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EMERGING FROM THE SHADOWS:
LESBIAN, GAY, AND BISEXUAL ADOLESCENTS.

Personal Identity Achievement, Coming Out, and Sexual Risk Behaviors

by

JOYCE HUNTER

A dissertation submitted to the Graduate Faculty in Social Welfare in partial
fulfillment of the requirements for the degree of Doctor of Social Welfare,
The City University of New York

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Abstract

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by

Joyce Hunter

Adviser: Dr. Michael Smith

This exploratory study examines relationships between sexual identity status, coming out, and HIV sexual risk behaviors among gay/lesbian/bisexual adolescents in New York City. During adolescence, personal identity achievement is a central task for all youth, including gay/lesbian/bisexual youth, and is also a period of risk taking. To understand this most vulnerable period in their lives, lesbian/gay/bisexual adolescents (76 females and 81 males, ages 14-21 (mean = 18.2) participated in a structured interview to assess sexual risk acts (prior three months). Sexual identity achievement (exploration and commitment), was examined in relation to both the coming-out process and HIV-risk behaviors. The coming-out process was also studied in relation to HIV risk sexual behaviors. Questionnaires used were Coming Out Scales (attitudes toward own homosexuality, information about the lesbian/gay communities, disclosure of sexual identity to others); SERBAS-Y-HM-M/F-1, to define self-label as lesbian, gay, or bisexual; Personal Identity Scale, to assess sexual identity status (defined as Achieved [high on exploration and commitment to a homosexual identity], Moratorium [high on exploration/low on commitment], Foreclosed [low on exploration/high on commitment], and Diffused [low on both]; and the SERBAS-Y-SH-HM-M/F-1, to assess sexual risk behaviors. Sexual identity achievement is a process of exploration and commitment similar to the process of religious and ethnic identity achievement. Sexual identity does not determine or define sexual behavior. While there were significant gender differences, gay/lesbian/bisexual adolescents are having high-risk unprotected sex. This situation requires extensive HIV prevention efforts.

Dedicated to

Emery S. Hetrick
A. Damien Martin
Jan Baer

and to all youth in search of their identity

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CHAPTER I INTRODUCTION

Overview

AIDS is a health crisis that is disproportionately affecting young Americans. While young gay men are at higher risk, recent studies indicate that young lesbians are at risk for acquiring the HIV virus, particularly through drug use and unprotected opposite-sex sexual behaviors (Gomez, 1995). Due to both the long latency period of HIV, and the reality of gay and lesbian young people exploring their identity and becoming sexually active in a heterosexist world, gay youth are most vulnerable. Thus, both lesbian and gay youth are at risk for HIV infection, as well as substance use, school problems, depression, suicide attempts. These are all behaviors which have been associated with minority status in the culture (Hetrick & Martin, 1987). The level of these high-risk behaviors demand that greater attention be paid to the developmental processes of gay and lesbian youth during adolescence, the period during which these risk acts are initiated.

Definition of Research Problem

Achievement of a personal identity is a central developmental task for all adolescents, including gay, lesbian, and bisexual youth. In the United States, it is typically assumed that one grows up to be heterosexual, dates the opposite gender, marries, and has children. While it has been 25 years since the Stonewall Rebellion (a police raid on the Stonewall Inn, Greenwich Village, which precipitated a rebellion, paving the way for the second wave of the lesbian and gay movement [Marcus, 1992]), we still live in a time when lesbians, gays, and bisexuals are struggling to establish a positive identity in a heterosexist society.

This situation makes it imperative that we understand this most vulnerable period in the lives of adolescents, when that struggle is taking place.

This study will examine personal identity status of lesbian and gay adolescents in relation to the coming-out process and sexual behaviors.

Personal Identity

Achieving one's personal identity is an intrapsychic and social process characterized by an individual's evolving self-conception toward increased unity and consistency. Personal identity refers to one's sense of uniqueness as an individual. Personal identity will be examined in the following areas: sexual identity, ethnic identity, and religious identity.

The concepts of sexual, religious, and ethnic identity are social identities, referring to the identification of a person with a larger social group or category of persons on the basis of shared experience. While achievement of a personal identity is a central developmental task for all adolescents, sexual identity development is very important for youth whose sexual identity is different from the assumed orientation of the dominant culture, just as ethnic identity development is more germane for those other-than-Caucasian in the United States.

The domain of sexual identity will be studied in relation to the degree of exploration and commitment in four statuses: achieved, moratorium, foreclosed and diffused statuses. The four statuses are defined as follows: Achieved: commitment based on exploration; Moratorium: exploring but not yet committed; Foreclosed: commitment based on little or no exploration; and Diffused: lack of exploration and commitment.

Coming Out

The coming-out process (characterized as a period of or process of self-

examination, exploration, and then acceptance of one's homosexuality/ bisexuality) will be examined in four dimensions: recognizing oneself (self identifying) as lesbian, gay, or bisexual; level of information about the lesbian/gay community; disclosure of one's sexual orientation to others, including family, friends, and peers; and becoming more comfortable with and accepting of one's sexual orientation.

In previous studies of gay male youth risk behaviors, HIV prevention researchers (Rotheram, Hunter, & Rosario, 1995, Remafedi, 1987) have suggested that gay youth were most vulnerable when they were coming to terms with their homosexuality (coming-out process). Previous studies of the coming-out process have been retrospective and have looked at the coming-out process itself and not in relation to the developmental processes of personal identity achievement. In this study, the impact of the coming-out process in relationship to personal identity status among gay, lesbian, and bisexual youth was examined. Coming-out dimensions among those youth attending gay-identified student groups or organizations providing social and recreational programs primarily to gay, lesbian, or bisexual youth were also examined. This is a most difficult period for gay, lesbian, and bisexual youth, because they are both exploring their sexual identity and becoming sexually active during the AIDS crisis.

Sexual Behaviors

The dimensions of sexual identity development and coming out were examined in relation to sexual acts that place youth at risk for HIV, including number of same- and opposite-sex partners and encounters during the prior 3-month period, and unprotected (no use of condoms or other barriers) same- and opposite sex acts, also during the prior 3-month period. Each dimension was

assessed independently, so that stage-like models could be examined as they applied to the coming-out process.

Chapter I contains the review of the literature on the prevalence of HIV/AIDS in the United States, sexually-transmitted diseases, sexual behaviors, and HIV risk acts among adolescents in the United States. The literature on adolescent development theories, and the growing, but still scarce, literature on lesbian and gay adolescent development were also reviewed. Theories about coming out and research on sexual orientation were reviewed. And finally, the research literature on personal identity development was reviewed. Methodology, study design, and the plan for analysis are found in Chapter II, followed by the presentation of the findings in Chapter III. Chapter IV contains a discussion of the results, the implications of the findings, the strengths and weaknesses of the study, recommendations for future research, and implications of the findings for social work practice. In Chapter V, this investigator discusses the findings and the implication of these findings for future research, for social work practice, and for HIV prevention education.

Contributions of Study to Theory and Practice

This study places the coming-out process in the larger context of the process of general adolescent development, thereby making an impact on current theory regarding the personal identity development of youth who self-identify as lesbian/gay/bisexual. This investigator believes this study will provide insights into sources of vulnerability for a high-risk adolescent population in our society. The findings will be useful to social workers, counselors, HIV prevention educators, and others who design programs for youth, to modify or implement new approaches to counseling, education, and program planning for youth with issues around sexual identity.

CHAPTER II

LITERATURE REVIEW

Overview of AIDS in the United States

It has been fifteen years since the first reported case of Acquired Immune Deficiency Syndrome (AIDS). It is estimated that more than a million and a half people in the United States are infected with the human immunodeficiency virus (HIV), and AIDS is the leading cause of death among Americans ages 25-45 (Centers for Disease Control and Prevention (CDC), 1994). We are now into the second decade of the HIV/AIDS epidemic, and a new generation of young people is being threatened.

AIDS is the sixth leading cause of death among youth ages 15-24 (US Dept. of Health and Human Services (CDC, 1995a). As of December, 1994, there had been 1,965 cases of AIDS among adolescents (aged 13 to 19) reported to the Centers for Disease Control and Prevention (CDC, 1995b). However, the true picture of HIV disease in adolescents is masked. Among 20- to 24-year olds, there have been 16,575 reported AIDS cases. Given that there is usually a latency period of ten years or longer between infection and symptoms of disease, most of these young people were infected during their teen years or during preadolescence. Further, AIDS diagnoses among adolescents have increased more than 70% in the past three years (Coates & Makadon, 1995).

While the number of teens diagnosed with AIDS is relatively small, the growing literature on HIV-risk related behaviors among adolescents indicates that, as the AIDS crisis enters its second decade and the death toll continues, more attention needs to be focused on the rise in infection among youth.

Sexual Behavior and Sexually-Transmitted Disease

In general, teenagers in the United States engage in sexual behaviors that put them at risk for contracting sexually transmitted diseases (STDs) and HIV (National Commission on AIDS, 1994). Studies conducted among school-age youth found that 39.6% of ninth graders, 47.6% of 10th graders, 57.3% of 11th graders, and 71.9% of 12th graders reported ever having had sexual (vaginal) intercourse (CDC, 1992). Nineteen per cent of all high school students studied in that report had four or more sexual partners.

Sexually-transmitted diseases (STDs), such as syphilis, gonorrhea, and chlamydia, among adolescents are increasing at an alarming rate (CDC, 1995b). According to the CDC, three million teens--one out of every eight--are infected with an STD. Because HIV is also a sexually transmitted disease, and can be transmitted as a result of many of the same unsafe sexual behaviors which spread STDs, STDs have become potential surrogate markers for HIV infection. In addressing HIV risk, then, it is extremely important to understand general adolescent development and behavior.

HIV Risk Acts in Adolescence

Adolescence is a time of exploring sexuality. It also a period when many teens believe they are invulnerable. This period of exploration and risk-taking has become hazardous for teens in the age of AIDS. Concern is mounting for young gay men because of recent research showing they have an alarmingly high HIV seroprevalence rate (Coates & Makadon, 1995). Evidence suggests increasing rates of sexual risk-taking among young gay men as well, an increase in exposure that foretells a possible "second wave" of new HIV infections. (Rosenberg, Biggar, Goedert, 1994; CDC, 1995c).

Differential seroprevalence rates parallel ethnic differences in sexual and substance-use behavior patterns. Black and Hispanic adolescents, when compared to their Caucasian counterparts, are over-represented in the AIDS caseload (National Commission on AIDS, 1994). As the face of the HIV/AIDS epidemic changes to include an increasing number of women and people of color (Black/Hispanic/Asian/Native American), gay and bisexual men still represent a disproportionate number of reported new cases of HIV infection and AIDS (CDC, 1995b; Peterson, Coates, Catania, Middleton, Hilliard, & Hearts, 1992). And, the highest increases have been among gay men of color (CDC, 1995c). For example, during the period from June, 1989, to June, 1994, the rate of AIDS-opportunistic infections (AIDS-OI) from same-sex transmission increased 14% (from 10.7% to 12.2%) for Caucasian males. During that same period, the increase for Blacks was 79% (from 20.8% to 37.3%) for Hispanics, 61% (from 14.0% to 22.6%), for Asian/Pacific Islanders, 55% (from 4.0% to 6.2%), for Native Americans, 77% (from 3.9% to 6.9%).

In the United States, young men of color, ages 13-24, who have sex with men are significantly affected by the HIV epidemic (Peterson et al., 1992; Kuszelewicz & Lloyd, 1995). Young gay men of color now comprise 40% of all reported AIDS cases of men who have sex with men (CDC, 1994). Further, the long latency period of the disease requires examination of seroprevalence rates for older age groups. For example, among men in New York City aged 18-23 years who have sex with men, the rate of new infection was 9% in 1990-91. During that same time, the seroprevalence rate for the overall population of men who have sex with men in New York was only 2% (CDC, 1995c).

Several researchers have noted that ethnic and cultural differences play a role in the incidence of HIV transmission (Carballo-Diequez, 1989; Peterson et al., 1992; CDC, 1995c). Peterson and his colleagues (1992), in their study of self-

identified gay and bisexual Black men, also found that lower socioeconomic status and selling sex for money and/or injecting drugs (IDU) were factors associated with high-risk behaviors. Homophobia was also found to play a role, in that these men were not comfortable with disclosing their homosexual orientation to others in their communities (Peterson et al., 1992).

Kuszelewicz & Lloyd, in their 1995 literature review of 40 articles on HIV/AIDS in gay and lesbian communities of color, from 28 journals published between 1988 and 1993, noted that among the themes repeated by the authors of the articles, homophobia and racism were both cause for concern. Both homophobia and racism were seen to interfere with HIV prevention and intervention activities, including prevention research, and service delivery, including the development of minority-oriented AIDS service organizations. These factors were also noted by Martin & Hetrick (1988) and Hunter & Schaecher (1995).

Drug Behavior in Adolescence

Drugs also appear to play a major role in the HIV/AIDS epidemic among adolescents. Studies report varying rates of injection drug use among adolescents. For example, Hispanic adolescents inject drugs at a higher level than Black or Caucasian adolescents (Kann, Anderson, Holtzman, Ross, Truman, Collins, Kilbe, 1991). Also, 35% of out-of-home (i.e., runaways, throwaways, homeless/street youth) youth report injection drug use (Pennbridge, Freese, MacKenzie, 1992).

Non-injected cocaine or other drugs, such as alcohol, are not directly linked to HIV transmission. However, they have a profound effect on the sexual behavior of adolescents (Fullilove, Fullilove, Bowser, & Gross, 1990). Drugs can lower young people's inhibitions and interfere with responsible decision making.

When doing research among adolescents at lesbian/gay-identified agencies or social programs, it will be important to consider the many different issues facing young people as they progress through adolescence, including the impact of ethnicity, drug use, and the coming out process on sexual behaviors. While an important factor, this study will not address drug use. This study will focus on the “coming out” process and sexual behaviors in relation to sexual identity development.

Lesbian and Gay Adolescents

Youth who self-identify as lesbian, gay, or bisexual do not always engage in sexual activities with same-sex partners. As noted by Rotheram-Borus, Rosario, & Koopman (1991), it is expected that about 60% of male youth at gay-identified agencies will label themselves as "gay" and will report being attracted to and being sexually active with same-sex partners. Others will identify as bisexual or confused. These findings are similar to those from retrospective reports of lesbian and gay male adults (Bell, Weinberg, & Hammersmith, 1981).

About one-third of male adolescents at lesbian/gay-identified agencies are likely to self-label as bisexual and will be more likely to have sexual fantasies, become aroused by, attracted to, and engage in sexual intercourse with both genders (Rosario, 1991). Many adult lesbians and gay men report that they did not begin to disclose their sexual orientation to others until early adulthood, even if they recognized attractions to same-sex persons earlier, often in their adolescence (Bell et al, 1981).

Like their heterosexual peers, who also go through a difficult transition from adolescence to adulthood, most gay and lesbian youth make a comparatively successful transition (Savin-Williams, 1990). However, some lesbian and gay youth do experience great difficulties as they become aware of

their sexual orientation during adolescence. It is in adolescence when young people begin to have questions about sex and sexual identity, and for the many who experience uncertainty and confusion, there can be a crisis of sexual identity (Ehrhardt & Remien, 1992).

Both lesbian and gay youth appear to be at risk for substance use, problems at school, depression and suicide attempts. For example, Rotheram-Borus, Hunter, & Rosario, (1994), noted, in a recent study of 139 self-identified gay and bisexual male youth ages 14-19, 39 per cent had attempted suicide. Other investigators have reported a range from 29-32 per cent for this population (Hetrick & Martin, 1987; Hunter & Schaecher, 1990; Remafedi, Farrow, & Deisher, 1991). These symptoms and behaviors can diminish the capacity of young people to make safer sex decisions and can put these young people at risk for HIV infection. The level of these high-risk behaviors demand that greater attention be paid to the developmental processes of gay and lesbian youth during adolescence, the period of initiation of behavior where there is a potential for risk.

In the United States, most youth are having sex in their teen years, and often with multiple partners. Eighty-six percent of the boys and 77% of the girls have had sex by time they reach age 20 (CDC, 1992). Research has also shown that most teenagers do not use condoms consistently, and that those with the highest number of sexual partners were least likely to use condoms (Kirby & DiClemente, 1994).

At their stage of development, adolescents often lack skills and resources for a process of exploration that is likely to elicit negative reactions from family, friends and peers. This process demands sophisticated social skills to negotiate difficult interpersonal encounters, such as negotiating safer sex in high-risk situations.

Lesbian adolescents. Since very few studies have looked at lesbian adolescents, estimates of HIV risk behaviors must be based on reports of adult lesbians. The incidence of HIV infection among women in the United States is growing at an alarming rate, and for women ages 25 to 44 it is the fourth leading cause of death (CDC, 1994). Lesbians are believed to be the group least vulnerable to HIV infection. However, increasing numbers of lesbians have been infected with HIV, although not usually from women-to-women transmission (Chu, Buehler, Fleming & Berkelman, 1990; Kennedy, Scarlett, Duerr, & Chu, 1995), and many have been diagnosed with AIDS (Gomez, 1995). In 1990, Chu et al., reported that 164 women who identified as lesbian or bisexual were diagnosed with AIDS. Gomez, 1995, noted that these women were young (85% were between 20 and 39 years of age) and women of color (80% were Black or Hispanic).

The actual number of infected lesbians is likely to be much higher than these reported AIDS cases (Gomez, 1995). Assessment of HIV risk behaviors among lesbians, bisexuals and other women who have sex with women but don't identify with either group has been impeded by methodological issues (Kennedy et al., 1995). For example, there is lack of knowledge about this population's use of definitions and group categorization (Gomez, 1995). Among the known AIDS cases of women who have sex with women, most individuals contracted HIV through injecting drug use (IDU) (85%) and heterosexual transmission (9%).

In addition to IDU, higher rates of substance abuse have been reported among lesbian than heterosexual women (Lewis, Saghir, & Robins, 1982; McKirnan & Peterson, 1989). One recent report found that 38% of female IDUs are sexually involved with women (Magura, O'Day, & Rosenblum, 1992). In addition, many adult women who self-identify as lesbian report heterosexual activity (Bell & Weinberg, 1978; Jay & Young, 1979; Chapman & Brannock,

1987; Cochran & Mays, 1988; Hunter, Rotheram-Borus, Reid, & Rosario, 1992). Injecting drug use, then, needs to be examined closely. In addition to IDU as a means of transmission of HIV/AIDS, it is generally known that drug use lowers judgment. This is important in examining dynamics of unsafe sex practices.

HIV risk may be higher than expected for lesbian women, considering they are more likely to have heterosexual contact with gay and bisexual men (Reinisch, Sanders, & Ziemba-Davis, 1988), who are a population with a high HIV seroprevalence. Lesbians initiate sex with men earlier than with female partners (Savin-Williams, 1995), typically beginning in adolescence ($M = 16.8$ years) and continuing for several years (Chapman & Brannock, 1987). An examination of retrospective reports found that most lesbians became sexually active with men in adolescence (Hunter et al., 1992).

Although little is known about adolescent lesbians' sexual behavior, recent data on lesbian adolescents indicate that, while they self-identify as lesbian, they often report having male as well as female sexual partners (Savin-Williams, 1990, 1994). Like all young people, lesbian gay and bisexual youth often engage in sexual behavior with friends in their social networks. In several studies, it was found that these young women attend the same social service agencies and recreation programs as gay male adolescents (Martin & Hetrick, 1988; Gerstel, Feraios, & Herdt, 1989; Schneider, 1989). These young women also meet young men through their informal social networks. This behavior is perhaps associated with their same and cross-gender friendships during adolescence (Savin-Williams, 1990), which often leads to sexual experimentation.

Forty nine percent of the gay male adolescents in a recent study at the HIV Center for Clinical and Behavioral Studies in New York engaged in intercourse with girls (whose sexual orientation was not known). These young men were far

less likely to use condoms with their female partners than with their male partners (Rotheram-Borus, Rosario, Meyer-Bahlburg, Koopman, Dopkins, & Davies, 1994).

Recent studies and clinical reports support the above findings that lesbian youth engage in sexual behavior with both sexes. Many of these youth will date the other sex in order to mask their homoerotic attractions and feelings, sometimes becoming pregnant. Often they do not use condoms. If the partners of the lesbians are gay boys, these girls are at an especially high risk for HIV infection. Alcohol and drug use further disinhibits sexual behaviors, only to increase HIV risk acts among lesbian adolescents (Hetrick & Martin, 1987).

Gay male adolescents. Since the early days of the AIDS epidemic, it has been recognized that gay men are at high risk for HIV infection. By 1994, 69% of reported cases of AIDS in the US were among men having sex with men (the majority of whom identify as gay) (CDC, 1994). However, it was not until the mid-1980s, when their risk for HIV infection was documented, that attention was given to adolescent gay males.

The median age at HIV infection dropped from 30+ years in the 1980s to 25 years by 1991. In addition, one quarter of the individuals infected in the US were age 22 or under by 1991 (Rosenberg, Biggar, & Goedert, 1994). During 1993, the number of AIDS cases in the 13-19 age range more than doubled (Appleby, 1995).

The compilation of research indicates high HIV prevalence rates as well as high rates of risk taking among gay adolescents (Remafedi, 1994; Rotheram-Borus et al., 1994) and young adult men (Coates & Makadon, 1995; Dean & Meyer, 1995).

While level of risk has been documented, there is limited data on patterns of risk. The primary HIV risk factor among gay male youth is unprotected sex

with male partners (Remafedi, 1994; Rotheram-Borus et al., 1994; Dean & Meyer, 1995).

The following risk patterns have been identified in terms of risky sex and drug use by researchers looking at sub groups of gay adolescents and young adults (Martin, 1982; Remafedi, 1994; Rotheram-Borus et al., 1994; CDC, 1995a; Peterson, 1994):

- Young gay men engage in sex for money or drugs;
- Often they have sex with gay men who are older and at highest risk for HIV infection;
- They use condoms infrequently;
- They frequently use drugs and alcohol, which impacts on sexual behavior.

While the above issues denote serious problems among subgroups of gay, lesbian, and bisexual adolescents, the extent of these problems may not be reflective of the general population of lesbian, gay, and bisexual teenagers who have not disclosed their sexual orientation during adolescence.

Sexual Orientation

In the introduction to his book (1981), then 17 year old Aaron Fricke responded to the most frequently asked question of him, "Why are you gay?" He responded by saying:

"The popular belief is that homosexuality is caused by a domineering mother. My mother and father both gave me a great deal of love and attention; by no means was my mother emotionally domineering. And at 4' 7" my mother is certainly not physically domineering either.

Another theory is that a sexual assault by an older man leads boys to become homosexual. I was never sexually assaulted during my childhood....So I did not have a domineering mother, my parents loved me, and I was never sexually assaulted by an older person. Furthermore, my mother was not doing speed at the time of

conception, I was never exposed to high level radiation, and I never read a Truman Capote book before age ten. Why, then, am I gay?

I think we are on the wrong track to spend too much time on this question. A more important question is: Why do so many people fear anyone who is different from them and thus label them sick or evil? But people never ask that. Instead they ask: "Then why *did* you choose homosexuality?" I didn't choose homosexuality: homosexuality chose me. People do not wake up in the morning and say, "Gee, I think I'll be a homosexual." The only choice I had was whether to nurture or stifle my homosexual feelings. I merely chose not to be forced into "acceptable" social conduct. (1981, 7-8).

