Abstract

The purpose of this project is to show how the unique perspective of higher-functioning sexual minority youth (SMY) can inform the development of interventions to promote psychosocial health. Implications for clinicians & suggestions for future research are provided.

Methods

The data for this project come from a larger study exploring if & how youth substance use is related to the process of disclosing sexual orientation to family.

Selected References


Are all SMY depressed, suicidal, drug users, with horrible families?

One of the most important findings from this study is that high-functioning SMY, from high-functioning families, whose parents do not react negatively, report low levels of substance use & evidence few substance use problems. This study provides support to a small body of literature (e.g. 3, 4) that suggests high-functioning SMY are not at as great of risk for negative health outcomes.

Challenging the Dominant Narrative

In 2005, SMY scholar, Stephen Russell, wrote, “Moving beyond risk will help us see the many ways that sexual minority youth are unique, as well as the ways they are no different from other young people” (2, p.16). Unfortunately, the prevailing message heard by youth, families, schools, communities, & even scholars, remains: LGBT youth are at risk. One of the participants in the study stated, I had heard that a lot of people do get kicked out for their sexuality. Another described, I’d watch [gay-related films], over and over again…They are always kinda negative. So I kinda built myself for getting kicked out, living on the street or whatever. These quotes provide evidence that youth are internalizing these discourses. SMY are currently experiencing “over attention to maladaptive behavior” (Bottrell, 2009; Harvey, 2012). Yes, it is great that we recognize that some SMY are “at-risk,” but if we want to effectively increase psychosocial health & well-being, as family professionals we must work to change this one-sided, dominant narrative to one that is more accurate of the diverse lived-experiences of SMY.

Implications

- Research is needed on specific factors & processes that serve to promote healthy functioning in SMY. Further, we need research that suggests how we effectively foster & encourage these in SMY.
- Research on resilience in SMY should encompass more than individual risk & protective factors; the systemic contexts within which SMY are embedded must be considered (cf., Wexler, DiFluvio, & Burke, 2009).
- Families should be encouraged to avoid deterministic thinking in regards to the well-being of their queer youth.
- Helping professionals should be able to provide examples of counter-narratives to the existing discourse on SMY.
- Families & helping professionals should emphasize healthy coping strategies & look for hidden resilience (Harvey, 2012).

Acknowledgement

This work was supported by a grant from the National Institute of Drug Abuse (R36DA026958) & under the guidance of Juliannne Serovich, PhD, advisor & mentor. The author wishes to thank the participants & her dissertation committee.