Seattle Commission for Sexual Minorities

Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth in Seattle:

Report and Policy Recommendations

Submitted to Mayor Greg Nickels, City of Seattle

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Queer Youth Forum

April 2005

at

Meany Middle School

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EXECUTIVE SUMMARY

The City of Seattle Commission for Sexual Minorities (SCSM) was charged to provide an update on the 1988 document, *Gay and Lesbian Youth in Seattle*. The 1988 report was written by the Task Force for Gay and Lesbian Issues for the City of Seattle after hosting several community focus groups to evaluate the environment impacting LGBTQ youth and listen to their experiences, although only gay and lesbian terms were used at the time. The document is now out-dated and no longer serves the needs of the city government, social services, and representatives when allocating funds or creating initiatives. A more current evaluation is necessary to account for the developments in the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) community and the City of Seattle since 1988.

The Commission for Sexual Minorities advises the Mayor and City Council on issues, policy, and funding related to the LGBTQ community in Seattle. It is a 15-member commission appointed by the City Council and Mayor. The Commission has been serving the City of Seattle since 1989.

The Queer Youth Forum, "Have Your Voice Heard," was hosted in April 2005 to gather community perspectives on issues related to LGBTQ youth. In addition, research from community organizations was assembled to supplement the qualitative data gathered at the forum. Social service providers, community organizations, parents and youth attended the event. Since 1988, several organizations and services have been established to build the capacity of organizations serving LGBTQ youth.   The resource strength in the City of Seattle includes both City, County and community services and organizations such as Seattle-King County Public Health, SCSM, Lambert House, Seattle Counseling Services, YouthCare, and other related organizations (Appendix A). Moreover, most of the resources were developed out of the on-going research conducted by Safe Schools Coalition and GLSEN , both aimed at measuring LGBTQ youth experiences in schools and communities in Washington state and nationally.

The Queer Youth Form and follow-up literature reviews revealed several problems that exist in Seattle for LGBTQ youth. A key issue is the lack of utilization of current research by programs and initiatives. For example, research suggests that 40% of homeless youth in Seattle identify as LGBTQ, and research may provide insights into the reasons for this high rate of homelessness. GLSEN reports that LGBTQ youth are significantly more likely to skip school and leave home due to higher levels of harassment and violence than their heterosexual peers. Safe Schools Coalition supports this research with specific local data. Moreover, PFLAG reports that parents of LGBTQ youth feel a sense of loss when a child reveals their identity to them, and this sense of loss may not be resolved until much later in a teen's life. In combination, these negative influences in school, home and community affects youth development and security that leads some to decide that the streets are safer than home. On a state level, these factors contributed to the development and subsequent adoption of the Washington State Anti-Harassment, Intimidation and Bullying Act.

The following provides a brief summary of each section within this paper, with the sections themselves providing more detail according to qualitative and quantitative research.

Family—PFLAG (Parents and Friends of Lesbians and Gays) has been a national leader in supporting families and friends whose children identify as LGBTQ. The organization has found that parents feel a sense of loss when a child comes out and encourages guardians to continue to support their child's development by recognizing and acknowledging the similarities and differences. Families of LGBTQ youth use the Internet and schools as resources to better understand and care for their children when they come out.

School Safety—Over the past ten years, there has been considerable national and local research conducted on LGBTQ youth experiences in K-12 schools. The data suggests that LGBTQ youth experience higher rates of harassment and violence from peers and educators than their heterosexual counterparts. Recently, Gay and Lesbian School Educators Network (GLSEN) announced that LGBTQ youth were less likely to have aspirations for higher education and had lower grade point averages to get into college most likely because of harassment. The recent data also suggests that even with the increase in resources and information, the school environment still remains unsafe for LGBTQ youth.

Coming Out—Anecdotal evidence from 1988 suggests that youths in the past found information about the LGBTQ experience primarily through books, magazines and movies. If one was lucky enough to live in a large city, early LGBTQ resource centers may have existed to assist in the coming out process. Today, LGBTQ youth primarily initiate their search for materials related to their identity on the Internet since it is can be a private resource. However, many Internet searches return too many hits that may or may not be appropriate for LGBTQ youth. It is a case where too much information may dissolve into no information for families and LGBTQ youth. All over the U.S., more Gay Straight Alliances in public schools have developed to support LGBTQ youth and their allies, which may provide more personal and effective resources.

Diversity—No reference was made in the original 1988 document to the racial and ethnic diversity within the LGBTQ community, which tends to be an even more marginalized group. Research has shown that youth of color experience homophobia within their communities as well as racism. At the Forum, youth of color reflected a need to have representation of their multiple identities in the media and leadership positions.

Transgender Youth—Although transgender youth are protected in many anti-discrimination laws, there continues to be a lack of accommodation in services and support. Seattle is fortunate to have one of the premiere transgender organizations in the world, the Ingersol Center. This organization has advised social service agencies and community groups about the needs of transgender individuals. Since 1988, other groups

have been established; however, the funding for each is minimal and insufficient to support the needs of this growing demographic.

Health—Health disparities exists in the LGBTQ youth community, which is documented by research reporting significant homelessness statistics and higher rates of HIV, STDs and drug abuse among LGBTQ youth. A healthy youth community requires supportive and inclusive school and family systems that foster positive development, education, health care, and housing. LGBTQ youth need these support systems, less isolation with the coming out process, and positive, diverse images of the LGBTQ community.