Sexual orientation has been the subject of research since the study of sexual orientation based on the Kinsey Scale measuring human sexual behavior in the mid-1940s (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953).

Using a seven-point scale, with 0 representing exclusively heterosexual behavior and 6 representing exclusively homosexual behavior, Kinsey and his colleagues found that for the majority of the population, both males and females, sexual experience is with the opposite sex. However, the study did show a greater incidence of homosexual behavior than was previously recognized. For those people whose sexual experience falls in the range of 2 to 4 on the Kinsey scale, the term bisexual is used.

As a result of that study, sexual orientation was shown to not be a dichotomous categorization of men or women into homosexual or heterosexual groupings. But rather, Kinsey demonstrated that a person's sexual behavior can be described as a process on a continuous scale (Kinsey et al., 1948).

DeCecco (1981) has noted that this process involves several continua in experiencing one's sexual orientation, such as erotic fantasies, sexual behavior and affection in interpersonal relationships. In addition, individuals change their location on these continua throughout their life.

As noted by Herek (1989, 1993), sexual orientation includes many different facets of human sexuality: 1) behavior or conduct--which society or the individual interprets as sexual, 2) attraction--desire for certain kinds of behaviors, people/partners or experiences 3) identity--how one perceives him or herself in terms of identity as homosexual, bisexual, or heterosexual and/or as lesbian or gay; 4) social roles--rules of conduct defined by society and that are expected, based on heterosexual assumption.

As discussed previously, it is also important to note that many lesbians and gay men (Gonsiorek & Weinrich, 1991), as well as heterosexual men and women, have had experiences with both sexes, both throughout history and today.

In practice, sexual identity and sexual behavior are not always completely congruous. Behavior is not always consistent with self-definition. Recent studies looking at behaviors that put women at risk for HIV infection confirm that some women who self-identify as lesbian are also having sex with men, many of whom are gay or bisexual (Reinisch et al., 1988). Several theorists (Cass, 1984; Sophie, 1985; Klein, Sepekoff, & Wolf, 1985; Chapman & Brannock, 1987; Klein, 1990) have noted in their work that sexual behavior is frequently inconsistent with self-identification as a lesbian or gay person.

Thus, overall, sexual orientation refers to one's sexual feelings and responses to opposite- and same-sex partners and a sense of self in terms of a personal and social identity. Ehrhardt & Remien note that:

"The concept of sexual orientation includes at least three distinctive aspects: sexual imagery (fantasies and attractions); actual sexual behavior; and a person's sexual identity as heterosexual, bisexual or homosexual." (1992, 1128)

Coming Out

While the study of adolescent development is, in general, expanding, the

process of "coming out" among self-identified lesbian and gay adolescents is an underdeveloped area of research. In fact, most research reveals a heterosexist bias in which homosexual and bisexual developmental patterns are ignored, devalued, and, in many cases, distorted. As noted by Gonsiorek:

"Most scientific theory and research on homosexuality earlier than the last 30 years, and some more recent as well, is an abuse of scientific information to reinforce societal prejudices. Sexual orientation can join the list of topics in which science has served at best as a dupe, or at worst as an enforcer, for bigotry." (1991, 244)

The research on homosexuality that does exist is as diverse as the perspectives on sexual orientation and the coming-out process.

In the late 1960s and early 1970s, researchers began to look at the phenomena called "coming out." It was seen as a single event and not a process that lesbian and gay people go through (Hooker, 1967; Dank, 1971; De Monteflores & Schultz, 1978). These researchers saw "coming out" as a "debut," when a person took action by seeking a social outlets (Hooker, 1967) or "identifying oneself as being homosexual" and explored social settings where one could self-identify, such as the gay bar. (Dank, 1971).

By the late 1970s, researchers began describing the acquiring of gay/lesbian identity as a coming-out process, with several models suggesting there is a series of adaptive stages through which an individual proceeds and develops (De Monteflores & Schultz, 1978; Cass, 1979; Coleman, 1982; Rigg, 1982; Lewis, 1984; Troiden, 1988, 1989; Gibson, 1989; Savin-Williams, 1990; Savin-Williams & Lenhart, 1990). Each theorist discusses the coming-out process at each stage of growth, the characteristics at each stage, and how stigma is dealt with at each stage of growth.

Vivienne Cass's model employs the interpersonal congruency theory (Secord & Backman, 1964; Secord, Backman, & Eachus, 1964), a theoretical

explanation of how one goes from having an undeveloped sexual identity to having a homosexual identity. This theory assumes that stability and change in human behaviors are dependent on the congruence or incongruence that exist for an individual, both intrapsychically and from their interpersonal environment. For example, in a discussion of an individual referred to as "P":

“In the present context, it is hypothesized that movement from one stage of homosexual identity formation to another is motivated by the incongruence that exists in the person's environment, the result of assigning meaning to P's own feelings, thoughts, or behavior. Growth occurs when P attempts to resolve the inconsistency between perception of self and others.”

(Cass, 1979, 220)

Cass (1979) delineated her six-stage model as: identity confusion, comparison, tolerance, acceptance, pride and synthesis.

Eli Coleman (1982) proposed a five-stage model, including these five steps:

1. pre-coming out: the feeling of being different;
2. coming out: awareness of gay feelings and thoughts and tentative disclosure;
3. exploration: experimentation of social and sexual identity (similar to general adolescent exploration);
4. initial involvement in a same-sex relationship, with some commitment, but still evolving; and,
5. integration of self image, incorporating personal and social identity components.

These coming-out models describe very general stages for coming out. Each person does so uniquely, with different personal, cultural, and societal issues and circumstances. Some may not fully complete the process (Blumenfeld & Raymond, 1988).

De Monteflores & Schulz (1978) noted the limitations of the current linear models for coming out, characterized as covert-overt succession, progressing from self awareness to public disclosure. De Monteflores & Schulz, expanding on the work of Riddle and Morin (1977), report that the respondents in their study fluctuated "back and forth in degrees of openness, depending on a variety of personal, social, and professional factors," therefore suggesting a feedback loop model rather than a linear process (De Monteflores & Schulz, 1978).

This feedback loop model allows for fluctuation of movement back and forth and various degrees of openness, and takes into consideration complex personal and social factors. For example, "self-identification as gay may lead to coming out to friends, whose reactions may in turn modify the gay person's developing sense of self" (De Monteflores & Schulz, 1978).

This model would allow for movement through a tri-cultural experience. For example, people of color who are lesbian or gay have the task of going back and forth within their cultural and racial group, the larger society, and the lesbian and gay communities (Hunter & Schaecher, 1995).

Most of the developmental theories of adult lesbians and gay men are based on retrospective accounts of coming out (Badia & Runyon, 1982; Boxer & Cohler, 1989). As noted by Boxer & Cohler, "the developmental psychology of the gay and lesbian life course is, in consequence, largely a psychology of the remembered past." These theories and the literature about them describe an experience at a particular point "in time" rather than their development "through time."

These theories also make it very difficult to really understand the coming-out process among lesbian and gay adolescents. We do not know what these youth are experiencing as they move through this process during adolescence. Given the stresses that youth experience during the coming-out process and their

vulnerability in the age of AIDS, more needs to be known about how they cope with developmental tasks of coming out and growing up. What factors impact on coming out? How do young people cope with the stress of hiding? How do resilience and vulnerability influence their daily lives? What kinds of resources need to be available to young people for them to successfully integrate their personal, sexual, and social identities?

Addressing these issues is vital. As Hammersmith and Weinberg (1973) emphasize in their study of lesbians and gay men, healthy psychological adjustment is related to the ability to acquire a positive homosexual identity.

As health professionals address issues concerning lesbian, gay, and bisexual youth in relation to substance abuse, teen pregnancy, suicide, and more recently HIV/AIDS prevention, a new model for understanding of the developmental processes in adolescence must be found in order for the experience and needs of this important group of young people can be understood and addressed (Boxer & Cohler, 1989).

During the coming-out journey, gay and lesbian youth go through several processes that are attitudinal, cognitive, and behavioral. The developmental process is not an uninterrupted sequence of events as some of the coming out stage models would suggest. This is often a difficult and stressful time for young people, who, while in the process of developing their identity as gay or lesbian people, are also learning to hide (Martin, 1982, Hetrick & Martin, 1987). For youth of color, who are dealing with dual identities (gay/lesbian and racial and ethnic), this is a particularly stressful time, in that they are also dealing with their racial/ethnic identities, in which the identity development process may be similar. In discussing the similarities of developmental stages one goes through in developing identity, Espin noted:

"Both models described one or several stages of intense confusion and at least one stage of complete separatism from and rejection of all representatives of the dominant society. The final stage for both models implies the acceptance of one's own identity, a committed attitude against oppression, and an ability to synthesize the best values of both perspectives and to communicate with members of the dominant group." (1987, 39)

Researchers and clinicians find that there appears to be an initial period of assumed heterosexuality among most prepubescent youth (Sophie, 1985).

Young people begin to question their assumptions about being heterosexual as attractions to, feelings about, or behaviors with same-sex peers or adults intrude. They may then explore their sexuality and identify their sexual orientation as lesbian or gay (Klein, et. al., 1985; Ehrhardt & Remien, 1992).

Clinical work with gay and lesbian youth has shown that most teenagers who are contemplating their sexuality and attempting to understand and integrate their sexual identity into all aspects of their lives explore and act on their homosexual feeling through sexual experimentation with peers or older persons. Many teenagers who acknowledge that homosexual arousal patterns dominate their sexual feelings and thoughts realize that the words "gay" and "homosexual" are applied to them (Anderson, 1995). This self-labeling usually begins in early adolescence with thoughts of feeling different, and many teenagers have a difficult time finding the appropriate language to express themselves as they consider the various feeling for both same sex and opposite sex persons.

The social stigma attached to homosexuality creates an added challenge to youth trying to manage their sexual identity. Given the homophobic society in which these young people live, the use of denial as a means of coping is one way for them to guard against anxiety caused by homosexual feelings and sexual experience in early adolescence (Anderson, 1995).

For youth going through the process of coming out such confusion is characteristic (Troiden, 1988). This awareness of "feeling different" appears to have gender differences (Saghir & Robins, 1973; Woodman & Lenna, 1980; Bell et al., 1981; Anderson, 1995). In the study of Bell et al., 1981, the men reported that their feeling of difference began almost at the time that they labeled themselves as homosexual, while the lesbians labeled these same feeling in their late adolescence or later.

These feelings are in conflict with internalized expectations of heterosexuality and negative attitudes toward homosexuality (Paroski, 1987; Remafedi, 1987b). Defending against homosexual feelings and desires is often the initial coping response. This defense can be in the form of denial, suppression, escape (Troiden, 1988, 1989; Ehrhardt & Remien, 1992).

These coping strategies may involve the adolescent exploring heterosexuality by engaging in heterosexual behavior, sometimes with the intention of becoming pregnant or fathering a child. (Hetrick & Martin, 1987; Hunter & Schaecher, 1990). This behavior will put them at high risk for HIV infection. For young girls, this is a particularly dangerous time, as some of their sexual behavior with males will be with gay and bisexual boys from their social groups. This behavior allows for another avenue of HIV entry into this population (Gomez, 1995).

Because of fear of discovery, adolescents often hide their homosexual feelings, creating stress. These adolescents fear rejection and violence by family, friends, or peers. For example, when gay male adolescents disclose their sexual orientation or are discovered by family or friends, half find the experience to be negative and the other half positive (Rotheram-Borus et al., 1991). In addition, one-half (46%) of lesbian and gay male adolescents have been physically abused by family for being homosexual (Hunter, 1990).

Coming Out and Exploration

Thus, while in the process of exploring, lesbian and gay youth may have unprotected sexual intercourse with opposite-sex and/or same-sex partners, negative attitudes towards their own sexuality, and identification as other than lesbian or gay. Is the frequency of unprotected sex related to coming out issues, such as attitudes towards their homosexual orientation and whether they have disclosed to others?

During the process of exploring their homosexual identity, both boys and girls are likely to become sexually active with same-sex partners. Young gay male adolescents are likely to have more male sexual partners (Hetrick & Martin, 1984; Savin-Williams, 1990). Contributing to these young people's risk are the difficulties they have in finding positive role models and for learning coping strategies to handle situations that may place them at high risk for HIV (e.g., negotiating protected sexual intercourse).

Models of safer sex negotiation on television, when they exist at all, typically focus on heterosexual negotiation.

As adolescents obtain more information about being homosexual in the age of AIDS and see more openly gay/lesbian educators and leaders, they can acquire more positive attitudes towards themselves and towards their own sexuality and the lesbian and gay community.

In summary, when reviewing the various contributions to this research, there are five important components to coming out:

1. questioning one's sexual feelings;
2. recognizing oneself as lesbian, gay, or bisexual ;
3. seeking out the lesbian and gay community and exploring one's own sexuality;

4. disclosing to family, friends, and peers; and
5. becoming comfortable with and accepting one's sexual orientation.

Personal Identity Development

Puberty is referred to as a period of physical and emotional changes that distinguish childhood from adolescence. During pubescence, sexual organs mature and secondary sexual characteristics appear (Grinder, 1978). Biological and cognitive changes are taking place that provide the framework many view as necessary for the development and maturation of an autonomous and independent adult. These changes are also signals that the period of reproductive maturity is near, and that this reproductive maturity is connected to doing some things that are sexual (Gagnon, 1977).

Thus, by the end of adolescence, young people have gone through a growth process in which hormonal and physical maturation have been taking place. At the same time, changes in the personalities of adolescents are also taking place. Many social workers, child psychologists, and other social scientists working with youth believe that the major psychosocial task of adolescence is the formation a personal identity.

Psychological, social, and maturational growth in middle and late adolescence moves the youth into young adulthood. This is a time when young people achieve the capacity for a high level of self-awareness (cognitive growth) and self-examination (self-questioning--"Who am I?"), both essential to attaining maturity.

The end of adolescence can be characterized by the following:

1. independence and separation from parents (The young person will later develop a more equal relationship with their parents);

2. development of personal and social identity;
3. development of a personal and moral value system;
4. the ability to maintain lasting non-erotic friendships;
5. the capacity for sexual love; and,
6. the management of social and sexual roles. (Erikson, 1968; Group for the Advancement of Psychiatry, Committee, 1968)

For the adolescent, having to deal with sexuality is difficult in itself, but an extra burden is added for an adolescent who is not able to come to terms with his/her identity. Havoc and chaos can be created in an individual if that individual realizes that he/she is a member of a stigmatized minority group (Maylon, 1981; Hetrick & Martin, 1987). Negative attitudes toward homosexuality in the society especially impact negatively upon a developing adolescent.

Adolescence is considered the most difficult period in one's life (Erikson, 1968; Michine, 1983). During this period, there is an assumption that family and community will be supportive to the young person, who may push the boundaries of acceptable behavior. But lesbian and gay youth often find themselves suddenly alone in the world with no reference or peer group. There is no other stage of life where physical, emotional, intellectual, and social growth are so complex and vital. Freud reports that during adolescence introspection becomes more a part of the developmental process, whereas prior to this stage there was more emphasis on the outer than the inner self (Mishine, 1983).

Young people in adolescence become more cognitively aware and use this capacity for self-awareness and better understanding of how to problem solve. Also, the present becomes important, leaving little or no emphasis on the past or the future. Included in this time frame are issues of separation-individuation, (becoming independent), with conflict over needs of dependency, creating an

atmosphere of rebellion and defiance (Mishine, 1983). Adolescence also involves expansion of ego identity, particularly in the area of social roles (Maylon, 1981; Hetrick-Martin, 1987).

Part of this maturation process should ideally include development of a satisfying sexual identity. Kroger (1993) notes: "A sense of sexual identity, facilitated through finding meaningful forms of sexual expression and sex role behavior, provide a cornerstone for future styles of adult intimacy and generativity."

Erikson (1968) proposed the need to form and define one's identity as a major developmental task for becoming a productive young adult, in both personal and social lives. These beliefs are based on a understanding of the entire life span as an evolving developmental process. He outlined a series of stages that characterize the life course. At each stage, new developmental challenges are encountered. These stages often overlap; progress is not always orderly. Therefore, from infancy, children first must learn trust (versus mistrust), then proceed to autonomy (versus shame), initiative (versus guilt), and industry (versus inferiority). Adolescence is the first presentation of the challenge of identity formation. Following the formation of an identity, the life course then proceeds to resolve the challenges of intimacy (early adulthood), generativity (middle adulthood), and integration of one's life work (old age).

Personal identity formation is both a social and a psychological process, an intrapsychic process that can be defined as the youth acquiring a sense of one's ongoing uniqueness as an individual person. The intrapsychic process supports that sense of self-understanding. The recognition or achievement of a personal identity is typically conceived of as a process of exploration and commitment.

Exploration of one's social roles, beliefs, attitudes, and behavior patterns is basic to the achievement of a personal identity. Personal identity is distinguished

from social identity. A social identity relates to the individual's expected role as defined by one's group or society; social identity refers to ascribed status. Therefore, being a member of a specific gender or ethnic group provides each person with an ascribed social identity.

Each individual must then identify how they accept their gender or ethnicity and the attitudes, beliefs, and reference group within their gender or ethnic group. Therefore, status as a woman is a reflection of a youth's social identity. How one takes on that identity, i.e., as a "feminist" or in a traditional role, or somewhere along that continuum, is part of one's search for a personal identity.

Thus, the search for an identity proceeds in several domains. Adolescence is a period of rapid physical and emotional growth. It is also time when these young people have strong feelings with regard to defining one's individual character. The adolescent must become clear about his or her selected sex role, religious beliefs, political beliefs and affiliations, ethnicity (e.g., strong ethnic identity, mainstream, bicultural), or occupational choices. It is unclear from the research data on adolescents whether the search for a personal identity proceeds in all areas at about the same time and about the same rate or whether the search is initiated in some domains and not in others.

Achieving a personal identity, then, is a process typically composed of exploration and commitment. These two processes are interactive. For example, some persons are actively exploring their identity, but are unclear how they feel or what their commitments will be in each domain.

To facilitate the understanding of the personal identity search, Marcia (1966), who adapted Erikson's (1968) model of personal identity development, identified four identity statuses: diffused, foreclosed, moratorium, and achieved. Diffused status refers to those who have not yet initiated the identity search, with,

therefore, an absence of both crisis and commitment. Those who make decisions on their sex role, religious, political, occupational, and ethnic choices without a process of exploration are referred to as being "foreclosed" with respect to their identity. However, for different reasons, those youth who are "foreclosed" or "diffused" have not completely explored unrealized identity options.

Those who are actively in search of their identity but who have made no commitments are considered to be in "moratorium." This usually means that they are in an identity crisis, and exploration is currently in progress.

Finally, those who have gone through a crisis period and searched and made a commitment to their identity are considered "achieved" with respect to their identity.

The goal of this process in adolescence is to achieve a stable identity. Thus, adolescence basically should end with the adolescent having achieved consolidation of his/her sense of identity (Damon, 1983). This consolidation is achieved by late adolescence in most middle-class youth living in the United States (Stark & Traxler, 1974; Damon, 1983).

Professionals working with youth have observed that the transition period between childhood and adulthood is associated with both "being at risk" and with "risk-taking behavior." Adolescence has been described by Adams (1988) as a "window of vulnerability." Some data indicate that this "at risk" status may only be characteristic of those in "moratorium" (Rotheram-Borus, 1989). In a study conducted by Rotheram-Borus, she observed:

"High moratorium scale scores and being classed with a moratorium status were associated with significantly more behavior problems, lower social competence, and lower self esteem." (1989, 372)

Because of the vulnerability of those in "moratorium," the current study will be looking at relationships between Sexual Identity Moratorium Status and both Ethnic and Religious Identity Statuses.

Those individuals neither initiating the search nor resolved within the identity search may not be so vulnerable.

In many ways, the description of the identity search process parallels the coming-out process. Those youth involved in coming out are unlikely to be described as "foreclosed" or "diffused." In particular, most youth who seek services at gay-identified community-based agencies have initiated a search for their identity with respect to their sexual orientation (in "moratorium"), or they have "achieved" an identity as a lesbian or gay person.

The dimensions defined as part of coming out anticipate a recognition of oneself relative to others, not a likely process for those who are "diffused" in identity. The process of disclosing one's sexual orientation to others presumes an achievement of an identity with respect towards one's sexual orientation.

CHAPTER III

CONDUCTING THE RESEARCH STUDY

Method

Overview

Adolescents who self-identify as gay and lesbian are at high risk for contracting HIV. While women who identify as lesbian constitute a small percentage of identified AIDS cases and while young gay men are clearly at higher risk, there are many behaviors and symptoms that indicate cause for concern for the potential HIV risk of both young lesbians and gay men. As noted earlier in the literature review, recent studies indicate that lesbians are at risk for acquiring HIV, particularly through drug use and unprotected sex with men. As discussed in Chapter II, recent studies find that many lesbians are likely to engage in heterosexual behavior with gay or bisexual men.

Lesbian and gay youth appear to be at risk in several ways, such as substance use, problems at school, depression, and suicide attempts. These symptoms and behaviors may diminish the capacity of young people to make safer sex decisions and can put these young people at risk for unprotected sex and HIV infection. Greater attention must be paid to the developmental processes of gay and lesbian youth during adolescence, the period which these risk acts are initiated.

Goal

The goal of this study, then, was to examine the relationship among HIV sexual risk acts, coming out, and sexual identity status. The three primary objectives were:

1. To examine if a process of exploration and commitment to gay/lesbian orientation (sexual identity status) is comparable to the exploration and commitment to established ethnic and religious statuses;

2. To examine how the process of sexual identity achievement (exploration and commitment) relate to both the coming-out process and HIV risk behaviors;

3. To examine how the coming-out process is related to HIV risk sexual behaviors.

Therefore, this investigator has formulated the following hypotheses related to personal identity development, coming out, and sexual behaviors.

Hypotheses

1. The first hypothesis was that *there would be a significant positive relationship between Sexual Identity Achieved Status* (commitment based on exploration) *and the four indices of Coming Out*: positive attitudes about one's own homosexuality; level of information about the lesbian/gay communities; level of disclosure of one's sexual orientation (to friends, parents, siblings, counselors, doctors); and self-labeling as gay/lesbian vs. bisexual.

2. The second hypothesis was that *there would be, conversely, a significant negative relationship between Sexual Identity Moratorium Status* (defined as exploring but not yet committed) *and indices of Coming Out*.

3. The third hypothesis was that *high Sexual Identity Achieved Status would significantly positively relate to higher numbers of same-sex partners and encounters and lower numbers of same-sex unprotected acts, and, high Sexual Identity Moratorium Status would significantly positively relate to lower numbers of same-sex sexual behaviors*.

4. The fourth hypothesis was that *high Sexual Identity Achieved Status would significantly positively relate to lower numbers of opposite-sex partners,*

and, conversely, *high Sexual Identity Moratorium Status would significantly relate to higher numbers of opposite-sex partners.*

5. The fifth hypothesis was that *high positive indices of coming out (i.e. positive attitudes about their own homosexuality, level of information about the lesbian/gay communities, and level of disclosure of one's sexual orientation, self label gay/lesbian vs. bisexual) would be significantly positively related to more same-sex partners and occasions and lower numbers of unprotected same-sex risk acts.*

6. The sixth hypothesis was that *high positive scores on each index of Coming Out (positive attitudes about one's own homosexuality; level of information about the lesbian/gay communities; level of disclosure of one's sexual orientation; and self-labeling as gay/lesbian vs. bisexual). would be significantly inversely related to numbers of opposite-sex partners.* For example, the more persons youth disclosed to, the less opposite sex partners reported.

