

Adolescent Homosexuality and Concerns Regarding Disclosure

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ABSTRACT: Development of sexual identity in middle childhood and early adolescence is a natural process. However, it is more stressful for homosexual adolescents. Society continues to stigmatize and marginalize homosexuality. To avoid rejection and hostility, homosexual adolescents are pressured to hide their sexual identities. This fact compounds the anticipated normal developmental concerns of adolescence, and can create unique problems for the homosexual adolescents. Homosexuality can place them at risk for social stigmatization, isolation, depression, suicide, abuse, and rejection by their families and friends. During this exceptionally stressful time, both adolescent students and their families need anticipatory guidance and support. In providing anticipatory guidance, this article discusses critical roles played by professionals who work with adolescents in community or school settings. Included are insights into development of this normal variant of sexual attraction and orientation, risks that homosexual adolescent students may face as well as their disclosure concerns, and possible reactions families may have following disclosure. Supporting homosexual adolescents and their families is emphasized with regard to sensitively providing information, disclosure decisions, coping with stigmatization, and resiliency factors. (J Sch Health. 2003;73(3):107-112)

As late as the 1970s the psychiatric profession regarded homosexuality as an illness. Empirical and theoretical literature focused on etiology, diagnosis, and cure of this "disease" entity. Although removed as an illness from the Diagnostic and Statistical Manual of Mental Disorders in 1973, it now can be classified as a Gender Identity Disorder. This classification may reflect health care providers' and society's need to continue to pathologize homosexuality or to stigmatize and marginalize the homosexual individual into almost near invisibility.^{1,2} Therefore, with threats of being labeled abnormal, or facing rejection by their families, homosexual adolescents are pressured to hide their sexual identities.^{1,3} Anticipated developmental concerns of all adolescents are compounded by the decision to hide or disclose homosexuality. To provide optimal anticipatory guidance and support for homosexual adolescent clients and their families, professionals need to understand the natural development of sexual attraction and the disclosure concerns and risks of homosexual adolescents.

DEVELOPMENT OF SEXUAL ATTRACTION AND IDENTITY

Developmental and social science models of sexual behavior in Western culture propose that sexual attraction begins biologically with adolescent gonadarche: 12 years for females, and 14 for males. Some significant studies suggest, however, that first sexual attraction actually begins in middle childhood around age 10. This view corresponds with adrenarche, which occurs when the adrenal glands produce sex steroids. These steroids may motivate sexual attraction and cognition as well as social and emotional behavior. Although these studies are based on retrospective data, regardless of gender and sexual orientation, data support that sexuality involves a process of development and a series of events paralleling Tanner Stages. This continuous process begins for both genders around age 10 and extends into adulthood.⁴ Therefore, all youth may need gender and sexuality anticipatory guidance and support from professionals during ages that correspond with early – rather than later – Tanner Stages.

The normal process of developing sexual identity during

middle childhood and early adolescence proves additionally stressful for homosexual adolescents.^{2,5} Professionals generally agree typical progressive stages occur in homosexual identity development.^{5,8} The possibility that timing of stages may occur later for lesbian and bisexual clients is under investigation.⁹ The first stage includes Sensitization⁸ or Early Awareness⁵ where, around age 10, a child experiences same-sex attraction and feelings of difference. This stage is followed by Identity Confusion where awareness no longer can be ignored. Distressed individuals may try to keep their sexual identities a secret because society encourages heterosexuality. They also may feel guilt and shame, and denial may become a powerful coping mechanism. To prove their heterosexuality, or to hide their homosexuality, some deliberately may become pregnant. This period eventually is resolved by denying or inhibiting homosexual feelings, repressing same-sex attraction, or accepting a homosexual identity.⁸

In the Identity Assumption stage, the self-identified individual integrates the homosexual identity and usually limits disclosure. The last stage of disclosure, or the "coming out" process, is Identity Consolidation. The homosexual identity is incorporated into various social aspects, and disclosure usually increases.⁵ In this stage, individuals consciously recognize and accept their homosexuality. For males, this factor may be limited to an internal conscious recognition or disclosure to selected confidants. For females, it usually includes additional social and political choices,^{6,9} perhaps due to the perception that lesbians are less socially threatening and, therefore, may have better public toleration.^{9,10}

Ethnic minority adolescents, who already may experience social racism, often limit disclosure because they may feel forced to choose between their cultural community and being gay. Their sexual identity stages might be modified⁵ in that they prolong the Identity Confusion stage or have more difficulty with Identity Consolidation. Figure 1 contains a summary of the stages of homosexual identity development.

