quality of life for these youth.

### **Demographics: Number within the population**

A new culture has sprung up in American society, a pioneering group of teenagers who identify themselves as gay or lesbian (Singer & Deschamps, 1994). They challenge a hundred years of social oppression, secrecy and silence on the rights of those who desire the same sex, when they “come out of the closet” and courageously reveal themselves to their families, friends, teachers and employers (Singer & Deschamps, 1994). These youth are a new cultural phenomenon: a generation who identify as lesbian or gay, the first ever in human history (Singer & Deschamps, 1994). Although dozens of studies have been conducted over the years to determine how many Gay, Lesbian, Bisexual and Transgender (GLBT) live in the United States, definitive numbers continue to elude us (Singer & Deschamps, 1994). There are two main reasons these studies have been and are still so difficult to have substantive results: The defining of homosexuality and the stigma that is attached to being GLBT (Singer & Deschamps, 1994). Homosexuality has been defined in many different ways throughout the years, as well as defined differently between studies making them difficult to compare. Homosexuality is based on feelings of attraction to the same sex, but since feelings are not conducive to the scientific method of study, many researchers break down the definition to homosexual behaviors (Biery, 1990). Some definitions have been related to any homosexual activity, or homosexual activity that has ended in orgasm, or arousal by same-sex activity, or self-identifying as homosexual and the definitions go on (Biery, 1990). Due to the varied operational definitions of being homosexual definitive numbers for the overall population has been

difficult to pin down, as well as difficult to compare study results (Biery, 1990). The second main reason that the numbers of this population have been so vague is the stigma that is attached to being GLBT (Singer & Deschamps, 1994). Within the studies that have been done there have been a gross underreporting, especially those with the methodology of face to face interviews (Singer & Deschamps, 1994). Until stating that one is GLBT is as non-controversial as stating that one is right or left handed, it will be near impossible to get an accurate count of the number of GLBT currently residing in the United States (Singer & Deschamps, 1994). The range of results for the percentage of GLBT living in the United States are anywhere from two percent to ten percent, again realizing that this number is more than likely representative of an underreporting (Singer & Deschamps, 1994). While we do not currently have any undisputed studies regarding the percentage of the population as GLBT commonly accepted numbers for the GLBT youth in the United States resemble 7.2 million Americans under the age of twenty having one or more homosexual experience (Singer & Deschamps, 1994). With a mean age of 15.2 for females and 13.1 for males self-identifying as GLBT (Singer & Deschamps, 1994), the mean age for “coming out” is between the ages of 16 through 19 for females and 14 through 16 for males (Singer & Deschamps, 1994).

### **Demographics: Number affected by the population**

While the past and present research has been trying to identify a general consensus for the prevalence of the GLBT population, these numbers are still only the tip of the iceberg when we try to investigate the number affected by homosexuality. When considering the number of the population affected by homosexuality there needs to be a consideration of the families of GLBT, immediate and extended, friends of GLBT, class

mates, teachers, employers and even acquaintances. All of these contacts and relationships have an effect on the population as a whole. GLBT are not just a community that is a percentage of our society's population, but out and about among our society within the mainstream of America. These relationships that affect the population as a whole can be viewed through the organizations of gay-straight alliances and the mass numbers of people that organize for marches and advocacy (Gay youth statistics, 2005).

### **The needs of the community: Past and current research**

Since the 19<sup>th</sup> century there have been innumerable studies on homosexual behavior from Freud to Kinsey to Dean Hamer and the Gay Gene Theory (Biery, 1990, Nuffield Counsel on Bioethics, 2005). Each study has had a main focus on the "cause" of homosexual behavior resulting in the cause and cure phenomenon (Biery, 1990). Freud began the research of homosexual behavior with theories such as phallic stage conflict, narcissism, castration anxiety and the theories go on with no theory ending in any significance (Biery, 1990). While many people today tend to discredit the theories developed by Freud the damaging stereotypes still remain (Biery, 1990). The next study that was of popular acceptance, but still debated on the validity, was Kinsey's research on homosexual behavior (Biery, 1990). Kinsey is the source for the long debated number; one in ten people are homosexuals (Biery, 1990). Several theories have emerged regarding the cause of homosexuality with the two most hotly debated today being the Choice Theory and the Gene Theory as the polar opposites in the debate.

The Choice Theory focuses on the idea that people make a choice to be homosexual, there is no biological reason for this choice and the professionals need to provide moral education to deter this choice (Biery, 1990). The question with this theory

that remains unfounded is who would choose a life of hardship and discrimination (Biery, 1990). People cannot choose their feelings, therefore this argument must be false; people's choice related to accepting the homosexuality and living their life as homosexuals is the closest valid argument for this theory (Biery, 1990). The general consensus leans toward the Genetic Determination Theory (Biery, 1990). While the studies that have worked toward finding the gay gene have not been fully validated, most professionals believe that the answer to homosexuality is in biology (Biery, 1990).

### **GLBT youth and their development through adolescence**

With all these theories and studies being the focus of research on homosexuality our society has lost sight of the most important needs of this community. The “cause and cure” for homosexuality is not where the needs of this community lie, we need to assist this community to gain equality, social justice, and support through their development and identity formation (Hunter & Schaecher, 2003). All adolescents pass through the same stages of biological and cognitive changes, but homosexuals face unique difficulties concerning social development (Robinson, 1991).

Adolescence is a time when young people explore who they are and establish their identity while transitioning from childhood to adulthood (Zastrow & Kirst-Ashman, 1997). The most important task of adolescence is to develop a sense of self (Zastrow & Kirst-Ashman, 1997). The developmental tasks that involve this sense of self include development of social skills, sexual orientation, self-esteem, development and maintenance of friendships, management of social and sexual roles and sense of identity (Hunter & Schaecher, 2003). Falling in love and self-disclosing intimate thoughts and feelings is seen as defining and finding a better understanding of his/her identity during



adolescents (Zastrow & Kirst-Ashman, 1997). Generally our society allows adolescents freedom to experiment with values, beliefs and roles so they can maximize their personal strengths (Zastrow & Kirst-Asman, 1997). During adolescents the sense of identity is largely based on the reaction of others, and the labels placed on them (Zastrow & Kirst-Ashman, 1997). Identity Achievement is the optimal resolution to the “crisis” of adolescence (Zastrow & Kirst-Ashman, 1997).

Although there are many challenging tasks of adolescents, most transition relatively smoothly into adulthood (Hunter & Schaecher, 2003). GLBT adolescents, however, suffer more extreme obstacles to identity development than their heterosexual peers in this culture (Zastrow & Kirst-Ashman, 1997). Homophobia and oppression isolates GLBT adolescents. On the one hand GLBT adolescents are trying to establish personal identities with a general freedom offered by society; on the other, they are discouraged and have little to no freedom in expressing their sexual identities like their heterosexual peers (Zastrow & Kirst-Ashman, 1997). The social isolation, identified as the number one issue facing GLBT adolescents, is related to the pull to either reveal their sexual identity and be ostracized and demeaned, or hides their true feelings and identity risking depression, drug abuse, running away or truancy (Zastrow & Kirst-Ashman, 1997).

GLBT adolescents are one of the few groups who do not have parents as role models, and the nurturing and support that most families provide during the stages of development are usually absent when sexual orientation points towards homosexuality (Hunter & Schaecher, 2003, Robinson, 1991). GLBT adolescents face the realization that he/she is a member of a stigmatized group and because the family does not prepare them

for their minority status they may deny and hide their homosexual orientation (Hunter & Schaecher, 2003). Adolescents often do not possess sufficient coping skills to deal with the rejection of one's peers and family (Hunter & Schaecher, 2003). This denial and hiding of self distorts the developmental process, eliminating the possibility for honest relationships with peers as they discuss friends, sexuality and relationships (Hunter & Schaecher, 2003).