7. The seventh hypothesis was that *Sexual Identity Status scores (Achievement [commitment based on exploration], Moratorium [exploring but not yet committed], Foreclosed [commitment based on little or no exploration], Diffused [lack of exploration and commitment]) will be significantly positively correlated with similar status scores in Religious and Ethnic Identity Statuses.* For example, youth with high Achieved scores on Sexual Identity Status will also have high Achieved scores on Religious Identity Status.

Concepts of the Study

Personal identity status was developed as a result of youth's responses to the Grotevant and Adams (1984) EOM-EIS scale. This scale attempts to assess an internal process characterized by an individual's evolving self-conception toward increased unity and consistency in the following areas: sex roles, occupation,

religion, ethnic and social identities (Erikson, 1959; de Levita, 1965; Breger, 1974; Bosma, 1992). As noted by Erikson, growth and development through childhood and adolescence culminates in the formation of one's own unique sense of identity, apart from their earlier identity with parents and/or other people in the social environment. It is somewhat like finally putting together all the pieces of a difficult puzzle. Identity formation, according to Erikson:

“...finally, begins where the usefulness of identification ends. It arises from the selective repudiation and mutual assimilation of childhood identifications and their absorption in a new configuration.... The final identity, then, as fixed at the end of adolescence, is superordinated to any single identification with individuals of the past: it includes all significant identifications, but it also alters them in order to make a unique and reasonably coherent whole of them.” (1968, 159, 161).

Personal identity refers to one's sense of uniqueness as an individual which is supported by an intrapsychic process (Hetrick & Martin, 1984). The concepts of religious identity and ethnic identity are social identities, referring to the identification of a person with a larger social group or category of persons on the basis of shared tradition or ancestry (Shibutani & Kwan, 1965; Rotheram-Borus & Wyche, 1994).

While search for an identity is the central developmental task for both homosexual and heterosexual adolescents, (Erikson, 1968), the investigator hypothesized that sexual identity was an additional domain, or developmental process, these youth experience within their search for personal identity. In the domain of sexual identity, the search for and declaration of sexual orientation is typically referred to as the process of "coming out" for those who do not identify as heterosexual, the assumed sexual orientation. Sexual identity status was examined in relation to the statuses of ethnic and religious identity. Instruments used are described in this Chapter, Instruments section.

Coming out as gay or lesbian is not an event that occurs at a particular moment. Rather, it is a process in which lesbian and gay men recognize their sexual identity, usually after a period of exploration and commitment, then choose to integrate this knowledge into their personal and social lives (De Monteflores & Schultz, 1978). In many ways, this process parallels the adolescent's search for a self (personal) identity in other domains. The concept of Coming out was operationalized as: self-identification as gay/lesbian/bisexual, attitudes toward one's own homosexuality/bisexuality, levels of disclosure to others, and level of knowledge about the lesbian/gay communities.

This study documented the relationships of HIV-related sexual risk acts to sexual identity development and coming out among lesbian and gay male adolescents. HIV-related sexual risk behaviors assessed included number of same- and opposite-sex partners and encounters, and unprotected same- and opposite-sex encounters, all for the prior 3-month period. Adolescence is a time of exploring one's personal and sexual identity. It is during this time that most youth are vulnerable for high risk behaviors. Therefore it is important to study these coming-out variables.

While drug use and history of suicide attempts are also risk-related acts, they were not examined in this study.

Results from this study examine whether components of coming out are related to other dimensions of identity formation (ethnic and religious identity formation), in order to determine whether HIV prevention programs must be tailored to the status of one's personal identity.

Subjects and Procedure

The goal of this study was specifically to investigate characteristics and behaviors of gay and lesbian adolescents in relation to HIV risk and to gather more

information about this population. It is not possible to obtain a representative sample of lesbian, gay, or bisexual youth, a basically hidden population. The sample was a convenience sample, recruited from five organizations: three community-based organizations providing social and recreational services to lesbian, gay, and bisexual youth and two lesbian/gay/bisexual student organizations at public colleges, all in the New York City metropolitan area.

In the current study, personal identity status, the coming-out process, and HIV-related sexual risk behaviors were assessed by structured face-to-face interviews. One hundred fifty seven youth, predominately youth of color, ages 14-21 participated in the study. They were recruited over a seven-month period, from October, 1993, to June, 1994, from two college-based gay and lesbian student organizations and from three community-based organizations providing recreational and social services in New York City. The youths provided informed consent and were paid \$30 for participating in the study.

Recruitment Sites

The community organizations where participants were recruited were: the Bisexual, Gay and Lesbian Youth of New York and the Youth Enrichment Services (YES), both of the Lesbian and Gay Community Services Center; the Harvey Milk High School and the Drop-In Center, both of the Hetrick-Martin Institute, and the Neutral Zone of the Greenwich Village Youth Council. All of these groups serve youth 14-21 years of age.

The college-based organizations were the Lesbian and Gay Community Center of Hunter College and the Gay and Lesbian Student Organization at City College of New York. These two groups serve youth 17-21 years of age.

A brief description of each group follows:

The Youth Enrichment Services (YES Project) offers a drop-in center, counseling, a drug prevention program and a theater arts program. Their case-load includes about 20 new adolescents a year, with about 90% of those being adolescents of color.

Bisexual, Gay and Lesbian Youth of New York is a social support group that services about 20 new adolescents a year, most of whom are Black and Hispanic.

The Hetrick Martin Institute, a multi-service social agency for lesbian and gay adolescents, which sponsors several programs. These include: the Harvey Milk High School, a high school designed for gay and lesbian students who have dropped out or had a chronic problem with truancy in traditional high school settings due to verbal and physical abuse and other problems associated with coming out; a counseling program; and a street outreach program, and a drop-in center. The agency has face-to-face contact with about 300 new clients each year. However, it provides services to about 500 youth, 200 of them through telephone contacts. The ethnic composition of those who are served is at least 80% adolescents of color. The youth coming to the center are predominantly Hispanic and Black.

The Neutral Zone is a social/educational and recreation program of the Greenwich Village Youth council and offers a drop-in center, counseling/referrals and recreation programs. The youth attending these program are predominately Black and Hispanic. They see 200 youth in their weekend recreation program.

The Lesbian & Gay Student Center at Hunter College offers a drop-in center as well as peer counseling. This group involves about 75 adolescents on an on-going basis. It serves about equal numbers of Black, Caucasian, and Hispanic adolescents.

City College Gay & Lesbian Student Organization is a political and social group that offers a drop-in center. This student group also serves about 75 students, about half of whom are female. This group is predominantly Caucasian.

Recruitment Procedure

Every effort was made to recruit all youth at each site who met the study's criteria (i.e., ages 14-21 at community-based organizations and ages 17-21 at the city universities). At the community-based organizations, meetings were held with staff who would be directly involved with recruitment of clients to discuss the study and recruitment strategies. The investigator conducted meetings with young people at each site to discuss the study, its goals and methods.

The staff at each of the sites requested that the young people be approached in the drop-in centers, where they could sign up for future interviews or, if available, be interviewed at that time on site. An estimated 80% or more of youths who attended the meetings or were approached were interviewed at the time of contact.

Interviews were conducted in a private setting away from group activities. Before each individual interview began, each youth completed an informed consent process. The content of the study was explained in detail and the youth's choice to refuse to answer any and all questions was indicated. The youth's voluntary consent was stressed, and each young person was informed that his/her participation in the study was unrelated to any services they received at the site (Consent Form, Appendix A). The confidentiality of the youth's responses and identity were assured. (The study procedures safeguarded the confidentiality of subjects' responses and identity, including a federal certificate of confidentiality (Appendix B).

Both the youth and each site were informed that the youth's confidentiality was inviolable except under specific circumstances. Specifically, these included reports of current physical or sexual abuse, suicidal intentions, or homicidal intentions. A procedure was established for possible cases so that the clinical director or liaison from the community-based agency or the counseling center of the college would be informed. However, no such incidents occurred.

The youth's voluntary and signed informed consent was requested after any remaining questions were answered. The youth received a copy of the signed form. The study had been approved by the Institutional Review Board of Columbia University's Psychiatry Department (Appendix C) and by the sites.

Each of the three community-based agencies served *in loco parentis*, meaning the agency provided consent for youths less than 18 years old. (In New York State, when a youth's physical or emotional well-being is considered at risk if a parent learns of the youth's participation in a research protocol, parental consent can be bypassed and vested in a counselor who works at the agency where the youth is identified. In this study, specific counselors or youth workers in the three agencies serving minors had responsibility for that role. As part of that role, the agencies' designated individuals considered the well-being of each youth prior to the youth's participation in the study. Each youth was informed that this adult is someone to whom the youth may address any concerns or questions associated with the study and is available at all times to represent his/her interests.)

By serving *in loco parentis* for legal minors, the three sites serving minors adopted the role of parent, ensuring protection of the rights of the adolescent as a study participant. Because many of the adolescents may not have disclosed their sexual orientation to their families, in the best interests of the young person, the sites, rather than the parents, granted consent. In addition, the plan included

provision for any clinical back-up services needed for youth interviewed while in a state of crisis.

The five agencies were selected from the universe of seven possible existing sites in New York City that serve gay and lesbian youth. Two sites, the lesbian and gay groups at Columbia University and New York University, were not included, because they did not contain a broad range, in terms of social class and ethnicity, among their populations. Ethnicity was stratified in the sample recruitment to ensure that a sufficient number of participants from different ethnic backgrounds were included in the final sample. Agencies were selected that provide social support activities and those that attract youth because they provide recreational and counseling programs.

Interviewer Selection and Training

Interviewers were found who were knowledgeable about gay/lesbian issues, and who felt very comfortable with diverse groups of gay and lesbian youth. Seven interviewers were hired, three males and four females. Interviewers' mean age was 26 years, all possessed educational backgrounds between and including a bachelor and a master's degree. Their ethnic/racial background was: Caucasian (4 interviewers), Hispanic (2), and African-American (1). Six of the interviewers were self-identified lesbian or gay persons.

Before interviewing any participants, each interviewer underwent 20 hours of intensive training that followed a standardized protocol for interviewers (Gruen & Meyer-Bahlburg, 1992). The training was conducted by senior level experts in psychosexual assessment. Training involved desensitizing the interviewers to sexual issues and topics, sensitizing them to interviewing concerns (e.g., building rapport with youth, probing for accuracy of responses, tracking accuracy of reports across the instrument). Considerable time was devoted to education,

awareness and sensitization to issues concerning adolescents in general, lesbian and gay male adolescents in particular, and to ethnic/racial/cultural sensitivity.

Interviewers then conducted two practice interviews with staff or friends, followed by two practice interviews with lesbian/gay youths (18 years or older), selected from populations similar to those of the study. These four interviews were audiotaped, and feedback was provided by the supervisors. Once interviewing of study participants began, the interviews were audiotaped, and the audiotapes and hard copies were randomly monitored for quality of data, adherence to procedures and interviewing style. In addition, every completed print copy of the SERBAS-Y (The Sexual Risk Behavior Assessment Schedule--Youth, Meyer-Bahlburg, Ehrhardt, Exner & Gruen, 1988) was examined for consistency of data across the instrument and for missing data. Individual and group supervision was frequent, at a minimum biweekly, and interviewers were provided with oral and written evaluations.

Procedure

Every minor was initially approached by a site staff member, who briefly explained the study to the adolescent and requested permission for the adolescent to be approached by a project interviewer. The staff member was informed about all aspects of the study and was to make a clinical evaluation of whether there were any clinical reasons for non-participation in the study (e.g., suicidal depression).

The adolescent was then contacted by a project interviewer who obtained informed consent before study participation began (a copy of the consent forms and Internal Review Board approval are available in Appendices A and C). Each consenting adolescent agreed to participate in a study concerning the physical

and emotional health issues of adolescents. The adolescents received \$30 compensation after their participation in the study.

Following a description of the study by an agency staff member, a research interviewer approached the adolescent. Informed consent was obtained. For any young person who was at least 18 years old, the interview was scheduled at a site selected by them, for example, a private room at a college counseling center. Adolescents who were minors were interviewed at the site from which they were recruited. Each adolescent was paired with a same-gender interviewer.

Areas assessed in the interview included sexual behavior and coming-out factors (self identification as gay/lesbian vs. bisexual, negative and positive attitudes towards own homosexuality/bisexuality, level of disclosure to others, level of information about the gay/lesbian communities). One possible risk during interviews is that adolescents may become anxious or uncomfortable about discussing risky behaviors and may need to have a referral to a physician or an individual consultation with a mental health professional. Both were available should the need have arisen.

The HIV Center and the Child Psychiatry Division of the Columbia Presbyterian Medical Center provided back-up crisis coverage to the research team for emergencies with any youth that might be identified that would require clinical intervention, in particular, ongoing sexual abuse, imminent danger for suicide, or serious and substantial substance use, identified in the course of conducting the research interviews. This service was not needed.

Inclusion and Exclusion Criteria

Criteria for inclusion and exclusion of participants are detailed below. The author anticipated that the organizational representative would be aware if the adolescent's behavior were atypical or there might have been the presence of

mental retardation or psychosis. The exclusion criteria was based on clinical judgment, rather than formal assessment. It was not necessary to exclude anyone.

Inclusion criteria: Age 14-21 years; Attending one of five community organizations for lesbian and gay male adolescents (three organizations that serve lesbian and gay male youth and two college student organizations); Adolescent informed consent; Agency personnel evaluates minor as appropriate for study.

Exclusion criteria: IQ below 70; Psychotic; Deaf or mute.

The Research Questions

The research questions of the study relate to the coming-out process, sexual risk behaviors, and sexual identity. In review, the hypotheses are:

1. There would be a significant positive relationship between Sexual Identity Achieved Status (commitment based on exploration) and the four indices of Coming Out: positive attitudes about one's own homosexuality/bisexuality; level of information about the lesbian/gay communities; level of disclosure of one's sexual orientation (to friends, parents, siblings, counselors, doctors); and self-label as gay/lesbian vs. bisexual.
2. There would be, conversely, a negative significant relationship between Sexual Identity Moratorium Status (defined as exploring but not yet committed) and indices of Coming Out.
3. High Sexual Identity Achieved Status would significantly positively relate to higher numbers of same-sex partners and encounters and lower numbers of same-sex unprotected acts, and high Sexual Identity Moratorium Status would significantly positively relate to lower numbers of same-sex sexual behaviors.
4. High Sexual Identity Achieved Status would significantly positively relate to lower numbers of opposite-sex partners, and, conversely, high Sexual

Identity Moratorium Status would significantly positively relate to higher numbers of opposite-sex partners.

5. High positive indices of Coming Out would be significantly positively related to more same-sex partners and occasions and lower numbers of unprotected same-sex risk acts.

6. High positive indices of Coming Out would be significantly positively related to fewer opposite-sex partners.

7. Sexual Identity Status scores will be significantly positively correlated with similar status scores in established Religious and Ethnic Identity Statuses.

Variables

The first adjustment (dependent) variable was Coming Out, assessed by examining four components:

1. self identification of one's sexual orientation (gay/lesbian vs. bisexual);
2. attitudes toward one's own sexuality;
3. disclosure of one's sexuality to family, friends, and peers; and
4. level of information about the lesbian/gay communities.

The second adjustment (dependent) variable, unprotected sex, was assessed by whether or not condoms, dental dams, or other barriers were used during oral and anal sex during the prior three months. (Unfortunately, this data does not provide a distinction between oral and anal sex.) Also examined were the number of same- and opposite-sex sexual partners and same- and opposite sex sexual encounters for both boys and girls. All same-sex and opposite-sex unprotected sex in this category were looked at, although, as discussed in the literature review, same-sex sexual behaviors are known to be of higher risk for boys. And for girls, opposite-sex sexual behaviors are often higher risk. (At this time there is limited evidence of the viability and the incidence of woman-to-woman transmission.)

Data Collection Overview

The following data was gathered for exploration of the research questions. Several instruments were used. These instruments are reported on in this Chapter, Instruments section, and are presented in the Appendix.

Demographic variables gathered included information about each subject's age, self label as gay/lesbian vs. bisexual, ethnicity, examined by gender. (Status of school attendance was reported in text of results.)

Sexual Identity Status Scale scores (Achievement (commitment based on exploration), Moratorium (exploring but not yet committed), Foreclosure (commitment based on little or no exploration), and, Diffusion (lack of exploration and commitment) were then examined by gender.

Sexual Identity Status Scale scores were then examined by self-label gay/lesbian versus bisexual.

Sexual Identity Status Scale scores were examined by ethnicity.

Coming Out was examined by gender.

Sexual Risk Acts were examined by gender.

Sexual Identity Status Scale scores were correlated with Coming Out variables (self identification as lesbian/gay vs. bisexual, knowledge each participant had of the lesbian/gay communities, attitudes toward own homosexuality/bisexuality, and level of disclosure of one's sexuality to others, family, friends, and peers).

Sexual Identity Status Scale scores were then correlated with sexual behaviors (numbers of same- and opposite-sex partners and encounters and incidence of same- and opposite-sex unprotected sex.

Coming Out variables were examined in relation to sexual behaviors (numbers of same- and opposite-sex partners and encounters and same- and opposite-sex unprotected sex).

The domain of Sexual Identity was correlated with both Ethnic and Religious Identity domains. All four subscales, Achievement (commitment based on exploration), Moratorium (exploring but not yet committed), Foreclosure (commitment based on little or no exploration), and, Diffusion (lack of exploration and commitment), were correlated.

Instruments

1. Demographic data

Demographic data about gender, age, ethnicity, and status of school attendance were gathered from Demographics (Appendix D).

2. Sexual orientation

Self-identification of one's sexual orientation was assessed using the Sexual Risk Behavior Assessment Schedule-Youth-Homosexual, (SERBAS-Y-HM-M/F-1). The self-identification item was a categorical variable item, asking if the young person was gay/lesbian, bisexual, straight, other. This self-identification item was updated and expanded from the SERBAS-Y-HM, used in a previous study at the HIV Center (Meyer-Bahlburg et al., 1988).

A second interview with 35 males and 29 females from the study was conducted approximately two weeks after the original interview. Test-retest reliability was acceptable: $M = 17.1$ days, $SD = 4.36$, range 1-28. Reliabilities were acceptable: mean $r = .84$, range .58-1.00.

The SERBAS-Y-HM-M/F is presented in Appendix E.

3. *Coming Out Scales*

The Coming Out scales show the degree of knowledge and experience one has of the lesbian/gay communities. For example, "Have you ever gone to an annual lesbian and gay fair (e.g., at the Lesbian and Gay Community Center, in Queens, in New Jersey?" or "Have you ever gone to an annual lesbian and gay pride march (e.g., in New York City, in Queens, New Jersey, or Washington, D.C.?" "Have you ever called a lesbian or gay switchboard for information, e.g., lesbian switchboard, lesbian and gay switchboard?" "Have you ever talked to a counselor, teacher, or coach about homosexuality or bisexuality?"

And, does the information they have about homosexuality relate to their attitudes about their own homosexuality? For example, "Most problems that lesbian and gay people have come from being a disliked minority group, and not from being lesbian or gay by itself." Does the knowledge you have about lesbian and gay communities impact positively or negatively on one's attitude toward their own homosexuality and will one feel comfortable to disclose to others, family, peers, or friends?

Descriptions of the Coming Out Scales follow: 1) information each participant had of the lesbian/gay communities; 2) attitudes toward one's own homosexuality; 3) disclosure of one's own homosexuality to family, friends, others. (The fourth coming out component, self identification as lesbian/gay vs. bisexual, was assessed using the SERBAS-Y-HM-M/F-1, discussed above.)

1. Information each participant had about the gay/lesbian community was assessed using the Information Scale, Coming-Out 1. The Information Scale (Rosario, Hunter, Gwadz, 1993) consists of 29 yes/no questions (Appendix F). The scale was developed after reviewing the literature. In addition, the investigators called upon their extensive knowledge of lesbian/gay communities. Also, the

investigators ran focus groups at several of the lesbian and gay agencies participating in the study. Some of the items were very specific to New York City, where there is a prominent lesbian/gay community. The items include assessment of reading/subscribing to gay/lesbian periodicals on a regular basis, involvement in any lesbian and gay male activity, going to gay/lesbian bars or clubs, going to other gay/lesbian places such as a coffeehouse or dance. For example, we asked the young people if they had "gone to a lesbian or gay bookstore (e.g., Judith's Room, Oscar Wilde, Different Light?)." Four new items were added: A) buying or going to libraries to read books about homosexuality or gay and lesbian people, B) going to movies or to the theater to see gay/lesbian films or plays, C) watching television programs that deal with gay/lesbian issues, and D) attending the annual lesbian and gay pride march in New York City.

Test-retest reliability for each item on the original test was high ($r = .83$).

2. Attitudes toward one's own homosexuality: The Attitude Scale (Coming Out 3; Appendix F) was used to assess becoming comfortable with and accepting of one's sexual orientation. Twenty four items were adapted from the "Nungessor Homosexual Attitudes Inventory" were used (Nungessor, 1983) that define acceptance of one's own homosexuality (e.g., feeling glad or depressed to be lesbian/gay/bisexual, feeling "proud to be part of the gay community") and attitudes towards homosexuality in general (e.g., "homosexuality is not as good as heterosexuality," "male homosexuality is a natural expression of sexuality in human males") that yield two scores.

The original assessment was developed for adult gay men and, therefore, needed to be adapted by Rosario, Hunter, & Gwadz, 1993, for adolescents and for lesbians. There were 33 items in total. Responses were 1-4 on a Likert scale, from strongly disagree (-2) to strongly agree (2). Both scales have excellent reliability

(alpha = .94) for the 10 items comprising comfort with one's own sexuality and .88 for the 12 items comprising the other subscale.

3. Level of disclosure of one's homosexuality to others, family, friends, peers, was assessed using the assessment *Disclosing to Others* (Appendix F) (Rosario, M., Hunter, J., Gwadz, 1993). This 21-item assessment was composed of a mixture of multiple-choice, fill-in information, and yes-no responses. The assessment was from a previous study of gay male adolescents was used with this sample to assess disclosing one's sexuality to family and friends, having one's homosexuality discovered by these individuals, being ridiculed for being homosexual, and whether the adolescent considered the events to be negative or positive. Items were added to this scale to assess verbal abuse and physical violence from family and others attributed directly to the adolescent's homosexuality, given the high prevalence of these events (Hunter, 1990). This scale has proven highly reliable (Cronbach's alpha = .89) and is related to HIV risk behaviors (Rotheram-Borus et al., 1994).

4. Personal identity status, the degree of exploration and commitment, in three domains, was assessed using the *Coming Out 5: Personal Identity* (Appendix G). This assessment is the Grotevant and Adams' (1984) Extended Version of the Objective Measure of Ego Identity Status (EOM-EIS).

A 32-item self-report inventory assessed identity statuses of achievement (commitment based on exploration), moratorium (exploring but not yet committed), foreclosure (commitment based on little or no exploration), and diffusion (lack of exploration and commitment) in four domains: politics, occupation, ethnic identity, and religion. Occupation and politics were not examined in this study.