SPECIAL PROBLEMS OF HOMOSEXUAL ADOLESCENTS

Stigmatizing of homosexual adolescents has been studied for at least 20 years. Rather than being born into a minority group, homosexual individuals usually self-identify during mid-adolescence. Fearing stigmatization,

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they learn to conceal their secret. Their social isolation can create multiple problems. For example, social stigmatization can prevent meaningful fusion into the homosexual identity, place them at risk for violence and discrimination, and create the myth they are threats to children.^{1,3,11-14} Openly homosexual students often are continually subjected to verbal and physical abuse at school which predisposes them to an added risk for school avoidance.^{12,13,15}

In hiding their identities, they deprive themselves and each other of positive role models. They often are prevented from assuming other affirming social identities such as being valued and cherished family members.⁵ Disclosure to the family also may lead to coercion to change through the ineffective processes of psychological or religion-based conversion therapies. These therapies are predicated on devaluing homosexuality.⁶ In disclosing to nonsupportive families, homosexual adolescents may be predisposed to become runaways – the throwaway phenomenon – and resorting to prostitution for financial support. Therefore, homosexual adolescents learn to hide as a self-preserving coping mechanism.^{7,11}

The pressure to pass as “normal” can create feelings of isolation and fear of “discovery.” To maintain the deception, homosexual adolescents may become hypervigilant about self-monitoring behavior, clothing, and body image. This attempt to hide impedes the normal process of sexual identity development, and also hinders and distorts development of nonsexual, same-sex friendship skills.^{1,3,7} Isolation and impeded friendships, as well as poorly developed dating skills, can lead to casual sexual contacts. Gay males especially may resort to inappropriate casual sex contact-areas such as public restrooms, parks, and the Internet. This approach might result from society’s noncondoning of open homosexual dating or because adolescents are unfamiliar with or fear the stigma that may follow joining homosexual support groups.

The nature of casual sex does not lead to fusion of sexuality and emotionality. This fact can produce further isolation and feelings of inferiority. Gay males in particular may “put the cart before the horse.” They may condition themselves to initiate indiscriminant sex and then later try to develop an emotional relationship. Often not until age 21 do homosexual individuals begin to develop safe and appropriate supportive social networks. By this time, many develop a nonemotional sexual response, and may despise themselves and their homosexual group.⁷ Internalized self-hatred and low self-esteem may place a homosexual adolescent at risk for behavior such as alcohol and drug abuse, sexually transmitted diseases and HIV, depression, and suicide.^{1,10,12,13,15-19} Homosexual males also may face a higher risk for body dissatisfaction and eating problems.²⁰ Some adolescents may resort to promiscuous heterosexual activity to repress homosexuality. In attempting to prove they are not homosexual, or to hide as a heterosexual, these adolescents become at risk for pregnancy (Figure 2).

FINDINGS REGARDING THE CRISIS OF DISCLOSURE

After identifying as being homosexual, adolescents must decide about disclosure. The age of “coming out” to the family has decreased from 20 to 16 years during the past 10 years.^{21,22} Does disclosure irrevocably damage parent-child

relationships?²³ Review of this research base proves particularly important for professionals considering anticipatory guidance for adolescents deciding to disclose to their families.^{21,22} Degree of self-esteem may influence a decision to disclose to the family,¹ and positive responses from others are critical in the disclosure process. Adolescents should be counseled that positive prior relationships and family cohesion generally portend positive reactions to disclosure.^{23,24}