With no peer support and the risk of family rejection and possible loss of shelter GLBT adolescents may begin to internalize a negative, homophobic depiction of his/her life-style (Robinson, 1991). Because homosexual feelings are in conflict with internalized expectations of heterosexuality GLBT adolescents must cope with this new internal conflict (Hunter & Schaecher, 2003). Initially the adolescent may try to defend against these feelings by denying or suppressing these desires through engaging in unprotected sex with people of the opposite sex, getting pregnant or fathering a child, use of alcohol or drugs or ultimately suicide (Hunter & Schaecher, 2003).

Although the research on adolescent development has been rapidly expanding, the research regarding the developmental process of adolescents' realization of being GLBT and the coming out process remains underdeveloped (Hunter & Schaecher, 2003). However, some theoretical models have been developed to suggest a progression of stages through which the individual moves (Hunter & Schaecher, 2003). A linear six stage model was developed describing identity confusion, comparison, tolerance, acceptance, pride and synthesis (Hunter & Schaecher, 2003). The commitment to positive homosexual identity was found to be related to healthy psychological development (Hunter & Schaecher, 2003). These models can only present general patterns, while each

individual experiences these processes uniquely under different circumstances; with some never completing the process (Hunter & Schaecher, 2003). GLBT adolescents present new experiences and issues to society as opposed to other minority groups that we are currently educated about, and further study must be done for these youth to address the devastating social isolation GLBT adolescents experience.

### **Needs of GLBT adolescents and current society**

The implications for the social work profession are vast regarding GLBT adolescents and their needs. The first line of defense for the social isolation experienced by GLBT adolescents is the minimizing and elimination of homophobia, stigmas, violence against the population and the overall social acceptance of the Homosexual community (Biery, 1990). The social work profession has the opportunity to assist this oppressed population on the mezzo level of social acceptance through education (Savin-Williams, 2005). Given the wealth of new knowledge about homosexuality and the advances made by the GLBT rights movement in the latter part of the 20<sup>th</sup> century the schools of social work have an obligation to incorporate this new knowledge and create a divergence from the old homophobic attitudes ( Hunter & Schaecher, 2003). In addition to incorporating a new knowledge base for the social work profession through education, social workers need to advocate for the education to be incorporated into the public schools for adolescents, as knowledge combats ignorance and discrimination (Hunter & Schaecher, 2003).

Through advocacy in policy the social work profession can assist the GLBT community in gaining social acceptance. The policy currently debated regarding gay marriage will make drastic leaps towards placing the GLBT community in the realm of

social acceptance, as well as provide equality in basic human rights (Marriage Equality Rhode Island, 2005).

The best way to eliminate social isolation is to bring people together, and the social work profession has the opportunity to catalyze this through groups and linking GLBT adolescents to resources (Robinson, 1991). Support groups for GLBT adolescents offer an opportunity to develop social skills, learn more about themselves and others, gain positive gay-affirming information and develop peer support that is essential in the development through adolescence (Robinson, 1991). Many communities have only bars for GLBT to meet, which either leaves youth out or leads them in the direction of alcohol and drug abuse, while support groups can offer a safe positive environments for GLBT adolescents (Robinson, 1991). For adolescents to reach acceptance and synthesis of themselves they need to validate their sameness and differences, talk, and become confident in themselves as they discover what being gay means to them (Robinson, 1991 & Hunter & Schaecher, 2003). GLBT adolescents, often invisible, are an obvious point of intervention for the caring professional of the social work field (Robinson, 1991).

**Demographics: Number within the population exaggerated and inaccurate**

While proponents for homosexual rights cling to the findings of the Kinsey report claiming ten percent of the population as homosexual, there is mounting evidence from current research that this estimation is far too high (Realities and fallacies of homosexuality, 1993). A new national study, released from the Alan Guttmacher Institute, on male sexual behavior shows that only about two percent of men surveyed engaged in homosexual behavior, with only one percent considering themselves exclusively homosexual (Realities and fallacies of homosexuality, 1993). The prevalence

of even incidental homosexual behavior is less than two percent (Realities and fallacies of homosexuality, 1993). With the generally accepted theory that women are at half the rate of men for homosexuality; homosexual women fall below one and a half percent of the population (Realities and fallacies of homosexuality, 1993). This number is significantly lower than the generally accepted ten percent claimed by the Kinsey report (Realities and fallacies of homosexuality, 1993). This new study was conducted by face to face interviews, where subjects were guaranteed anonymity (Realities and fallacies of homosexuality, 1993). There have also been surveys conducted with large samples from the United States, Canada, Great Britain, France, Norway and Denmark, that all give a picture of homosexual experiences at a rate of six percent or less with exclusive prevalence at one percent or less (Realities and fallacies of homosexuality, 1993).

It has been observed that there are many flaws in the research done by Kinsey regarding sampling and methodology, however the Janus report that has more recently been widely publicized claiming nine percent of men and five percent of women are considered homosexuals has methodological flaws that cause these out-of-step results with a nonrandom sample (Realities and fallacies of homosexuality, 1993). The research that has been conducted regarding the prevalence of homosexuality, claiming numbers that ten percent of the population is homosexual, has been flawed and created a false depiction of the true rate of homosexuality in our nation (Realities and fallacies of homosexuality, 1993).

## **Needs of the community: Past and current research**

Gender non-conformity and the homosexual drive itself have been hypothesized by both Dean Hamer and more recently LeVay to have biological causes (van den Aardweg, 1984). To begin with none of the studies done hypothesizing these biological causes have been conclusive (Propst, 2002). With methodological faults and inability to replicate studies proving any biological cause for homosexuality, it does not make sense for the general public to be accepting that homosexuality is not a choice, but predetermined and biological (Propst, 2002). However, even given the general consensus of biological predetermination, if a biological root were found, it would not make homosexuality any more “natural” as authors suggest (van den Aardweg, 1984). With biological predetermination homosexuality would remain a functional disturbance (van den Aardweg, 1984). “Natural” processes are purposeful, and homosexuality does not lead to any obvious purpose of sexuality (van den Aardweg, 1984).

Although proponents of homosexuality claim the “normal” theory, they admit and accept that the causes for homosexuality are unknown, however, they claim with almost utter certainty that it has nothing to do with pathology (van den Aardweg, 1984). While the Kinsey report claimed parents play practically no role in the causes of homosexuality, it remains that the Kinsey report had poor methodology negating the results that were found (van den Aardweg, 1984). A recent study done on 200 male homosexuals in treatment, contradict the evidence that parents are not causing homosexuality in their sons (van den Aardweg, 1984). This study concludes that through a combination of mother’s over-concernedness and detachment and father’s hypercriticism, the son is pushed into avoidance of “masculine” behavior (van den Aardweg, 1984). The son is left

feeling inferior and lacking in his masculinity (van den Aardweg, 1984). Homosexuality is an urge to express the infantile longing for acceptance and counteract the loneliness and self pity of not belonging (van den Aardweg, 1984).

