Gay Affirmative Practice: A Model for Social Work Practice with Gay, Lesbian, and Bisexual Youth

Catherine Crisp · Emily L. McCave

Abstract   Gay affirmative practice has recently been introduced into the social work literature as a culturally sensitive model for working with gay, lesbian, and bisexual (GLB) adults, however, this model has rarely been applied to practice with GLB youth. In this article, the authors review the literature to present the main tenets of gay affirmative practice, outline the challenges that GLB youth face, and delineate the environmental and individual strengths that can be enhanced to promote well-being. The authors then apply the gay affirmative practice model to GLB youth, offering concrete information about the specific knowledge, attitudes, and skills that social workers should acquire to better serve the unique, yet diverse, needs of GLB youth.

Keywords   Gay · Lesbian · Bisexual · Adolescents · Social work practice

In recent years, gay affirmative practice has been presented as a model for providing culturally competent services to gay, lesbian, and bisexual adults. Although several authors have presented information on social work practice with gay, lesbian, and bisexual (GLB) youth (e.g., Hunter and Hickerson 2003; Hunter et al. 1998; Morrow 1993, 2004; Ryan and Futterman 1998), few have specifically applied principles of gay affirmative practice to work with this population. The purpose of this article is therefore to examine the strengths and challenges experienced by GLB youth and to identify the key components of gay affirmative practice as it applies to practice with this population.

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Overview of Gay Affirmative Practice in Social Work

Gay affirmative practice "affirms a lesbian, gay, or bisexual identity as an equally positive human experience and expression to heterosexual identity" (Davies 1996, p. 25) and provides a set of guidelines for treating gay, lesbian, and bisexual individuals in a culturally competent manner. As noted by Crisp (2006), it is consistent with many social work principles including:

1. *Person in environment*: GLB individuals are considered in the context of their many environments and the many roles they play within these environments. For example, when working with GLB youth, affirmative practitioners pay attention to the youths' school and social settings, the degree to which youth disclose their identities as GLB youth in these settings, and the reactions they encounter due to their disclosure.

2. *Strengths perspective*: GLB individuals have many strengths they can use to address their presenting issue(s). Affirmative practitioners also utilize other components of the strengths model when appropriate including: (a) *self-determination* by supporting GLB youths' decisions regarding how to self-identify their sexual orientation and when and to whom to disclose their sexual orientation (Appleby and Anastas 1998); (b) *focusing on health*, *not pathology* by viewing GLB youths' identities as gay, lesbian, or bisexual as equally healthy as heterosexual identities (Davies 1996); and (c) *consciousness raising* by challenging homophobic and heterosexist messages GLB youth have received (Tozer and McClanahan 1999) and working with them to examine how homophobia influences their lives and the decisions they make.

3. *Cultural competency models*: Several models suggest that culturally competent practice with diverse client populations requires a unique knowledge base, set of attitudes and beliefs, and skill base for a given population (Sue et al. 1992). Gay affirmative practice is one form of cultural competency, similar to culturally sensitive practice with racial and ethnic minorities (Van Den Bergh and Crisp 2004).

Furthermore, as noted by Van Den Bergh and Crisp (2004), gay affirmative practice:

> does not prescribe a particular method of practice. Rather, the model suggests certain heuristic principles as guides for practice. At the heart of the GAP model is an emphasis on a basic theme of social work: unconditional positive regard and acceptance of a client that affirm a client's sense of dignity and worth. (p. 226)

Because gay affirmative practice does not prescribe a particular practice method, it can be used by practitioners in any field and with a variety of client systems including group, individual, couple, and family treatment (Appleby and Anastas 1998).

Finally, while attitudes about GLB individuals are an important component of gay affirmative practice, an absence of homophobia is not alone sufficient for affirmative practice (Appleby and Anastas 1998). Affirmative practitioners

celebrate, advocate, and validate the identities of GLB individuals (Crisp 2006; Tozer and McClanahan 1999), work with them to develop healthy identities in which their GLB identity is one of many parts of their identity, and help them become productive members of society as GLB individuals.

Given the aforementioned characteristics, gay affirmative practice is well suited for social work with GLB youth because the model: (1) focuses on affirming youths' identities; (2) empowers youth; (3) supports youth in self-identifying in whatever way they feel is appropriate; (4) supports youth in identifying homophobic forces in their lives; (5) considers problems in the context of the homophobia and discrimination that youth experience; and (6) can be used in the variety of settings in which GLB youth interact and receive social work services including schools, residential facilities, and outpatient treatment settings.

GLB Youths' Resilience and Protective Factors

As a stigmatized and oppressed population, much of the discussion about GLB youth has focused on the challenges they experience while little attention has been given to their resilience and protective factors (Russell 2005). Therefore, it is important to identify factors which support and enhance GLB youths' well being (Morrow 2006). These factors include contact with supportive individuals, supportive school policies, and individual factors.

Contact with Supportive Individuals

Exposure to and contact with adult role models contributes to resilience among GLB youth by promoting positive self-esteem and successful solidification of GLB youths' identities (Lemoire and Chen 2005). Supportive school personnel also contribute to a greater sense of safety, increased attendance, an increased sense of belonging, and a higher incidence of planning to attend college (Kosciw and Diaz 2006). GLB youth also have higher resiliency scores when teachers intervene in response to homophobic slurs (Russell 2005). Telephone help-lines have also been found to provide a source of support for gay and lesbian youth (Maynard 2002) who may be dealing with coming out issues, relationship problems, suicidal ideation, or fears about HIV. Callers often find their call is answered by someone who has had similar experiences and can provide genuine compassion and affirmation of their experiences as GLB youth as well as resources for addressing their concerns.

Supportive School Policies

In addition to contact with supportive adults and peers, gay affirmative policies and programs provide additional support. School policies that support GLB youth are a significant protective factor (Goodenow et al. 2006; O'Shaughnessy et al. 2004). Anti-bullying school policies act as protective factors against victimization and

suicidality (Goodenow et al. 2006). Sexual risk-taking in gay youth decreases when gay-sensitive HIV prevention is offered in the school (Blake et al. 2001). When gay-straight alliances (GSAs) are present in schools, students report feeling safer, experiencing less harassment, increased attendance, and an increased sense of belonging (Goodenow et al. 2006; O'Shaughnessy et al. 2004). Support groups and social support from other GLB youth provide opportunities for support, socialization, information exchange, and education and contribute to heightened self-esteem (Anderson 1998a; Jackson and Sullivan 1994; Robinson 1991).

