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Editorial

Attracting Attention to Sexual Minority Youth

Although some emphasize that "most LGBQ youth lead happy, healthy lives," [1] it is during adolescence that health disparities among lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth arise [2]. In this issue of the *Journal of Adolescent Health*, Shearer et al. [1] examined mental health symptoms among youth with different sexual orientations in primary care settings. The authors divided their sample into four groups based on subjects' attraction to males, females, both males and females, or whether they were "unsure" of their attraction. Based on the youths' reported gender, the authors then compared these groups on six mental health outcomes. Confirming their hypotheses, sexual minority youth reported disparities in mental health symptoms compared with heterosexual youth.

The innovative aspect of the study by Shearer et al. [1] is that it examines differences *between* sexual minority groups. Two groups of youth are shown to have a greater risk of developing mental health problems: (1) youth who are attracted to both males and females and (2) youth who are unsure of their attraction [1]. These two subgroups are thought to experience unique stressors that lesbian and gay youth may not, such as stereotypes of promiscuity or "the added pressure of exploring their sexual attractions in the context of a society that reinforces a dichotomous view of gender and sexuality…" [1].

Methodological Barriers

Shearer et al. [1] should be lauded both for asking youth about their attractions and for including an option for youth who are unsure of their attraction. However, despite this important addition to existing research, the authors labeled their study subjects using terms that are usually limited to describing sexual identity (i.e., gay, lesbian, bisexual, or questioning). Sexual attraction does not necessarily overlap with sexual identity (i.e., a woman who is attracted to females may not identify as a lesbian), and unfortunately, we know very little about the mental health of young people who struggle with their sexual identity or prefer not to label their identity at all. Although labels such as lesbian, gay, bisexual, and questioning are convenient and are often used to describe and interpret group differences, researchers should observe the wide diversity of sexual orientations among youth and ask questions about individual experiences with romantic *and* sexual attraction (or lack thereof), multiple identities, and past and current romantic *and* sexual partners.

Furthermore, though Shearer et al. [1] have identified four sexual minority subgroups (gay, lesbian, bisexual, questioning), the study does not mention transgender youth. There may be various reasons for this: (1) The sample of transgender youth was likely small or (2) the items in the survey may not have allowed the identification of transgender youth. However, some of the youth in the study sample may identify as transgender and as such may face unique stressors that cisgender youth do not. Despite the growing research attention being paid to subgroups of the LGBTQ community, it is important not to disregard youth because there are few of them or because they are difficult to identify. Furthermore, research that takes into account the intersection of racial and ethnic, cultural, and social identities is necessary to better explain differences across (sub) samples [2].

Moving Forward

One reason many large-scale nationally representative studies have limited information on sexual orientation and gender identity is that they were not designed for that purpose. Researchers often have to negotiate even to include items about sexuality. And, as mentioned previously, reliably assessing young people's sexual orientation and gender identity while reflecting their diversity is difficult, and even in large samples, some groups may be small in number [see 3,4 for best practices to collect data on sexual orientation and gender identity].

Importantly, research on sexual orientation and gender identity among young people is often met with concern for their protection [5]. Some institutional review boards have expressed concern over who has access to the data, whether youth may be "outed" by participating in a study, or whether study subjects may be confronted with "sensitive" topics [5–8]. However, excluding survey questions about sexual orientation and gender identity can have serious consequences. Not only does it conflict with young people's right to participate [5], but also the current lack of data may *sustain* the harm that is being done by failing to provide policymakers with the necessary information that could lead to policy change. For example, the lack of data on educational disparities for LGBTQ youth has made it more difficult to protect them from discrimination in school [5]. Negative effects of participating in research on

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“sensitive” topics are limited, and benefits are found to be substantial [9–11]. Thus, excluding questions about sexual orientation and gender identity makes these young people and their experiences invisible and creates more barriers to decreasing mental health disparities [7]. Data collection by Shearer et al. [1] included only one question about attraction, and yet by recruiting a nationally representative sample, the authors were still able to draw generalizable conclusions on sexual minority youths’ mental health.