Drugs and Alcohol—Among LGBTQ youth, images significantly affect decision-making. LGBTQ youth perceive that alcohol and drugs are part of the LGBTQ culture. Whether this image is real or perceived, it is an issue that service agencies must consider and respond to. Health and human service agencies must direct resources to address the services needed by LGBTQ youth who use drugs and alcohol, as well as dispelling the cultural myth.

Youth Homelessness—One of the most significant research findings since 1988 posits that 20-40% of the homeless youth in the nation identify as LGBTQ. This high rate of homelessness seems to primarily result from unsafe and unnurturing family and school environments. The Forum revealed that homeless youth share resources and are heavily affected by bad weather and the inaccessibility of services to treat common ailments. Other important challenges for all homeless people, including youth, are disparities in services and an inadequate number of shelters.

Spiritual Health and Religion—The LGBTQ Youth Forum included a workshop on Spirituality. Currently, there are 27 reconciling places of worship in Seattle. Reconciling is defined as the process where faith organizations welcome LGBTQ members. Since many social service organizations are faith-based, the way in which LGBTQ youth use these services requires additional understanding and research.

All youth begin with two essential support systems: families and schools. Throughout the Forum, participants emphasized the lack of information and support for families and schools to assist LGBTQ youth. However defined, families and schools provide the foundation that nurtures positive self-image, development and well being. Research has revealed that negative influences in either of these systems can disconnect a youth from these basic social structures. As a result, the SCSM argues that families, schools and communities should collaborate, share information, and access resources to sustain the basic support systems of family and schools. Key recommendations, which are summarized below, outline important new initiatives for the City to support the health and development of LGBTQ youth and the diversity of the larger community.

<u>*Key Recommendations*</u>

1) Insure that local community health data sources, such as the Washington State Healthy Youth and Communities Count surveys, incorporate standardized questions re: sexual

orientation, sexual behavior and practices, and gender identity to obtain information on health disparities and the overall well-being of sexual minority residents, including LGBTQ youth. Such public health data is necessary to insure that the needs of sexual minority youth are addressed through the City's Healthy Communities Initiative.

2) Improve the accessibility and quality of LGBTQ youth information for families, schools and youth via the Internet by supporting a youth specific website that will be linked to the public libraries, public schools, community organizations and City of Seattle.

3) Several major cities have publicly subsidized LGBTQ youth centers, and the City of Seattle should follow their lead and provide fiscal support for Lambert House, a drop in center for LGBTQ youth with a diverse client base. Currently, there is inadequate funding for LGBTQ youth services. However, Lambert House is an established community resource for LGBTQ youth, and annual funding from the City of Seattle could stabilize and expand services. Many of the issues addressed in this paper may be effectively mitigated by strategically subsidizing their operations.

4) Include LGBTQ youth in the City's 10-year plan to end homelessness including the development of appropriate transitional services for youths and adults. This can be accomplished by increasing the City's fiscal support for ISIS at YouthCare, one of the only transitional housing services for homeless LGBTQ youth in Seattle.

5) Launch a media campaign focusing on families, schools and youth images that are inclusive of the diversity within the LGBTQ community and reflect a positive LGBTQ image. The Seattle Channel would be an excellent venue for this campaign.

6) Of the new HIV infections, 50% are in youth 15-25 years of age. Most of those living with HIV currently were infected when they were under 25 years of age. The City of Seattle should provide mini-grant opportunities to Seattle schools to develop or evaluate LGBTQ inclusive curriculum to address health and STI awareness early in youth academic career.

7) Utilize the power analysis developed in the City's Race and Social Justice Initiative to develop training to address issues of homophobia and heterosexism experienced by LGBTQ youth and their families. As part of the training recognize the multiplicity of identities among LGBTQ youth and how risk factors can result in cumulative adversity for certain groups of LGBTQ youth, e.g., younger LGBTQ youth of color. Offer this diversity training to city workers and those that deliver services for the city to equip them with the tools necessary to meet the needs of diverse youths and their families.

INTRODUCTION and FORUM DESCRIPTION

In April, 2005, the Seattle Commission for Sexual Minorities collaborated with other Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) organizations in Seattle (Appendix A) and hosted a one-day community event, The Queer Youth Forum. The forum was developed to gather preliminary information about the perspectives and experiences of LGBTQ youth including those who serve this demographic. There were three main purposes of this Forum: 1) Update the 1988 Report of Gay and Lesbian Youth written by the Seattle Commission on Children and Youth; 2) Hear directly from queer youth, families and service providers regarding their experiences in Seattle; and 3) Identify ways to address the needs of this population.

In 1988, the Commission on Children and Families held a series of public hearings, gathering testimony on the experiences of gay and lesbian youth in Seattle and their families. These hearings went on to inform the City of Seattle about new program ideas and improvements for gay and lesbian youth. Seventeen years later, some of these issues are still applicable, and some are out of date. For instance, the 1988 paper only addressed gay and lesbian youth and did not take into account the specific concerns of bisexual, transgender and questioning youth. Furthermore, the paper did not address the racial and ethnic diversity within the LGBTQ community. Also, in 1988, the HIV/AIDS epidemic was considered an adult issue only, but now it is estimated that half of all new HIV infections in Seattle are in youth 25 years old and younger. Therefore, the commission is interested in creating sound policy recommendations to address the significant issues facing LGBTQ youth currently.