Individual Factors

Individual factors in GLB youth also serve as protective factors. Coming out is linked with positive self esteem among GLB youth (Boxer et al. 1999) whereas being out to one's mother and holding positive attitudes about homosexuality is correlated with positive self-esteem for gay males (Savin-Williams 1989). Self-efficacy and possessing average and above average cognitive abilities have also been identified as protective factors. Further, ethnic minority GLB youth who develop self-efficacy in dealing with racism report better coping skills for heterosexism (Anderson 1998b). Other individual factors that promote resilience in gay youth include intimate friendships and close relationships with parents (Anderson 1998b; Savin-Williams 1989).

GLB Youths' Challenges

When working with GLB youth, practitioners must address the challenges youth face. In addition to coping with demands of adolescence such as fitting in and wanting to succeed, GLB youth must cope with a sexual orientation that is different from those around them and is often not accepted or tolerated by others (Campos 2005). At a time when peer pressure and the need to fit in is most salient, GLB youth often feel "different" from their peers (Morrow 1993). Consequently, they may experience additional stress as a function of their GLB identity and the stigma and oppression associated with it which puts them at risk for experiencing a variety of emotional and physical challenges (Ciro et al. 2005). These challenges include coming out and disclosure, mental health and substance use issues, sexuality and sexually transmitted diseases, and harassment and violence.

Coming Out and Disclosure

"Coming out" is the interactive and evolutionary process by which GLB individuals acknowledge their sexual orientation and integrate this knowledge into their personal and social lives (de Monteflores and Schultz 1978). This process poses a unique challenge for GLB youth because, unlike other minority youth who experience affirmation of their identity through families and communities, the

absence of such supports impedes GLB youths' preparation for developing this social identity (Morrow 2004). During this turbulent time, GLB youth may experience social isolation, rejection by peers, humiliation, discrimination, victimization, abandonment by family and caregivers, and limited access to adults who will listen to their concerns and provide guidance (Ciro et al. 2005). In addition, GLB youth may become homeless or run away when they are rejected by family members who disapprove of their sexual orientation (Campos 2005; Rosario et al. 2002; Rotheram-Borus et al. 1991; Savin-Williams 1994; Schneider 1988). GLB youth may find their social lives restricted, financial support eliminated, and their decisions to receive counseling services ignored (Morrow 2004). Furthermore, GLB youth who disclose to peers and come out at school often experience harassment and victimization (D'Augelli et al. 2002; Kosciw and Diaz 2006) despite policies aimed at preventing such violence.

Mental Health and Substance Use

GLB youth are at risk for a variety of mental health and substance use disorders. Research has found that GLB youth experience higher rates of depression than heterosexual youth, which often leads to higher rates of suicide attempts and completions (Lemoir and Chen 2005; Hartstein 1996; Hershberger et al. 1997; Lipkin 1999; Remafedi et al. 1993; Saulnier 1998). GLB youth may resort to substance use to escape the emotional and physical pain they experience (Cabaj 1996; Lipkin 1999; Rosario et al. 1997) or because they see bars as a gateway to socializing with other GLB adults (Morrow 2004).

Sexuality and Sexually Transmitted Diseases

Given the pressures of living within a heterosexist society that narrowly defines acceptable sexual behaviors, it is not surprising that GLB youth often struggle with intimacy and sexual activity. Trying to fit in with peers can lead to gay teen males fathering children and lesbian teen girls becoming pregnant as a way to "pass" as heterosexual (Morrow 2004). GLB youth may also be at risk for a variety of sexually transmitted diseases (STDs), including syphilis, gonorrhea, HIV, chlamydia, and hepatitis B (Durby 1994; Valleroy et al. 2000). GLB youth who have been victimized on the basis of their sexual orientation are at higher risk of engaging in unsafe sex (Carragher and Rivers 2002) and may seek out sexual contacts that are both secretive and high-risk because of the lack of socialization they experience around dating (Martin and Hetrick 1988). Others factors which contribute to unsafe and high risk sex practices include loneliness, isolation, low self esteem, and high emotional distress (Grossman 1994; Rosario et al. 2001). GLB youth of color, particularly African American gay youth, appear to be at even greater risk for STD transmission, however further research is needed with this population (Monteiro and Fuqua 1994). Homeless GLB youth face increasing risks of being sexually assaulted and/or exploited, particularly by heterosexual men (Durby 1994; Whitlock 1989)

and are at higher risk of prostitution and sexually transmitted diseases (Coleman 1989; Whitlock 1989).

Harassment and Violence

A growing body of research reveals that gay and lesbian youth experience harassment and violence from peers and family members (Garnets et al. 1993; Hershberger and D'Augelli 1995; Kosciw and Cullen 2002; Kosciw and Diaz 2006; Otis and Skinner 1996; Rosario et al. 2002). Much of this harassment and violence occurs within the school setting (Garofalo et al. 1998; Reis 1999; Russell et al. 2001; Ryan and Rivers 2003). GLB youth frequently hear anti-gay slurs and experience verbal and physical assaults at school (Hunter 1990; Kosciw and Cullen 2002; Peters 2003). The effects of this victimization on GLB youth include increased truancy and higher drop out rates than heterosexual youth (Remafedi 1987), decreased attendance, and lower grade point averages than youth who are harassed less frequently (Kosciw and Diaz 2006). Thus, harassment and violence against GLB youth has a very real impact on their lives and potentially on their futures as well.

Knowledge, Attitudes, and Skills for Affirmative Practice with GLB Youth

As previously discussed, in order to be culturally competent with a given population, a unique knowledge base, attitudes, and skill set are required. Given the challenges experienced by some GLB youth, it is particularly important that practitioners work in a culturally competent and affirming manner with GLB youth and avoid re-victimizing and reinforcing the stigma GLB youth experience. In the pages that follow, the authors will discuss the specific knowledge, attitudes, and skills for gay affirmative practice (Van Den Bergh and Crisp 2004) as they apply to practice with GLB youth.

Knowledge

As previously noted, *knowledge* is a key element in providing culturally competent services to GLB youth. Practitioners who work with GLB youth are advised to acquire knowledge in the following areas: (a) terminology; (b) demographics and diversity; (c) symbols, historical dates, and contemporary figures; (d) experiences with oppression and policies that impact GLB youth; (e) community resources; (f) culturally sensitive practice models; and (g) coming out models and identity as a GLB person.