Although Shearer et al. have shown that young people are willing to report their sexual orientation in primary care settings, health care workers are often hesitant to ask patients about their sexual orientation and gender identity [12,13]. Clinical settings are not always safe spaces for LGBTQ youth to disclose this information, and personnel are not always adequately trained to handle related issues. In some instances, sexual minority youth have been referred to conversion therapy after disclosing their sexual orientation; a harmful practice that states in the United States have started to ban only in the last year [14]. Although primary care settings may create opportunities for studies on sexual orientation and gender identity, access to adequate care for LGBTQ youth requires further attention.

From this perspective, the findings of Shearer et al. lead us to three important conclusions:

1) Large-scale studies are important for the identification of health disparities and mechanisms and to improve the development of (preventive) interventions for LGBTQ youth. To protect young people *and* honor their right to participate, researchers should continue to ask questions about sexual orientation and gender identity, as well as other intersecting identities.
2) Due to unique stressors, bisexual and questioning youth are at greater risk of developing mental health problems. Future research should focus on the stressors experienced by young people with different sexual orientations and their potentially differential impacts on mental health.
3) Primary care settings provide the opportunity to diagnose mental health problems and improve access to adequate care for LGBTQ youth.

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References

[1] Shearer A, Herres J, Kodish T, et al. Differences in mental health symptoms across lesbian, gay, bisexual, and questioning youth in primary care settings. J Adolesc Health 2016;59:38–43.
[2] Russell ST, Fish J. Mental health in LGBT youth. Annu Rev Clin Psychol 2016;12:465–87.
[3] Ridolfo H, Miller K, Maitland A. Measuring sexual identity using survey questionnaires: How valid are our measures? Sex Res Social Policy 2012;9:113–24.
[4] Sexual Minority Assessment Research Team. Best practices for asking questions about sexual orientation on surveys. Los Angeles, CA: Williams Institute; 2009. Available at: http://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf. Accessed April 15, 2016.
[5] Snapp S, Russell ST, Arredondo M, Skiba R. A right to disclose: LGBTQ youth representation in data, science, and policy. In: Horn S, Ruck M, Liben L, eds. Equity and Justice in Developmental Sciences: Theoretical and Methodological Issues. Philadelphia, PA: Elsevier; 2016:135–59.
[6] Fisher CB, Brunnquell DJ, Hughes DL, et al. Preserving and enhancing the responsible conduct of research involving children and youth: A response to proposed changes in federal regulations. Soc Policy Rep 2013;27:3–15.
[7] Mustanski B. Ethical and regulatory issues with conducting sexuality research with LGBT adolescents: A call to action for a scientifically informed approach. Arch Sex Behav 2011;40:673–86.
[8] Tufford L, Newman PA, Brennan DJ, et al. Conducting research with lesbian, gay, and bisexual populations: Navigating research ethics board reviews. J Gay Lesbian Soc Serv 2012;24:221–40.
[9] Kuyper L, de Wit J, Adam P, Woertman L. Doing more good than harm? The effects of participation in sex research on young people in the Netherlands. Arch Sex Behav 2012;41:497–506.
[10] Kuyper L, Wijsen C, de Wit J. Distress, need for help, and positive feelings derived from participation in sex research: Findings of a population study in the Netherlands. J Sex Res 2014;51:351–8.
[11] Yeater E, Miller G, Rinehart J, Nason E. Trauma and sex surveys meet minimal risk standards implications for institutional review boards. Psychol Sci 2012;23:780–7.
[12] McClain Z, Hawkins LA, Yehia BR. Creating welcoming spaces for lesbian, gay, bisexual, and transgender (LGBT) patients: An evaluation of the healthcare environment. J Homosex 2016;63:387–93.
[13] Neville S, Henrickson M. Perceptions of lesbian, gay and bisexual people of primary healthcare services. J Adv Nurs 2006;55:407–15.
[14] SAMHSA, Substance Abuse and Mental Health Services Administration. Ending conversion therapy: Supporting and affirming LGBTQ youth. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2015.