### **GLBT youth and their development through adolescence**

Peer relations are important for social skill development (Tani, et al., 2001). For example, the capacity for sensitive perspective taking in interpersonal relationships is developed through peer relations during adolescence (Tani, et al., 2001). Isolated youth report more shyness, greater feelings of alienation and lower social acceptance, as well as reporting more anger and depression (Tani, et al., 2001). Studies have shown that children who withdraw are at risk for future problems in terms of social functioning (Tani, et al., 2001). Physically handicapped adolescents are restricted in normal everyday life, not only in certain activities, but these restrictions cause a social isolation that can be detrimental to their development (Reinhard, et.al, 1990). A recently completed ten-year study of adolescent development concludes that nearly half of all adolescents are struggling with drugs, alcohol, violence, premature sexual activity, eating disorders and depression (Isolation at Core of Adolescent Woes, 2005). The central issue for all adolescents is isolation (Isolation at Core of Adolescent Woes, 2005). Adolescents are isolated from family and community, while parents are isolated from the rest of the parent community and from the schools (Isolation at Core of Adolescent Woes, 2005). Studies have not only shown that social isolation is the central issue for the minority group of GLBT adolescents, but for other minorities, such as physically handicapped, as well. Most importantly studies have shown social isolation to be the greatest concern for *all* adolescents (Reinhard, et.al, 1990) .

The needs of adolescents in our current society are not focused around GLBT adolescent social isolation, but need to be focused on providing services to youth, parents, communities and schools to eliminate the social isolation that all adolescents have been experiencing due to the disintegration of family, community and face to face communication (Isolation at Core of Adolescent Woes, 2005). Through the reintegration of family dinners, rituals and family entertainment the family can begin to reconnect (Isolation at Core of Adolescent Woes, 2005). As well, through parent involvement in the school system and school credit given to adolescents who participate in community service the bridge between adolescents and the “real world” can begin to form again (Isolation at Core of Adolescent Woes, 2005). While these are some beginning ideas of how to minimize the increasing problem of social isolation as experienced by all adolescents more research, policies and community action must be taken to combat this pressing concern with the development of our society’s adolescents.

**Hypothesis:**

Isolation is a primary concern for all adolescents. GLBT adolescents, however, are in the situation of having to overcome isolation on multiple fronts. They must deal with the isolation that all adolescents face, as well as the isolation that stems from discrimination, oppression and internal conflict. Research and interventions have begun to surface to attempt to alleviate this isolation. The problem, however, with current research and interventions is that social isolation is only addressed once these adolescents have already gone through the difficult process of “coming out”. Discrimination, oppression and isolation, that most adolescents are not equipped to handle alone, have already taken place. Isolation that all adolescents face may not be prevented; however,



the isolation that GLBT adolescents face may be lessened by educating all children before they begin to explore their sexual identity. Through the knowledge of the process, feelings, resources and normalization of being GLBT, the isolation can be attacked at the root. A book citing a compilation of feelings, situations and emotions that current GLBT youth remember from the period of their adolescents when their sexual feelings began to emerge, the supports they found helpful, and feelings they remember once on the other side of the process, GLBT youth can be linked with each other through education. An attached list of resources that youth can go to for more information or support, with themselves or a friend, can offer support to GLBT youth and their peers through the process. With the use of this educational tool incorporated into middle school health GLBT youth can be linked to others in similar situations. The internal conflict that GLBT adolescents must face as their sexual feelings develop may be lessened through the normalization of those feelings found in this book. Finally, with peer support being the most important resource for adolescents, this book will provide their heterosexual peers with the education and resources to provide support to GLBT youth, and may begin to narrow the gap and link adolescents together.

**Methodology:**

In testing this hypothesis there was a two part study performed. The first study was executed to develop the book citing a compilation of feelings, situations and emotions that current GLBT youth remember from when sexual feelings first began to emerge. It also included supports found most helpful, the feelings that arose once the “coming out” process was completed and it included a list of resources nationally, as well as some local possibilities. The second section of this study was executed to evaluate the

perceived effectiveness of this educational book. The participants' ratings and feedback regarding this educational tool was analyzed and effectiveness ratings were acquired.

In the first section of this study a sample of convenience was developed from the group, Youth Pride Rhode Island. Youth Pride Rhode Island is a non profit organization aimed to meet the social, emotional and educational needs of Gay, Lesbian, Bisexual, Transgender and Questioning (GLBTQ) youth, through empowering programs of support, education, organizing and advocacy. An exploratory questionnaire was developed inquiring of participants to discuss their experiences, feelings or situations that were encountered during the period of life, when sexual feelings first began to emerge, the supports or resources they found most helpful (or wished they had), and to list a few adjectives describing their feelings and emotions for both the time of questioning/identifying and once they had become fully self-identified and secure with who they are. There was also a section for the participants to include any information they felt was important, but was not asked. This questionnaire and informed voluntary consent form can be found as appendix one. Approximately 50 questionnaires were distributed to this organization and 18 questionnaires were returned. From the information provided by the participants the educational book was compiled using quotes, stories and feedback, as well as some resource information regarding local and national supports for GLBTQ adolescents. This book can be seen as appendix three.

For the second section of this study another sample of convenience was used for the book evaluation. The sample of 19 consisted of 15 social service workers, working with adolescents, 1 Educator and 3 medical field workers. Of these 19 there was only one GLBTQ participant. This convenient sample was derived from Tides Family

Services in Pawtucket and West Warwick, RI, Tides Learning Center in Pawtucket, RI, and Central Veterinary Clinic in New Haven, CT. Due to the small sample size this study does not have strong external validity; however, it does provide a strong basis for further research. A second questionnaire was developed using four Lichert scale questions evaluating perceived effectiveness for GLBTQ adolescents, Heterosexual Adolescents, bridging the gap between GLBTQ and heterosexual adolescents and as a resource for all students to have. There was also a fifth question inquiring any extra information the participant would like to provide regarding the book and/or its possible effectiveness. Due to feedback from participants the internal validity of this questionnaire may be slightly skewed. While the rating “somewhat agree” was valued higher on the Lichert scale, some participants believed “agree” was higher and were confused by the scale. While these two ratings may have been skewed on the questionnaire the overall picture of perceived effectiveness is still clear from the data. This questionnaire along with the informed voluntary consent form for this section of the study can be found as appendix two.

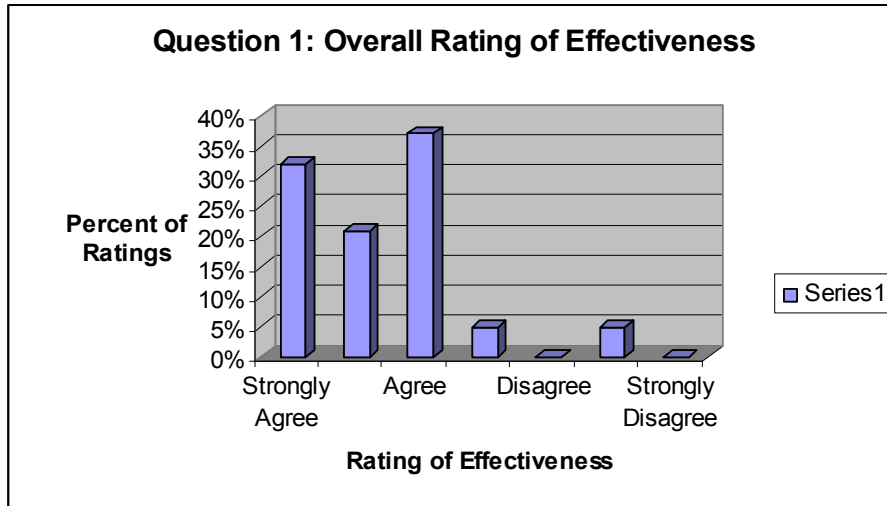
The data gathered from the second section of this study was analyzed with overall percentages of ratings from all participants for each question. The data was then broken down into smaller sub-categories of participants: Social service workers, Medical workers, Educators, GLBTQ, Male and Female. Finally the data was categorized from the exploratory section, question number five, and is included in the findings section.