The Queer Youth Forum was held on a Saturday from 9am to 4pm at Meany Middle School in the Capitol Hill neighborhood of Seattle. Roughly 100 youth and 150 service providers and family members attended. The Forum was organized into two plenary sessions and eight different breakout sessions, allowing each person to attend both main sessions and two breakout sessions. The plenary sessions focused on homelessness and HIV/AIDS and health. The breakout sessions included drugs/alcohol, coming out, healthy relationships, transgender/gender queer, schools and bullying, spiritual health and religion, families and LGBTQ youth, and diversity. Each breakout session had between three to five panelists (usually at least 2 youth and 2 service providers) who talked about their personal experiences and then had an open dialogue with the audience. During this time, individuals shared stories and gave personal accounts as to how their lives have been affected by their sexual identity and social reactions to their sexual identity. The information gathered from youth, service providers and speakers at the Forum became the backbone for each section of this report.

Summary of Issues Faced by LGBTQ Youth
The actual number of gay, lesbian, bisexual, transgender or questioning youth is unknown. Even the most reputable estimates are skewed due to the inevitability that some youth are afraid to be open about their sexuality or gender identity. In general, it is assumed that two in twenty individuals identify as LGBTQ. However, the focus should not be on the actual number of LGBTQ youth, but on the experiences of these youth in

Seattle. In 1994, the American Medical Association released a statement stating, "Most of the emotional disturbance experienced by gay men and lesbians around their sexual identity is not based on physiological factors but rather is due more to a sense of alienation in an unaccepting environment." The environment for LGBTQ youth continues to be unwelcoming in schools, homes and communities even with expanded resources. Homophobia still exists. One does not even have to identify as a sexual minority to suffer the consequences of a homophobic environment. Surveys show that anxiety about being thought to be gay leads many straight youth to take serious risks— such as having unprotected sex and using alcohol and other drugs. (Earls, 2005)

The psychological and emotional turmoil from homophobia and heterosexism that LGBTQ youth experience has led to depression, substance use, risky behaviors, and attempted and completed suicide. National research has shown that lesbian, gay and bisexual youth have a higher prevalence of suicide attempts when compared to their heterosexual counterparts (Safren & Heimberg, 1999). D'Augelli, Hershberger, and Pilkington (2001) found an association between sexual orientation and suicide attempts by administering a comprehensive questionnaire to 350 LGB youth. Of those questioned, 42% had sometimes or often thought of suicide, 33% reported at least one suicide attempt, and many related suicidal ideation and suicide attempts to their sexual orientation.

Not only do LGBTQ youth deal with internalized homophobia and alienation from their family and peers, their physical safety is compromised more so than their straight peers. One national survey showed that over 39% of all lesbian, gay and bisexual students reported being punched, kicked or threatened with a weapon at school, while 55% of transgender students reported such attacks because of their gender identity (GLSEN, 2004). In addition, after coming out or being discovered, many LGBTQ youth are thrown out of their home or mistreated. Service providers estimate that 25 to 40 percent of homeless youth may be LGBTQ in the United States (Ryan and Futterman, 1997). When the most basic needs of shelter, food and safety not met, LGBTQ youth are more vulnerable to other impediments like substance use, school drop out, HIV/AIDS and risky sexual behaviors.

Objective
Obviously, national trends show that LGBTQ youth are subject to unique obstacles and barriers to a healthy and productive life that their peers are not. Therefore, it is important to ask if these national trends reflect the status of LGBTQ youth in Seattle.   The Commission for Sexual Minorities chose to address this question. The Queer Youth Forum was designed to provide a foundation of community perspective for further research that supported the writing of each section in this document. The objective of this report is to update the City of Seattle on issues specific to the LGBTQ youth population and submit recommendations to be considered.

Sources of Data
Qualitative information collected at the Forum such as participant stories, perspectives and opinions were utilized to direct further research. Each section lists references cited.

Ryan C, Futterman D. *Lesbian and Gay Youth: Care and Counseling*. [Adolescent Medicine State-of-the-Art Reviews; v.8, no. 2] Philadelphia: Hanley & Belfus, 1997.

King County Public Health of Seattle and King County (December 5, 2003). *Gay, Lesbian, Bisexual and Transgender Health*. Retrieved September 16, 2005, from http://www.metrokc.gov/HEALTH/glbt/youthsafety.htm

Reis B, Saewyc E (1999). *Eighty-Three Thousand Youth: Selected findings of eight population-based studies*. Safe Schools of Washington.

Gay, Lesbian, and Straight Education Network. *The 2003 National School Climate Survey: The School Related Experiences of Our Nations Lesbian, Gay, Bisexual and Transgender Youth*. New York, NY: GLSEN, 2004.

D'Augelli, A.R., Hershberger, S.L., & Pilkington, N.W. (2001). Suicidality patterns and sexual orientation-related factors among lesbian, gay, and bisexual youths. *Suicide and Life Threatening Behavior, 31,* 250-264.

Earls M. *GLBTQ Youth* [The Facts] Washington, DC: Advocates for Youth, 2005.

LGBTQ Youth Policy Paper. Seattle Commission for Sexual Minorities, February 2006.

FAMILIES

As youth begin to explore their LGBTQ identities during childhood and adolescence, they commonly experience a sense of marginalization in school, at home and in the community. During this time of coming out, family support is essential. LGBT youth may not share their sexual identity with anyone in their family; therefore, it is essential that families are aware of resources to support LGBT youth to mitigate potential discrimination. Marginalization may be an unknown experience for some families, but it is important for families to understand so they can address the issue when it arises with their children. Moreover, LGBTQ youth with multiple identities may experience additional barriers that limit appropriate support from families, communities, and society as a whole (Hansman). LGBTQ youth can experience daily rejection and alienation, and the lack of positive role models with whom they can identify exacerbates this struggle (GLSEN, 2004).