Terminology

Practitioners should use affirming terminology in their work with all youth but particularly with GLB youth. Practitioners should use the terms "gay," "lesbian,"

and "bisexual" as many GLB youth find the term "homosexual" offensive (Advocates for Youth 1994). Furthermore, gender neutral terms such as "partner" should be used instead of "boyfriend" or "girlfriend" to avoid assuming heterosexuality and so that youth can self identify and self-disclose the gender of their significant other. Practitioners who use these terms with ease convey comfort about GLB issues and facilitate a sense of safety for youth who wish to discuss these issues (Mallon 2001).

In addition to using affirming terminology, practitioners should challenge abusive and derogatory terms such as "faggot" or "lezzie" in the same way that racist and sexist terms are challenged (Advocates for Youth 1994). Many school boards have banned the use of such terms (Ward and Wagner 2003) and schools are legally mandated to protect all students, including GLB students, from harassment and discrimination (Lambda Legal n.d.). In some cases, school districts have been successfully sued when they failed to protect GLB students from peer harassment (see for example *Henkle v. Gregory* 2001; *Nabozny v. Podlesny* 1996; and *Wagner v. Fayetteville Public Schools* 1996). Practitioners are encouraged to reinforce that derogatory terms such as these should not be used to refer to GLB youth in schools or any other settings.

Practitioners should also be familiar with the terms GLB youth use to describe their identity, relationships, and sexual behaviors. Adolescents frequently talk in code that many adults find difficult to understand. For example, the term "queer," which has historically been used to refer negatively to GLB individuals, has been reclaimed by some GLB youth to symbolize their strength and pride (Campos 2005; Mallon 2001). Consequently, it is important to understand the language that GLB youth to describe various aspects of their lives so that practitioners will know what youth are referring to in conversations with GLB individuals. A search for "gay slang" on the internet will yield many useful dictionaries and glossaries of terms used by GLB youth and other GLB individuals.

Demographics and Diversity

Practitioners should recognize that GLB youth are a diverse group and that no one youth personifies the GLB community. GLB youth are as diverse as their heterosexual peers: they come from all socioeconomic classes; all races; all religions; are male, female, and transgendered; and have very similar goals, desires, and aspirations. Practitioners should also be aware that GLB youth of color must interact with three separate cultures which often have different values: the mainstream community; the ethnic/minority community; and the gay, lesbian, and bisexual community (Ryan and Futterman 1998) and seek to understand the intersection between these cultures.

Symbols, Historical Dates, and Contemporary Figures

Practitioners should learn about celebrations and traditions within the GLB community and share and celebrate these events with GLB youth. Some of these

include National Coming Out Day on October 11; Gay Pride Month in June (often celebrated at other times on college campuses); Gay and Lesbian History Month in October; and the National Day of Silence, usually held in April at schools across the United States (U.S.), to protest anti-gay bullying, harassment, and discrimination. Significant dates in gay, lesbian, and bisexual history include the Stonewall Riots at the Stonewall Inn in New York City, New York, from June 27 to 29, 1969, which are traditionally considered the beginning of the modern gay rights movement in the U.S.; the *Lawrence v. Texas* decision on June 26, 2003, in which the U.S. Supreme Court overturned sodomy laws throughout the country; and the first gay marriages in the United States on May 17, 2004, in Massachusetts, the only U.S. state to recognize gay marriage.

Practitioners should also be aware of symbols in the GLB community that GLB youth may use to identify themselves to others in the community. The most common one is perhaps the rainbow flag with the six colors displayed in the following order: red, orange, yellow, green, blue, and purple. Other common symbols include the inverted pink triangle and the Human Rights Campaign's equality sign, a yellow equal sign on a blue background. While contemporary figures such as athletes and celebrities change frequently, practitioners should be familiar with those who have self-identified or been forced to self-identify as gay, lesbian, or bisexual and share this information with GLB youth. Additional information can be found at www.glbtq.com, a web site with information about gay, lesbian, bisexual, and transgendered culture.

Experiences with Oppression and Policies that Impact GLB Youth

Practitioners must learn about the ways in which GLB youth are subject to oppression in many areas of their lives. GLB youth live in a society in which laws have been passed to limit their rights (for example, to marry, to serve openly in the military, and/or to be protected from employment discrimination). Although federal law protects youth from harassment and other forms of discrimination in the public school system (American Civil Liberties Union [ACLU] 2005; Lambda Legal n.d), GLB youth still experience harassment and violence in their school environments as noted previously in this article. Further, private religious schools are usually exempted from non-discrimination laws (Cianciotto and Cahill 2003). The decentralized nature of charter schools' governance also poses potential threats to GLB students' safety and rights (Cianciotto and Cahill 2003) and may not offer them the protections of public schools noted above. Youth in other settings such as the juvenile justice system and the foster care and adoption system are not protected in a comparable manner and may be subjected to harassment by both peers and those entrusted to assist and protect them such as court officers, facility staff, and social workers (Wilber et al. 2006).

Other policies may also affect GLB youth and neglect their unique needs and issues. For example, libraries may not carry sufficient numbers of books that address GLB youths' lives and may block internet content about GLB people and history

from their computers (Kosciw and Diaz 2006). Libraries in schools which receive federal funding for abstinence-only sexual education programs (which emphasize postponing sexual behavior until marriage) may further limit internet access to GLB issues (Kosciw and Diaz 2003). In addition, GLB youth may be further stigmatized by abstinence-only programs that often fail to address or acknowledge their sexual needs and desires (Cahill and Jones 2001). Access to openly gay, lesbian, and bisexual adults may also be limited by non-discrimination policies that fail to include sexual orientation and thus lead some GLB adults to remain in the closet for fear of loosing their jobs.

Community Resources

Practitioners should be familiar with community resources for GLB youth such as youth groups and gay-straight alliances. Both the National Youth Advocacy Coalition (NYAC) (www.nyacyouth.org) and the Gay, Lesbian, and Straight Education Network (GLSEN) (www.glsen.org) maintain lists of programs for GLB youth that can be searched on their web sites. Parents and Friends of Lesbians and Gays (PFLAG) (www.pflag.org) provides a list of organizations that support GLB youth as well as information about organizations that youth and families members should avoid because of their anti-gay positions. In addition, local communities often have directories of GLB affirming programs and resources via their gay and lesbian community centers or in printed material such as the Gay Yellow Pages, the Pink Pages, or other comparable service directories. Many religious and spiritual organizations, including most Christian denominations, have GLB affirming organizations such as Integrity (Episcopal), Dignity (Catholic), Affirmation (Mormon), and The World Congress of Gay, Lesbian, Bisexual, and Transgender Jews (Jewish). Increasingly, churches are identifying as "welcoming and affirming" as a way of letting GLB individuals know that they are welcome and will not be condemned for their identity as GLB individuals and/or their decision to be sexually active. Practitioners, particularly those who work in school systems, should also be familiar with the variety of scholarships that GLB youth may be eligible for from organizations such as the Point Foundation, Live Out Loud, and the American Psychological Association. A list of scholarships for GLB students can be found at www.finaid.org

Culturally Sensitive Practice Models

It is imperative that practitioners are knowledgeable about the components of culturally sensitive practice models. Given the potential harm caused by homophobic practitioners noted earlier in this article, it is particularly important that practitioners who work with GLB youth receive education and training on methods of practice that support and affirm GLB youths' identities and experiences and actively implement this information in practice with them.