*Findings:*

*Question 1: I believe this book, or one like it, would be helpful to GLBTQ adolescents if this were included in a middle school health class.*

Question 1: Overall Ratings

Strongly Agree:	32%	Disagree:	0%
Somewhat Agree:	21%	Somewhat Disagree:	5%
Agree:	37%	Strongly Disagree:	0%
Neutral:	5%		



#### Question 1: Social Service Workers

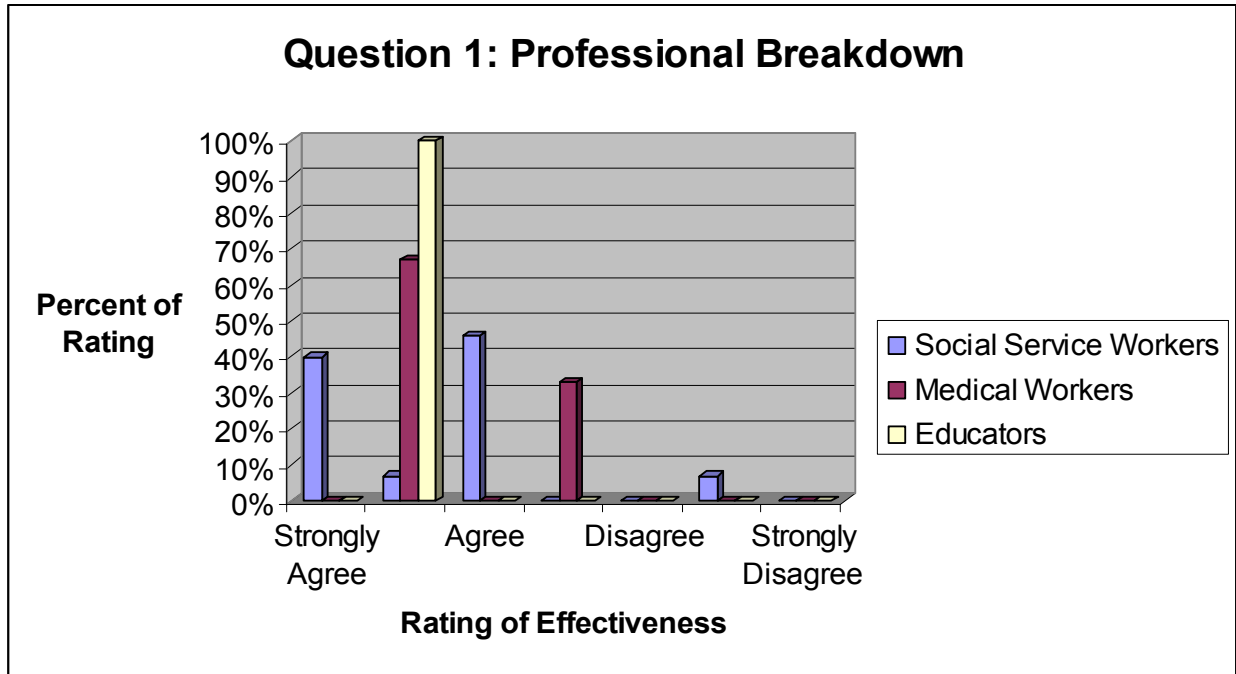
Strongly Agree:	40%	Disagree:	0%
Somewhat Agree:	7%	Somewhat Disagree:	7%
Agree:	46%	Strongly Disagree:	0%
Neutral:	0%		

#### Question 1: Medical Workers

Strongly Agree:	0%	Disagree:	0%
Somewhat Agree:	67%	Somewhat Disagree:	0%
Agree:	0%	Strongly Disagree:	0%
Neutral:	33%		

#### Question 1: Educators

Strongly Agree:	0%	Disagree:	0%
Somewhat Agree:	100%	Somewhat Disagree:	0%
Agree:	0%	Strongly Disagree:	0%
Neutral:	0%		



Question 1: GLBTQ

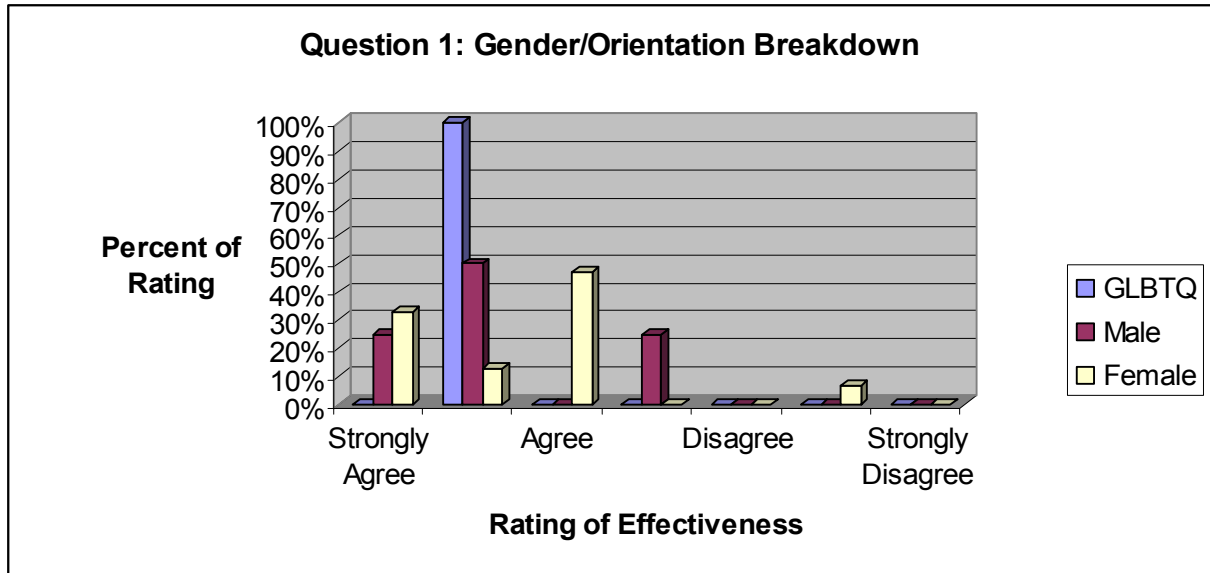
Strongly Agree:	0%	Disagree:	0%
Somewhat Agree:	100%	Somewhat Disagree:	0%
Agree:	0%	Strongly Disagree:	0%
Neutral:	0%		

Question 1: Male

Strongly Agree:	25%	Disagree:	0%
Somewhat Agree:	50%	Somewhat Disagree:	0%
Agree:	0%	Strongly Disagree:	0%
Neutral:	25%		