Figure 1
Stages in Developing a Homosexual Identity

Stage	Possible Reactions
Early Awareness/ Sensitization	• Usually begins around age 10 • Same-sex attraction • Feelings of difference
Identity Confusion	• Usually begins in adolescence • Closeting behavior • Guilt, shame, denial • Purposeful pregnancy and heterosexual experiences • Resolves by denying, repressing, inhibiting, or accepting homosexuality
Identity Assumption	• Integrates homosexual identity • Begins limited disclosure
Identity Consolidation	• Recognizes and accepts homosexuality • Incorporates homosexual identity into various social aspects • Increases disclosures

Figure 2
Potential Problems of Homosexual Adolescents

- Social stigmatization
- Social isolation
- Risk for discrimination
- School avoidance
- Risk for coercion to change
- Runaway phenomenon
- Possible prostitution
- Hypervigilance/self-monitoring
- Poorly developed dating skills
- ↑ Indiscriminant sexual contacts
- Self-hatred
- Low self-esteem
- ↑ Alcohol/drug abuse
- ↑ STD/HIV/Pregnancy risks
- Family nonrecognition/rejection
- Family harassment/violence
- Feelings of sinfulness
- Possible limited police protection
- Risk for violence/abuse
- Positive role model deprivation
- Throwaway phenomenon
- Impeded same-sex friendships
- Feelings of inferiority
- Lack of appropriate social network
- ↑ Depression and suicide risks
- Possible employment loss
- Possible male eating problems

Homosexual adolescents may avoid disclosure due to legal, economic, and family constraints, and lack of social support.²¹ Reactions may be as varied as families are diverse, and professionals providing guidance need to individualize approaches accordingly.²³ Homosexual adolescents fear abuse and rejection. Within the family, initial disclosure is usually received negatively and may produce long-term distress. Nonrecognition and nonacceptance by families may lead to harassment, rejection, or violence against youth. Adolescents may anticipate these realistic fears and promote closeting behavior (behavioral openness). Closeting behavior may circumvent rejection or violence, but it greatly limits the possibility of family social support for youth.¹⁴

Research findings show inconsistency concerning disclosure. To test how a family will react, a "safe" sibling typically is told first. This sibling often is a sister.²¹ Mothers are usually disclosed to before fathers.²⁴ D'Augelli et al²¹ found that one-half of maternal reactions were accepting, while other reactions ranged from tolerating to rejecting. Paternal reactions were more negative. With regard to siblings, 57% were accepting. Merighi and Grimes²⁴ found that maternal reactions ranged from total support to complete rejection, and importantly, that family member reactions were similar despite ethnic and cultural background. However, Savin-Williams and Dube²³ emphasized that ethnicity is significant. They found that less than one-half of minorities disclose to their families or communities. LaSala's²⁵ findings demonstrated that after disclosure, most males also reported negative responses from their parents.²⁵

It can be argued that, in this latter study, a retrospective self-report by a small convenience sample of predominantly White, gay males in one geographic location (Albany) may not apply to a broader population (Figure 3).

Figure 3
Factors to Consider
Regarding Disclosure Decisions

Favors Disclosure

- High degree of self-esteem/resiliency
- Positive prior family relationships
- High degree of family cohesion
- Accepting supportive family members
- Adolescent able to cope with hostility
- Adolescent has positive support systems in place

Favors Closeting

- Low degree of self esteem / resiliency
- Negative prior family relationships
- Low degree of family cohesion
- Family likely to remove social and economic support - homelessness
- Rejecting/abusive family members
- Adolescent has limited ability to cope with hostility
- Adolescent has limited positive support systems in place

