Gay, Lesbian, and Bisexual Students: A School Nurse's Perspective

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Abstract
Approximately 4.1% of the population identifies themselves as lesbian, gay or bisexual (Mosher, Chandra, & Jones, 2002). While personal opinion on this matter varies widely there are undoubtedly pressing professional issues that must be addressing regarding this vulnerable population. Lesbian, gay, and bisexual (LGB) youth experience higher rates of victimization--including mental, physical and sexual assault--than their heterosexual peers. This violence places LGB youth at an increased risk for mental health problem, poor health choices, substance use, depression, and suicide. Necessary factors to protect LGB youth include preventative education, adequate support services, acceptance towards diversity, and a nondiscriminatory school atmosphere (Blake et al., 2001). The goal of this paper is to share knowledge pertaining to LGB youth and to educate healthcare professionals to facilitate change in today’s schools.

Keywords
lesbian, gay, bisexual, school, sexual orientation
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Sexual Identity: Gay, Lesbian, and Bisexual Students in Today’s Schools

Sexual orientation is a pattern of emotional, romantic, and/or sexual attractions to men, women, both genders, or neither gender. Homosexuality refers to sexual attraction, behavior, and identity based on a preference for members of the same sex and bisexual refers to sexual behavior with or physical attraction to both sexes. This sexual orientation predisposes LGB youth to greater substance abuse, increased high-risk sexual behaviors, and more personal safety issues such as suicidal ideation or attempts than their heterosexual peers (Blake et al., 2001).

Disclosure of Sexual Orientation

It is estimated that children start experiencing homophobic attractions as young as 7 years of age. By age 16, most LGB youth have labeled themselves as lesbian, gay or bisexual and have most likely engaged in a same-sex sexual experience and begin to disclose their sexual orientation to someone else (Blake et al., 2001; D’Augelli, Pilkington, & Hershberger, 2002; Savin-Williams, 1994). A study by Rosario, Schim- shrach & Hunter (2009) found that on average, 4.8 years passed between a youth’s first awareness of their sexual orientation and the disclosure of that orientation to someone else. Fifty-seven to seventy-three percent of LGB youth disclosed their sexual orientation to a friend before they told a family member (Batelaan, 2000; Rosario, Schimshrach, & Hunter, 2009). Dis- closing ones sexual orientation can be a positive expe- rience that promotes self-acceptance, decreases stress, increases self-esteem, and helps obtain support if those persons confided in are accepting of the youth’s orien- tation. A negative or rejecting reaction upon disclo- sure can cause the opposite effect. A rejecting reaction from at least one person is experienced upon disclo- sure in 55% of LGB youth who choose to reveal their sexual orientation (Rosario, Schirnshrach, & Hunter, 2009). Negative reactions cause additional stressors, loss of support, increased social isolation, a negative self-image, an increased risk for long-term substance abuse, and depression. Openness of sexual orientation is also related to an increase in victimization in school (Bontempo & D’Augelli, 2002).

Victimization

Greater than 80% of LGB youth experience some form of victimization (D’Augelli, Pilkington, & Hershberger, 2002; Pilkington & D’Augelli, 1995; Savin-Williams, 1994). An estimated 21-87% experi-ences sexual harassment, insults and threats; 11-25% have objects thrown at them; 13-38% are chased or followed; 11-40% experience physical assault from adults or peers (61% of which occurs from family members); 5% of LGB youth are sexually assaulted; and 20% are threatened with having their sexual orientation revealed to others (D’Augelli, Pilkington, & Hershberger, 2002). Many LGB youth fail to report victimization out of fear, embarrassment or due to feelings of hopelessness (D’Augelli, Pilkington & Hershberger, 2002; Pilkington & D’Augelli, 1995; Savin-Williams, 1994). Statistics regarding violence are significant when comparing LGB youth to their heterosexual peers. Approximately 33% of LGB youth are threatened with a weapon at school com- pared to only 7% of their heterosexual peers and simi- larly, 38% of LGB youth reported being involved in a fight versus 14% of heterosexual peers (D’Augelli, Pilkington, & Hershberger, 2002). Additionally, half of LGB youth report having property damaged due to their sexual orientation compared to 29% of other peers (D’Augelli, Pilkington, & Hershberger, 2002).