Question 1: Female

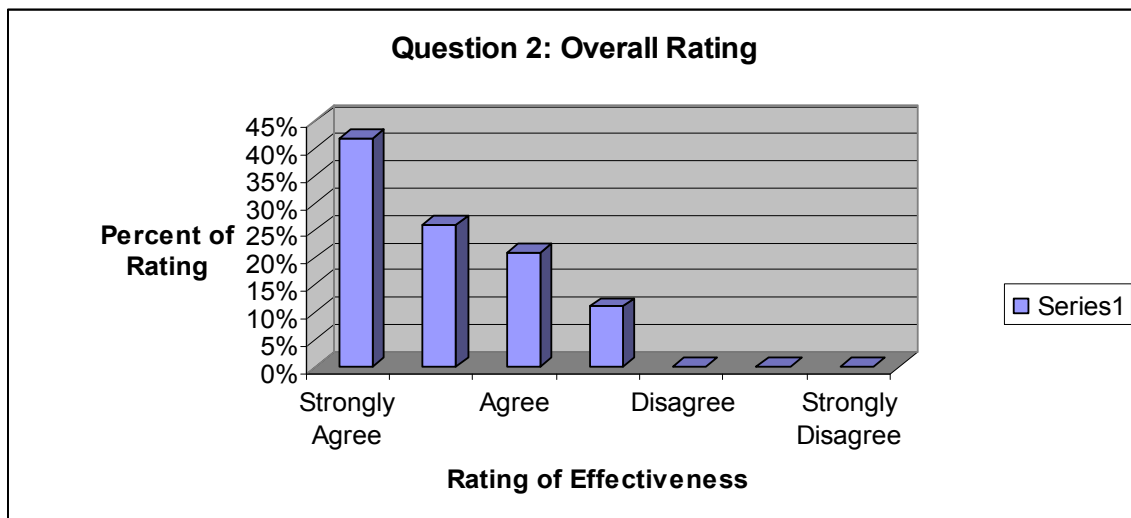
Strongly Agree:	33%	Disagree:	0%
Somewhat Agree:	13%	Somewhat Disagree:	7%
Agree:	47%	Strongly Disagree:	0%
Neutral:	0%		



*Question 2: I believe this book, or one like it, would be helpful to heterosexual adolescents if this were included in a middle school health class.*

#### Question 2: Overall Ratings

Strongly Agree:	42%	Disagree:	0%
Somewhat Agree:	26%	Somewhat Disagree:	0%
Agree:	21%	Strongly Disagree:	0%
Neutral:	11%		



Question 2: Social Service Workers

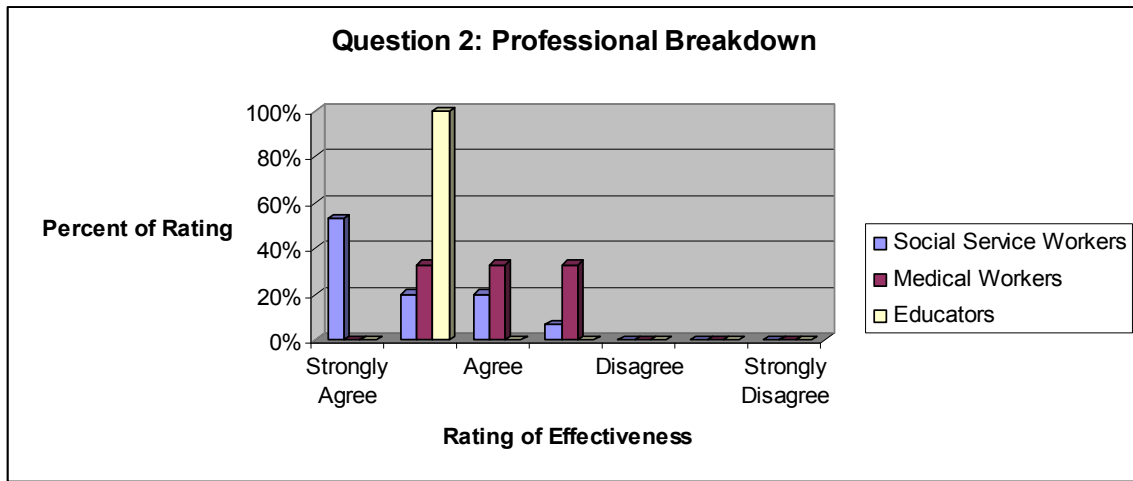
Strongly Agree:	53%	Disagree:	0%
Somewhat Agree:	20%	Somewhat Disagree:	0%
Agree:	20%	Strongly Disagree:	0%
Neutral:	7%		

Question 2: Medical Workers

Strongly Agree:	0%	Disagree:	0%
Somewhat Agree:	33%	Somewhat Disagree:	0%
Agree:	33%	Strongly Disagree:	0%
Neutral:	33%		

Question 2: Educators

Strongly Agree:	0%	Disagree:	0%
Somewhat Agree:	100%	Somewhat Disagree:	0%
Agree:	0%	Strongly Disagree:	0%
Neutral:	0%		



Question 2: GLBTQ

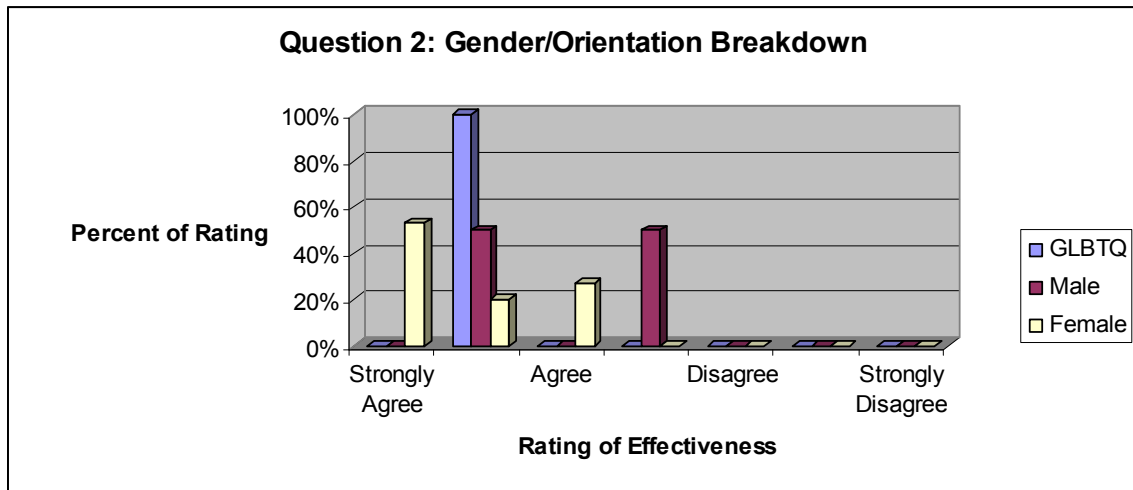
Strongly Agree:	0%	Disagree:	0%
Somewhat Agree:	100%	Somewhat Disagree:	0%
Agree:	0%	Strongly Disagree:	0%
Neutral:	0%		

Question 2: Male

Strongly Agree:	0%	Disagree:	0%
Somewhat Agree:	50%	Somewhat Disagree:	0%
Agree:	0%	Strongly Disagree:	0%
Neutral:	50%		

Question 2: Female

Strongly Agree:	53%	Disagree:	0%
Somewhat Agree:	20%	Somewhat Disagree:	0%
Agree:	27%	Strongly Disagree:	0%
Neutral:	0%		