Figure 4
Stages of Family Reactions to Disclosure

Stage	Possible Reactions
Denial of Homosexuality	• Fear, guilt, denial, ignores the issue • Pressures adolescent to continue closeting • Dismisses homosexuality as an experimental stage
Anger at Self and Others	• Blames others or self for the homosexuality • Threatens/abuses adolescent • Coerces adolescent to change to heterosexual • Hostile to adolescent • Angry at society for nonacceptance as a "normal" family
Bargaining with God and Adolescent	• Asks God to convert adolescent • Asks adolescent to continue closeting or renounce homosexuality • Asks adolescent not to tell other family members in order to remain in the family
Depression	• Guilt, shame • Some not able to see beyond their own needs; requires adolescent to support the family member's emotional needs instead • Self-ostracizes from society • Mourns loss of heterosexual family member • Mourns loss of being grandparent/aunt/uncle
Acceptance of Adolescent's Homosexuality	• Sensitization to homosexual issues • Adolescent and family learn to cope and integrate homosexuality into family identity

Based on concepts from pp. 34-37, 44-48, 72-78, 99-101, 235, from *On Death and Dying* by Elisabeth Kubler-Ross. Adapted with the permission of Scribner, an imprint of Simon & Schuster Adult Publishing Group. Copyright © 1969 by Elisabeth Kubler-Ross; copyright renewed © 1997 by Elisabeth Kubler-Ross.

Homosexual disclosure creates a family crisis, and the family then must be restructured, especially with regard to parental expectations and goals for their children's future. The Savin-Williams and Dube²³ review of literature questioned the Kubler-Ross²⁷ stages of grief and mourning that assume parents progress from shock to denial and isolation, anger, bargaining, depression, and finally to acceptance. They argue that the model is not universally applicable to parents to whom homosexuality has been disclosed. Several studies that they reviewed depended on retrospective subjective self-report of parent-child reactions and changes in their family dynamics.

It is difficult to measure objectively these types of self-reports. The authors suggested that assumptions are made that all parents mourn the loss of their heterosexual children's traditional lives, their lack of grandchildren, and their role as potential grandparents, lack of success at being a parent, and the improbability of changing their children's sexual orientation. Arguably, generalizability is especially limited to families of gay males due to self-selection and the small homogenous samples of primarily White, well-educated lesbians.²³ However, researchers may seem inconsistent in their findings, but homosexual support groups agree that, after disclosure, families follow Kubler-Ross's Stages of Grief and Mourning.²⁶

FAMILY REACTIONS AFTER DISCLOSURE

During the initial impact time of disclosure, parents may experience fear and guilt, and may actively deny the disclosure. They may pressure their child to continue closeting behavior.¹¹ This stage follows Kubler-Ross's Denial stage²⁷ where the issue is ignored or actively denied. In the Anger stage,²⁷ parents seek to blame someone such as a homosexual teacher or an act of sexual abuse. During this stage, parents also may threaten or abuse the adolescent, and coerce them to change. Parents may be openly hostile to adolescents for placing them in unwanted positions as parents of a homosexual child. Parents also may be angry at society for not accepting them as a "normal" family.^{21,23,24}

In the Bargaining stage,²⁷ parents ask God to convert their child. To remain in the family, parents may bargain with the child to remain closeted or to renounce homosexuality.²³ Parents also may experience the stage of Depression,²⁷ where they develop feelings of guilt or shame.²⁵ They may self-ostracize from social situations to prevent themselves from facing other's discrimination. Parents also may mourn loss of their heterosexual child and their hopes for a traditional life as parents and as "traditional" grandparents.²¹ In the last stage, Acceptance,²⁷ parents become sensitized to homosexual issues.^{21,23,25} During this period of adjustment, the adolescent and family learn to cope with disclosure, and they enter the life-long process of integration.¹¹ Other family members as well may experience these stages.

Parents often follow these stages after disclosure, but while many may acknowledge the homosexuality, few ever fully accept it. They may dismiss the disclosure as an experimental phase, or blame themselves.¹¹ Parents may not see beyond their own emotional needs. They may think that identifying as homosexual was a sudden determination. Parents may not realize that disclosure may have taken years of reflection by their child. Some families remain in Denial, thinking that by ignoring it, it will go away.²³

During this exceptionally stressful time, adolescents and families need anticipatory guidance and support from professionals who are aware of the adolescent's homosexuality (Figure 4).