Grotevant and Adams (1984) developed the original measure, with the domains of politics, occupation, and religion. Eight items were added to assess

exploration and commitment in the domain of ethnic identity status (Rotheram-Borus, 1987).

A parallel form of eight items was developed to assess exploration and commitment in the four domains of sexual identity to match the index of personal identity achievement in other domains. These scales can also be found in Appendix G and are discussed below.

Two studies of the 1983 Grotevant and Adams assessment were conducted to evaluate the reliability and validity of the measure. These studies were carried out with college students in Texas and Utah (Grotevant and Adams, 1984). Freshmen comprised 63% of the sample, sophomores 18%, and juniors and seniors combined for the remaining 19%. A third study was conducted with 44 high school seniors, mean age 17.6, for the purpose of assessing concurrent validity. Scores from the measure were compared with scores from the Ego Identity Interview, which has demonstrated moderate to high agreement with scale-generated ratings of identity formation. Five of the eight correlations for the Total scale were significant in the predicted direction. The others were non-significant. (Adams, Ryan, Hoffman, Dobson, Nielson, 1984). Cronbach alphas ranged from 0.51 to 0.77 (Texas) and 0.37 to 0.77 (Utah). Split-half reliabilities were 0.37 to 0.64 (Utah). Test-retest correlations, four-week interval, ranged from 0.63 to 0.83 for the Total Identity Scales. Content validity was also examined. Percentage agreement by a team of 10 graduate students for the 64 items was 96.5% (Grotevant and Adams, 1984).

Ethnic status items were included by Rotheram-Borus in 1989. Eight additional self-report items were added to assess students' Ethnic Status: two items in each of the four areas of Ethnic Achieved, Ethnic Moratorium, Ethnic Foreclosed, and Ethnic Diffused. An example of an Ethnic Achieved statement is "I thought a lot about my ethnic background and talked to a lot of people who

have different ideas about ethnicity, and I know what I believe and feel.” An Ethnic Moratorium statement is “My ethnic identity is a confusing issue for me right now. I keep changing my mind about it.” An Ethnic Foreclosure statement is “I’ve always know how I feel about my own ethnic identity, and I don’t question my ethnic background.” An Ethnic Diffused statement is “I haven’t spent a lot of time thinking about race or ethnicity, and it’s not an important issue for me.”

Cronbach’s alphas on the Ethnic scales were 0.71 for Ethnic Achieved, 0.62 for Ethnic Moratorium, 0.78 for Ethnic Foreclosed, and 0.67 for Ethnic Diffused (Rotheram-Borus, 1987).

A parallel form of eight items was developed in 1993 by the current investigator (Hunter, 1993) to assess exploration and commitment in the four domains of sexual identity (Appendix G). These items were developed in order to have an index of sexual identity that is exactly similar to the index of personal identity achievement in other domains. Content validity of the Sexual Identity Domain questions were reviewed by a research team, the Psychosocial Core at the HIV Center for Clinical and Behavioral Studies, comprised of researchers, two of whom have published in this area. In addition, they were discussed with Gerald Adams, one of the original researchers in this area and a developer of the original Grotevant and Adams instruments. The items were developed in a similar manner to the ethnic identity items of Rotheram-Borus, who also reviewed the sexual identity items. Instruments of this type have been shown to be reliable.

For this study, the three domains of ethnic, religious, and sexual identities were used (Appendix G). This instrument addressed the question of how these domains relate to each other, and how one of these domains, sexual identity, correlates with coming out and sexual risk behaviors in adolescence.

In each of the three domains, items assessed degree of exploration and

commitment. An example of a Religion Achieved (exploration and commitment) status statement is, "A person's faith is unique to each individual. I've considered and reconsidered it myself and know what I believe." A Religion Moratorium (exploration without commitment) statement is, "I'm not sure what religion means to me. I'd like to make up my mind but I'm not done looking yet." Religion Foreclosed (commitment without exploration) is characterized by, "I attend the same church that my family has always attended. I've never really questioned why." An example of Religion Diffused (no exploration, no commitment) is: "I don't give religion much thought and it doesn't bother me one way or the other."

An example of a Sexual Identity Achievement statement (exploration and commitment) is characterized by: "I have gone through a period of questioning my sexual feelings toward the same sex, and I can now say that I know who I am." A Sexual Identity Moratorium statement is: "I am still exploring my sexual identity to find out what is right for me." A Sexual Identity Foreclosed statement is: "I have always known about my sexual identity, and I do not question who I am." An example of a Sexual Identity Diffused statement: "I have not really thought about sexual identity, and I'm not concerned about it."

To facilitate interviewing with youth, the Likert-like scale was modified from six points to four points (strongly agree, agree, disagree, strongly disagree).

In this study, the identity status EOM-EIS-1 subscale predictor variables (Grotevant & Adams, 1984) were computed as follows:

For each of the identity domains, there were four Status scores: Achievement, Moratorium, Foreclosure, and Diffused. The scores (Identity Status Subscale predictor variables) were computed as follows: the score of the variable is the sum of the responses (1 to 4 on Likert scale) for the two items in that domain (e.g., Achievement/Ethnic: items 1, and 22; Achievement/ Sexual: items 7 and 31). The possible range of scores on each variable is a low of 2 through a high of 8.

The composite identity (independent) variables were computed as follows: Each composite consisted of the sum of the 8 items that belong to that status: (i.e., Sexual Identity: items 1, 6, 7, 10, 21, 22, 28, 31) All items for each status are in the measure, Appendix G). The range of scores on each composite was from 8 to 32.

Thus, each Sexual identity subscale had the following meaning:

A. Achieved indicated high frequency of exploring one's sexual orientation and freely committed to being gay/lesbian/bisexual or heterosexual;

B. Moratorium indicated high frequency of exploring one's sexual orientation, low on commitment;

C. Foreclosed indicated without exploring, the young person was committed to their sexual orientation;

D. Diffused indicated little or no interest in exploration or commitment.

4. Sexual Risk Behavior

Level and types of sexual risk behavior was assessed with The Sexual Risk Behavior Assessment Schedule--Youth (SERBAS-Y-SH-HM-M/F) (Meyer-Bahlburg et al., 1988) for gay/bisexual male youths, which was updated and expanded by the original investigators and the investigators of current studies for the current sample of lesbian/gay and bisexual youths (SERBAS-Y-HM-M/F-1, Meyer-Bahlburg, Ehrhardt, Exner, & Gruen, 1994) (Appendix E). The update was based in part on focus groups the investigator conducted with lesbian/gay and bisexual youths, by gender, and staff at two of the recruitment sites.

The updated SERBAS-Y-HM-M/F-1 is a semi-structured interview schedule assessing sexual behaviors with male and female partners, other dimensions of

sexual orientation, and issues related to sexual behaviors, such as number of sexual partners, partner's age, use of barrier methods, including condoms and dental dams. On average, it takes 45 minutes to administer the SERBAS-Y-HM-M/F-1.

The SERBAS-Y-HM-M/F-1 uses both general descriptive phrases and the youth's own language to assess practice as well as frequencies during the past three months of engaging in specific sexual activities with male and female partners: manual sex (hand-genital), vaginal-digital sex, oral sex, penile-vaginal sex, anal sex, anilingus, and sharing a dildo, vibrator or other object during vaginal sex or anal sex (now referred to as "vaginal-dildo sex" and "anal-dildo sex"). In this study, data on the last three months' sexual behavior was reported.

Assessment of test-retest reliability was based on a second interview with 35 males and 29 females conducted approximately two weeks ($M = 17.1$ days, $SD = 4.36$, range = 1-28) after the original interview. The reliabilities, for the items reported herein, were within acceptable limits (mean $r = .84$; range from .58 to 1.00) (Rosario & Meyer-Bahlburg, 1994).

Data Analysis

Are Coming Out and Sexual Identity Status related on the dimensions of Moratorium, Achievement, Foreclosure and Diffusion? (i.e., Are those adolescents in "Moratorium" at higher risk for unprotected sexual behavior? And, are those who feel good about their gay identity less likely to engage in risky behaviors?)

The variables examined here:

Adjustment (dependent), identity (independent), and demographic data variables:

In this analysis, the adjustment (dependent) variables were numbers of same- and opposite-sex unprotected sex acts and numbers of same- and opposite-

sex partners and encounters, both during past three months; and coming out as gay or lesbian, as measured by four indices: level of information about the gay/lesbian community, attitudes toward one's own homosexuality/bisexuality, levels of disclosure to others, and self identification as gay/lesbian vs. bisexual.

The identity (independent) variables were personal identity statuses for sexual identity. The status of sexual identity achievement (commitment based on exploration) indicates that one has searched and made a meaningful commitment. The status of sexual identity moratorium (exploring but not yet committed) indicates that one is still searching. The status of sexual identity foreclosure (commitment based on little or no exploration) indicates a strong commitment without exploration, generally based on parental values (Kroger, 1993). The status of sexual identity diffusion (lack of exploration and commitment) indicates that one is not searching and is uncommitted in their life direction.

Descriptive data of the following factors were collected: age, gender, sexual orientation, ethnicity and percentages of subgroups for all discrete variables are reported. For continuous variables, the range, mean, and standard deviation are presented. These data were correlated with Sexual Identity Statuses. Differences between boys and girls were also examined.

The next analysis correlated each of the four Personal Identity Status scores (Achievement, Moratorium, Foreclosure, Diffusion) from each domain (Sexual Identity, Ethnic Identity, Religious Identity), to see whether sexual identity achievement was related to ethnic and religious identity.

Then, relationships were explored between Sexual Identity Statuses and the adjustment (dependent) variables of unprotected sex, number of same- and opposite-sex partners and encounters, and coming out as gay or lesbian. These analyses were zero-order correlations between four Composite Sexual Identity Status (independent) variables: Achievement, Moratorium, Foreclosure, and

Diffusion, and the three adjustment (dependent) variables (unprotected sex, numbers of same- and opposite-sex partners and encounters, and coming out).

The following variables had skewed distributions: number of sexual partners, number of sexual occurrences and unprotected sex acts. For these cases, where variables had non-normal frequency distribution, Spearman Correlation Coefficient was used. In the other cases, Pearson Correlation Coefficient was used.

To determine any significant differences between subgroups in relation to several variables in this study, t-tests, Pearson's Chi Square, Analysis of Variance, or Mann-Whitney U tests were used.

Study Limitations

The final sample (N = 157) was 52% male (n = 81) and 48% female (N = 76). Five females had been excluded from the original sample of 162, four because they self-identified as heterosexual and had never engaged in any sexual activity with females, and one because she was too old, 22 years, for the age range specified by the study protocol.

The final ethnic breakdown was 35% Black, 36% Hispanic, 22% Caucasian, and 7% Asian/Other. To ensure ethnic balance, the number of participants in each category was targeted. Participants were recruited from each site to obtain as balanced a sample as possible. The ethnic sampling and other demographic data can be found in Chapter IV. The age range of participants was from 14 to 21 years, with the mean age of 18 years. Of the 76% of participants who were attending school, 52% were attending high school and 48% were attending college.

The sample in this study is characterized as a convenience sample. Any scientific study of lesbian and gay youth would pose similar methodological

problems. First, the youth in this study were recruited from several recreational and social service agencies serving lesbian, gay, and bisexual youth. Second, because of the social stigma attached to homosexuality, many youth are resistant and fearful of disclosing their homosexual feelings or orientation to others. They are, for the most part, a hidden population, thereby making random sampling impossible at the present time. Therefore, the generalizability of the data to other populations of lesbian, gay, or bisexual youth is limited. This study is the first of its kind, and is therefore exploratory, with the hope of exploring future directions for research in this vital topic.

CHAPTER IV

RESULTS OF THE STUDY

Introduction

The sample for this study were recruited from three community-based agencies: the Bisexual, Gay, and Lesbian Youth of New York and the Youth Enrichment Services (YES), both of the Lesbian and Gay Community Services Center; the Harvey Milk High School and the Drop-In Center, both of the Hetrick-Martin Institute; and the Neutral Zone of the Greenwich Village Youth Council; and two college groups, the Lesbian and Gay Community Center of Hunter College and the Gay and Lesbian Student Organization at City College of New York.

These agencies and groups serve primarily lesbian, gay, and bisexual youth, largely a hidden population in society. The three community-based agencies serve youth 14-21 years of age, and the two college groups serve youth 17-21 years of age.

The participants in this study were self-identified lesbian, gay, or bisexual urban youth. The total sample of 157 included 81 males and 76 females. Ages ranged from 14 to 21, with the mean age of 18 for both boys and girls in the sample. Ethnic composition of the sample was 35% Black, 36% Hispanic, 22% for Caucasian, 7% Asian/Other. (There were no significant differences between males and females on age, ethnicity or self-label lesbian/gay vs. bisexual [Table 1].

Table 1
Participant Demographics, by Gender

		<u>Male</u> (N = 81)	<u>Female</u> (N = 76)	<u>Total</u> (N = 157)
<u>Self-label Lesbian/Gay versus Bisexual:</u> ¹				
	Homosexual	65% (N = 53)	67% (N = 51)	66%
	Bisexual	31% (N = 25)	32% (N = 24)	31%
	Other:	4%	1%	2.5%
<u>Age</u> ²	Mean:	18.1	18.4	18.2
	SD:	1.7	1.6	1.6
<u>Ethnicity</u> ¹				
	Latino	34.6%	38.2%	36.3%
	Black	34.6%	35.5%	35%
	Caucasian	23.5%	19.7%	21.7%
	Asian/Other	7.4%	6.6%	7%

¹ Chi Square: NS

² t test: NS

Examination of school attendance found 76% of participants attending school. Of those, 52% were attending high school, and 48% were attending a city college. While there were some age and gender differences between agencies and groups, most youth came from similar working class backgrounds. Most were living at home with their families.

There were some differences between boys and girls when examined by Sexual Identity Status Scale scores (Achievement, Moratorium, Foreclosure, Diffusion). Among males, there were significantly higher Diffused scores ($t = 2.7$; $p = < .01$), and among females, there was a trend toward higher Achieved scores ($t = -1.7$; $p = < .10$) (Table 2).

Table 2

**Mean and Standard Deviation of the Scale Scores
for Each Sexual Identity Status by Gender**

<u>Sexual Identity Status Scale Score:</u>		<u>Male (N = 81)</u>	<u>Female (N = 76)</u>	<u>Total (N = 157)</u>	<u>t value</u>
Achieved ⁺	M	6.5	6.8	6.6	-1.7(*)
	SD	1.4	1.2	1.3	
Moratorium	M	4.6	4.4	4.5	.7
	SD	1.8	1.7	1.7	
Foreclosed	M	6.0	5.8	5.9	.8
	SD	1.7	1.7	1.7	
Diffused ⁺⁺	M	4.3	3.6	4.0	2.7**
	SD	1.7	1.4	1.6	

(*) $p = < .10$; * $p = < .05$; ** $p = < .01$

+ Negative t value indicates that, among females, there was a trend toward higher Achieved scores.

++ Positive t value indicates that, among males, there was a significantly higher Diffused score.

There were differences between those in the total population who self-labeled lesbian/gay vs. bisexual when examined by Sexual Identity Status Scale scores: Among self-identified lesbian/gay participants, there were significantly higher Achieved ($t = -2.5$; $p < .05$) and Foreclosed scores ($t = -2.9$; $p < .01$). Among self-identified bisexual participants, there were significantly higher Moratorium scores ($t = 5.4$; $p < .01$), with a trend toward higher Diffused scores ($t = 1.8$; $p < .10$) (Table 3).

Table 3
Gay/Lesbian versus Bisexual Differences in
Personal Identity Status Scales, Total Population

<u>Sexual Identity Status</u> <u>Scale Scores:</u>		<u>Bisexual</u> (N = 49)	<u>Homosexual</u> (N = 103)	<u>t value</u>
Achieved ⁺	M	6.3	6.8	-2.5*
	SD	1.3	1.3	
Moratorium ⁺⁺	M	5.5	4.0	5.4**
	SD	1.5	1.7	
Foreclosed ⁺	M	5.4	6.2	-2.9**
	SD	1.6	1.6	
Diffused ⁺⁺	M	4.3	3.8	1.8 (*)
	SD	1.5	1.6	

(*) $p < .10$; * $p < .05$; ** $p < .01$

⁺ Negative t value indicates that among self-identified gay/lesbian participants, there were significantly higher Achieved and Foreclosed scores.

⁺⁺ Positive t value indicates that among self-identified bisexuals, there were significantly higher Moratorium and a trend toward higher Diffused scores.

In examining Sexual Identity Status Scale scores by ethnicity groupings, significantly fewer Caucasians were in Diffused status in comparison with each of the other three groups ($f = 4.0$; $p = < .01$) (Table 4).

Table 4
Analysis of Variance of Ethnic Differences
in Sexual Identity Status Scales

		<u>Black</u>	<u>Hispanic</u>	<u>Caucasian</u>	<u>Asian/ Other</u>	<u>F value</u>
		(N = 55)	(N = 56)	(N = 34)	(N = 11)	
<u>Sexual Identity Status</u>						
Achieved	M	6.5	6.8	6.6	6.6	.48
	SD	1.3	1.2	1.5	1.4	
Moratorium	M	4.7	4.4	4.4	4.4	.36
	SD	1.9	1.6	1.8	1.7	
Foreclosed	M	5.9	6.1	5.8	5.9	.25
	SD	1.6	1.7	1.7	1.6	
Diffused	M	4.2	4.2	3.2	4.4	4.0**
	SD	1.5	1.6	1.3	1.9	

** $p = < .01$ (Diffusions scores of Caucasians were significantly lower than scores of each of the other three groups.)

Gender differences were also examined with Coming Out indices. There were no significant differences between boys and girls with attitude toward own sexuality, level of information about the gay/lesbian community, or disclosure to others (Table 5). (There were no significant differences found for the fourth index, self-label gay/lesbian vs. bisexual, discussed above.)

Table 5
Scores on Coming Out Indices by Gender

			<u>Male</u> (N = 81)	<u>Female</u> (N = 76)	<u>Total</u> (N = 157)	<u>t value</u> ⁺
<u>Coming Out Indices:</u>						
Attitude Toward Own Homosexuality		M	7.2	7.8	7.5	-1.5
		SD	2.8	2.7	2.8	
Level of Information about Gay/Lesbian Community		M	8.1	7.9	8.0	.6
		SD	1.8	1.7	1.8	
Disclosure to Others		M	6.6	7.0	6.8	-.5
		SD	5.4	5.3	5.3	

⁺ t test: NS

Note: The fourth indice of Coming Out, Self Label Gay/Lesbian versus Bisexual, is presented in Table 1.

Also, when gender differences were examined with same-sex sexual risk behaviors, prior three months, there were no significant differences found between boys and girls (Table 6). (It should be noted here that there were too few opposite-sex sexual behaviors, prior three months, to correlate them with other variables. T-test comparisons of differences between those boys and girls who had with those who had not had opposite-sex partners during this period will be reported below, Hypothesis 4, and are presented in Table 9A).

Table 6
Gender Differences in Same-Sex Sexual Risk Acts
(Prior Three Months)

		<u>Males</u> (N = 81)	<u>Females</u> (N = 76)
<u>Sexual Risk Acts:</u>			
Number of Same-Sex Partners	M SD	1.8 (3.6)	1.3 (2.0)
Number of Same-Sex Encounters	M SD	10.8 (23.4)	17.8 (34.6)
Number of Unprotected Same-Sex Acts	M SD	34.4 (79.0)	46.5 (80.3)

Note: Mann-Whitney test of significance revealed no significant differences between boys and girls on same-sex sexual risk acts, prior 3 months.

Goals and Hypotheses

The purpose of this study was to examine the relationship among HIV sexual risk behaviors, Coming Out, and Personal Identity Status. The three primary objectives are:

1. To examine if a process of exploration and commitment to gay/lesbian orientation (sexual identity status) is comparable to the exploration and commitment to established ethnic and religious identity statuses;
2. To examine how the process of sexual identity achievement (exploration and commitment) relate to both the coming-out process and HIV sexual risk behaviors;
3. To examine how the coming-out process is related to HIV risk sexual behaviors.

Results by Hypothesis

1. The first hypothesis was that there would be a **significant positive relationship between Sexual Identity Achieved Status** (defined as "commitment based on exploration") **and the four indices of Coming Out:** positive attitudes about one's own homosexuality/bisexuality; level of information about the lesbian/gay communities; level of disclosure of one's sexual orientation (to friends, parents, siblings, counselors, doctors); and self-label as gay/lesbian vs. bisexual.

A correlation was performed analyzing participant's scores in all four Sexual Identity Statures (Achievement, Moratorium, Foreclosure, and Diffusion) of the Sexual Identity Scale (a measure of degree of exploration and commitment) and the four indices of Coming Out. These figures are presented in Table 7. Achievement score correlations will be reported here. (Note: Relationships for Foreclosed (defined as "commitment based on little or no exploration") and Diffused (defined as "lack of exploration and commitment") Sexual Identity Statures are presented in Table 7 for completeness. There were no hypotheses about either Foreclosed or Diffused statuses, because exploration was a focus of the study. Based on my clinical experience in working with lesbian, gay, and bisexual youth, they appeared to be most vulnerable to risk behaviors during the period of exploring their identity, and those youth who have made a commitment to their lesbian and gay identity appeared to be less vulnerable. It was unclear what to expect from the two statuses that do not contain exploration. Discussion of the statuses and their relationships will be presented in Chapter V.

Table 7
Pearson Correlation Coefficients of Sexual Identity Statuses
With Coming Out--Indices of Homosexuality

	<u>Achieved</u>			<u>Moratorium</u>			<u>Foreclosed</u>			<u>Diffused</u>		
	<u>Total</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>	<u>Boys</u>	<u>Girls</u>
<u>Homosexuality</u> <u>Indicators:</u>												
Pos Attitude- Own Homo- sexuality	.27***	.36***	.14	-.37***	-.51***	-.21(*)	.35***	.46***	.24*	-.01	-.02	.07
Information Re Homo- sexuality	.12	.05	.23*	-.23**	-.19(*)	-.28*	.10	.02	.18	-.12	-.04	-.25*
Disclosure to Others	.18*	.23*	.12	-.24**	-.29**	-.18	.06	.23*	-.11	-.22**	-.20(*)	-.23*
Self-Label as Gay/Lesbian vs Bisexual ⁺	.20*	.24*	.15	-.40***	-.33**	-.48***	.23**	.26*	.21(*)	-.14(*)	-.02	-.31**

(*) p = < .10; * p = < .05; ** p = < .01; *** p = ≤ .001

⁺Self-Label: 1 = gay/lesbian; 0 = bisexual

In examining the relationships between Sexual Identity Achievement Status scores and Coming Out, results indicate significant relationships between these variables.

a. Attitudes towards one's own sexuality with Sexual Identity Achieved Status scores. Positive attitudes towards one's own sexuality were significantly positively related to Sexual Identity Achievement Status for the total group ($r = .27, p = .001$) and for boys ($r = .36, p = .001$).

b. Level of information about the lesbian/gay community with Sexual Identity Achieved Status scores. There was a positive relationships between the level of information and Sexual Identity Achieved Status for girls ($r = .23, p = < .05$), but not for boys or for the total group.

c. Disclosure to others with Sexual Identity Achieved Status scores. There was a significantly positive relationship between Sexual Identity Achieved Status and high levels of disclosure of one's sexual orientation for the total group ($r = .18, p = < .05$) and for boys ($r = .23, p = < .05$).

d. Self-label gay/lesbian vs. bisexual with Sexual Identity Achieved Status scores. There was a significantly high level of Sexual Identity Achieved among those who identified as gay/lesbian among the total group ($r = .20, p = < .05$) and for boys ($r = .24, p = < .05$).