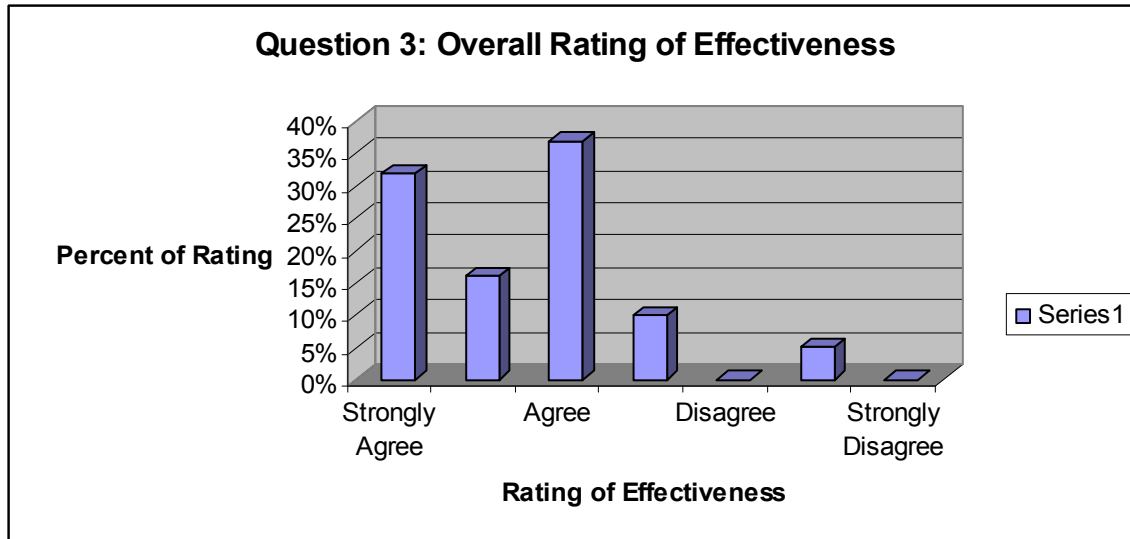


*Question 3: I believe this book, or one like it, would help to bridge the gap between GLBTQ and heterosexual adolescents.*

Question 3: Overall Rating

Strongly Agree:	32%	Disagree:	0%
Somewhat Agree:	16%	Somewhat Disagree:	5%
Agree:	37%	Strongly Disagree:	0%
Neutral:	10%		





#### Question 3: Social Service Workers

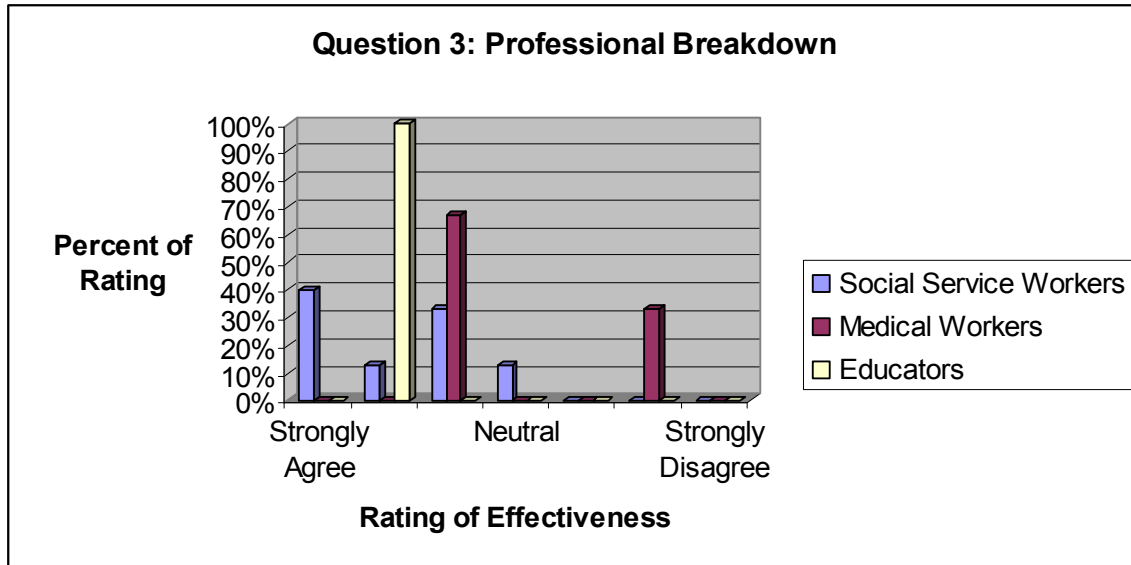
Strongly Agree:	40%	Disagree:	0%
Somewhat Agree:	13%	Somewhat Disagree:	0%
Agree:	33%	Strongly Disagree:	0%
Neutral:	13%		

#### Question 3: Medical Workers

Strongly Agree:	0%	Disagree:	0%
Somewhat Agree:	0%	Somewhat Disagree:	33%
Agree:	67%	Strongly Disagree:	0%
Neutral:	0%		

#### Question 3: Educators

Strongly Agree:	0%	Disagree:	0%
Somewhat Agree:	100%	Somewhat Disagree:	0%
Agree:	0%	Strongly Disagree:	0%
Neutral:	0%		



#### Question 3: GLBTQ

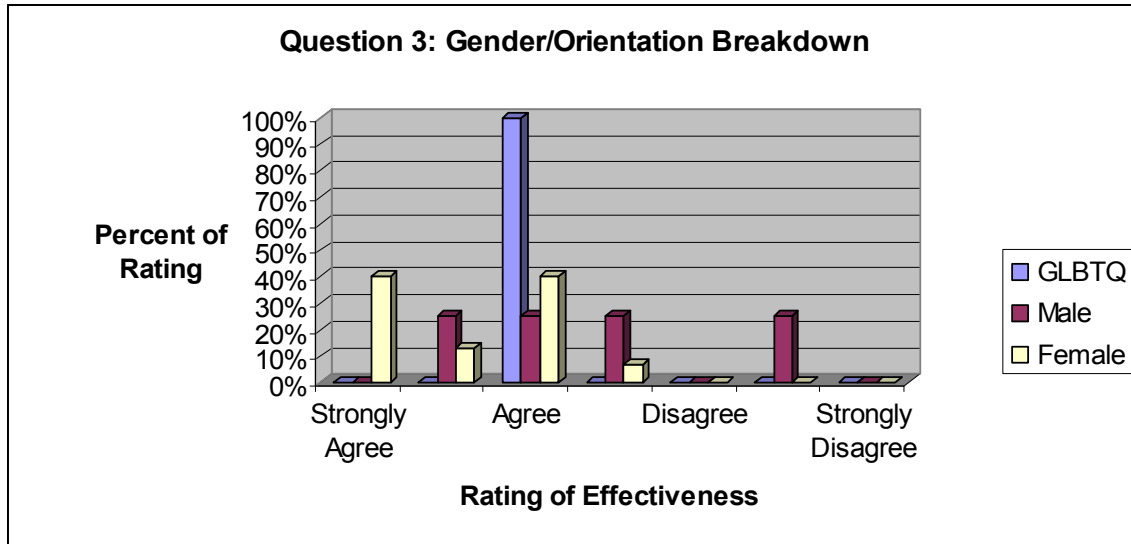
Strongly Agree:	0%	Disagree:	0%
Somewhat Agree:	0%	Somewhat Disagree:	0%
Agree:	100%	Strongly Disagree:	0%
Neutral:	0%		

#### Question 3: Male

Strongly Agree:	0%	Disagree:	0%
Somewhat Agree:	25%	Somewhat Disagree:	25%
Agree:	25%	Strongly Disagree:	0%
Neutral:	25%		