IMPLICATIONS FOR HELPING ADOLESCENTS AND THEIR FAMILIES

Disclosure of homosexuality to family members has important implications for professional interventions. To provide effective support, school professionals must function as an interdisciplinary team. Within the context of a coordinated school health program, homosexual adolescents may find discussion of these stages most beneficial regarding disclosure decisions. Adolescents need special attention because they have total financial dependence on the family, and they may be asked to leave. Or, by remaining, they may be physically and verbally abused.^{7,14,21,24,25} Professionals should determine the adolescent's ability to cope with hostility prior to disclosure.^{1,25} Adolescents need advice about potential negative outcomes such as rejection and homelessness, and they should have positive support systems in place prior to "coming out."^{22,24,25} Adolescents also may harbor hidden anger toward their parents for feeling they must pretend to be heterosexual. Dysfunctional families also may blame other family problems on the adolescent's disclosure. Sensitive discussion would be beneficial concerning individual feelings, unique problems, and social stigma issues (Figure 2).

Regardless of the decision to disclose or not, adolescents may feel emotional or psychological pain. Stressed individuals need to know they need time to grieve for themselves. For example, with regard to psychological pain, how others perceive their uniqueness as a person may change to a stereotyped homosexual.³ They might lose employment security, law enforcement protection may differ for heterosexuals, and religious communities may create feelings of sinfulness or worthlessness. With regard to economic benefits and inheritance issues, future monogamous homosexual relationships may not receive equal legal sanction as heterosexual marriages. Parents may not want siblings to know about the disclosure, so adolescents may be called on to psychologically support the parent from whom they need support.

Professionals working with homosexual adolescents should be positive in providing accurate and sensitive information. For example, no known single cause explains this sexual variation,¹¹ and most homosexual adolescents develop into productive healthy adults. Regarding reproductive health, homosexual adolescents, like heterosexuals, need misconceptions clarified, including their risk for STDs, or that lesbians can become pregnant and also need routine gynecological health care.^{1,7,15,19,28} Professionals need to remain nonjudgmental and reassure adolescents that information will be kept confidential. All adolescents need to be questioned routinely about their sexual behavior and identity at primary health care visits, but providers need to be aware that homosexual adolescents usually do not disclose unless they feel safe to do so. Though they may experience same-sex attraction, not all adolescents will identify as homosexual or possibly bisexual. Therefore, they need guidance based on the adolescent's sexual behavior and not merely by self-identified sexual orientation.^{1,21,19,29}

Questions about sexual attraction and identity may need

to be addressed as early as age 10. Sexually active homosexual adolescents also will require routine STD and HIV screening as well as immunization for Hepatitis B. Homosexual adolescents have the same parenting questions as do heterosexuals, and they need appropriate anticipatory guidance as well. They need meaningful social interaction for their emotional and psychological well-being. A skilled provider will know about local outreach agencies, hotlines, and media such as newspapers that can help connect adolescents with positive role models and social opportunities (Figure 5).^{1,3,7,12-14,21} Because of their higher risk, homosexual adolescents need to be questioned specifically about depression and suicide ideation. Risk factors for depression and suicide need to be identified, and problem-solving skills and resiliency factors supported.^{1,3,12,13,15-18,29}

Adolescents and their families need help with problem-solving to cope with stigma, how they will relate within the family, and how or when to disclose to others. Adolescents should be allowed to vent. Their knowledge base, reactions, and current family relationships need exploration and

discussion. Meeting with adolescents and parents separately may facilitate this process. Adolescents need to know that parents harbor their own fears and misconceptions, because typically the parental background included no homosexuality information. This lack of knowledge, and not the adolescents themselves, may lead to negative reactions.