Parents and guardians can provide advocacy, connections and coping strategies while simultaneously accessing support systems for themselves. The national organization, *Parents and Friends of Lesbians And Gays* (PFLAG), serves families, especially during the coming out process. PFLAG explains that families may initially experience a sense of loss once a family member identifies as LGBTQ. However, PFLAG emphasizes to parents that their child is the same person, and their child has honored them with the trust of knowing their identity. There is little in the way of resources for parents and adults working with youth, other than PFLAG. The coming out experience has traditionally been considered an isolated rite of passage with the lack of social support to motivate the transition. However, PFLAG does have resources for training, advocacy and support for those parents and adults living and working with LGBTQ youth. Ideally, a parent will support their child by recognizing the similarities and differences in life experiences such as discrimination, teasing, confusion, and in turn, help youth develop coping strategies. Further, parents who continue to talk with their kids about issues surrounding dating, safe sex, substance use, and peer influence, will foster positive growth for their child. For heterosexual youth, the context is different, but the message remains the same. Parents play a vital role in helping youth become aware, responsible and healthy adults (PFLAG). With LGBTQ youth, however, timely access to critical resources for families is a big issue and a universal sentiment reflected by Forum attendees.

It is essential to reiterate that families can be non-traditional, such as foster families, who will find LGBTQ resources beneficial for care-giving as well. LGBTQ youth in the foster system face additional challenges. Whether through foster parents or at group facilities, foster care is intended to provide youth with a safe, nurturing environment until they can return home, be adopted, or move into the adult world. The resources are even more limited for LGBTQ youth who need foster care. Among those are Lambda Legal's Fostering Transitions project (in conjunction with the Child Welfare League of America) and the Casey Foundation transition projects. These projects are geared to finding LGBTQ youth the appropriate resources, connecting them with role models, and preparing them for a successful adult life. The child protection system has little training and resources to dedicate to adolescents in general, let alone LGBTQ youth in the foster

care system.   With a lack of resources, many LGBTQ youth choose homelessness, as the streets may be preferable to a dangerous home or foster care situation. Some estimates state that 40% of homeless youth identify as LGBTQ, and were forced to leave their home or foster home to live on the streets. (Safe Schools Coalition, 2006)

It is evident from listening to the speakers at the Forum that there are inadequate LGBTQ resources geared toward family support systems. Family is the fabric of our society and plays a vital role in shaping our children. Additional resources are essential to equip parents, the foster system, and alternative forms of families with the necessary tools to support our youth in education, health care, housing and development.

Multicultural Education and Queer Youth, Glen Philip Hansman

Our Sons and Daughters, PFLAG

Safe Schools Coalition, http://www.safeschoolscoalition.org/

SAFETY, SCHOOLS AND BULLYING

In 1989, few empirical studies were published about LGBT youth including their experience in high school. The only suggestions of an unsafe and unsupportive learning environment were purely anecdotal. A sense of safety and security in school is essential for any student to learn in the classroom (D'Augelli). To better understand the LGBTQ youth experience, the Safe Schools Coalition and the Gay, Lesbian and Straight Education Network (GLSEN) completed quantitative research over several years on the school environment, physical safety and psychological outcomes. The Safe Schools Coalition is a public-private partnership of over 30 agencies that has documented anti-gay harassment and violence since 1994. GLSEN is a national organization that has distributed the National School Climate Survey since 1999 to measure the high school experience of LGBTQ youth.   The results from these research groups were presented at the Youth Forum.

In a national study, GLSEN was able to determine that school climate is linked to school performance and college aspirations of LGBTQ youth (2003). This is the first time that a study has shown that anti-LGBTQ harassment can affect the learning and goal development of LGBTQ youth. A significant finding included statistical data showing those LGBTQ youth that were harassed had a median GPA of 2.90 versus 3.30 of those who were not harassed. Additionally, 13.4% of LGBTQ youth who were harassed stated that they had no aspirations for college, which compares with 6.7% of those who were not harassed.   This suggests that harassment can affect learning and college planning amongst LGBTQ youth. Moreover, the study documented that a high percentage of LGBTQ nationally experienced verbal harassment directed at them or in passing--84% and 91.5% respectively--including a statistic that 55% of respondents were harassed due to their gender identity. In this study, 44% of those who participated were LGBTQ youth of color.

In Washington State, the Safe Schools Coalition has documented incidences of LGBTQ-based harassment and violence toward individuals whether they did or did not identify themselves as LGBTQ. Between 1994-1998 in K-12, the organization conducted research on harassment through a qualitative study of 73 schools, 37 districts and 13 counties. In 1999, a report was published on the five-year study, and the coalition was able to document characteristics of the offenders as well as immediate outcomes after the incident. Of the 111 harassment and violence cases that were used, the study concluded that the offender(s) were not of a particular age or ethnicity (age range from elementary to adult and various ethnicities were documented).   The study did find, however, that 75% were male and 25% female, and the victim was either unknown or an acquaintance of the offender. For those who were assaulted or harassed, the outcomes included shock, depression, school change or attrition (drop-out). After the incident, 89% of those felt unsafe in school, 66% felt isolated and alone, and 70% avoided certain areas of the school to circumvent further harassment.   Furthermore, ten students who experienced LGBTQ harassment attempted suicide and two successfully committed suicide.   Sadly, only a small percentage of youth reported that they received support from faculty and administration after the incident. Additionally, in 1996, the Safe School Coalition

referenced the Seattle Public School Teen Health Risk Survey in their annual report, which documented that LGBTQ youth were two times more likely than heterosexual youth to be injured or threatened at school, missed school out of concern for safety, and feel unsafe most or all the time (1996). This study, along with the data gathered by GLSEN, documents the continued unsafe school environment for LGBTQ youth.