Summary. Hypothesis 1, that there would be a significant positive relationship between Achieved Sexual Identity Status and Coming Out indices, was largely supported for boys: three of four positive relationships between Sexual Identity Achieved Status and Coming Out indices were found to be as expected for the total group and for boys. Among boys, more positive attitudes toward own sexuality, high disclosure to others, and self-identification as gay, were significantly positively related to higher Sexual Identity Achieved Status scores. However, Hypothesis 1 was not supported for girls: only one of four

possible relationships, higher levels of information about the lesbian/gay communities, was significantly positively related to higher Sexual Identity Achieved Status scores.

2. The second hypothesis was that there would be, conversely, **a negative significant relationship between Sexual Identity Moratorium Status** (defined as exploring but not yet committed) **and indices of Coming Out.**

These results are from the correlation described in Hypothesis 1 and are also presented in Table 7, above. Correlations with Sexual Identity Moratorium scores are reported here.

a. Attitudes towards one's own sexuality with Sexual Identity Moratorium Status scores. Attitudes towards one's own sexuality were found to be negatively related to Sexual Identity Moratorium for the total group ($r = -.37, p. = \leq .001$) and for boys ($r = -.51, p. = \leq .001$), with a trend in that direction for girls ($r = -.21, p. = < .10$).

b. Level of information about the gay/lesbian community with Sexual Identity Moratorium Status scores. Level of information was also negatively related to Sexual Identity Moratorium for the total group ($r = -.23, p. = < .01$) and for girls ($r = -.28, p. = < .05$), with a trend in that direction for boys ($r = -.19, p. = < .10$).

c. Level of disclosure to others with Sexual Identity Moratorium Status scores. Level of disclosure of one's sexual orientation was negatively significantly related to Sexual Identity Moratorium for the total population ($r = -.24, p. = \leq .001$) and for boys ($r = -.29, p. = < .01$). There was no significance for girls in this comparison of Sexual Identity Moratorium and level of disclosure.

d. Self-label gay/lesbian vs. bisexual with Sexual Identity Moratorium Status. For the total population and both boys and girls, high Moratorium

scores are significantly associated with self-identification as bisexual vs. gay/lesbian among the total group ($r = -.40, p = \leq .001$), for boys ($r = -.33, p = < .01$), and for girls ($r = -.48, p = \leq .001$).

Summary. Hypothesis 2 was largely supported: All four of the comparisons between Sexual Identity Moratorium and Coming Out indices were negative at significant levels, as expected, for the total population, with three of the four correlations as expected for boys, and two of the four as expected for girls, with a trend in a third correlation for girls. For boys, high Sexual Identity Moratorium scores were significantly associated with negative attitudes towards one's own sexuality, low levels of information about the lesbian/gay communities, and higher self-label as bisexual vs. lesbian/gay. For girls, high Sexual Identity Moratorium scores were significantly associated with higher numbers of self-label as bisexual, low levels of information about the lesbian/gay communities, with a trend toward negative attitudes towards own sexuality.

3. The third hypothesis was that **high Sexual Identity Achieved Status would significantly relate to higher numbers of same-sex partners and encounters and lower numbers of same-sex unprotected acts, and, high Sexual Identity Moratorium Status would significantly relate to lower numbers of same-sex sexual behaviors** (Table 8).

To examine this hypothesis, correlation was performed between scores for all Sexual Identity Statuses (Achievement, Moratorium, Foreclosure, Diffusion) and the numbers of same-sex partners, encounters, and unprotected sexual acts, prior three-month period, reported by participants, presented in Table 8. Correlations with the Achievement and Moratorium scores are reported here.

Table 8
Spearman Correlation Coefficients of Sexual Identity Statuses
With Same-Sex Sexual Behavior During Past Three Months

	<u>Achieved</u>			<u>Moratorium</u>			<u>Foreclosed</u>			<u>Diffused</u>		
	<u>Total</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>	<u>Boys</u>	<u>Girls</u>
<u>Sexual Behavior:</u>												
# Same Sex: Partners	.12	.24*	.05	-.23**	-.15	-.39***	.12	-.02	.24*	.03	.02	-.05
# Same Sex Encounters	.26***	.21(*)	.30**	-.29***	-.15	-.44***	.23**	.10	.33**	-.01	.10	-.12
# Same Sex Unprotected Acts	.15	-.01	.27(*)	-.15	-.04	-.23	.06	.05	.08	-.06	-.14	.03

(*) $p < .10$; * $p < .05$; ** $p < .01$; *** $p \leq .001$

a. Sexual Identity Achieved Status scores with same-sex sexual risk behaviors. High Achievement scores were positively associated with high numbers of same-sex encounters for the total population ($r = .26, p = \leq .001$), for girls ($r = .30, p = < .01$), with a trend for boys ($r = .21, p = < .10$). Achievement was significantly positively related to higher number of same-sex partners for boys only ($r = .24, p = < .05$). While there was a positive trend in a relationship between Sexual Identity Achieved Status and same-sex unprotected acts for girls ($r = .27, p = < .10$), results indicated there were no significant relationships between Achieved Status and same-sex unprotected acts for the total population or for boys.

There were no other significant relationships for those high on Sexual Identity Achieved Status with same-sex sexual behaviors. This part of Hypothesis 3 was only partially supported.

b. Sexual Identity Moratorium Status scores with same-sex sexual risk behaviors. High Moratorium Status scores were related, in the total population, to both low numbers of same-sex partners ($r = -.23, p < .03$) and low numbers of same-sex encounters ($r = -.29, p \leq .001$). Females accounted for this significance: for females, Moratorium was negatively related to the number of same-sex partners ($r = -.39, p = \leq .001$) and the number of same-sex encounters ($r = -.44, p = \leq .001$), with no significant relationships found for males in these correlations. As with Sexual Identity Achieved Status, there were no significant relationships between Moratorium and unprotected same-sex sexual acts.

This part of Hypothesis 3, that there would be a significant positive relationship between high Sexual Identity Moratorium Status scores (exploring but not yet committed) and low numbers of same-sex sexual behaviors, was supported for girls, but not for boys (Table 8, above).

Summary. Hypothesis 3 was largely supported for girls. For girls, relationships were significant positive between high Sexual Identity Achieved Status scores and high numbers of same-sex encounters, and, conversely, Sexual Identity Moratorium Status scores and low numbers of same-sex encounters and same-sex partners. For boys, only high Sexual Identity Achieved Status related positively to high numbers of same-sex partners, with a trend toward Achievement to significantly relate to high numbers of same-sex encounters. No significant relationship was found for either boys or girls in relation to Achievement or Moratorium with numbers of same-sex unprotected acts.

4. The fourth hypothesis was that **high Sexual Identity Achieved Status would significantly positively relate to lower numbers of opposite-sex partners, and, conversely, high Sexual Identity Moratorium Status would significantly positively relate to higher numbers of opposite-sex partners** (Table 9A).

To examine this hypothesis, a test of significance was performed between scores for all Sexual Identity Statuses and those who have had opposite-sex sexual partners, as opposed to those who have not, are reported by participants (prior three-month period). These results are presented in Table 9A, below. (Table 9B, Appendix G, presents results for all for Sexual Identity statuses.)

The relationships between scores for high Sexual Identity Achieved and Moratorium Statuses and those who have had opposite-sex sexual partners, as opposed to those who have not, are reported here.

The only significant positive relationship between high Achievement scores and opposite-sex partners was for boys. Scores for those boys not having opposite-sex partners were significantly higher in Achievement Status ($t = 2.4$; $p < .05$) than boys having opposite-sex partners.

Table 9A

**T-test Comparisons of Sexual Identity Statuses Between Those
With and Without Opposite-Sex Partners, Prior Three Months**

		<u>Sexual Identity Statuses</u>	
		<u>Achieved</u>	<u>Moratorium</u>
<u>Total N:</u>			
Total N having opp. sex partners (N = 24; 15%)	M: SD:	6.3 1.6	5.3 1.6
Total N not having opp. sex partners (N = 132; 85%)	M: SD:	6.7 1.3	4.4 1.7
<u>T value, Total N</u>		1.4 (NS)	-2.4*
<u>Boys:</u>			
Boys having opp. sex partners (N = 7; 9%)	M: SD:	5.3 1.7	5.4 2.0
Boys not having opp. sex partners (N = 74; 91%)	M: SD:	6.6 1.3	4.5 1.8
<u>T value, Boys</u>		2.4*	-1.3
<u>Girls:</u>			
Girls having opp. sex partners (N = 17; 23%)	M: SD:	6.7 1.4	5.2 1.4
Girls not having opp. sex partners (N = 58; 77%)	M: SD:	6.9 1.2	4.2 1.7
<u>T value, Girls</u>		.5	-2.3*

(*) $p = < .10$; * $p = < .05$

There were significantly higher Moratorium scores for those who had opposite-sex partners ($t = -2.4$; $p < .05$) among the total population, and for girls ($t = -2.3$; $p < .05$).

Summary. Hypothesis 4, that high Sexual Identity Achieved Status scores would significantly positively relate to lower numbers of opposite-sex partners, and conversely, high Sexual Identity Moratorium scores would significantly positively relate to higher numbers of opposite-sex partners, was partially supported. Only high scores of boys in Achievement and high scores for girls in Moratorium were significantly positively related to expected relationships of numbers of opposite-sex partners (high Achievement with low numbers of opposite-sex partners; high Moratorium with high numbers of opposite-sex partners). The conclusion drawn is that the influence of one's Sexual Identity Status on opposite-sex sexual partners varies by gender.

5. The fifth hypothesis was that **high positive indices of Coming Out would be significantly positively related to more same-sex sexual partners and occasions and fewer unprotected same-sex risk acts.**

Participant's same-sex sexual risk behaviors were correlated with Coming Out indices, including attitudes towards one's sexuality, level of information about the lesbian/gay communities, disclosure to others, and self-label gay/lesbian vs. bisexual. These results are presented here and are found in Table 10, below.

a. Attitudes towards own homosexuality. There were many significant positive relationships found between positive attitudes towards own homosexuality/bisexuality and higher numbers of same-sex partners and encounters. In the total sample, positive attitudes regarding their own sexuality was positively related to both the number of same-sex partners ($r = .21$, $p < .01$)

Table 10

**Spearman Correlation Coefficients of Coming Out Indices
With Same-Sex Sexual Behaviors Past Three Months**

	<u>Attitude re Own Homosexuality</u>			<u>Level of Info re Homosexuality</u>			<u>Disclosure to Others</u>			<u>Self Label: G/L vs. Bisexual⁺</u>		
	<u>Total</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>	<u>Boys</u>	<u>Girls</u>
# Same Sex Partners	.21**	.14	.36**	.27***	.31**	.18	.10	.08	.16	.27***	.13	.46***
# Same Sex Encounters	.26***	.27*	.25*	.25**	.29**	.23*	.23**	.21(*)	.27*	.41***	.24*	.56***
# Same Sex Un-protected Acts	.03	.25(*)	-.17	.02	.09	-.01	.04	.20	-.10	.07	.11	.02

(*) $p < .10$; * $p < .05$; ** $p < .01$; *** $p \leq .001$

⁺ = Self-Label: 1 = gay/lesbian; 0 = bisexual

and the number of same-sex encounters ($r = .26, p = \leq .001$). These relationships were both positive for females: same-sex partners ($r = .36, p = < .01$), same-sex encounters ($r = .25, p = < .05$). For boys, high Achievement scores were significantly positively related to numbers of same-sex encounters ($r = .27, p = < .05$).

In examining the relationship between positive attitudes toward one's own sexuality and lower numbers of same-sex unprotected sex acts, there were no significant positively relationships found, contrary to the hypothesis. For males, there was a trend toward a positive relationship between attitude toward one's own sexuality and high frequency of same-sex unprotected sex ($r = .25, p = < .10$). While correlations of attitudes towards own sexuality and high numbers of same-sex partners and encounters were largely in the expected direction for girls, with mixed results for boys, there were no significant positive relationships for boys or girls between attitudes towards own sexuality and same-sex unprotected acts.

b. Level of information regarding lesbian/gay communities. For the total sample there were significant positive relationships found between level of information regarding lesbian/gay communities and number of same-sex partners ($r = .27, p = .001$) and number of same-sex encounters ($r = .25, p = < .01$). These results were true for males: there was a significant relationship between level of information and number of same-sex partners ($r = .31, p = < .01$) and number of same-sex encounters ($r = .29, p = < .01$). For girls, a significant positive relationship was found between level of information and number of same-sex encounters ($r = .23, p = < .05$). There were no significant relationships found for boys or girls between level of information regarding the lesbian/gay communities and the number of same-sex unprotected acts.

Correlations of level of information about the lesbian/gay communities and high numbers of same-sex partners and encounters were in the expected direction for boys, with mixed results for girls. There were no significant relationships for boys or girls between level of information and same-sex unprotected acts.

c. Disclosure to Others. For the total sample, there was a significantly positive relationship between number of same-sex encounters and level of disclosure to others ($r = .23, p = < .01$). This significance was found for females ($r = .27, p = < .05$). There was a trend toward a positive relationship between these two variables for males ($r = .21, p = < .10$). The higher the level of disclosure, the greater number of same-sex encounters. Of the three correlations, level of disclosure to others was only significantly related to high numbers of same-sex encounters. There was no significance found between disclosure to others and the numbers of same-sex unprotected acts reported by participants.

d. Self-Label Gay or Lesbian versus Bisexual. There were several significant relationships found between self-identification as gay/lesbian versus bisexual and same-sex sexual behaviors. There was a positive significant relationship between self-identification as gay/lesbian and number of same-sex partners ($r = .27, p = \leq .001$) for the total sample; this significant relationship was found for females ($r = .46, p = \leq .001$). For the total sample, there was also a positive significant relationship found between self-identification as gay/lesbian and high numbers of same-sex encounters ($r = .41, p = \leq .001$); this significant relationship was found for both males ($r = .24, p = < .05$) and females ($r = .56, p = \leq .001$). As in the previous three correlations, no significant relationships were found between self-label gay/lesbian vs. bisexual and the number of same-sex unprotected acts.

Correlations of self-label gay/lesbian vs. bisexual and high numbers of same-sex partners and encounters were largely in the expected direction. There

were no significant relationships for males or females between self-label and same-sex unprotected acts.

Summary. Hypothesis 5 was strongly supported in three of the four Coming Out indices (attitude toward own sexuality, level of information about the lesbian/gay communities, and self-label gay/lesbian vs. bisexual) with high numbers of same-sex partners and encounters. There were mixed results when examining disclosure to others and same-sex sexual partners and encounters. There were no significant relationships for boys or girls between Coming Out and unprotected same-sex risk acts.

6. The sixth hypothesis was that **high positive indices of Coming Out would be significantly related to fewer opposite-sex partners, prior three months** (Table 11).

To examine this hypothesis, a test of significance was performed between scores for all Coming Out indices with those who have had opposite-sex sexual partners, as opposed to those who have not, are reported by participants (prior three-month period). These results, presented in Table 11, are reported here.

a. Attitude toward own homosexuality. For the total population, positive attitude toward own homosexuality/bisexuality is related to lower numbers of opposite-sex partners ($t = 2.2$; $p < .05$); this significant relationship was only for boys ($t = 3.3$; $p < .01$).

b. Level of information regarding lesbian/gay community. High level of information was significantly related to lower numbers of opposite-sex partners for boys only ($t = 2.4$; $p < .05$).

c. Disclosure to others. High level of disclosure to others was significantly related to lower numbers of opposite-sex partners for the total population ($t = 3.1$; $p < .01$); boys ($t = 2.9$; $p < .05$); and girls ($t = 2.1$; $p < .05$).

Table 11

Statistical Tests Comparisons of Coming Out Indices Between Those With and Without Opposite-Sex Partners, Prior Three Months

		<u>Coming Out Indices</u>			
		<u>Attitude re Own Homosexuality¹</u>	<u>Level of Info re Homosexuality¹ to Others¹</u>	<u>Disclosure to Others¹</u>	<u>Self Label: G/L vs. Bi⁺²</u>
<u>Total N:</u>					
Total N having opp. sex partners (N = 24; 15%)		M: 6.3	7.5	4.7	
		SD: 3.4	1.4	3.1	
Total N not having opp. sex partners (N = 133; 85%)		M: 7.7	8.1	7.2	
		SD: 2.6	1.8	5.6	
<u>Significance value, Total N:</u>		2.2*	1.5	3.1**	40.9***
<u>Boys:</u>					
Boys having opp. sex partners (N = 7; 9%)		M: 4.0	6.6	3.1	
		SD: 2.9	1.3	3.0	
Boys not having opp. sex partners (N = 74; 91%)		M: 7.5	8.2	6.9	
		SD: 2.7	1.8	5.4	
<u>Significance value, Boys:</u>		3.3**	2.4*	2.9*	11.3***
<u>Girls:</u>					
Girls having opp. sex partners (N = 17; 22%)		M: 7.3	7.9	5.4	
		SD: 3.1	1.3	3.0	
Girls not having opp. sex partners (N = 59; 78%)		M: 8.0	7.9	7.5	
		SD: 2.6	1.8	5.7	
<u>Significance value, Girls:</u>		.9	.1	2.1*	31.9***

(*) $p < .10$; * $p < .05$; ** $p < .01$; $p < .001$.

¹ t test; ² Chi Square: Pearson Values

+ = Self Label: 1 = gay/lesbian; 0 = bisexual

d. Self-label gay/lesbian vs. bisexual. Self-label gay/lesbian vs. bisexual is highly related to lower numbers of opposite-sex partners, for the total population (chi square = 40.9; $p = \leq .001$), for boys (chi square = 11.3; $p = \leq .001$), and for girls (chi square = 32.0; $p = \leq .001$).

Summary. Hypothesis 6, that there would be a significant relationship between high indices of Coming Out and fewer opposite-sex partners, was fully supported for boys: Boys with high levels of coming-out (all four indices) had lower numbers of opposite-sex partners, prior 3 months. For girls, results were mixed: two of the four Coming Out indices (level of disclosure to others and self-label lesbian) were significantly related to lower numbers of opposite-sex partners during the prior three-month period. Higher disclosure and self-label as lesbian were associated with lower numbers of opposite-sex partners for girls, prior three months.

7. The seventh hypothesis was that **Sexual Identity Status scores will be significantly correlated with similar status scores in established Religious and Ethnic Statures.**

Results are presented here and are found in Table 12A, below. (Table 12B, complete, can be found in Appendix H, presents the complete table of all the relationships found for each of the three Identity Scale's Status Scores, including the four Statures for each Identity Domain.)

Of the eight possible relationships between the Sexual Identity Statures of Achievement, Moratorium, Foreclosure, and Diffusion, and their corresponding statures in both Ethnic and Religious Identity Scales, several relationships are significant.

Table 12A

**Pearson Correlation Coefficients Between
Sexual, Ethnic, and Religious Identity Status Scores**

<u>Sexual Identity Scale Scores:</u>	<u>Ethnic Identity</u> ¹				<u>Religious Identity</u> ¹			
	<u>A</u>	<u>M</u>	<u>F</u>	<u>D</u>	<u>A</u>	<u>M</u>	<u>F</u>	<u>D</u>
Achieved	.09				.38***			
Moratorium		.21**				.23**		
Foreclosed			.17*				.07	
Diffused				.36***				.17*

(*) $p = < .10$; * $p = < .05$; ** $p = < .01$; *** $p = \leq .001$

¹ A = Achieved; M = Moratorium; F = Foreclosed; D = Diffused

Note: Complete table, Table 12B, is presented in Appendix H

a. Sexual Identity Achieved Status with Ethnic and Religious Identity Achievement. There was a significant positive relationship between Sexual Identity Achieved Status and Religious Identity Achieved Status ($r = .38$, $p = < .001$). A pattern of exploration and commitment were common to both Sexual and Religious Identity Achieved Status. High Religious Identity Achieved Status significantly relates to high Sexual Identity Achieved Status.

No relationship was found between Sexual Identity Achieved Status and Ethnic Identity Achieved Status.

b. Sexual Identity Moratorium with Ethnic and Religious Identity Moratorium. Sexual Identity Moratorium was significantly related to Ethnic Identity Moratorium ($r = .21$, $p = < .01$). There was also a significant positive relationship between Sexual Identity Moratorium and Religious Identity Moratorium ($r = .23$, $p = < .01$). A pattern of exploration without commitment

was common across all three domains, Sexual, Ethnic, and Religious Identities. High Ethnic and Religious Identity Moratorium were significantly related to high Sexual Identity Moratorium.

c. Sexual Identity Foreclosed Status with Ethnic and Religious Identity Foreclosed Statuses. There was a significant positive relationship between Sexual Identity Foreclosed Status and Ethnic Identity Foreclosed Status ($r = .17$, $p < .05$). A pattern of commitment based on little or no exploration was found between Sexual and Ethnic Identity domains. High Ethnic Identity Foreclosed Status was significantly related to high Sexual Identity Foreclosed Status.

No significant relationship was found between Sexual Identity Foreclosed Status and Religious Identity Foreclosed Status.

d. Sexual Identity Diffusion. There was a significant positive relationship between Sexual Identity Diffused Status and Ethnic Identity Diffused Status ($r = .36$, $p < .001$). The Sexual Identity Diffused Status scale was also significantly positively related to the Religious Identity Diffused Status scale ($r = .17$, $p < .05$). There was a pattern of lack of exploration across all three domains. High Religious and Ethnic Identity Diffused Statuses were significantly related to Sexual Identity Diffused Status.

Summary. Hypothesis 7, that Sexual Identity Status scores will be significantly correlated with similar status scores in established Religious and Ethnic Statuses, was largely supported. The comparisons of Sexual Identity Statuses with corresponding Ethnic and Religious Identity Statuses were significantly related in three of the four possible comparisons for both. Both Sexual Identity Moratorium and Diffused Statuses were significantly related to their equivalent Status in both Ethnic and Religious Moratorium Scales; Sex Identity Achieved and Religious Identity Achieved Statuses were significantly related,

as were Sex Identity Foreclosed Status with Ethnic Identity Foreclosed Status (Table 12A, above).

8. While there were no hypotheses in this study about the relationships of the remaining two Sexual Identity Statuses, Foreclosed, and Diffused, neither having a component of exploration, they are examined in an exploratory way as part of the developmental process. The results of their relationships to same-sex sexual behaviors are presented here.

a. Sexual Identity Foreclosed Status with Same-Sex Sexual Behaviors

There were a few factors related to Foreclosed status (those who have made a commitment based on little or no exploration) and same-sex sexual behaviors for the total sample and for males and females separately.

There were significantly positive relationships between Foreclosure and the number of same-sex encounters ($r = .23$, $p = < .01$). Females accounted for this relationship; Foreclosure was significantly related to the number of same-sex encounters ($r = .33$, $p = < .01$), and the number of same-sex partners ($r = .24$, $p = < .05$). There were no other significant relationships between Sex Identity Foreclosed Status and same-sex sexual behaviors for this sample. (Table 8)

b. Sexual Identity Diffused Status

There were no significant relationships between Diffused Status (lack of exploration and commitment) and same-sex sexual behaviors for the total population.)