Coming Out Models and Identity as a GLB Person

The process of coming out as a gay, lesbian, or bisexual person has been theorized to follow certain stages and several models describing these stages have been developed (see for example Cass 1979; Coleman 1982; Eichberg 1990; Troiden 1988). Because these models were developed largely on the experiences of caucasian gay men and lesbians, they may not be applicable to GLB youth of color who must negotiate the mainstream culture, GLB culture, and their ethnic culture (Ryan and Futterman 1998). In addition, gay men and lesbians may have different experiences as a function of their gender differences. While bisexual identity development is similar to gay and lesbian identity development, findings suggest that bisexuals' coming out process may differ slightly from that of gay men and lesbians (Ryan and Futterman 1998). Practitioners should be familiar with both coming out models and how one's coming out process may vary as a function of gender, race, and/or identity as a bisexual person. Given this knowledge, these models can be used to educate GLB youth about feelings and emotions they may experience in the course of acknowledging their GLB identity.

Practitioners should also be familiar with the distinction between *identity* and *behavior.* While some youth are attracted to and engage in relationships with members of the same sex, they may not identify as gay, lesbian, or bisexual. Youth may also chose to refrain from same sex contact but still identify as gay, lesbian, or bisexual. Given this distinction, it is important to support youth in self-identifying as they feel is appropriate and to avoid forcing labels on them.

Attitudes

Attitudes are another key component of culturally competent practice with GLB youth. Anti-gay attitudes, commonly referred to as homophobia, in practitioners and other service providers can negatively affect GLB youth in a variety of settings including health care, mental health, detention facilities, and other community settings (Ryan and Futterman 1998). Even subtle forms of homophobia expressed through body language can have a negative effect on GLB youth and may influence GLB youth's decisions about whether to disclose their sexual orientation (Frankowski 2004). A review by Crisp (2006) found that homophobia in practitioners may: interfere with counseling; affect transference and counter-transference; lead to inappropriate choices about treatment modalities; lead to treatment errors with clients; and impact clients' acceptance of challenging issues. Moreover, practitioners' homophobia can lead to an attempt to change clients' sexual orientation, actions explicitly condemned by the National Association of Social Workers (NASW), American Psychological Association (APA), American Counseling Association (ACA), and American Psychiatric Association (ApA) (American Academy of Pediatrics n.d.; ApA 1998; NASW 2000).

When combined with internalized homophobia (negative feelings GLB individuals have about their own sexual orientation) by GLB clients, homophobia in practitioners may perpetuate self-hatred; lead to non-compliance with treatment;

and indirectly extend to denial about challenging issues (Crisp 2002). GLB youth, as adolescents who are searching for their identity and may be seeking others' approval while alternatively rejecting societal norms, may be easily influenced by practitioners' attitudes. Consequently, GLB youth may be particularly influenced by practitioners' homophobia. Practitioners who hold negative attitudes about GLB individuals should acknowledge these attitudes and recognize the potential effect of these attitudes on GLB youth and work to address their attitudes through study and knowledgeable supervision to reduce the consequences for their clients. If practitioners cannot change negative attitudes in a timely way, they should refer clients to more affirming practitioners who will support their identities as GLB youth. At the same time, it is incumbent upon social workers to address their biases to serve GLB clients because referral may not always be possible in small agency settings and can have negative outcomes for GLB clients.

Skills

Development of *skills* is the final component of culturally competent practice with GLB youth. Practitioners who work with youth are advised to develop the following skills that will provide support to GLB youth as well as youth who may be questioning their sexual orientation: (a) create safe environments for GLB youth; (b) assess, don't assume, GLB youths' sexual orientation; (c) help youth work through the stages of the coming out process; (d) determine how "out" a youth is and who supports the youth's sexual orientation; (e) treat the presenting challenge, not the youth's sexual orientation; (f) examine the presenting challenge in the context of their lives as both youth and GLB individuals; (g) work with family members to accept GLB youth and support their identities; (h) refer youth to gay affirmative resources; (i) acknowledge negative feelings about GLB youth and work to address these feelings; and (j) engage in ongoing training and continuing education around GLB issues.

Create Safe Environments for GLB Youth

Given the aforementioned information regarding violence and harassment of GLB youth, it is imperative that practitioners in all settings work to create safe environments for GLB youth. Practitioners, as well as anyone concerned with GLB youths' well being, can do so by organizing and participating in sensitivity training for school administrators, supporting gay-straight alliances and other community groups for GLB youth, helping to diversify schools' curricula, sponsoring proms for GLB youth, monitoring schools' non-discrimination policies, distributing research and publications on GLB youth issues, and working with parent-teacher organizations (PFLAG n.d.). A variety of organizations such as GLSEN, PFLAG, Advocates for Youth, Lambda Legal, and the ACLU have developed resource guides for creating safe spaces for GLB youths' that provide additional information on how to advocate for safe spaces for *all* youth.

Assess, don't Assume, GLB Youths' Sexual Orientation

Practitioners should assess all youths' sexual orientation rather than assuming that all youth are heterosexual. Assuming heterosexuality may alienate GLB youth, whereas inquiring about sexual orientation may facilitate building trust with youth. One way to accomplish this is by asking youth how they identify: as heterosexual, gay, lesbian, bisexual, or in some other way. Another means by which practitioners can gain insight about youth is by asking if they have a "partner," a term that is gender neutral and thus opens the door for youth to identify the gender of their partner rather than assuming it. However, given the distinction between identity and behavior discussed earlier, practitioners should not assume that all youth involved in same sex relationships identify as gay, lesbian, or bisexual. Practitioners should also avoid labeling youth as gay, lesbian, or bisexual until youth are ready to accept these labels and should support the labels youth use to self identify.