Thanks, in part, to documented research since the first commission report on LGBTQ youth in Seattle, there has been significant progress in school safety and more emphasis on student learning. Locally, the Washington State Education Association supports teachers who speak out about anti-gay harassment, Seattle-King County Public Health has included web resources for LGBTQ youth, and over the past decade, more social services specifically directed at the LGBTQ community have developed. Nationally, GLSEN has provided a resource on legal rights of LGBTQ youth in public schools, and the National Education Association has published a document entitled, "Strengthening the Learning Environment: A School Employee's Guide to Gay and Lesbian Issues." These are examples of many initiatives and organizations working toward a safe learning environment for LGBTQ youth. Finally, the workshop on safer schools for LGBTQ students at the Queer Youth Forum recommended mandatory teacher training, curriculum inclusion, diversity assemblies and workshops, inclusive health education, and supportive systems such as GSAs (LGBTQ student groups), parent outreach and education.

Safe Schools Anti-Violence Documentation Project, Third Annual Report, Fall 1996, The Safe Schools Coalition of Washington.

"They Don't Even Know Me!", Understanding Anti-Gay Harassment and Violence in Schools, A Report on the Five Year Anti-Violence Research Project, Safe Schools of Washington State, January 1999.

The 2003 National School Climate Survey, The School Related Experiences of Our Nation's Lesbian, Gay, Bisexual and Transgender Youth, GLSEN, www.glsen.org.

D'Augelli, A.R., Hershberger, S.L., & Pilkington, N.W. (2001). Suicidality patterns and sexual orientation-related factors among lesbian, gay, and bisexual youths. *Suicide and Life Threatening Behavior, 31,* 250-264.

Dealing with Legal Matters Surrounding Students' Sexual Orientation and Gender Identity. GLSEN.org, 2003.

COMING OUT

Coming Out: The rite of passage that involves identifying as LGBTQ with oneself and others. It is a continuous process over time, but there are significant moments such as sharing your identity with family and friends. Also, it is considered a developmental process that is initially stressful where many resources are utilized to assist in the process such as the Internet, counselors, family, friends and community services. (Evans, 1998)

Since 1989, the support services for queer youth and parents have grown in quantity and quality. Prior to 1989, most queer youth or parents of queer youth had limited resources regarding the coming out process. Since then, a myriad of resources and services have developed in schools, social services and predominately the Internet. The Internet is a safe space to explore supportive and positive resources and services especially during the initial coming out process. Organizations such as the Safe Schools Coalition, Queercore, Ingersoll Gender Center, YouthCare, PFLAG, Lambert House, Seattle Public Schools, Camp Ten Trees, TranParent, and the SCSM all have presences on the Internet as well as facilities to connect to the community. Each organization provides a great variety of services to queer youth and parents of queer youth to assist in the coming out process.

The initial coming out process tends to be a stressful period of time for youth in general as they clarify their emotions and navigate support systems like family and the public school system. Also, it tends to be an isolated rite of passage. Thus, unless youth are able to access services such as Lambert House after school, then youth will access the Internet to explore their identity questions typically. It was stated in the Forum that the majority of LGBTQ youth utilized the Internet initially to learn more about the LGBTQ community, as did parents of queer youth. Unfortunately, most Internet lists and websites are updated on an ad-hoc basis and contain woefully out of date or incorrect information. For example, conducting a search on Google for *queer youth seattle* as of September 2005 returns nearly 292,000 results. At the Forum, most queer youth and parents of queer youth expressed concern with the challenges of navigating and finding the services appropriate for their family.

The Forum attendees believed that it was important to address this information gap. Establishing and supporting a dynamically adapting queer directory, supported by the City of Seattle, may be an intentional solution to create a positive LGBTQ youth resource on the Internet.

Student Development in College: Theory, Research and Practice, N. Evans, D. Forney, F. Guido-DiBrito, Jossey-Bass, 1998.

DIVERSITY

Young people of color are both socialized within their ethnic community as well as in a broader American context. Racism is a reality for them, bumping up against barriers and roadblocks due to the color of their skin. Youth of color rely on their communities for support and assurance that can be hindered when they come out as LGBTQ. Unlike racial stereotypes that family and ethnic community can positively reframe, many ethnic minority communities reinforce negative cultural perceptions of homosexuality (Ryan and Futterman, 1997). This straddling of one's ethnic identity and one's sexual identity creates an unstable foundation for queer youth of color.

Not only can these groups experience rejection from their ethnic community, they also experience rejection from the gay community. There is a dearth of research and resources available to the LGBTQ community, but even where it exists, it typically has a white, male, middle class focus. An analysis of the empirical literature concerning sexual minorities of color from 1992 to 2002 revealed that only 124 (less than 1%) of the 14,482 empirical articles published in American Psychological Association journals included LGB samples (Jernewall & Zea, as cited in Harper et al., 2004). Of those 124 articles, only 6 (.04%) focused on people of color. Representation in popular media has a similar track record. There are a several gay icons, but most of them are white, middle to upper class gay men. Furthermore, most gay characters in movies and on TV represent a stereotype. Generally, there is a lack of role models for LGBTQ youth and particularly for youth of color, which creates an even greater sense of isolation.