A widely publicized example of victimization in LGB youth was the murder of Matthew Shepard, a 21-year-old student at the University of Wyoming. After a night out in October 7, 1998, Matthew revealed his sexual orientation to two men that he was gay and they proceeded to beat and rob Matthew, leaving him tied to a fence in rural Wyoming. Matthew was not discovered until eighteen hours later by a cyclist who mistakenly took him for a sexual assault. Matthew was in a coma, from which he never awoke, and died 5 days later. Other cases of violence targeting LGB victims have been reported. Unfortunately, it was not until October 28, 2009, that the Matthew Shepard Act was passed into law which extends federal hate crime legislation to include gay and lesbian individuals, women, and people with dis- abilities.

Poor School Attendance

Considering the high incidence of victimization, it is no surprise that school attendance in LGB youth is very poor. A study by D’Augelli, Pilkington, & Hershberger (2002) found that 25% of LGB youths had missed school in the past month compared to only 5% of heterosexual peers. These frequent absences from school interfere with learning and results in poor academic performance. The main reason identified for poor attendance was fear of victimization (Blake et al., 2001; D’Augelli, Pilkington, & Hershberger, 2002). Many students feel that they are unable to escape victimization. Subsequently, LGB youth drop out of school at a rate of 30% (Batelaan, 2000).

Psychological Concerns

During school years, youth are in a vulner- able stage developmentally. They exhibit the need to identify with others by forming peer groups in order to feel connected. The coping skills of youth are not yet fully developed at the age in which many students are revealing their sexual orientation. As a result, ver- bal abuse, threats of physical harm and victimization of LGB youth lead to a wide array of mental health issues such as high levels of stress, Post-Traumatic Stress Disorder, and suicide (Savin-Williams, 1994; Rivers, 2004). Post-Traumatic Stress Disorder has been highly correlated with high school victimization and bullying (D’Augelli, Pilkington, & Hershberger, 2002). Coping mechanisms are not yet matured in many of these students so poor health choices such as high risk behaviors, unhealthy sexual practices, substance abuse, and eating disorders ensue. LGB students also experience feelings of shame and guilt, withdrawal from peers, suffer nightmares and distressing recollec- tions, and grapple with depression (Cochrann, Sullivan, & Maya, 2003). Suicide rates are 14 times higher for LGB youth in America. Suicide plans were twice as likely to be considered by LGB youth and LGB youth were four times more likely to attempt suicide (Blake et al., 2001). Suicide has been linked to sexual milestones, feelings of social isolation, and rejection from family and peers. LGB youth are 2-3 times more likely to commit suicide than heterosexual peers and account for 30% of all adolescent suicides (Savin-Williams, 1994).

Effects on Health

As mentioned earlier, LGB youths are more likely to engage in risky behaviors. LGB have a 190% higher use of alcohol, tobacco and other drugs than their heterosexual peers. This may in part be due to the high levels of chronic stress they experience relat- ed to their sexual orientation (D’Augelli, Pilkington, & Hershberger, 2002). In addition, high substance abuse may be due to a prevalent bar subculture. D’Augelli, Pilkington, & Hershberger (2002) interviewed high school LGB youth and found that 54% smoked cig- rettes, 76% used alcohol, 39% used marijuana, 4% used cocaine, 14% used hallucinogens and 1% used crack. These rates are significantly higher than that of their heterosexual peers. 45% of students in high school reported currently smoking cigarettes, 20% use alcohol, and approximately 10% of high school youth use illegal drugs, such a marijuana, hallu- cinogens, and crack (Diss, 2002).

Exploration sexual orientation with frequent shifting of self-identification is common among LGB youth. Social stigmatisations compel some LGB youth to go to extremes to show to themselves and