Help Youth Work Through the Stages of the Coming Out Process

A positive identity must integrate one's sexual identity into it (Baker 2002). For GLB youth who are struggling to identify, define, and make sense of feelings of attraction toward members of the same sex, adolescence may be a particularly challenging time in their lives. While heterosexual youth are surrounded with positive role models and an abundance of images regarding sexual expression, GLB youth may have difficulty finding support and positive images, particularly when their communities lack resources such as gay-straight alliances and visible GLB adult role models. In addition, GLB youth must often work to overcome internalized homophobia, much of which is derived from the anti-gay messages youth receive in a variety of institutions such as schools and human service organizations (Morrow 2004). Consequently, it is particularly important to support youth who are struggling with their sexual orientation so that GLB youth can develop positive identities as adolescents, however they chose to identify their sexual orientation.

Mallon (2001) suggests that practitioners' tasks with GLB youth vary based on the stage of the coming out process the youth is experiencing. Information about the specific stage of the coming out process and the relevant tasks are presented in Table 1.

Practitioners should pay close attention to GLB youths' stage in the coming out process, work with youth to move through the process, and use the content in Table1 to identify specific actions practitioners can employ to assist youth at various stages of the coming out process. In addition, practitioners should work with GLB youth to identify the potential gains and costs of disclosing their sexual orientation to others. As previously noted, disclosure of identity as a GLB person may have negative consequences such as rejection, violence, and harassment by peers and family members. Practitioners should thus work with youth to carefully consider to whom and under what circumstances youth will disclose their sexual orientation to others.

Table 1 Stages of GLB youth coming out and practitioners' tasks

Stage	Youth's experience	Practitioners' tasks
1	"Could I be homosexual?"	• Encourage youth to explore feelings
		• Identify sources of accurate information on GLB identity
2	"I might be gay/lesbian"	• Provide accurate information and stress that a GLB identity can be a positive option
		• Recommend nonerotic novels with gay and lesbian characters
3	"I probably am gay/lesbian"	• Help youth identify and access gay affirmative role models and support groups
4	"I know I am gay/lesbian"	• Provide direct access to GLB youth organizations and/or service providers
		• Help youth identify ways to come out that will build self-esteem
		• Help youth identify ways for coping with negative social reactions
		• Educate adults and others in the general community about the importance and role of coming out and disclosure for GLB youth
5	"I am gay/lesbian. So what?"	• Most youth will not achieve this stage but should instead have it as a goal

Source: Mallon (2001)

Determine How "Out" a Youth is and Who Supports the Youth's Sexual Orientation

Since youth who come out may not disclose their identity to all individuals in their lives, practitioners should be cautious about unknowingly outing them to family members, friends, peers, and others involved in youths' lives. Given the aforementioned consequences of coming out and stigma some GLB youth experience, it is particularly important that practitioners obtain a youths' permission before disclosing that a youth identifies as GLB and/or is involved in a same sex relationship. When working with GLB youth, practitioners should identify who the youth is out to and reactions to the youth's coming out; individuals who are supportive of the youth's GLB identity may also be sources of support in other areas of the youth's life.

Treat the Presenting Challenge, Not the Youth's Sexual Orientation

Practitioners should not assume that GLB youths' problems are due to their identities as gay, lesbian, or bisexual individuals. A practitioner who focuses on youths' sexual orientation as the cause of the youth's stated concerns may provide treatment that is inappropriate and a poor fit for the issue at hand and miss a key opportunity to support and affirm GLB youth and their struggles. They may also further oppress and stigmatize youth who are working to develop positive identities as GLB individuals.

Examine the Presenting Challenge in the Context of Their Lives as Both Youth and GLB Individuals

Practitioners should consider GLB youths' in the context of their experiences as members of an oppressed and stigmatized group. For GLB youth of color, this experience may also be compounded by racism and less accepting attitudes about GLB individuals in some racial and ethnic communities (Morrow 2006). While identity as GLB individuals may not cause all of youths' problems, it may contribute to how they respond to their problems and the support they receive in addressing them.

Work with Family Members to Accept GLB Youth and Support Their Identities

When appropriate, practitioners should include family members and other people close to the GLB youth, however, this should not be done without youths' permission. Work with families and other relevant individuals may involve helping them adjust to the information that a child or loved one identifies as gay, lesbian, or bisexual. A common expression in the GLB community is "When people come out, their families go in" and suggests that when GLB individuals "come out" and disclose their sexual orientation, their family members and friends are faced with challenge of responding to it and deciding to whom and when to disclose to others that they have a GLB family member or friend.

Some authors have further posited that when loved ones come out, families go through a series of stages in order to adjust to the new information (Savin-Williams and Dube 1996; Tuerk 1998). Others suggest that the family members' process is similar to the grief and loss process in that they are grieving the loss of the youth's heterosexuality (Robinson et al. 1989; Saltzburg 2004). Practitioners should be familiar with theories regarding the stages and reactions families experience when a loved one comes out and be prepared to work with families through this process. Furthermore, practitioners should not assume that, simply because family members appear to have positive reactions toward and be open minded about GLB individuals, they will be open minded about a family member's disclosure as a GLB individual (Tanner and Lyness 2003).

Refer Youth to Gay Affirmative Resources

Practitioners should know about and be proactive in referring GLB youth to local, state, and national resources that will affirm and support their identities. With the emergence of the internet, GLB youth have an abundance of resources available to them if they have access to the world wide web; however the responsibility for identifying resources is not theirs alone. Practitioners should become adept at finding resources that support GLB youth, refer GLB youth to supportive resources, and advocate on behalf of GLB youth for supportive and affirming services such as access to internet content on GLB issues in libraries and inclusion of information about their sexuality needs in school sexual education curricula.

Acknowledge Negative Feelings About GLB Youth and Work to Address Them

Most practitioners will work with GLB youth at some point in their careers, whether GLB youth identify as such to practitioners or not. Therefore, it is important that practitioners acknowledge their attitudes about GLB individuals and engage in ongoing activities to address them. A variety of scales have been developed to assess practitioners' attitudes towards gay and lesbian individuals such as the Attitudes Towards Lesbians and Gay Men Scale (Herek 1988) and the Index of Homophobia (Hudson and Ricketts 1980). In addition, the recently developed Gay Affirmative Practice Scale (Crisp 2006) enables practitioners to assess their beliefs and behaviors in direct practice with gay and lesbian clients. These instruments can be used to facilitate awareness about one's attitudes about GLB individuals, a critical component of culturally competent and affirmative practice with GLB youth.