This session included youth and community leaders from diverse backgrounds to discuss availability and access to resources for this population. Many issues were raised and recommendations were provided. Participants suggested increasing visibility of queer youth of color in Seattle, developing mentorship opportunities, and facilitating continued anti-oppression workshops and race and social justice initiatives within the LGBTQ community.

Harper, G. W., Jernewall, N., & Zea, M. C. (2004). Giving voice to emerging science and theory for lesbian, gay, and bisexual people of color. Cultural Diversity & Ethnic Minority Psychology, 10(3), 187-199.

TRANSGENDER YOUTH

Transsexual (TS)
"This is a person who wants to change his or her physiological gender, and to live permanently in the new gender role…. Estimates vary on the frequency of occurrence for transsexuals, but one in 10,000 is as good an estimate as any."

Transgender(ed) (TG)
Umbrella term used to describe one whose gender identity differs from their physiological gender. Can include but is not limited to persons who identify as transsexual, gender queer, or gender dysphoric.

Transgender (trans) youth are often invisible in our society and in the City of Seattle, specifically. The lack of information for and about this population dominated the discussion at the Queer Youth Forum (QYF) session on transgender issues. The stories told at the QYF included Seattle public school students being outed by employees at their school and parents being told there were no resources available for their family. With school dropout rates, suicide attempts, and homelessness being disproportionately prevalent in the transgendered community, it is vital that resources be made available to this population.

Public policy in Seattle regarding transgendered persons is limited to anti-discrimination laws. These laws have obvious importance, but they are only the first step in creating a culture of acceptance of trans youth in the City. There are but a few under-funded community organizations that deal directly with transgender youth issues. They include but are not necessarily limited to: Lambert house, Camp Ten Trees, Ingersoll Gender Center, Seattle GLBTQ Youth Program, and American Friends Service Committee.

It is important that the trans youth of Seattle be able to access these services. In order for that to happen, the City must have a vested interest in keeping these organizations economically viable. Furthermore, these resources must be made known to trans youth and their families. It is important that the City is proactive on this point. Many trans youth and their families are not in a place where they feel comfortable seeking this info out; it must be accessible to all students. It is in the interest of the City to protect and foster its youth.

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http://www.firelily.com/gender/resources/defs.html

http://www.genderadvocates.org/Miranda%20Writes/M0302TransYouth.html

HEALTH and LGBTQ YOUTH
Dr. Bob Wood, Director of HIV/AIDS Control for Seattle-King County Public Health, and Beau Barriola, Writer, were the keynote speakers for the presentation on Health and LGBTQ youth at the Forum.

Health disparity exists in the LGBTQ community, and there is a gap in our ability to mitigate higher rates of certain diseases, depression, lack of health care, STDs and HIV, and drug abuse. The LGBT community experiences higher rates of these health care issues than the heterosexual community, which increases substantially when racial or ethnic minority status is compounded. Also, it is important to note that sexual minority status does not eliminate the common diseases that any male or female are at risk for in their lifetime, such as breast and cervical cancer for women, heart disease, prostate cancer for men and so forth. Further, it is important to note that transgender people should be considered for these common health risks depending on the sex they were born with prior to their transition. Also, when homelessness is a factor in someone's life, health care is limited at best, which amplifies health risk.

Health disparity exists, however, because social pressures such as homophobia and related psychosocial outcomes affect decision-making, access to health care, and behavior. The results of which have established higher rates of STDs, HIV, substance abuse and depression. Further, health surveys suggest that social forces like bars, circuit parties, the Internet and networks of drug use contribute to the increased rates of health problems in youth since these images are perceived as representing the LGBTQ community for youth when they initially come out.

Dr. Bob Wood reported at the Forum that of the approximately 14,000 men who have sex with men (MSM) in Seattle, 14% are HIV positive (1 in 7 MSM in Seattle), and those who include intra-venous drug use, the rates increase to 40%. Since the HIV epidemic arrived in Seattle, the rates of HIV infection and other STDs decreased through the Nineties; however, the rates are now steadily increasing. Dr. Wood attributes the rate change to increased combination drug use such as crystal methamphetamine, Viagra, alcohol and recreational drugs due to depression from unchanging social factors like homophobia. LGBTQ people remain socially unaccepted and may choose not to be out to their health care providers, which in turn, affects their care or decision to access care. These social factors particularly affect testing and treatment of preventable diseases, like STDs and cancer. Additionally, discrimination against LGBTQ employees with limited legal protections can negatively affect access to health care.

There are over 40 million people in the world with HIV. Thirty million live in Sub-Saharan Africa. In the United States, LGBTQ youth are one of the fastest growing HIV demographics. It is estimated that 25% of those living with HIV in the world contracted the virus as a youth, and half of all new HIV infections are among youth 15-24 years old in the United States. (Kirby, 2002) Specifically, 48% of youth living with HIV are men who have sex with men. (Kirby, 2002)

Fifteen years ago, the research was absent to paint an accurate picture of this epidemic; rather, anecdotal evidence and personal stories were used to emphasize the urgency for a healthy community. Sometimes, however, a story is an effective tool. At the Forum,

Beau Barriola presented after Dr. Wood. Beau is a writer who spoke about his experience of contracting HIV at 21 years of age. He described the gay community when he first came out as a "big Disneyland with dark corners." He reiterated how isolated and confusing the coming out process remains with the lack of education in the schools regarding safe sex and healthy lifestyles for LGBTQ youth.   He called for creative solutions and messages that take advantage of the digital media, which could highlight the diversity within the LGBTQ community. Fifteen years later, after the first LGBTQ youth policy paper was written, the research indicates that LGBTQ are not healthy but at considerable risk with the lack of supportive and knowledgeable systems like families and schools.