A family's vulnerability to society's anti-gay sentiment necessitates heightened sensitivity to the family's perceived loss of status as a "normal" family. These families need to understand they are experiencing normal feelings concerning homosexuality disclosure. Before creating a new role for their homosexual family member, and to gain a sense of closure, families may need to mourn the loss of the assumed heterosexual family member.¹¹ Adolescents and their families can use resources (Figure 5) and groups such as Parents, Families and Friends of Lesbians and Gays (PFLAG) for information and support.²² Homosexual adolescents already may use the Internet to increase their access to potential partners, so Internet resources may provide interventions aimed at decreasing risk.³⁰

Figure 5
Resources and Web Sites

Families

Parents, Families and Friends of Lesbians and Gays (PFLAG)
1726 M St., NW, Suite 400
Washington, DC 20036
202-467-8180
info@pflag.org
www.pflag.org

Gay and Lesbian Medical Association
459 Fulton St., Suite 107
San Francisco, CA 94102
415-255-4547
www.glma.org

Association of Gay and Lesbian Psychologists
4514 Chester Ave.
Philadelphia, PA 19143-3707
215-222-2800
www.aglp.org

Sexuality Information and Education Council of the United States
130 W. 42nd St., Suite 350
New York, NY 10036
212/819-9770
www.siecus.org/pubs/biblio/bibs0005.html

Adolescents

CDC National AIDS Clearinghouse
P O Box 6003
Rockville, MD 20849
1-800-458-5231
www.homeearthlink.net/~drblood/providers/cdcaidsclearh

Gay, Lesbian, Straight Educators Network (GLSEN)
Web site with direct to local chapter address, telephone, e-mail links
www.glsen.org/templates/index.html

Adolescents (continued)

Health Initiatives for Youth
235 Montgomery St., Suite 430
San Francisco, CA 94104
415-274-1970
www.hify.org
This organization has a resource guide *Vital Signs Being Young, Queer & Healthy* with additional listings of resources as well as public support organizations, includes several articles written by homosexual and transgender youths

The Human Rights Campaign
919 18th St., NW, Suite 800
Washington, DC 20006
202-216-1572
www.hrc.org
The organization has a resource guide *Resource Guide to Coming Out* with additional listings of resources as well as public and religious support organizations

Youth Guardian Services
8665 Sudley Road, Suite 304
Manassas, VA 20110-4588
www.youth-guard.org

Youth Resource
1025 Vermont Ave., NW, Suite 200
Washington, DC 20005
202-347-5700
www.youthresource.com

National Youth Advocacy Coalition (NYAC)
1638 R St., NW, Suite 300
Washington, DC 20009
202-319-7596
www.nyacyouth.org

Online Magazines for Homosexual Youth

www.oasismag.com
www.elight.org

IMPLICATIONS FOR FUTURE RESEARCH

Research indicates parents need time to reach acceptance or tolerance of their child's disclosed homosexuality.^{22,24} However, few studies specifically addressed parental process in changing their reactions over time.^{21,25} Research concerning normalizing their reactions would benefit school professionals working with adolescents. A need also exists for strong empirical studies to augment the scant descriptive studies on effects of homosexual disclosure on family transitions. Existing descriptive studies assumed that homosexuality and bisexuality are universally problematic for adolescents and families. This assumption may not be accurate. Homosexual individuals live in a bicultural world whereby they interact as homosexual family members in a heterosexual culture. This situation may not be problematic if they have developed resiliency and creative adaptation skills to interact within the contexts of social stigma. Studies also should investigate processes involving intergenerational and extended families of homosexual individuals, their resiliency skills, and how these families effectively cope. Studies concerning the process of peer group acceptance after disclosure also are warranted.

CONCLUSION

Development of sexual identity is a natural process that may begin as early as age 10. As this process extends into adolescence, the process becomes stressful for homosexual adolescents. The decision to hide or disclose homosexuality creates multiple concerns for developing adolescents, including placing them at risk for social stigmatization, isolation, depression, suicide, abuse, and rejection by their families. Knowledgeable professionals who work with adolescents can provide anticipatory guidance and support for homosexual adolescent clients and their families. This guidance must include insight into the development of this variant of sexual attraction and orientation, risks that homosexual adolescents may face as well as their disclosure concerns, and possible reactions of families following disclosure. Hopefully, this guidance will promote family support for homosexual adolescents. In turn, positive and supportive families can nourish the psychological and physical health of their homosexual adolescents. ■

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