Engage in Ongoing Training and Continuing Education Around GLB Issues

In addition to acknowledging their attitudes, practitioners should pursue continuing education to improve their practice with GLB youth. Such training should address the specific knowledge, attitudes, and skills discussed in this article as well as more general content regarding GLB issues such as workshops on contemporary GLB role models and celebrities, an overview of the decision to remove homosexuality from the Diagnostic and Statistical Manual, and current GLB policy issues and advocacy. Training should also include information about the needs of all youth such as content described in the National Association of Social Worker's (2003) *Standards for the Practice of Social Work with Adolescents*. Committing the time and effort to acquire additional knowledge is a requisite for cultural competence with GLB clients (Van Den Bergh and Crisp 2004).

Conclusion

In *Two Teenagers in Twenty*, a diverse set of youth tell their unique stories about growing up gay, lesbian, or bisexual (Heron 1994). Several of the youth demonstrate resilience in the face of extreme adversity, such as a young male from Maine who, despite being thrown out of his home, said, "I'm getting more comfortable with myself, and I'm happy to be who I am. I know what's right for me, and no one can take that away" (p. 27). Yet other GLB youth were not as successful in coping with their emerging sexual identity in the face of hostility and the absence of social supports. One such youth in Kansas, Elizabeth, did not live to see the publication of her story because of her suicide. As social work educators in Kansas, it was particularly disheartening, yet not surprising, to read this story. It reaffirmed the importance of having a model such as gay affirmative practice to use in our work with GLB youth.

This article provides a concrete tool for social work practitioners who wish to capitalize on and promote resiliency in GLB youth and who are concerned about

youth who, like Elizabeth, may be unable to cope with the overwhelming difficulties in their environment without significant interventions from helping professionals. Given the unique challenges faced by GLB youth, it is imperative that practitioners develop culturally sensitive practice techniques that provide GLB youth with the support, affirmation, and resources they so desperately need. Gay affirmative practice offers practitioners the specific knowledge, attitudes, and skills in which to be respectful and helpful to GLB youth and their families, such that the "growing pains" of adolescence can be just that, a period of development and growth that leads to healthy identity formation and a positive transition into adulthood. As Heron (1994) says to her readers in closing, "It can be that easy...You're simply saving lives" (p. 178).

References

Advocates for Youth (1994). *A youth leader's guide to building cultural competence*. Washington, DC: Author. Retrieved October 28, 2006, from http://www.advocatesforyouth.org/PUBLICATIONS/guide.pdf

American Academy of Pediatrics (n.d.). *Just the facts about sexual orientation and youth: A primer for principals, educators, and school personnel*. Retrieved January 26, 2004, from http://www.apa.org/pi/lgbc/facts.pdf

American Civil Liberties Union (2005). *Know your rights: A quick guide for lesbian, gay, bisexual and transgender high school students*. New York: Author. Retrieved October 28, 2006, from http://www.aclu.org/FilesPDFs/schools_knowyourrights1.pdf

American Psychiatric Association (1998). *Gay, lesbian, and bisexual issues fact sheet: APA fact sheet pertinent to gay and lesbian issues*. Retrieved January 26, 2004, from http://www.psych.org/public_info/gaylesbianbisexualissues22701.pdf

Anderson, A. L. (1998a). Strengths of gay male youths: An untold story. *Child and Adolescent Social Work Journal, 15*, 55–71.

Anderson, B. F. (1998b). Therapeutic issues in working with transgendered clients. In D. Denny (Ed.), *Current concepts of transgendered identity* (pp. 215–226). New York: Garland.

Appleby, G. A., & Anastas, J. W. (1998). *Not just a passing phase: Social work with gay, lesbian, and bisexual people*. New York: Columbia University Press.

Baker, J. (2002). *How homophobia hurts children: Nurturing diversity at home, at school, and in the community*. Binghamton, NY: Harrington Park Press.

Blake, S. M., Ledsky, R., Lehman, T., Goodenow, C., Sawyer, R., & Hack, T. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health, 91*, 940–946.

Boxer, A. M., Cook, J. A., & Herdt, G. (1999). Experiences of coming out among gay and lesbian youth: Adolescents alone? In J. Blustein & C. Levine (Eds.), *The adolescent alone: Decision-making in health care in the United States* (pp. 121–138). New York: Cambridge University Press.

Cabaj, R. P. (1996). Substance abuse in gay men, lesbians, bisexuals. In R. P. Cabaj & T. S. Stein (Eds.), *Textbook of homosexuality and mental health* (pp. 783–799). Washington, DC: American Psychiatric Press.

Cahill, S., & Jones, K. T. (2001). *Leaving our children behind: Welfare reform and the gay, lesbian, bisexual, and transgender community*. New York: Policy Institute of the National Gay and Lesbian Task Force.

Campos, D. (2005). *Understanding gay and lesbian youth: Lessons for school teachers, counselors, and administrators*. Lanham, MD: Rowman & Littlefield Education.

Carragher, D. J., & Rivers, I. (2002). The psycho-correlates of sexual orientation victimization: Implications for non-identified gay and bisexual male youth. *Journal of Clinical Child Psychology and Psychiatry, 7*, 457–474.

Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality, 4*, 219–235.

Cianciotto, J., & Cahill, S. (2003). *Education policy: Issues affecting lesbian, gay, bisexual, and transgender youth*. New York: The National Gay and Lesbian Task Force Policy Institute.

Ciro, D., Surko, M., Bhandarkar, K., Helfgott, N., Peake, K., & Epstein, I. (2005). Lesbian, gay, bisexual, sexual-orientation questioning adolescents seeking mental health services: Risk factors, worries, and desire to talk about them. *Social Work in Mental Health, 3*, 213–234.

Coleman, E. (1982). Developmental stages of the coming out process. *Journal of Homosexuality, 7*(2/3), 31–43.

Coleman, E. (1989). The development of male prostitution activity among gay and bisexual adolescence. *Journal of Homosexuality, 17*, 131–149.

Crisp, C. (2002). Beyond homophobia: Development and validation of the Gay Affirmative Practice Scale (GAP). *Dissertation Abstracts International, 64*, 07A. (UMI No. 3099441).

Crisp, C. (2006). The Gay Affirmative Practice Scale (GAP): A new measure for assessing cultural competence with gay and lesbian clients. *Social Work, 51*(2), 115–126.