It is time for the City of Seattle to be a leader in the respect for a healthy LGBTQ community. In so many other ways, Seattle has paved a path, taken a stand, and set national precedent. One of the most basic necessities to leading a productive and successful life, that of adequate health care, is missing for many LGBTQ youth. Further, the ones who are most at risk, homeless youth, those lacking family support, are the ones slipping further into the cracks. The Commission, as well as Forum attendees, stress the need to eliminate health disparities for the whole LGBTQ community.

Kirby, Douglas, "HIV Transmission and Prevention in Adolescents", HIV InSite Knowledge Chapter, December 2002, http://hivinsite.ucsf.edu/InSite/

ALCOHOL and DRUGS

Substances are used for many reasons.   Discussions at the Queer Youth Forum included stories of how participants got involved in substance use such as growing up in households where adults had a history of addiction, witnessing role models use, coping with emotions, surviving on the streets, feeling a sense of belonging & connectedness, attempting to fit the image of what they think being queer looks like, reducing stress, dealing with overt and/or covert acts of oppression related to heterosexism and homophobia, and being introduced to drugs in the midst of the 'coming out' process. (Orenstein, 2001)

At the forum, youth related a common impression that bars were the focal point of the LGBTQ community. Historically, bars have served as the venue to bring people together to provide safe places to meet others like themselves and feel less isolated. Some suggest that this is attributed to the Gay Liberation Movement that began in 1969 with Stonewall. However, the LGBTQ community continues to diversify the social structure to include activities outside the bar scene.

Most young people in Seattle today, despite being of illegal age to drink or go into bars, are able to obtain a fake ID, use at parks, in public bathrooms, at home or at a friend's house. Drug use appears to have a disproportionate impact on young queer people since bars, parties, and substance use are visible elements of the gay community. (Orenstein, 2001) When Seattle high schools completed their Safe Schools Surveys, of the 8400 students, 35.8% of LGBT youth identified engaging in heavy or high-risk drug use vs. 22.5% of the heterosexual students. (Safe Schools, 1996)

Therefore it is crucial LGBTQ youth and their families have access to community services that already exist in Seattle (Appendix A) and knowledge of how to access what's available to them. By making community agencies more visible and accessible for young queer youth, they will be more likely to find positive support. Continued financial support of community agencies working with in prevention and intervention of alcohol and drug abuse among LGBTQ folks by the City of Seattle will enhance access, utilization and visibility.

Orenstein, A., Substance use among gay and lesbian adolescents, Journal of Homosexuality, 41, (2), 2001.
Substance Abuse and Mental Health Services Administration (1993) National household survey on drug abuse: Population estimates 1992 (DHHS Publication No. SMA93-2053). Rockville, MD.
Seattle Safe Schools survey (1996).

YOUTH and HOMELESSNESS

In any one night in Seattle, there are approximately 1,000 homeless youth in Seattle. In 1989 when the first LGBTQ policy paper was written, 25% of the homeless youth in Seattle identified as LGBTQ according to the U.S. Department of Health and Human Services. In 2006, most studies have found that approximately 40% of the homeless youth in Seattle identify as LGBTQ (Safe Schools Coalition). In a recent study, LGBTQ youth left home more frequently then their heterosexual counterparts. Once out of the home, LGBTQ youth were victimized more often, used more highly addictive substances, and had more sexual partners than their peers (Kosciw, 2003). At the workshop in April 2005, a panel of homeless youth and service providers mentioned several stereotypes about youth who are homeless, including laziness, drugs, freedom, abuse and mental illness. However, in the same study by Kosciw, it was reported that youth left home due to family conflict, conflict with a particular family member, and were more likely to leave home due to physical abuse than heterosexual peers (2003).

There are many barriers that homeless youth face that their peers do not. Homeless youth find it difficult to secure food and shelter, as well as get health information and care such as for HIV/AIDS, frequent illnesses, and hygiene. The panelists explained significant factors of youth homelessness that influence their decision making over time such as personal property that is shared, the effects of bad weather on health, inconsequentiality of time of day, and that they make the same mistakes as any other youth. Furthermore, the panelists emphasized that there is a distinction between why they are homeless and what happens to them after they become homeless. By realizing this distinction, we can see homeless youth as real people and not just as homeless. It is important to note that homeless LGBTQ youth experience the discrimination of identifying as LGBTQ as well as the survival challenge on the streets with the lack of traditional support mechanisms such as family and school.

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http://www.safeschoolscoalition.org/
Kosciw, Joseph, The 2003 National School Climate Survey: The School-Related Experiences of Our Nation's Lesbian, Gay, Bisexual and Transgender Youth, GLSEN, 2003.

SPIRITUAL HEALTH AND RELIGION

Seattle has significant religious and spiritual diversity representing Christian, Judaic, Islamic, Buddhist and other global traditions. Even though no specific data could be found regarding the religious and spiritual diversity within the LGBTQ community, it was evident from the Youth Forum that this community's religious and spiritual affiliations and beliefs represent city demographic. According to the Metropolitan Community Church of Seattle, there are 27 reconciling churches in the city where faith-based organizations and places of worship are working toward a more inclusive and welcoming environment for the LGBTQ community.