CHAPTER V

DISCUSSION

Overview of Findings

There is substantial data in the literature on general adolescent development, including cognitive, psychological/emotional, sexual, social development, and general physical and mental health. However, while the research on lesbian, gay, and bisexual youth is growing, there is very little empirical data regarding their sexual identity development. There is still a widespread lack of understanding of the process of development of sexual identity, and how that identity is impacted by the process of coming out as lesbian/gay/bisexual in adolescence. This study is important, because for the first time two important and interrelated processes are examined.

Following the Overview of Findings section, this chapter will present discussion of findings by hypothesis, additional findings, limitations and strengths of the study, conclusions and implications, and implications for future research, social work practice, and HIV/AIDS prevention and education.

The five most important findings of this study are:

1. Sexual identity development is a process similar to the process of personal identity achievement in the areas of ethnicity and religion.

Sexual Identity Achievement is a process of exploration and commitment. When comparing this process in the area of sexual identity domain with ethnic and religion domains, this investigator found that three of the four corresponding ethnic (Moratorium, Foreclosed, Diffused), and religious (Achieved, Moratorium, Diffused) identity statuses were significantly correlated. This finding is consistent with other theorists' work regarding the search for personal identity. The process

of sexual identity achievement is similar to these other domains, in that one will explore his/her identity and then make a commitment (Erikson, 1968, Rotheram-Borus, 1989, Marcia, 1991). In addition, sexual identity achievement parallels the process of coming out, as defined by Cass, 1979, 1984, Sophie, 1985, and Troiden, 1989. (Table 12A) (These findings are also discussed in Section II, H, 1.)

2. Those who self-identified as lesbian/gay, as opposed to bisexual, and had indicated positive attitudes about their own sexuality (both Coming Out measures) had also explored their sexual identity and made a commitment to it (Sexual Identity Achieved Status Scale).

In contrast, those who were still exploring their identity (Sexual Identity Moratorium Status Scale), had both self-identified as bisexual and had negative attitudes about their own sexuality on the Coming Out measure (Table 7).

It appears that these youth are more cognitively isolated, with low self esteem and internalized homophobia. It is important to examine Moratorium youth, who are seen to be in the process of change, unstable, or in crisis by other researchers. Other studies have links Moratorium status to low self esteem and more behavior problems and risks than those in other statuses.

3. Sexual identity status is not significantly related to high risk sexual behaviors.

Youth in this study, regardless of Sexual Identity Status, were found to be at high risk because of unsafe sexual behaviors. There were high levels of unprotected same- and opposite-sex behaviors for both boys and girls, regardless of sexual identity status scores or levels of Coming Out, such as self-label gay/lesbian or bisexual, level of information about the lesbian/gay community, level of disclosure to others, or attitudes towards own homosexuality/bisexuality.

4. There were several significant findings of gender differences.

While there was one particular area of concern for boys, high levels of unprotected same and opposite sex acts, regardless of sex identity status or positive “coming out” responses, there were several areas of concern for girls. Girls had high levels of unprotected opposite sex acts, regardless of sexual identity status or positive “coming out” responses. In addition, even those girls high in Sexual Identity Achieved Status did not have high “coming out” responses; they did not have positive feelings about selves. They may know who they are, but may be having difficulty developing positive identities. This is usually an indicator of internalized homophobia.

5. There were major differences between those who label themselves gay/lesbian and those that label themselves bisexual (Table 3).

Of particular interest was that bisexual youth had a negative attitude about their own sexuality. These young people growing up and struggling with their identity in a heterosexist society puts them in a difficult position. Youth who identify as bisexual or homosexual and are open about their sexual orientation frequently face exclusion as well as emotional and physical abuse by family, friends and peers. In school, these reactions are often observed by other young people in schools, who have not yet disclosed, and it is frightening to them. It creates anxiety, fear of rejection by friends, negative attitudes. These young learn to hide and to guard against a perceived threat. Studies have shown that they have good reason. For example, in a study (Price, 1982) using Attitudes Toward Homosexuality Scale (ATHS), of three hundred 11th and 12th graders enrolled in health classes, the data analysis indicates that boys had a significantly more negative attitude toward homosexuality than did girls. However, both the boys and the girls agreed that homosexuality is unnatural

and a sin. In another survey of sexual attitudes among 1,000 teenagers, Coles & Stokes (1985) found that 32% of the boys and 16% of the girls would break off same sex friendships if they found out that their friend was homosexual.

Those who identified as bisexual in this study also had less information about homosexuality and the lesbian and gay community. In trying to understand the difference between these two groups, one must address the impact of cognitive isolation and the impact of internalized homophobia on a developing adolescent (Martin & Hetrick, 1988).

Isolation is one of the most prevalent problems faced by lesbian, gay, bisexual and youth questioning their sexual identity. The lack of accurate information has diminished their capacity to understand the process (Coming Out) which they are going through in managing their social role as a lesbian, gay or bisexual person in a homophobic society. These young people have been brought up on information that stigmatizes lesbian and gay people, labels them as being sick, criminal, anti-religious. As noted by Martin and Hetrick:

“Individual members of a stigmatized group must learn to cope with the intra- and interpersonal implications of the ideology specific to their group. For homosexually-oriented adolescents, the psychological, emotional, and social consequences will probably involved ego-dystonic reactions, including but not limited to coping strategies found in all stigmatized groups, such as denial of group membership, withdrawal and passivity, identification with the dominant group with resulting self-hate, aggression against one’s own group, and self-fulfilling negativism.” (1988, 164)

This isolation can bring about shame and limits the young person’s vision of what they can be. And lack of information or misinformation can also have an effect on a youth’s sense of self, creating a cognitive dissonance (Martin & Hetrick, 1988). However, as Martin and Hetrick point out, “Accurate information can resolve such crippling cognitive dissonance.” And as with some youth

in this study, (those in Moratorium and Achieved) they may have initiated a search for more information about homosexuality and lesbian and gay people.)

Discussion of Findings by Hypothesis

1. There was a significant positive relationship between Achieved Sexual Identity Status and the four indices of Coming Out, primarily for boys (Table 7).

Among boys, more positive attitudes toward own homosexuality/bisexuality, high disclosure to others, and self-identification as gay, were significantly related to higher Sexual Identity Achieved Status scores. These findings confirm what other researchers have reported. If one explores and makes a commitment to one's identity, one will have more positive attitudes toward self and be more willing to share that information.

There were definite gender differences in the pattern of relationships between an Achieved Identity Status scores and Coming Out. Hypothesis 1 was not supported for girls. Only one dimension of coming out, higher levels of information about the lesbian/gay community, was significantly related to higher Sexual Identity Achieved Status scores for girls.

What do these findings mean? Why are they important? For girls who have achieved their identity and have high levels of information about homosexuality, the effects of homophobia still play an important part in their lives. Also, lesbians and bisexual girls are female, and their experiences are those of females in the society, which means they may have more in common with other women than with men. Therefore, it would be useful to examine their sexual identity development in a social and cultural context. For example, how do their feelings regarding their role as young women in general, their expectations of their future role as women in a heterosexist society, influence their sexual identity development? While it is generally accepted that there are biological differences

between boys and girls, these differences have been found to vary greatly across broad, (and overlapping between genders), continua for each gender.

Also, the influence of social roles upon young women is essential to understanding them as a group. Young women are, for the most part, from early childhood, encouraged to conform to social norms of heterosexuality and femininity. As adolescents, do young lesbian and bisexual women find they are embracing an identity they were taught to hate or despise? Are they trying to hold on to a heterosexual identity? It could be that these young women are still sorting out these issues while attending lesbian- and gay-identified groups or centers?

High scores in Achievement for boys were found to relate to better attitudes about themselves and their sexuality. While having information about the lesbian/gay community does not appear to be a factor for boys in relation to Achieved Identity Status, they are, however, more socialized to be assertive and have their needs met than are girls. Therefore, more boys may explore. Also their social networks may not be within the organized gay community. Many male youth tend to meet other gay/bisexual males in cruising areas (i.e., parks, bars, certain neighborhoods). Also, many organizations in the gay community do not allow young people under legal age to participate in their organizations (Martin, 1982, Hetrick & Martin, 1984). A higher number of boys/males than girls tend to confirm their sexuality by engaging in sexual activity/behavior, thereby confirming their identity by whom they interact with sexually. This would make it more difficult to deny their homosexual feelings, attractions, and identity. In these situations they would be more likely to disclose and self-label.

2. There were negative significant relationships found between Sexual Identity Moratorium Status and indices of Coming Out. (Table 7).

Three of the four correlations were as expected for boys, and two of the four as expected for girls. When looking at scores of both boys and girls who self-labeled as bisexual vs. gay/lesbian, their scores were related to Moratorium Status. Scores of boys low on positive attitudes toward own homosexuality/bisexuality and low on disclosure were also significantly negatively related to high Moratorium status. These scores relate to negative attitudes toward own sexuality. Scores of girls with low levels of information about the lesbian/gay community were also significantly high in Moratorium.

In examining these relationships between low scores on Coming Out and high Moratorium Status, those exploring their identity without commitment were not comfortable with their homosexual feelings. It made sense, therefore, that they did not disclose for fear of homophobic reactions. Internalized homophobia also plays a role for those in Moratorium.

Both boys and girls high in Moratorium Status were more likely to label as bisexual, but there was not commitment to that bisexual identity. (In Moratorium, you have not made a commitment to any identity. Moratorium statements: "I'm still exploring my sexual identity to find out what is right for me," "I am strongly attracted to people of the same sex, but sometimes I question my thoughts and feelings. I have decided to find out more about what I believe and how I want to live my life," "If people knew of my homosexuality/bisexuality, I'm afraid they would begin to avoid me," "When I think about coming out to a straight friend, I'm afraid they will pay more attention to my body movements and my voice than to me the person," "Whenever I think about being lesbian/gay/bisexual I feel critical about myself.")

Negative attitudes toward own sexuality (internalized homophobia) was correlated with less knowledge of the lesbian/gay community for this population. Cognitively, there is so much misinformation about homosexuality,

it makes sense that they would not feel good about their identity, when the messages and information that received are negative. Also they are confused and are not sure of their identity. You can not make a commitment when you don't know who you are.

3. High Sexual Identity Achieved Status significantly related to higher numbers of same-sex sexual partners and encounters, and lower numbers of unprotected sex acts, primarily for girls. In addition, high Sexual Identity Moratorium Status significantly related to lower numbers of same-sex sexual behaviors. (Table 8), was also largely supported for girls.

There was a trend for Achieved Status for girls to be related to higher numbers of same-sex unprotected acts. Opposite-sex sexual behaviors constitute a much higher risk for young lesbians, however.

For boys, high Sexual Identity Achieved Status related to high numbers of same-sex partners. (No significance was found for either boys or girls in relation to Achieved or Moratorium Statuses with numbers of same-sex unprotected acts.)

Why are these findings important? When examining the dimensions of Sex Identity Achieved Status with number of same-sex partners (Table 8), there were surprising significant gender differences here. It is not surprising that the boys who identified as gay would have had more same-sex partners than those who identified as bisexual, and that they would be more likely to be engaging in homosexual relationships and higher same-sex encounters. However, Sexual Identity Achieved Status for girls did not mean that girls were in higher numbers of same-sex relationships than the other three Statuses. These girls had more same sex encounters. However, they might be dating rather than in steady relationships.

4. High Sexual Identity Achieved Status partially related to lower numbers of opposite-sex partners, and, conversely, high Sexual Identity Moratorium Status partially related to higher numbers of opposite-sex partners, (Table 9A).

Only high scores of boys in Achieved Status and high scores for girls in Moratorium were significantly related to expected relationships with numbers of opposite-sex partners (high Achieved Status with low numbers of opposite-sex partners and high Moratorium Status with high numbers of opposite-sex partners). The influence of one's Sexual Identity Status on numbers of opposite-sex sexual partners varies by gender. For boys, high Achieved Status meant having lower numbers of opposite-sex partners. This was not true for girls.

Again, what do these results mean? If a person is identifying as homosexual, he/she would be more likely to have same-sex partners. But for girls, there was no relationship between these two variables. In looking at the literature, it should be noted that young women who define themselves as lesbians are also having opposite-sex partners. It is not clear why scores of those girls high in Achievement would not be associated with lower numbers of opposite-sex partners. The relationship of girls' self-identification as lesbian/gay and their opposite-sex sexual behavior needs to be examined further.

5. High positive indices of Coming Out were significantly related to more same-sex sexual partners and occasions and lower numbers of unprotected same-sex risk acts, (Table 10).

These relationships were strongly supported in comparisons of three of the four Coming Out indices and high numbers of same-sex partners and encounters. There were mixed results when examining disclosure to others and same-sex sexual partners and encounters. Six of eight possible relationships were significant for girls, and four of the eight possible relationships were

significant, with one trend, for boys. (There was no significance for boys or girls between coming out and unprotected same-sex risk acts.)

These data indicate that a negative attitude toward one's own homosexuality/bisexuality is not significantly related to unprotected sexual behavior. It is also interesting that condom protection (unprotected sex risk act) was not significantly related to same-sex sexual identity status (lesbian/gay vs. bisexual). There are also no significant relationships between the number of unprotected risk acts with same-sex partners. These data indicate that the choice of gender of partners and sexual partners and encounters are related to identity, but condom use is not.

What do these results mean? It may be that other issues, such as desire for exploration, substance use, intimacy (i.e., wanting to be close, without barriers), HIV prevention messages not getting through to the population, are operating here.

When high Coming Out indices were compared with same-sex encounters/ partners and unprotected same-sex acts (Table 10), it can be seen that for both boys and girls, those who have good attitudes toward own homosexuality/ bisexuality are acting on their feelings by having same-sex encounters. For girls, they are also developing same sex relationships. The way girls are socialized, it makes sense that girls are into relationships. They tend to get into serial monogamy. There is a need to meet people like yourself and develop friendships and relationships as part of the developmental process, and some of which will lead to sexual interaction.

Significance between high level of information about the gay/lesbian community and high numbers of same-sex encounters for boys and girls indicates that this information about the gay/lesbian community is important. Level of information is important, but when scores of boys in Sexual Identity Achieved

Status were examined, they didn't appear to be significant. While interacting with people in similar situations to themselves, a certain amount of information will be going back and forth, and the type of information may be different in anonymous situations. Those who scored high on level of information had gone to a lesbian/gay cultural event, party, concert, fair, talked to others about their homosexuality/bisexuality (i.e., counselor, who accessed them to a gay youth group), gone to a bookstore, and accessed public places that lesbian/gay people frequent, read books, magazines, viewing movies with lesbian/gay characters (all important to development of self confidence).

For boys, this relationship was also significant in terms of numbers of partners. Those boys with higher levels of information were also meeting people and developing relationships.

For both boys and girls, those who were willing to disclose did not have greater numbers of partners than others. There were no significance findings between these two variables. However, willingness to disclose was associated with higher numbers of same- sex encounters. This is disclosure by action. If one is going to meet more people dating one would be more likely to talk about one's sexuality. "In general, openness to others about one's sexual orientation is associated with better psychological adjustment," Garnets and Kimmel, 1991. Other researchers have reported similar findings (Gonsiorek and Rudolph, 1991; D'Augelli & Hershberger, 1993). Again, this relationship supports the congruence of comparisons of different measures.

The development of sexual identity and sexual orientation in conjunction with sexual activities may or may not begin with self labeling. However, self label as gay/lesbian/bisexual can begin in early adolescence, as did the youth in Remafedi's study (1987a). In another study looking at the psychosexual development of lesbian, gay, and bisexual youth in New York City, the

researcher noted that first awareness of sexual orientation/identity correlated with sexual activity with males or females (Rosario, Meyer-Bahlburg, Hunter, Exner, Gwadz, & Keller (In Press, 1996).

Both boys and girls who self label gay/lesbian vs. bisexual have higher same-sex encounters. However, while boys were having same-sex encounters, they were not so likely to be in relationships. For girls, high self-label as lesbian was associated with higher same-sex partners and encounters. These behaviors are consistent with gender differences found elsewhere in the study.

With this population, there is no relationship between how one identifies and unprotected same-sex behaviors. Even those who felt good about themselves, had more information about the lesbian/gay community, disclosed more, self labeled gay/lesbian vs. bisexual, they did not change their behaviors. Wanting to be intimate and close without barriers may play a role, (clinical experience--talked about want to be close without barriers, rubber interferes, and this would indicate that other factors may prevail here regarding unsafe sex, such as drug and alcohol use, adolescent denial, misinformation, "he looked healthy," "I've know him for 2 weeks," or not being able to say no.

6. High positive indices of coming out were significantly related to fewer opposite-sex partners, for boys. (Table 11)

For girls, higher disclosure and self-label as lesbian were associated with lower numbers of opposite-sex partners for girls. Both boys and girls were consistent with self label as lesbian/gay vs. bisexual and lower numbers of opposite-sex partners.

Why examine these variables? Attitudes towards own sexuality, higher levels of information, disclosure, and self label as gay were significantly related to lower numbers of opposite-sex partners for boys, as was expected.

For girls, more positive attitudes toward own sexuality and higher levels of information did not relate to lower numbers of opposite-sex behaviors. There are gender differences here. There is very little information about development of sexual identity and behavior patterns for young lesbians and bisexual girls. Does this mean that even though those who do self identify as lesbian and are having relationships with boys?

Socialization for girls to conform to traditional sex roles may be operating here. These findings raise some other issues. Even though those young women identify as lesbians, they are also engaging in sexual behaviors with males.

7. Sexual Identity Status scores were significantly correlated with similar status scores in established Religious and Ethnic Statuses (Table 12A).

The comparisons of Sexual Identity Statuses were significantly correlated with three of the four corresponding Ethnic (Moratorium, Foreclosed, Diffused), and Religious (Achieved, Moratorium, Diffused) Identity Statuses. The correlations were in significant ranges of moderate to high. The process is typically composed of exploration and commitment for achieving one's identity. The data suggest that sexual orientation is a domain of personal identity in the same way that ethnic and religious identity are.

This is an important comparison to examine. The data as described here suggest that sexual orientation is a domain of personal identity in that same way that ethnic and religious identity domains are, one can look at sexual identity as a domain of personal identity.

Traditionally, the domains for identity search are vocation, political, and religious beliefs. These domains reflect the researchers' backgrounds and the domains in which the researchers, in their own experience, explored and committed to their personal identity. However, most of these researchers were

white middle class males. The domains they identified are ethnocentric in orientation. As more ethnic researchers and researchers concerned with ethnic identity development have entered the field of identity development, there was an identification of ethnic status exploration and commitment as a new domain for identity development (Phinney, 1990, Rotheram-Borus & Wyche, 1994, Rotheram-Borus, 1989). The data indicate that ethnic identity search is not salient for Caucasian American youth. It only assumes salience when the youth are not Caucasian, i.e., Black, Hispanic, or Asian. Thus, when one's heritage or experience is that of the dominant cultural pattern, then the domain is not seen as a necessary domain for exploration and commitment.

However, if one's experience, heritage, or choices are not those of the dominant cultural norm, then the choice and exploration of a reference group, identity, self label, and behavior patterns with respect to identity development require individual's attention, exploration, and active choice of a commitment.

Even the researchers discussed here did not include the issue of sexual identity status as a part of personal identity status. If they are heterosexual, they are not confronted with ideas, norms, or experiences that are counter to cultural assumptions. As researchers and activists with homosexual and bisexual orientations began to address the issue of identity development, it became immediately apparent that sexual identity is a domain of search and commitment for a personal identity.

It is only since lesbian and gay researchers have entered the field of ego identity research, that sexual orientation is being examined. Most lesbian/gay researchers are reluctant to reference Erikson's model of development, which is considered heterosexist, even though their models are consistent with Erikson's constructs of diffusion, foreclosed, moratorium, and identity achievement (McConnell, 1994).

Additional Findings

A. Sexual Identity Achieved Status is consistent with Coming Out models.

Marcia's theory, which operationalized Erikson's concept of identity achievement, has also been consistent with the construct of the coming-out theories (McConnell, 1994). These Coming Out theories suggest a linear progressive model of identity formation, which do not necessarily fit into an exact pattern that people experience.

However, these models do give us an understanding of the process of coming out and identity formation as a lesbian and gay person. It must also be stated that not every gay, lesbian, or bisexual person who is coming out goes through these stages.

In looking at the more linear models first, the author will note the similarities of the theories of Cass (1979), Coleman (1982), Sophie (1985), and Troiden, (1989) to Marcia's model (1966) (Table 13). For example, in comparing other models with the Personal Identity Statuses used in this study, both Stage One of the description of Coleman's theory (1982) and the diffused identity status of Marcia (1966) are very similar. In Coleman's pre-coming out stage (similar to Marcia's Diffused status), the adolescent is confused about same-sex feelings and is not able to articulate what is going on and, therefore, not able to make a commitment. Adolescents in this stage can only communicate their conflict through behavioral problems. It has been found from clinical studies that adolescent suicidal attempts are due in large part to this conflict (Coleman, 1982, Hetrick & Martin, 1984, Remafedi, 1987a, Remafedi, Farrow, & Deisher, 1991).

Table 13

Theoretical Stages of Homosexual Identity Formation as Compared with Sexual Identity Status

<u>Sexual Identity Status</u>	<u>Stages of Homosexual Identity Development</u>			
	<u>Cass (1979)</u>	<u>Coleman (1982)</u>	<u>Sophie (1985)</u>	<u>Troiden (1985)</u>
1. <u>Diffused</u> (little exploration /no commitment)	Stage 1: Identity confusion. (First awareness.)	Pre-coming out stage.	Stage 1: First awareness.	Stage 1: Sensitization.
2. <u>Foreclosed</u> (commitment without exploration)			Stage 3: Identity acceptance.	Stage 3: Identity assumption.
3. <u>Moratorium</u> (exploration without commitment)	Stage 2: Identity comparison.	Exploration stage.	Stage 2: Testing and exploration.	Stage 2: Confusion.
4. <u>Achieved</u> (exploration and commitment)	Stage 5: Identity pride. Stage 6: Identity synthesis.	Identity integration stage.	Stage 4: Identity integration.	Stage 4: Commitment.

The internalization of homophobic attitudes contribute to a diffused identity status. Shidlo defines internalized homophobia as follows:

“A set of negative attitudes and affects toward homosexuality in other persons and toward homosexual features in oneself. These features include same-gender intimate relationships; and self-labeling as lesbian, gay, or homosexual.” (1994, 178)

Shidlo goes on to note that anti-homosexual feelings are so pervasive in our cultural that the internalization of homophobia is viewed by many writers as an expected developmental pattern. In their writing on the issues of “ego-dystonic homosexuality,” Hetrick and Martin (1984) propose a clinical and theoretical perspective which challenged the DSM-III (The Diagnostic and Statistical Manual, third edition 1980):

“...the criteria...are consistent with societally induced developmental stages through which most homosexually oriented people must pass before achieving full emotional maturity as self-accepting individuals. That is, within the social and psychological context of social identity as a homosexual, unhappiness at having a homosexual orientation and desire to have heterosexual relationships are normal and to be expected at some stage of an individual’s development.” (1984, 3)

Sophie’s (1985) first stage is “First awareness” and is characterized by relevance of homosexuality to self: Will not disclose same-sex attraction or feelings to anyone, and similar to Cass’s Stage One is the feeling of alienation. The first stage in Troiden’s model (1989), called Sensitization, which is “characterized by feelings of marginality, and perceptions of being different from same-sex peers.” During this period, Coleman also notes coping behaviors:

“Others hide their sexual feelings from themselves and others, continuing to suffer from lowered self-esteem and depression. A healthy resolution to this stage is to face the existential crisis of being different. This means breaking through defense barriers and acknowledging same-sex feeling.” (1982, 153)

At this stage there are feelings of anomie, a lack of social ties or belonging, a term coined by Durkheim in his study of suicide (Berger & Berger, 1975). Researchers, in their retrospective studies of lesbian and gay male adults found that over three quarters experienced this feeling of difference in their childhood and adolescence (Troiden, 1979; Bell, Weinberg, & Hammersmith, 1981).