#### Question 3: Female

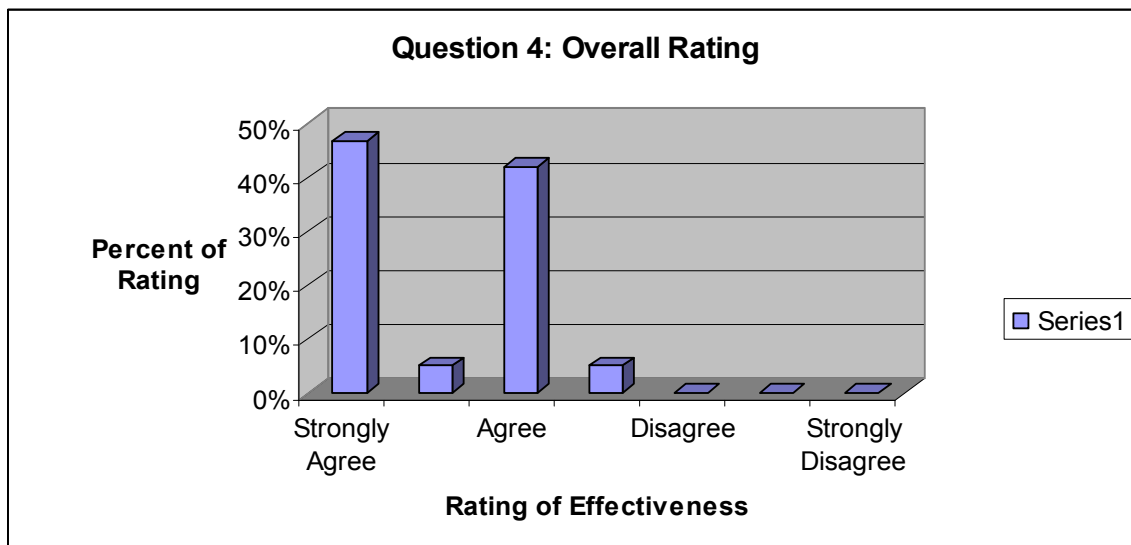
Strongly Agree:	40%	Disagree:	0%
Somewhat Agree:	13%	Somewhat Disagree:	0%
Agree:	40%	Strongly Disagree:	0%
Neutral:	7%		



*Question 4: I believe this book would be a good resource for students to have.*

Question 4: Overall Rating

Strongly Agree:	47%	Disagree:	0%
Somewhat Agree:	5%	Somewhat Disagree:	0%
Agree:	42%	Strongly Disagree:	0%
Neutral:	5%		



Question 4: Social Service Worker

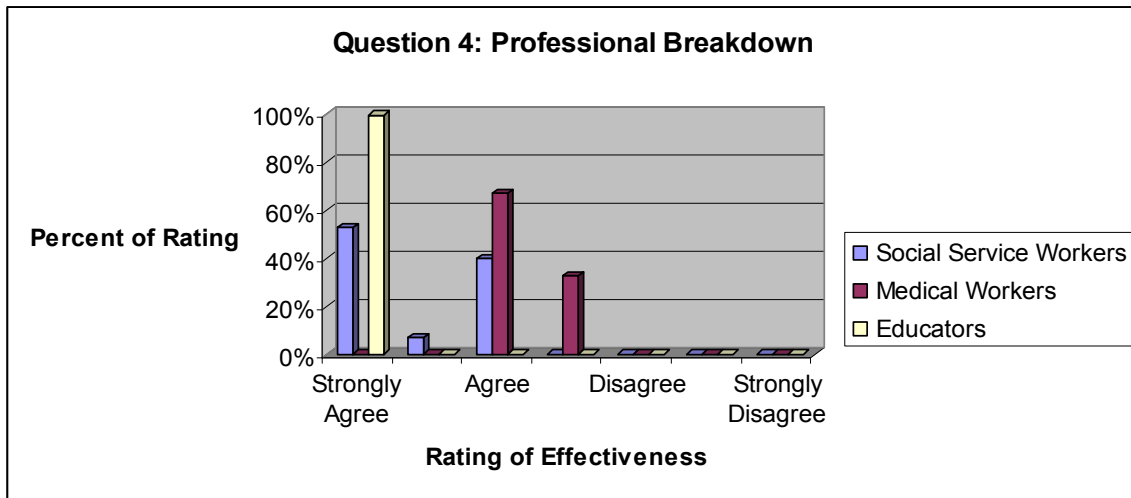
Strongly Agree:	53%	Disagree:	0%
Somewhat Agree:	7%	Somewhat Disagree:	0%
Agree:	40%	Strongly Disagree:	0%
Neutral:	0%		

Question 4: Medical Worker

Strongly Agree:	0%	Disagree:	0%
Somewhat Agree:	0%	Somewhat Disagree:	0%
Agree:	67%	Strongly Disagree:	0%
Neutral:	33%		

Question 4: Educators

Strongly Agree:	100%	Disagree:	0%
Somewhat Agree:	0%	Somewhat Disagree:	0%
Agree:	0%	Strongly Disagree:	0%
Neutral:	0%		



Question 4: GLBTQ

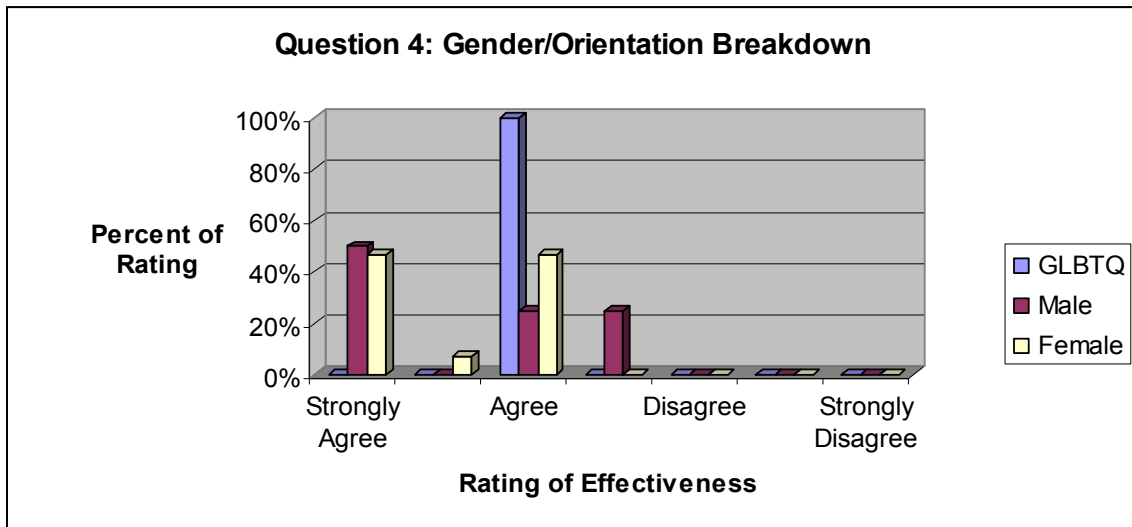
Strongly Agree:	0%	Disagree:	0%
Somewhat Agree:	0%	Somewhat Disagree:	0%
Agree:	100%	Strongly Disagree:	0%
Neutral:	0%		