The LGBTQ Youth Forum incorporated a workshop on Spiritual Health and Religion, intending to emphasize the religious diversity within the LGBTQ community of Seattle. The panel and workshop participants addressed various challenges of religious and spiritual organizations as it relates to LGBTQ youth, especially focusing on the dialogue about biblical text and homosexuality. Some of the major challenges faced by organizations of faith include unawareness within the LGBTQ community of welcoming places of worship and social services, increased media attention on anti-LGBTQ faith based organizations, and limited outreach activities into the LGBTQ community.

Religious organizations provide significant social service support in Seattle. It is important that LGBTQ feel comfortable and safe accessing these resources especially by those underserved, such as homeless youth. As the City of Seattle public service agencies continue to work with the LGBTQ youth community through pubic health and safety, there are opportunities for the city and faith-based organizations to consider collaborations, especially during a time of reduced federal financial support and increased community need. The City could establish this collaboration with the expectation that faith-based community services include a LGBTQ non-discrimination statement in their mission similar to the LGBTQ non-discrimination policy for businesses that contract with the City. As a result, city agencies could provide referrals to LGBTQ supportive and welcoming faith-based resources in Seattle that may be the only organization in Seattle offering that particular service.

CONCLUSIONS and RECOMMENDATIONS

The City of Seattle is a progressive city that has directed important resources toward LGBTQ related issues. Since 1988 when the first LGBTQ youth report was written, the City of Seattle has successfully supported the LGBTQ community through such actions as the Equal Benefits Ordinance, expansion of Protected Class to include Gender Identity, health promotion campaigns, City Domestic Partnership benefits and funding for Seattle Public Schools to support LGBTQ youth. Further, the City of Seattle is fortunate to have a diverse array of community organizations that support LGBTQ needs. In concert, the work conducted by each sector benefits the LGBTQ youth community whether indirectly or through direct programming. This may be best exemplified by a study revealing that Seattle youth have lower HIV infection rates compared to other cities nationally, however, the trends are still high (Goodman, 2001).

Such findings and the level of LGBTQ services in Seattle indicate that City and community initiatives are effective when focusing on youth, particularly in education and the health and human services arena. Therefore, it is important to continue the forward momentum by supporting organizations and City initiatives that will continue to improve the environment and overall health and well-being of LGBT youth and their families. The challenges the City of Seattle will face in the future regarding LGBTQ youth may find resolution in Family and School initiatives that enhance tools and information to support youth. Thereby creating a preventative/proactive rather than reactive approach to vital and needed services. The development of necessary tools and information will be enhanced through collaborations between the City of Seattle and community organizations. Particularly important are evidence-based programs and initiatives developed out of national and regional research results. As the result of specific LGBTQ research both nationally and locally, the needs of LGBTQ youth can be better understood. Conversely, the research used for the 1988 policy paper was limited and most of the recommendations were based on anecdotal evidence. In 2005, the community perspectives from the Youth Forum were supplemented by research data that informed this policy paper and prioritized the recommendations for LGBTQ youth by the Commission for Sexual Minorities.

Key Recommendations

1) Insure that local community health data sources, such as the Washington State Healthy Youth and Communities Count surveys, incorporate standardized questions re: sexual orientation, sexual behavior and practices, and gender identity to obtain information on health disparities and the overall well-being of sexual minority residents, including LGBTQ youth. Such public health data is necessary to insure that the needs of sexual minority youth are addressed through the City's Healthy Communities Initiative.

2) Improve the accessibility and quality of LGBTQ youth information for families, schools and youth via the Internet by supporting a youth specific website that will be linked to the public libraries, public schools, community organizations and City of Seattle.

3) Several major cities have publicly subsidized LGBTQ youth centers, and the City of Seattle should follow their lead and provide fiscal support for Lambert House, a drop in center for LGBTQ youth with a diverse client base. Many of the issues addressed in this paper may be effectively mitigated by strategically subsidizing their operations.

4) Include LGBTQ youth in the City's 10-year plan to end homelessness including the development of appropriate transitional services for youths and adults. This can be accomplished by increasing the City's fiscal support for ISIS at YouthCare, one of the only transitional housing services for homeless LGBTQ youth in Seattle.

5) Launch a media campaign focusing on families, schools and youth images that are inclusive of the diversity within the LGBTQ community and reflect a positive LGBTQ image. The Seattle Channel would be an excellent venue for this campaign.

6) Of the new HIV infections, 50% are in youth 15-25 years of age. Most of those living with HIV currently were infected when they were under 25 years of age. The City of Seattle should provide mini-grant opportunities to Seattle schools to develop or evaluate LGBTQ inclusive curriculum to address health and STI awareness early in youth academic career.

7) Utilize the power analysis developed in the City's Race and Social Justice Initiative to develop training to address issues of homophobia and heterosexism experienced by LGBTQ youth and their families. As part of the training recognize the multiplicity of identities among LGBTQ youth and how risk factors can result in cumulative adversity for certain groups of LGBTQ youth, e.g., younger LGBTQ youth of color. Offer this diversity training to city workers and those that deliver services for the city to equip them with the tools necessary to meet the needs of diverse youths and their families.

LGBTQ Youth Policy Paper. Seattle Commission for Sexual Minorities, February 2006.