D'Augelli, A. R., Pilkington, N. W., & Hershberger, S. L. (2002). Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school. *School Psychology Quarterly, 17*(2), 148–167.

Davies, D. (1996). Towards a model of gay affirmative therapy. In D. Davies & C. Neal (Eds.). *Pink therapy: A guide for counselors and therapists working with lesbian, gay and bisexual clients* (pp. 24–40). Philadelphia: Open University Press.

de Monteflores, C., & Schultz, S. (1978). Coming out: Similarities and differences for lesbians and gay men. *Journal of Social Issues, 34*, 59–72.

Durby, D. D. (1994). Gay, lesbian, and bisexual youth. *Journal of Gay and Lesbian Social Services, 1*, 1–37.

Eichberg, R. (1990). *Coming out: An act of love*. New York: Plume Books.

Frankowski, B. L. (2004). Sexual orientation and adolescents. *Pediatrics, 113*, 1827–1832.

Garnets, L. D., Herek, G. M., & Levy, B. (1993). Violence and victimization in gay men: Mental health consequences. In L. D. Garnets & D. C. Kimmel (Eds.), *Psychological perspectives on lesbian and gay male experiences* (pp. 579–597). New York, NY: Columbia University Press.

Garofalo, R., Wolf, R. C., Kessel, S., Palfrey, J., & DuRant, R. H. (1998). The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics, 101*, 895–902.

Goodenow, C., Szalacha, L., & Westheimer, K. (2006). School support groups, other school factors, and the safety of sexual minority adolescents. *Psychology in the Schools, 43*(5), 573–589.

Grossman, A. H. (1994). Homophobia: A cofactor of HIV disease in gay and lesbian youth. *Journal of the Association of Nurses in AIDS Care, 5*, 39–43.

Hartstein, N. B. (1996). Suicide risk in lesbian, gay, bisexual youth. In R. P. Cabaj & T. S. Stein (Eds.), *Textbook of homosexuality and mental health* (pp. 819–837). Washington, DC: American Psychiatric Press.

Henkle v. Gregory, 150 F. Supp.2d 1067 (D. Nev. 2001).

Herek, G. (1988). Heterosexuals' attitudes toward lesbians and gay men: Correlates and gender differences. *Journal of Sex Research, 25*, 451–477.

Heron, A. (1994). *Two teenagers in twenty: Writings by gay and lesbian youth*. Boston: Alyson Publications.

Hershberger, S., & D'Augelli, A. (1995). The impact of victimization on the health and suicidality of lesbian, gay and bisexual youths. *Developmental Psychology, 31*, 65–74.

Hershberger, S. L., Pilkington, N. W., & D'Augelli, A. R. (1997). Predictors of suicide attempts among gay, lesbian, and bisexual youth. *Journal of Adolescent Research, 12*, 477–497.

Hudson, W., & Ricketts, W. (1980). A strategy for the measurement of homophobia. *Journal of Homosexuality, 5*, 357–372.

Hunter, J. (1990). Violence against lesbian and gay youths. *Journal of Interpersonal Violence, 5*, 295–300.

Hunter, S., & Hickerson, J. C. (2003). *Affirmative practice: Understanding and working with lesbian, gay, bisexual, and transgender persons*. Washington, DC: NASW Press.

Hunter, S., Shannon, C., Knox, J., & Martin, J. I. (1998). *Lesbian, gay, and bisexual youths and adults: Knowledge for human services*. Thousand Oaks, CA: Sage.

Jackson, D., & Sullivan, R. (1994). Developmental implications of homophobia for lesbian and gay adolescents: Issues in policy and practice. *Journal of Gay & Lesbian Social Services, 1*, 93–109.

Kosciw, J. G., & Cullen, M. K. (2002). *The GLSEN 2001 National School Climate Survey: The school-related experiences of our nation's lesbian, gay, bisexual and transgender youth*. New York: Gay, Lesbian, and Straight Education Network.

Kosciw, J. G., & Diaz, E. M. (2006). *The 2005 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: Gay, Lesbian, and Straight Education Network.

Lambda Legal (n.d.). *Out, safe, and respected: your rights at school*. New York: Author. Retrieved http://www.lambdalegal.org/binary-data/LAMBDA_PDF/pdf/315.pdf

Lawrence v. Texas, 539 U.S. 558 (2003).

Lemoire, S. J., & Chen, C. P. (2005). Applying person-centered counseling to sexual minority adolescents. *Journal of Counseling and Development, 83*(2), 146–154.

Lipkin, A. (1999). *Understanding homosexuality, changing schools: A text for teachers, counselors, and administrators*. Boulder, CO: Westview Press.

Mallon, G. P. (2001). *Lesbian and gay youth issues: a practical guide for youth workers*. Washington, DC: Child Welfare League of America Press.

Martin, A. D., & Hetrick, E. S. (1988). The stigmatization of the gay and lesbian adolescent. *Journal of Homosexuality, 15*(1–2), 163–184.

Maynard, J. (2002). Answering the call. *In the Family, 7*, 22–24.

Monteiro, K. P., & Fuqua, V. (1994). African American gay youth: One form of manhood. *High School Journal, 77*, 20–36.

Morrow, D. (1993). Social work with gay and lesbian adolescents. *Social Work, 38*, 655–660.

Morrow, D. (2004). Social work practice with gay, lesbian, bisexual, and transgender adolescents. *Families in Society, 85*(1), 91–99.

Morrow, D. (2006). Gay, lesbian, bisexual, and transgender adolescents. In D. Morrow, & L. Messinger (Eds.), *Sexual orientation and gender expression in social work practice: Working with gay, lesbian, bisexual, and transgender people* (pp. 177–195). New York: Columbia University Press.

Nabonzy v. Podlesny, 92 F.3d 446 (7th Cir. 1996).

National Association of Social Workers (2003). *NASW standards for the practice of social work with adolescents*. Washington, DC: Author.

National Association of Social Workers National Committee on Lesbian, Gay, & Bisexual Issues. (2000, January 21). *Position Statement: "Reparative" and "conversion" therapies for lesbians and gay men*. Retrieved from http://www.naswdc.org/PRAC/LGB/reparative.html

O'Shaughnessy, M., Russell, S. T., Heck, K., Calhoun, C., & Laub, C. (2004). *Safe place to learn: Consequences of harassment based on actual or perceived sexual orientation and gender non-conformity and steps for making schools safer*. San Francisco: California Safe Schools Coalition.