Question 4: Male

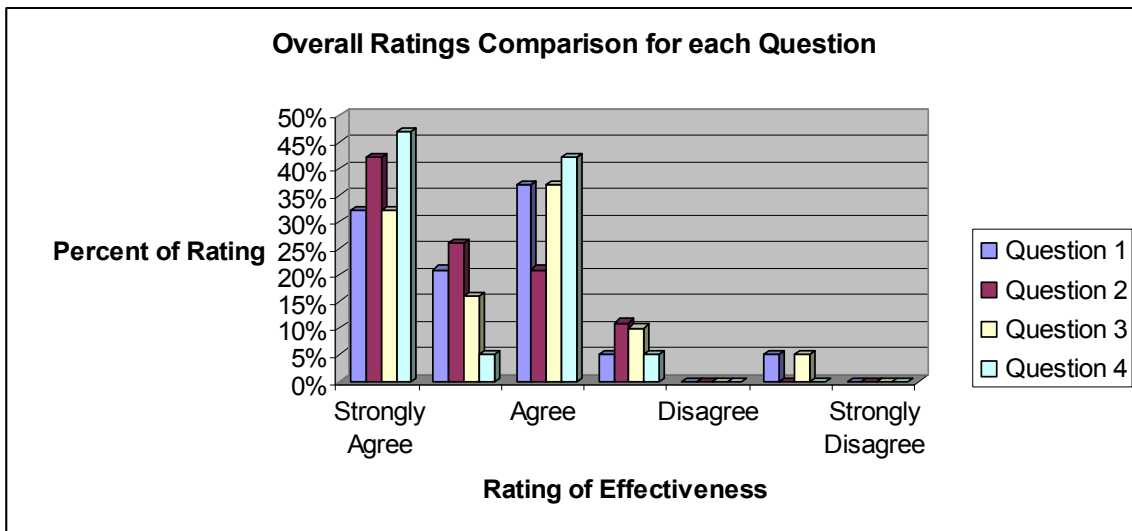
Strongly Agree:	50%	Disagree:	0%
Somewhat Agree:	0%	Somewhat Disagree:	0%
Agree:	25%	Strongly Disagree:	0%
Neutral:	25%		

Question 4: Female

Strongly Agree:	47%	Disagree:	0%
Somewhat Agree:	7%	Somewhat Disagree:	0%
Agree:	47%	Strongly Disagree:	0%
Neutral:	0%		



Comparison of Overall Ratings for each Question:



### Exploratory Feedback:

- All participants felt there should have been a defining of the acronym GLBTQ either on the cover or on the first page.
- Three participants felt that the bright color and photographs in the background captured attention and drew out their feelings along with the book.
- One participant felt that “kids may already have preconceived notions about GLBTQ”, and is concerned that “this will allow an opening for outward expression of potentially negative opinions, while making a joke of the lesson, and therefore making GLBTQ students feel further alienated”.
- Two participants felt it the topic should include a beginning book with a broader approach.
  - “Maybe add an intro to dealing with puberty and first feelings of attraction in both heterosexuals and homosexuals.”
  - “This book would probably be well suited for GLBTQ kids that need to know that they are not alone. For heterosexual kids, when learning more to fit into their roles as boys/girls, they may require some material that stresses the acceptance of differences, that differences are good, necessary, and is not a reason to be frightened.”
- One participant felt “this type of education may be possible and necessary earlier in age as a more general topic of diversity in which Gays/Lesbians are included. As a heterosexual I was interested in girls already when I reached middle school...”
- One participant felt “this book would be successful in teaching all students about their sexual identity.”
- One participant will use this book when working with adolescents, and felt “ it would be very helpful to both heterosexual and GLBTQ adolescents and younger youths, and is a good source of education.”
- Two participants felt the “this book may be best to help educate young adolescents about how GLBTQ are really feeling and some insight into what they are going through. The book may be good for GLBTQ to see that there are people who share their same feelings.” “I feel adolescents respond to experiences which illustrates they are not alone.”
- Two participants thought the book was “great as is”, and the “ information provided was very good and this book was very informative.”

**Conclusion:**

A pioneering group of teenagers are identifying themselves as Gay, Lesbian, Bisexual, Transgender or Questioning (GLBTQ). GLBTQ adolescents experience a unique social isolation as compared with other minority and oppressed groups. However, current research and interventions is aimed at addressing their social isolation only once these adolescents have “come out”. It was hypothesized that pre-coming out social isolation that GLBTQ feel may be lessened by educating all children before they begin to explore their sexual identity. A booklet was developed using feelings, experiences and supports before and after the “coming out” process, as identified by GLBTQ adolescents. With the proposed use of this booklet in a middle school health class the possible perceived effectiveness was analyzed. The data revealed a strong argument for the possible effectiveness for this educational book for all adolescents. While the breakdown of data into sub-categories revealed some variations between professionals and gender, there were no significant differences and all revealed a considerably high average rating of effectiveness. The exploratory data revealed some very important feedback both positive and valid constructive criticism. This data should be considered and further research should include adjusting the educational tool with some of the proposed input, as well as further research with a larger sample size for increased external validity.

First of all this study has a strong implication for social work research. While this study was performed on a small scale with a small percentage of skewed data the findings clearly call for further research. There is a clear need for this proposed educational tool, or one similar to it. Social work research needs to continue to find innovative ways to assist the minority group of Gay, Lesbian, Bisexual, Transgender and Questioning

adolescents. Through the knowledge of a deprivation in the present policies that negatively affect an oppressed minority group this research has strong implications on social work policy. The profession of social work needs to support policy that will continue to educate all adolescents and youth on all their identities and health. Finally, this study affects social work practice. Practitioners need to be educated in the true feelings, situations and experiences of GLBTQ, and be able to support and assist all youth through the difficult process of identity formation. This research begins to address the needs of the GLBTQ community and is intended to encourage further investigation.



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Dear Participant,

I am gathering information regarding the time period of adolescence when one may not yet have identified their sexuality, but was beginning to question who they were within. Answers to this survey may be incorporated into a book. This book is being developed with the hopes of being an educational tool to link early adolescents to each other and outside resources. This is an anonymous survey, and no identifying information will be asked or used. By filling out and sending the questionnaire back, you are consenting to be a part of the project and understand your participation is voluntary and your answers are completely anonymous.

Please take a moment to answer the following questions the best you can. There is a space that can be used to add any information that you feel I did not ask, but you feel is important to include in the survey.

If you have any concerns, please contact me at the address below. Thank you in advance for your participation.

Sincerely,

Marisa Finnerty, BSW student  
mfinner1@providence.edu





Dear Participant,

The unique social isolation that GLBTQ adolescents face may be lessened by educating all children before they begin to explore their sexual identity. A booklet was developed using feelings, experiences and supports before and after the “coming out” process, as identified by GLBTQ adolescents. This survey is being used to evaluate the possible perceived effectiveness of this educational tool, or one like it, used in a middle school health class. This is an anonymous survey, and no identifying information will be asked or used. By filling out and sending the questionnaire back, you are consenting to be a part of the project and understand your participation is voluntary and your answers are completely anonymous.

Please take a moment to answer the following questions the best you can. There is a space that can be used to add any information that you feel I did not ask, but you feel is important to include in the survey.

If you have any concerns, please contact me at the address below. Thank you in advance for your participation.

Sincerely,

Marisa Finnerty, BSW student  
[mfinner1@providence.edu](mailto:mfinner1@providence.edu)



5. Please add any extra information you would like to provide regarding this book and/or its possible effectiveness on the reverse side of this survey.



## ABSTRACT

A pioneering group of teenagers are identifying themselves as Gay, Lesbian, Bisexual, Transgender or Questioning (GLBTQ). GLBTQ adolescents experience a unique social isolation as compared with other minority and oppressed groups. However, current research and interventions is aimed at addressing their social isolation only once these adolescents have “come out”. It was hypothesized that before “coming out” the social isolation that GLBTQ feel may be lessened by educating all children before they begin to explore their sexual identity. A booklet was developed using feelings, experiences and supports before and after the “coming out” process, as identified by GLBTQ adolescents. With the proposed use of this booklet in a middle school health class the possible perceived effectiveness was analyzed. The data revealed a strong argument for the possible effectiveness for this educational book for all adolescents. While the breakdown of data into sub-categories revealed some variations between professionals and gender, there were no significant differences and all revealed a considerably high average rating of effectiveness. The exploratory data revealed some very important feedback both positive and valid constructive criticism. This data should be considered and further research should include adjusting the educational tool with some of the proposed input, as well as further research with a larger sample size for increased external validity.