In a fourth comparison, Cass's model, Stage 1 is characterized by Identity Confusion. At this stage of identity development, there is lack of identity and commitment. Cass describes this early phase of confusion:

“You are not sure who you are. You are confused about what sort of person you are and where your life is going. You ask yourself the questions “Who am I?,” “Am I a homosexual?,” “Am I really a heterosexual?” (1984, 156)

The second Personal Identity Status in this study, Foreclosed, can be compared with Cass (1979), who finds identity foreclosure, where the individual chooses not to develop further, (due to negative attitudes regarding their homosexual feelings or behavior and wanting to hold to a heterosexual or asexual identity) as possible at any stage in the developmental process. If foreclosure has not taken place, then the individual will move onto the next stage of development. While the concept of Foreclosure has been approached differently within the models discussed here, there is a common definition across models: commitment without growth.

Foreclosed in this study is different from the Foreclosed category as described by other studies. In other domains (i.e. religion, ethnicity), Foreclosed is thought to apply to those who do not question, who take on their parents' values, who are rigid. In contrast, lesbian/gay youth have gone against the grain, against their parents' and society's values, as though a biological imperative is operating. In this study Foreclosure is associated with positive attitude toward one's own homosexuality/bisexuality, and self label as gay and lesbian in spite of

of growing up in a homophobic society, parental expectations, and the religion one was brought up to believe in.

Sophie's Stage Three: Identity acceptance can be compared to Foreclosed. She noted that a negative identity did not necessarily precede a positive identity in her study of lesbians. In looking at Troiden's (1989) Stage Three: Identity Assumption, the earmarks of this stage are "self-definition as homosexual, identity tolerance and acceptance, regular association with other homosexuals, sexual experimentation, and exploration of the homosexual subculture." He also notes that in his model those in the third stage of homosexuality formation come into this stage during adolescence or just after adolescence and will self-identify and present oneself as homosexual. It is also a sign of internal commitment. Given that the process of going through these phases is not linear, but probably cumulative, then some exploration has taken place for those in foreclosed status.

The third Personal Identity Status, Moratorium, can be compared with Troiden's Stage 2, Confusion, following Erikson's developmental theory on Moratorium, exploration without commitment. Moratorium can also be compared with Cass's Stage 2, Identity Comparison, and Coleman's Stage 3, Exploration, and Sophie's Stage 2, "testing and exploration." "Moratorium Status is an in-process position," Marcia, 1994. Sophie's testing and exploration: The individual seeks out the gay/lesbian community. Coleman's Stage 3, Exploration: experimentation of a sexual and social identity and interacting with others. Cass's Stage 2, Identity Comparison: may lead to making contact with people and also seeking counseling.

The fourth Personal Identity Status, Achieved, is compared with the last stage of each model of sexual identity achievement examined here: Cass's Stage 6, Identity Synthesis, Coleman's final stage, Integration, and Troiden's Stage 4,

Commitment). In this stage of Erikson's ideal of ego identity is the coming together of the ideal self. Erikson states:

“What could consequently be called the *self-identity* emerges from all those experiences in which a sense of temporary self-diffusion was successfully contained by a renewed and ever more realistic self-definition and social recognition. *Identity formation thus can be said to have a self-aspect, and an ego aspect.* It is part of the ego in the sense that it represents the ego's synthesizing function on one of its frontiers, namely, the actual social structure of the environment and the image of reality as transmitted to the child during successive childhood crisis.”(1968, 161)

Cass's Stage 6 and Erikson's ideal of ego identity are similar and involved a process of synthesizing of identifications in different domains and adapting to social roles (McConnell, 1994).

The themes of each of the theories regarding emergence of sexual orientation are exploration and commitment, the same themes as personal identity development. Therefore--sexual orientation is a domain of personal identity development. The process is typically composed of exploration and commitment for achieving one's identity.

The data from this current study most closely support Marcia's model.

B. An examination of differences between those who had had opposite sex partners with those who have not was performed. (Table 9A)

When examining the relationships between Achieved Sexual Identity Status with fewer opposite-sex partners and Moratorium Sexual Identity Status with more opposite-sex partners, it is important to note frequencies. Overall, only 9 per cent of the boys are having opposite-sex partners (prior three months), while for girls, there was a higher number. Twenty three per cent of girls had had opposite sex partners (prior three months). The results are mixed. In comparing the 9% of boys who had opposite-sex partners with the 91% of boys who had not, the 9% were lower on Sexual Identity Achieved scores. This is consistent

with the definition of Achieved as having explored and committed. The gender differences are interesting here: When comparing the 23% of girls having had opposite sex partners with the 77% of girls who had not, there were no significant differences between them in relation to high Achieved Status scores.

In comparing the 9% of boys who had opposite sex partners with the 91% who had not in relation to Moratorium Status, there were no significant differences between the two groups. For girls, however, there was a significant difference between those girls having had opposite-sex partners and those who had not. This is a large percentage of girls who have opposite-sex sexual partners, thus putting them at risk for HIV infection. For girls who identify as lesbian or bisexual, their greatest risk behavior, other than drugs, is high-risk opposite-sex sexual behaviors. If they have begun to develop a social network, as the youth in this study have, then their social network will be both young lesbians and gay males, a group with a high HIV prevalence rate (CDC, 1995b). And as is known from the literature, both the boys and the girls have sex with people in their social networks, although boys may also go outside of these networks and engage in anonymous sexual behaviors (Martin, 1982, Remafedi, 1987a.) Also youth tend not to engage in safer sex with their friends, often stating that “lesbians can’t get AIDS.” There are a lack of HIV prevention messages geared toward girls in general, and especially lesbian/bisexual teenage girls, and those questioning their identity.

C. Age is not significantly related to scale scores on personal identity status.

It is important to note that gay/lesbian/bisexual youth in this study are at different stages in their personal identity development.

Limitations of the Study

Before reviewing the implications of the results of this study, it is key that the limitations of the study be examined within the context of the research literature available on gay, lesbian, and bisexual youth, three limitations of this study have been identified:

1. The sample size limits this researcher's ability to examine ethnicity, gender, and self identification of sexual orientation jointly.

Substantial data exist demonstrating that personal identity is shaped by gender, ethnicity, and age. In the current sample, self-label as bisexual or gay was also a crucial dimension. Given that each of these factors influences personal identity, it is desirable to be able to describe variations in personal identity scale scores (for Achieved, Moratorium, Foreclosed, and Diffused statuses) by each of these factors. This process would require a sufficient sample size to examine ethnicity by gender by self-label interactions, for example. While there is diversity in the sample, there is not sufficient sample size to examine these complex interactions.

However, two-way interactions were examined: relationships between gender with age, ethnicity, self label gay/lesbian vs. bisexual, sexual identity status scores, Coming Out indices, and sexual risk behaviors; sexual identity status scores with Coming Out indices and sexual risk behaviors; Coming Out with sexual risk behaviors; and sexual identity status scores with ethnic and religious identity status scores. While three- or four-way interactions were not examined, two-way interactions were examined. Future studies must examine these relationships.

While it would have been desirable to have more youth in the sample, this sample size is comparable to studies reported on gay, lesbian, and bisexual

youth in the literature (i.e., Remafedi, Farrow & Deisher, 1991, had 137 participants; Telljohann & Price, 1993, in their study, recruited 120 youth; Rosario, Hunter, & Gwadz (1994a; 1994b) had 137 participants; Rotheram-Borus et al., (1994) had 131 participants).

Obtaining a large sample is very difficult among this population, due to the fear of disclosure for most lesbian, gay, and bisexual youth. Further, the social stigma attached to homosexuality makes random sampling of lesbian and gay high school students an impossibility at this time.

2. This is a convenience sample, that systematically excluded youth who have not acknowledged to themselves or others that they are gay/lesbian or bisexual. The selection criteria limits the generalizability of the study's findings.

Most youth who have not made an initial step to acknowledge to themselves that they are lesbian, gay, or bisexual, who are afraid to tell themselves, even though they are having attractions, feelings, same-gender sexual acts, would not be represented in this study. These are youth who would probably not go to a counselor, tell their friends, or go to a gay-identified agency. This is a study of youth who have come out to themselves to some extent and are willing to put themselves in situations where there are others possibly like themselves to be found, however distant they feel toward those others.

3. This study is limited to self report measures.

It would be desirable to obtain data from several informants and by several different assessment strategies. To get a well-rounded understanding of the identity process for gay, lesbian, and bisexual youth, multiple informants (i.e., parents, friends, teachers) would have given the study convergent validity. Absent is any adult (i.e., parents, counselors, or teachers) confirmation on what

youth reported. If such validation could have obtained, it would have been desirable. However, the nature of the population precludes this kind of data collection. Because being gay or lesbian in a stigmatizing status, Parents, teachers, or peers could not be contacted for information about the youth. In addition, it would be difficult or impossible to obtain accurate data from adults or peers about adolescent sexual behaviors.

Secondly, it would have been desirable to have multiple measures which overlapped, such as different assessment tools that would have measured the same item in different ways, thereby possibly leading to the same conclusion. That was not possible because of limitations of data collection.

These data do not include observation of behavioral tasks, written responses, or measures of physical status. Convergent validity could have been examined if information could have been gathered from these multi-modal, multi-informant style.

However, the technique of self reporting is a useful tool and has been shown to be sensitive and is a useful form of clinical measurement (Nunnally, 1978). Multiple constructs were not included as a strength of the study (i.e., High correlations between numbers of same-sex partners and encounters and self identification as lesbian/gay vs. bisexual on different measures).

Strengths of the Study

There are seven major strengths of the study:

1. This is a unique sample, collected from six agencies, that includes mainstream, college-based sites, and community-based sites.

All the sites in New York City that serve primarily gay and lesbian youth participated in this study. Therefore, it is likely that a broad cross-section of gay, lesbian, and bisexual youth were accessed. In addition, the existence of these

agencies demonstrates the substantial progress that has been made in establishing services for gay, lesbian, and bisexual youth.

Prior to the 1980's, there were no programs addressing the needs of this population. Youth-serving agencies did not recognize homosexual youth or youth confused about their sexual identity. The first multi-social service agency founded in New York City, in 1979, to advocate and educate the public and traditional social service professionals on behalf of lesbian, gay, and bisexual youth, was the Institute for Protection of Lesbian and Gay Youth, now the Hetrick-Martin Institute (HMI). HMI began to provide direct services to self-identified lesbian, gay and bisexual youth and their families in 1983, the first agency to do so. In 1985 there was still only one such agency in New York. Today there are several community-based organizations serving this population, such as the Lesbian and Gay Community Services Center's YES program. Now the more traditional agencies are developing programs for lesbian, gay, and bisexual youth and their families here in New York City and surrounding suburbs of Long Island and Westchester County. Today, in addition to the programs in New York City, there are over forty agencies and school programs known to be serving gay and lesbian youth in several states.

In addition, when one recruits from a cross-section of agencies in a large city, agencies that vary in geographic catchment area and socioeconomic status draw, one finds that gay youth show the same diversity as heterosexual youth. This sample contains far less emphasis on pathology, compared to data from samples gathered earlier. When one goes to this range of agencies, there is greater diversity, and most of the youth are like their heterosexual counterparts.

2. In most research, lesbians are ignored. This study is important because lesbians were included in the sample.

Very little research has been done among lesbian, gay, and bisexual youth, particularly lesbian youth. This study has addressed lesbian youth, a population often ignored in research studies for several reasons. First, when it comes to the issue of homosexuality, researchers historically have looked at the male experience. Second, most programs serving gay and lesbian youth find it difficult to reach out to young women. In the agencies New York City, at best, the lesbian, gay, and bisexual population being served is about 60%-80% boys and about 20%-40% girls. These figures are consistent with other youth-serving programs aimed at serving lesbian and gay youth around the country (Rae Carey, Executive Director, National Advocacy Coalition On Youth and Sexual Orientation, Personal Correspondence, 11/15/95).

While gay and lesbian adolescents are largely a hidden population, young lesbians are often isolated in many ways that young gay males are not. Girls are socialized to be homebound and are not as likely as boys to go out of their neighborhoods, social networks, or schools to have their social needs met.

It should also be noted that there may be developmental differences between lesbian and gay youth (D'Augelli & Hershberger, 1993). For example, researchers have found female study participants became aware of the sexual orientation later than their male counterparts (Schneider, 1989; D'Augelli & Hershberger, 1993; Hunter, Rosario, & Rotheram-Borus, 1993; Rosario et al., 1994a, 1994b).

3. The high rate of participation suggests that this was a representative sample of youth from these community-based agencies.

In conducting the study, very few youth refused to participate. Interviewers had developed good relationships with the participants, and were

successful in contacting youth in the event that it was necessary to clarify any discrepancy in the data. Therefore, the recruitment strategies appeared positive.

In addition, all of the interviewees who began the interview, once informed consent was obtained and the interview was begun, chose to complete the interview. Also, the longitudinal (one year) follow-up rate was over 90%, indicating youths' commitment to the project. (Ray Smith, Project Director, GALA Study, Internal Correspondence, 11/10/95.) Those rates also indicate that the assessment was not aversive.

4. Because the current study has a broad cross-section of youth, it allows me to look at stable patterns that will emerge across ethnic and gender groups and from working-class backgrounds.

There is a range of ethnicities. The numbers of Black, Hispanic, Caucasian participants were about equal. There is a range in ages, from 14 to 21 years. Therefore, youth at different ages and ethnicities who were in the same stages of coming out could be examined.

5. This study does not rely on retrospective data, but information is collected concurrently about the process of the identity status as it is happening. Many of these youth are in the process of coming out.

Most studies available on identity development in youth are retrospective (Boxer & Cohler, 1989). In addition, most of the other data reported in the literature is from mostly white male middle- to upper-class college gay youth. This study is different. The youth in this study, as reported earlier, are predominantly youth of color between the ages 14 to 21 and include young men and women who live in an urban area. Most were attending school (76%), and, of those, 48% were attending college and 52% were attending high school.

6. The youth in this study were not recruited from sites that specialize in serving clinically disturbed youth.

Most of the sample were recruited from recreational and social services agencies. Also, youth were not recruited from among those referred to crisis counseling or the counseling programs of the social services agencies. Most of the existing studies on gay and lesbian youth are on youth who are from counseling, street outreach, and residential programs, and who are more likely than their peers to have emotional problems. The base rates of risk acts in this study were similar to heterosexual peers at this age, and from these ethnic backgrounds in inner city studies (Alan Guttmacher Institute, 1994). Also, there were no referrals to crisis counseling for any youth participating in the study. Similarly to Rotheram et al.'s (1994) study of gay male youth, which indicated that most of the youth were sexually active, with widely varied numbers of sexual partners and encounters, this was true for the youth in this study.

7. This study included a combination of innovative measures and established measures.

In this study, existing assessment measures were used, such as Grotevant and Adams' (1984) index of personal identity, which have been demonstrated to have acceptable levels of validity and reliability in repeated studies. The domains have been established. Furthermore, the sexual behavior indices (SERBAS-Y-HM-1994) also come from well established research studies (i.e., Meyer-Bahlburg, Ehrhardt, Exner & Gruen (1988, 1994); Rotheram-Borus, Meyer-Bahlburg, Koopman, Rosario, Exner, Henderson, Matthieu, & Gruen (1992).

The three most important aspects of sexual behavior, number of partners, number of encounters, and numbers of unprotected sexual occasions, were examined in this study. I have well-established measures in these domains.

In addition, for the first time, the coming-out process was successfully operationalized. Levels of information about the lesbian and gay community, disclosure to others, attitudes toward one's own sexuality, and self-identification as gay/lesbian vs. bisexual were all examined. The theories were studied, the dimensions were identified, and information on them was gathered. This investigator also modeled and developed an index of sexual orientation as a domain of personal identity. The psychometrics are moderately good on these measures, again demonstrating the strength of the measurement/ assessment approach that was taken. Therefore, the data collected represent both established and innovative sources.

8. This sample is similar in age, backgrounds, and findings to the few other studies available on lesbian, gay, and bisexual youth that looked at sexual orientation and sexual behavior.

The data that emerge in my study are quite similar to those of other researchers. For example, Rotheram-Borus et al. (1994) had similar findings to this study in terms of self labels and sexual acts in a study of Black and Hispanic gay male youth who were recruited from community-based organizations, also in New York City. In the Rotheram-Borus study, the mean age of participants was 16; ethnic profile: 50% Black, 31% Hispanic, 12% White, and 7% Other. Self label: 69% identified as gay/lesbian, 26% identified as bisexual, and 5% as other. In terms of sexual behavior profile, Rotheram-Borus found that 89% of the youth in that study were sexual active, with 87% engaging in sexual behavior with other males and 49% sexually active with females.

These findings are also similar to those of Remafedi's study (1987a, 1987b), which was conducted among white gay males from a Midwestern city. There were similarities in mean age (mean = 18 years). Of the participants in the

Remafedi study, 79% self-labeled as gay/lesbian, 21% as bisexual. The youth in his study had been sexually active with both males (86%) and females (52%).

Similar to the current study, Savin-Williams' study (1994) found that self-identified lesbian youth engage in heterosexual behavior, initiate sex with men, earlier than with female partners. National studies of predominantly heterosexual youth also found that female adolescents initiate sexual intercourse (penile-vaginal) at an older age than their male peers (e.g., Alan Guttmacher Institute, 1994, Sonenstein, Peck, & Ku, 1989). The 1988 National Survey of Adolescent Males, ages 15-19, concluded that 60% were sexually active, and that adolescent girls in that age range were experiencing sexual activity (vaginal intercourse) at an increasing rate, from 47% in 1982 to 53% in 1988 (Sonenstein et al., 1989).

Rotheram-Borus, Hunter, & Rosario (1995) note that about one-third of male adolescents attending programs for lesbian/gay youth are "likely to self-label as bisexual and have sexual fantasies, become aroused, attracted to and engage in sexual intercourse with both genders."

In regard to Moratorium status, where youth are considered to be in crisis (Marcia, 1991), and relatively unstable (Baumeister, 1991), they are seen to be in the process of changing. They are also vulnerable to mood swings during this identity crisis and can be susceptible to the influence of others (Baumeister, 1991). Moratorium youth had more problems and risky behaviors than others, a finding similar to the Rotheram-Borus study (1994). For example, high Moratorium scores of youth in the Rotheram-Borus study were found to be significantly correlated with behavior problems and lower self esteem.

The continuum of exploration and commitment appear to be similar to previously developed identity measures. In both Achieved and Foreclosed, youth have made commitment. In Achievement, youth have also explored.

Moratorium and Diffused are about non-commitment.

Conclusions and Implications

1. Implications for Future Research

This study provides a look at the process of identity achievement for those who identify as lesbian, gay, or bisexual in adolescence. The study revealed some important findings. Given that personal identity is shaped by many factors, the data here indicate that sexual identity achievement needs to be examined longitudinally in the following five areas:

- A. The impact of internalized homophobia and cognitive isolation on the developing adolescent,
- B. Tracking of development in order to monitor possible changes and patterns in sexual identity achievement, given evidence of changes in sexual orientation in youth (Rosario et al., 1996) and adults (Kitzinger, 1987),
- C. The relationship of young lesbians' self-identification and opposite-sex sexual behaviors, as well as both young lesbian and gay same- and opposite-sex behaviors,
- D. The process of sexual identity achievement among self-identified bisexual youth,
- E. The examination of three- or four-way interactions of ethnicity, religion, age, gender, sexual orientation, coming out, and their impact upon personal identity development.

2. Implications for Social Work Practice

“Identity is the process of claiming membership in the social world, standing for something, being known for who one is. Once constructed, identity then forms the framework for adulthood” (Josselson, 1994).

The process of identity formation is closely related with social living and social interaction (Erikson, 1968). The coming-out process and identity achievement for lesbian, gay, and bisexual youth mark major transitions in one's sexual self-identification, an essential component of one's sense of self. During the period of coming out, many youth experience emotional distress and social isolation. Becoming a sexual person in adolescence is difficult for all youth. However, if the youth is heterosexual and exploring his/her sexuality, the issue could revolve around dating, staying out late, what clothes to wear, sexual activity, getting someone pregnant/becoming pregnant. While the concerns regarding heterosexual youth are primarily behavioral, for lesbian and gay youth the issue is identity. The assumption of our society is that one is on a heterosexual wave. For many gay and lesbian youth, surf riding that heterosexual wave is wrought with fear that they are going to fall off, be discovered. Then they will have to deal with identity issues or any confusions they may have.

The results of the data on coming out suggest that if one is comfortable with their sexuality and orientation, they will socially interact with others and will discuss their orientation with friends, peers and family. On the other hand, those who choose not to disclose become more isolated socially and emotionally. If they choose to hide their sexual orientation, they cannot interact honestly in social situations with peers when discussing friends, sexuality and relationships. With family, they may hide who their friends are, lying about where they go to socialize. These fabrications often lead to conflict with the family.

Based on this study, eight implications for social work practice arise from this perspective.

A. Providers must understand that hiding sexual orientation is likely to be a negative coping strategy that can lead to depression and isolation. However, at the same time providers must also be aware that coming out can have

negative consequences if the youth is not prepared to come out, or if family members or friends/peers are going to be hostile. One cannot predict how a family will respond to the knowledge of their child's homosexuality. Lesbian/gay/bisexual youth must be prepared for any situation and may possibly have to adjust to the fact that they may have to wait a while for a better climate for disclosing their sexual orientation. They need to understand what the risks are in the situation, so that they can make an informed choice. Other support systems may also have to be put in place for them before they come out.

B. In order to focus on the needs of their clients, clinicians/providers must be aware of their own personal feelings and values in these areas. Understanding one's own religious, cultural, and social biases is essential, including such issues as homophobia, sex phobia, feeling uncomfortable with others or self, possible transference and counter transference issues. If one's own homophobic attitudes and reactions are not dealt with and worked through, the result could be devastating for a developing adolescent dealing with sexual identity issues and coming out. A most critical factor in working with youth who are dealing with sexual identity issues is a safe environment to process their feelings.

C. Clinicians/providers must be informed about existing theories in regard to adolescent development, sexual identity, and coming-out theories. The challenge for therapists who are counseling clients who have concerns related to sexual orientation is to be able to assess the client's sexual orientation and offer effective counseling techniques. It is important for the therapist to augment more traditional methods with psycho-educational approaches which can help clients and families understand the coming-out process. Supportive, non-judgmental counseling and group work are essential for a good therapeutic outcome and to help the client on the road to ego identity synthesis.