Otis, M. D., & Skinner, W. F. (1996). The prevalence of victimization and its effect on mental well-being among lesbian and gay people. *Journal of Homosexuality, 30*(3), 93–121.

Parents and Friends of Lesbians and Gays (PFLAG) (n.d.). *25 ways PFLAG makes schools safer every day*. Retrieved November 5, 2006, from http://www.pflag.org/Our_House_to_the_Schoolhouse.121.0.html

Peters, A. J. (2003). Isolation or inclusion: Creating safe spaces for lesbian and gay youth. Families in society: *The Journal of Contemporary Human Services, 84*(3), 331–337.

Reis, B. (1999). *They don't even know me! Understanding anti-gay harassment and violence in schools*. Seattle, WA: Safer Schools Coalition of Washington.

Remafedi, G. (1987). Adolescent homosexuality: Psychosocial and medical implications. *Pediatrics, 79*, 331–337.

Remafedi, G., Farrow, J. A., & Deisher, R. W. (1993). Risk factors for attempting suicide in gay, bisexual youth. In L. D. Garnets & D. C. Kimmel (Eds.), *Psychological perspectives on lesbian and gay male experiences* (pp. 486–499). New York, NY: Columbia University Press.

Robinson, K. E. (1991). Gay youth support groups: An opportunity for social work intervention. *Social Work, 36*, 458–459.

Robinson, B. E., Skeen, P., & Walters, L. (1989). Response of parents to learning that their child is homosexual and concern over AIDS: A national study. *Journal of Homosexuality, 18*(1/2), 59–80.

Rosario, M., Hunter, J., & Gwadz, M. (1997). Explorations of substance abuse use among lesbian, gay, and bisexual youth: Prevalence and correlates. *Journal of Adolescent Research, 12*, 454–476.

Rosario, M., Hunter, J., Maguen, S., Gwadz, M., & Smith, R. (2001). The coming-out process and its adaptational and health-related associations among gay, lesbian, and bisexual youths: Stipulation and sexploration of a model. *American Journal of Community Psychology, 29*, 133–160.

Rosario, M., Schrimshaw, E., Hunter, J., & Gwadz, M. (2002). Gay-related stress and emotional distress among gay, lesbian, and bisexual youths: A longitudinal examination. *Journal of Consulting & Clinical Psychology, 70*, 967–975.

Rotheram-Borus, M. J., Rosario, M., & Koopman, C. (1991). Minority youths at high risk: Gay males and runaways. In M. E. Colten & S. Gore (Eds.), *Adolescent stress: Causes and consequences* (pp. 181–200). New York: Adline de Gruyter.

Russell, S. T. (2005). Beyond risk: Resilience in the lives of sexual minority youth. *Journal of Gay & Lesbian Issues in Education, 2*(3), 5–18.

Russell, S. T., Seif, H., & Truong, N. L. (2001). School outcomes of sexual minority youth in the United States: Evidence from a national study. *Journal of Adolescence, 24*(1), 111–127.

Ryan, C., & Futterman, D. (1998). *Lesbian and gay youth: Care and counseling*. New York: Columbia University Press.

Ryan, C., & Rivers, I. (2003). Lesbian, gay, bisexual and transgender youth: Victimization and its correlates in the USA and UK. *Culture, Health & Sexuality, 5*(2), 103–119.

Saltzburg, S. (2004). Learning that an adolescent child is gay or lesbian: The parent experience. *Social Work, 49*(1), 109–118.

Saulnier, C. F. (1998). Prevalence of suicide attempts and suicidal ideation in lesbian andgay youth. In L. M. Sloan & N. S. Gustavsson (Eds.), *Violence and social injustice against lesbian, gay and bisexual people* (pp. 51–68). New York: Harrington Park Press.

Savin-Williams, R. (1989). Parental influences on the self-esteem of gay and lesbian youths: A reflected appraisals model. *Journal of Homosexuality, 17*(1–2), 93–109.

Savin-Williams, R. (1994). Verbal and physical abuse in the lives of lesbian, gay male and bisexual youths: Associations with school problems, running away, substance abuse, prostitution and suicide. *Journal of Consulting and Clinical Psychology, 62*, 261–296.

Savin-Williams, R. & Dube, E. M. (1996). Parental reactions to disclosure of their child's same sex attraction. In B. W. Litzenberger & M. Buttenheim (Eds.), *Symposium: Sexual orientation and family development*. Presented at the 104th Annual Convention of the American Psychological Association, Toronto, Canada, August.

Schneider, M. S. (1988). *Often invisible: Counselling gay and lesbian youth*. Toronto, ON: Central Toronto Youth Services.

Sue, D., Arredondo, P., & McDavis, R. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development, 7*, 477–486.

Tanner, L. R., & Lyness, K. P. (2003). Out of the closet, still in the home: Providing queer affirmative therapy for youth and their families. *Journal of Feminist Family Therapy, 15*(1), 21–35.

Tozer, E. E., & McClanahan, M. K. (1999). Treating the purple menace: Ethical considerations of conversion therapy and affirmative alternatives. *Counseling Psychologist, 27*, 722–742.

Troiden, R. R. (1988). Homosexual identity development. *Journal of Adolescent Health Care, 9*(2), 105–113.

Tuerk, C. (1998). Stages parents go through when a child comes out. *In the Family, 4*(1), 16.

Valleroy, L. A., MacKellar, D. A., Karon, J. M., Rosen, D. H., McFarland, W., Shehan, D. A., Stoyanoff, S. R., LaLota, M., Celentano, D. D., Koblin, B. A., Thiede, H., Katz, M. H., Torian, L. V., & Janssen, R. S. (2000). HIV prevalence and associated risks in young men who have sex with men. *JAMA, 284*, 198–204.

Van Den Bergh, N., & Crisp, C. (2004). Defining culturally competent practice with sexual minorities: Implications for social work education and practice. *Journal of Social Work Education, 40*(2), 221–238.

Wagner v. Fayetteville Public Schools, 92 F.3d 446 (7th Cir.1996).

Ward, J., & Wagner, A. (2003). Maryland schools ban harassment of gays. *Washington Times*. Retrieved December 4, 2006, from http://www.washtimes.com/metro/20030625–113343–2758r.htm.

Whitlock, K. (1989). *Bridges of respect: Creating support for lesbian and gay youth* (2 ed.). Philadelphia: American Friends Service Committee.

Wilber, S., Ryan, C., & Marksamer, J. (2006). *Serving LGBT youth in out-of-home care: CWLA best practice guidelines*. Washington, DC: Child Welfare League of America.