D. The complex process in the search for one's sexual identity for gay, lesbian, and bisexual adolescents cannot be successfully accomplished in isolation. In order to de-isolate, they need points of reference, i.e. lesbian and gay adult role models, peer role models, access to books/information about human sexuality, homosexuality, and lesbian, gay, and bisexual people. They need access to the different lesbian and gay communities, and opportunities for social interaction and socialization with peers. And when and if they should need help, someone to talk to, during their search for identity, they should be able to access quality care counseling services in any setting including their schools.

E. Ethnic, racial, and cultural diversity of the clients must be taken into account. It is necessary to understand that many youth are dealing with dual identities. For example, lesbian/gay youth of color, upon coming out, become members of an additional minority group, essentially having dual identities. In many such ethnic and racial communities, homosexuality is not only seen as an affront to the family, but also to the traditional values and expectations of the culture. Young self-identified lesbian/gay/bisexual youth of color risk the loss of support from their communities. In addition, these youth may have to cope with racism in the lesbian/gay community.

F. Social programs need to combine prevention with intervention. For lesbian, gay, and bisexual youth, therapeutic programs should be combined with socialization programs, in order to offset the young people's feelings of isolation and related problems by interacting with peers. Social programs enhance social skills and the management of non-erotic friendships.

G. School social workers and counselors must help create a safe climate for lesbian/gay/bisexual youth and those youth questioning their sexual identity to be able to discuss their concerns about sexuality, sex, and STD's and HIV.

H. Clinicians working with families must understand that the family of lesbian/gay/bisexual youth go through a coming-out process as well. It should be understood that the family is very sensitive to community, church, societal attitudes regarding homosexuality. Parents will probably be concerned that their parenting skills will be questioned. They may have feelings of guilt and may wonder what they did to "make" their children lesbian/gay.

Clinicians need to understand that some parents will grieve. They will have to deal with separation and loss. There is a realization that the child they thought they knew and understood is a different person. They may worry that their child may contract AIDS or become a victim of violence.

Resources for parents are important. For example, Parents and Friends of Lesbians and Gays (P-FLAG) has been there for countless numbers of distraught parents.

One important family counseling objective is to assist all members of the family to be sensitive to each other's needs and concerns. Psycho-education facilitates understanding and is an effective model in counseling families.

3. Implications for HIV/AIDS Prevention and Education

Clearly, because of their risky sexual behaviors, lesbian/gay/bisexual youth are vulnerable to HIV infection. HIV prevention messages must be incorporated into all programs that reach youth. As the data in this study indicate, sexual identity does not determine or define sexual behavior. Educators must think beyond "risk groups," and develop prevention messages that deal with high risk behaviors regardless of sexual identity.

A. HIV/AIDS prevention messages must address sexual behavior and the barriers to safer sex for both boys and girls. At the same time, these messages need to reflect the interests/values of the young people. These messages must

also be targeted to their behaviors, including both same-sex situations and opposite-sex situations.

B. Those HIV prevention programs targeted to lesbian/gay/bisexual youth can only be successful in bringing about behavior change if they first address the stigmatization and victimization of these youth. These youths' vulnerability to HIV is compounded by hearing HIV prevention messages that are for the most part based on heterosexual models. HIV prevention messages must be relevant to same-sex situations and must also address the issues of bisexuality and bisexual behavior.

C. Lesbians as a group are the most neglected in terms of HIV prevention education. The myth that being a lesbian makes you invulnerable is pervasive in society and is a result of lack of knowledge and understanding about their sexual behaviors. Prevention messages directed at them must deal with their sexual behaviors, both same- and opposite-sex. Special efforts should be made to reach out to adolescent lesbian/gay/bisexual women.

D. Most efforts to address HIV/AIDS prevention among adolescents have focused on giving information about how HIV is transmitted and ways to prevent transmission. An effective approach to prevention would include sex education, addressing sexual development, and puberty. Programs need to include both same-sex (young women only/young men only) and mixed groupings, according to the subject matter.

The above discussion, which has taken place within the parameters of this study, endeavored to understand the process of sexual identity development in lesbian/gay/bisexual adolescents. Homosexuality and its origins has initiated much debate among social scientists, the public, and the hate mongers. However, when discussion of homosexuality among adolescents is discussed, the tone becomes more bitter and divisive. This is in part because of lack of knowledge

and misunderstanding of the subject and the issues. As more research in this area is conducted, there will be a new body of knowledge about homosexuality. This new knowledge and understanding must be incorporated into the curriculum of social work schools and other professional schools and training programs in our society. When operationalizing curriculum about lesbian/gay/bisexual issues, topics should include:

- Incorporation of homophobia into training on racism and sexism, making the connection, creating a cognitive link, between racism and sexism and homophobia/heterosexism;
- More courses on human sexuality and identity;
- Speakers on issues for lesbian/gay/bisexuals in the classroom, which will help students incorporate new knowledge into existing knowledge;
- Peer review articles on homosexuality and the lesbian/gay community, as part of required reading.

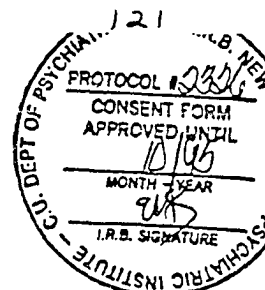
Keeping current with research and new information that will inform our practice will have a beneficial effect for our clients. Lesbian, gay and bisexual youth, like their heterosexual peers, have a right to grow up and come out safely, having equal opportunities to become free and productive members of society.

APPENDIX A

IRB 2326

(THE NEUTRAL ZONE)

Informed Consent I



Purpose of Study: I have been asked to be part of a study which will help doctors learn about the health of teenagers and what they are doing in terms of practicing healthy and unhealthy behaviors.

Study Procedure: I will be asked to talk to someone about myself, my friends and my family. This interview will take about three hours and will include questions about my sexual and drug using behaviors, and about my emotions, mood, psychological state, life stresses, social supports, health-related activities and education.

I understand that as part of this study I will be contacted for follow-up interviews in the future. After this interview, a research team staff member will attempt to contact me periodically and to interview me twice. I understand that I will be paid \$30 for each follow up interview that I complete. These interviews will again cover health, social and sexual areas of my life and will take approximately one to two hours to complete. I understand that I may refuse to participate at any time.

In order to contact me in the future, I agree to let the research team staff members obtain information about my whereabouts from any agencies, organizations and counsellors that I am in contact with. I understand that I will be receiving periodic phone calls to remind me about my interview appointments and see how I am doing. I understand that any information about my whereabouts that I provide or information about me that is given by organizations or counsellors will be kept strictly confidential by the research team staff.

In addition, I may be contacted in the future about other research studies, but I may refuse to participate in them at that time.

Risks and Benefits: This study is not designed for my benefit. However, I may find it useful to talk to someone about my personal life even though parts of this interview may be uncomfortable. The information obtained from this interview will be kept private and confidential. It is extremely unlikely that anyone will be able to link me and my responses, given the following three facts: first, neither my name nor any other identifying information will appear on the same forms where my responses appear. Second, these response forms will contain an identification number and will be kept outside of The Neutral Zone, at the offices of the research staff. Third, identifying information about myself and a record of my identification number will be kept in a locked file at the office of the research staff.

Research Standards and Rights of Participants: I have been told that I may choose to participate or I may refuse. I will still receive services from this organization. I can withdraw at any

time from the study. I understand that if I do not want to answer any of the specific questions asked in this interview, I will not have to answer them and I will still receive services from this organization. I also understand that I will be asked to allow the interview to be audiotaped, and a separate consent form addressing this topic follows after this consent form.

My name and other identifying information will be removed from all research files and will be kept in a locked file. No one outside of this study's research staff will be able to see my files, and this organization will not know what I say during this interview except for the one instance as detailed below.

Confidentiality: No information will be shared with this organization or anyone else unless I reveal current physical or sexual abuse (in which case a report will be made to the New York State Bureau of Child Welfare), or if I am suicidal or homicidal a consult will be arranged to evaluate the seriousness of these feelings. With these exceptions, all information will be kept confidential.

Compensation: I will receive \$30.00 per interview session for participating in this study.

If I have any questions about this study I can call a member of the research team (numbers are listed below) who will answer any questions just as the study interviewer answered all questions.

Recruitment of participants for this study has been approved by the New York State Psychiatric Institute--Columbia University Department of Psychiatry Institutional Review Board. If I have any questions about my rights as a research participant, I can call the Institutional Review Board at 960-5758.

Should this interview give rise to any feelings or thoughts I may wish to discuss with someone, I can contact Mr. Maurice Engler at The Neutral Zone.

I have received a copy of this consent form. I agree to take part in this study.

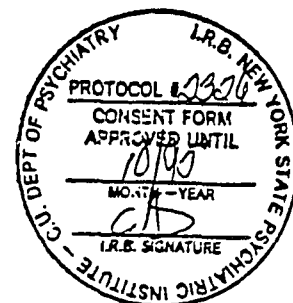
Can we contact you in the future to see if you might be interested in participating in other research studies, which you may refuse to do at that time? (Circle youth's reply.)

YES NO

Signed _____

Date _____

Research Team:
Margaret Rosario, Ph.D. (212) 740-7324
Joyce Hunter, M.S.W. (212) 740-7291
Raymond Smith, M.A. (212) 740-7323



IRB 2326

CONSENT FORM FOR AUDIOTAPING PSYCHOLOGICAL AND PSYCHOSEXUAL INTERVIEWS; ADOLESCENT STUDY

I agree to have this interview recorded on audiotape. I understand that this interview will include questions about my sexual and drug using behaviors and about my emotions, mood, psychological state, life stresses, supports and health-related activities. If at any time during or after the taping I change my mind and decide that I do not want the interview on tape, it will be erased in my presence. If I choose not to have any portion of the interview taped, this will in no way interfere with my participating in the rest of the interview.

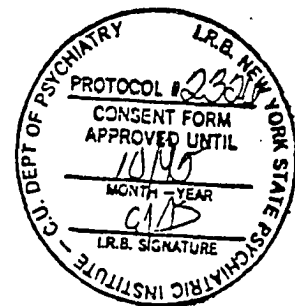
I understand that the purpose of the taping is to allow the study's research staff to check that the interview is being conducted correctly. No one other than a research staff member will be permitted to listen to the tape. The tape will be erased within 6 months of taping.

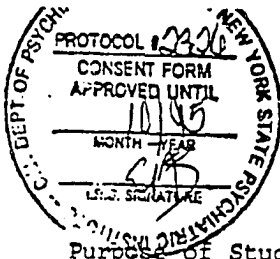
I further understand that neither my name nor any other information that identifies me will be used during the interview. The tape or its container will not be labeled with my name. The only information appearing on either will be my study, identification number.

I have read and understand this consent form and agree to have all or part of the interview recorded on audiotape. The interviewer has answered my questions. I have been given a copy of this consent form to keep.

_____ Date

_____ Participant's Signature





(LESBIAN AND GAY COMMUNITY CENTER)
Informed Consent I

IRB 2326

Purpose of Study: I have been asked to be part of a study which will help doctors learn about the health of teenagers and what they are doing in terms of practicing healthy and unhealthy behaviors.

Study Procedure: I will be asked to talk to someone about myself, my friends and my family. This interview will take about three hours and will include questions about my sexual and drug using behaviors, and about my emotions, mood, psychological state, life stresses, social supports, health-related activities and education.

I understand that as part of this study I will be contacted for follow-up interviews in the future. After this interview, a research team staff member will attempt to contact me periodically and to interview me twice. I understand that I will be paid \$30 for each follow up interview that I complete. These interviews will again cover health, social and sexual areas of my life and will take approximately one to two hours to complete. I understand that I may refuse to participate at any time.

In order to contact me in the future, I agree to let the research team staff members obtain information about my whereabouts from any agencies, organizations and counsellors that I am in contact with. I understand that I will be receiving periodic phone calls to remind me about my interview appointments and see how I am doing. I understand that any information about my whereabouts that I provide or information about me that is given by organizations or counselors will be kept strictly confidential by the research team staff.

In addition, I may be contacted in the future about other research studies, but I may refuse to participate in them at that time.

Risks and Benefits: This study is not designed for my benefit. However, I may find it useful to talk to someone about my personal life even though parts of this interview may be uncomfortable. The information obtained from this interview will be kept private and confidential. It is extremely unlikely that anyone will be able to link me and my responses, given the following three facts: first, neither my name nor any other identifying information will appear on the same forms where my responses appear. Second, these response forms will contain an identification number and will be kept outside of the Lesbian and Gay Community Center, at the offices of the research staff. Third, identifying information about myself and a record of my identification number will be kept in a locked file at the office of the research staff.

Research Standards and Rights of Participants: I have been told that I may choose to participate or I may refuse. I will still receive services from this organization. I can withdraw at any time from the study. I understand that if I do not want to answer

any of the specific questions asked in this interview, I will not have to answer them and I will still receive services from this organization. I also understand that I will be asked to allow the interview to be audiotaped, and a separate consent form addressing this topic follows after this consent form.

My name and other identifying information will be removed from all research files and will be kept in a locked file. No one outside of this study's research staff will be able to see my files, and the Lesbian and Gay Community Center will not know what I say during this interview except for the one instance as detailed below.

Confidentiality: No information will be shared with this Organization or anyone else unless I reveal current physical or sexual abuse (in which case a report will be made to the New York State Bureau of Child Welfare), or if I am suicidal or homicidal my counselor at the Lesbian and Gay Community Center will be informed. With these exceptions, all information will be kept confidential.

Compensation: I will receive \$30.00 per interview session for participating in this study.

If I have any questions about this study I can call a member of the research team (numbers are listed below) who will answer any questions just as the study interviewer answered all questions.

Recruitment of participants for this study has been approved by the New York State Psychiatric Institute--Columbia University Department of Psychiatry Institutional Review Board. If I have any questions about my rights as a research participant, I can call the Institutional Review Board at 960-5758.

Should this interview give rise to any feelings or thoughts I may wish to discuss with someone, I can contact Ms. Barbara Bickart, director of Youth Enrichment Services at the Lesbian and Gay Community Center.

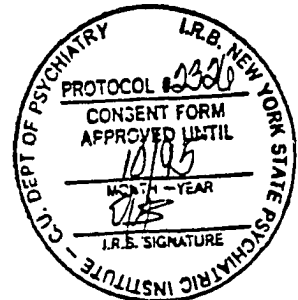
I have received a copy of this consent form. I agree to take part in this study.

Can we contact you in the future to see if you might be interested in participating in other research studies, which you may refuse to do at that time? (Circle youth's reply.)

Signed _____

Date _____

Research Team:
Margaret Rosario, Ph.D. (212) 740-7324
Joyce Hunter, M.S.W. (212) 740-7291
Raymond A. Smith, M.A. (212) 740-7323



IRB 2326

**CONSENT FORM FOR AUDIOTAPING PSYCHOLOGICAL AND PSYCHOSEXUAL
INTERVIEWS; ADOLESCENT STUDY**

I agree to have this interview recorded on audiotape. I understand that this interview will include questions about my sexual and drug using behaviors and about my emotions, mood, psychological state, life stresses, supports and health-related activities. If at any time during or after the taping I change my mind and decide that I do not want the interview on tape, it will be erased in my presence. If I choose not to have any portion of the interview taped, this will in no way interfere with my participating in the rest of the interview.

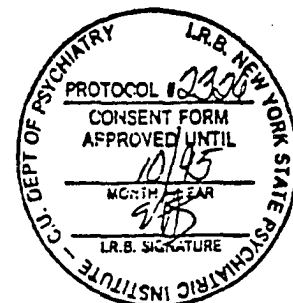
I understand that the purpose of the taping is to allow the study's research staff to check that the interview is being conducted correctly. No one other than a research staff member will be permitted to listen to the tape. The tape will be erased within 6 months of taping.

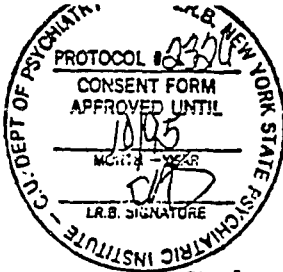
I further understand that neither my name nor any other information that identifies me will be used during the interview. The tape or its container will not be labeled with my name. The only information appearing on either will be my study, identification number.

I have read and understand this consent form and agree to have all or part of the interview recorded on audiotape. The interviewer has answered my questions. I have been given a copy of this consent form to keep.

Date

Participant's Signature





(HETRICK-MARTIN INSTITUTE)

IRB 2326

Informed Consent I

Purpose of Study: I have been asked to be part of a study which will help doctors learn about the health of teenagers and what they are doing in terms of practicing healthy and unhealthy behaviors.

Study Procedure: I will be asked to talk to someone about myself, my friends and my family. This interview will take about three hours and will include questions about my sexual and drug using behaviors, and about my emotions, mood, psychological state, life stresses, social supports, health-related activities and education.

I understand that as part of this study I will be contacted for follow-up interviews in the future. After this interview, a research team staff member will attempt to contact me periodically and to interview me twice. I understand that I will be paid \$30 for each follow up interview that I complete. These interviews will again cover health, social and sexual areas of my life and will take approximately one to two hours to complete. I understand that I may refuse to participate at any time.

In order to contact me in the future, I agree to let the research team staff members obtain information about my whereabouts from any agencies, organizations and counsellors that I am in contact with. I understand that I will be receiving periodic phone calls to remind me about my interview appointments and see how I am doing. I understand that any information about my whereabouts that I provide or information about me that is given by organizations or counselors will be kept strictly confidential by the research team staff.

In addition, I may be contacted in the future about other research studies, but I may refuse to participate in them at that time.

Risks and Benefits: This study is not designed for my benefit. However, I may find it useful to talk to someone about my personal life even though parts of this interview may be uncomfortable. The information obtained from this interview will be kept private and confidential. It is extremely unlikely that anyone will be able to link me and my responses, given the following three facts: first, neither my name nor any other identifying information will appear on the same forms where my responses appear. Second, these response forms will contain an identification number and will be kept outside of the Hetrick-Martin Institute, at the offices of the research staff. Third, identifying information about myself and a record of my identification number will be kept in a locked file at the office of the research staff.

Research Standards and Rights of Participants: I have been told that I may choose to participate or I may refuse. I will still receive services from this organization. I can withdraw at any

time from the study. I understand that if I do not want to answer any of the specific questions asked in this interview, I will not have to answer them and I will still receive services from this organization. I also understand that I will be asked to allow the interview to be audiotaped, and a separate consent form addressing this topic follows after this consent form.

My name and other identifying information will be removed from all research files and will be kept in a locked file. No one outside of this study's research team will be able to see my files, and the Hetrick-Martin Institute will not know what I say during this interview except for the one instance as detailed below.

Confidentiality: No information will be shared with this Organization or anyone else unless I reveal current physical or sexual abuse (in which case a report will be made to the New York State Bureau of Child Welfare), or if I am suicidal or homicidal my counselor at the Hetrick-Martin Institute will be informed. With these exceptions, all information will be kept confidential.

Compensation: I will receive \$30.00 per interview session for participating in this study.

If I have any questions about this study I can call a member of the research team (numbers are listed below) who will answer any questions just as the study interviewer answered all questions.

Recruitment of participants for this study has been approved by the New York State Psychiatric Institute--Columbia University Department of Psychiatry Institutional Review Board. If I have any questions about my rights as a research participant, I can call the Institutional Review Board at 960-5758.

Should this interview give rise to any feelings or thoughts I may wish to discuss with someone, I can contact Ms. Eva Morales at the Hetrick-Martin Institute.

I have received a copy of this consent form. I agree to take part in this study.

Can we contact you in the future to see if you might be interested in participating in other research studies, which you may refuse to do at that time? (Circle youth's reply.)

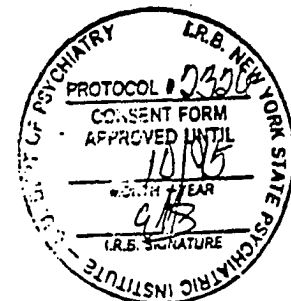
YES NO

Signed _____

Date _____

Research Team:

Margaret Rosario, Ph.D.	(212) 740-7324
Joyce Hunter, M.S.W.	(212) 740-7291
Raymond Smith, M.A.	(212) 740-7323



**CONSENT FORM FOR AUDIOTAPING PSYCHOLOGICAL AND PSYCHOSEXUAL
INTERVIEWS; ADOLESCENT STUDY**

I agree to have this interview recorded on audiotape. I understand that this interview will include questions about my sexual and drug using behaviors and about my emotions, mood, psychological state, life stresses, supports and health-related activities. If at any time during or after the taping I change my mind and decide that I do not want the interview on tape, it will be erased in my presence. If I choose not to have any portion of the interview taped, this will in no way interfere with my participating in the rest of the interview.

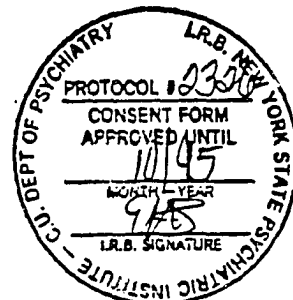
I understand that the purpose of the taping is to allow the study's research staff to check that the interview is being conducted correctly. No one other than a research staff member will be permitted to listen to the tape. The tape will be erased within 6 months of taping.

I further understand that neither my name nor any other information that identifies me will be used during the interview. The tape or its container will not be labeled with my name. The only information appearing on either will be my study, identification number.

I have read and understand this consent form and agree to have all or part of the interview recorded on audiotape. The interviewer has answered my questions. I have been given a copy of this consent form to keep.

Date

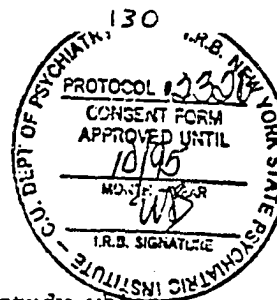
Participant's Signature



IRB 2326

(COLLEGES)

Informed Consent I



Purpose of Study: I have been asked to be part of a study which will help doctors learn about the health of teenagers and what they are doing in terms of practicing healthy and unhealthy behaviors.

Study Procedure: I will be asked to talk to someone about myself, my friends and my family. This interview will take about three hours and will include questions about my sexual and drug using behaviors, and about my emotions, mood, psychological state, life stresses, social supports, health-related activities and education.

I understand that as part of this study I will be contacted for follow-up interviews in the future. After this interview, a research team staff member will attempt to contact me periodically and to interview me twice. I understand that I will be paid \$30 for each follow up interview that I complete. These interviews will again cover health, social and sexual areas of my life and will take approximately one to two hours to complete. I understand that I may refuse to participate at any time.

In order to contact me in the future, I agree to let the research team staff members obtain information about my whereabouts from any agencies, organizations and counsellors that I am in contact with. I understand that I will be receiving periodic phone calls to remind me about my interview appointments and see how I am doing. I understand that any information about my whereabouts that I provide or information about me that is given by organizations or counselors will be kept strictly confidential by the research team staff.

In addition, I may be contacted in the future about other research studies, but I may refuse to participate in them at that time.

Risks and Benefits: This study is not designed for my benefit. However, I may find it useful to talk to someone about my personal life even though parts of this interview may be uncomfortable. The information obtained from this interview will be kept private and confidential. It is extremely unlikely that anyone will be able to link me and my responses, given the following three facts: first, neither my name nor any other identifying information will appear on the same forms where my responses appear. Second, these response forms will contain an identification number and will be kept outside of this organization, at the offices of the research staff. Third, identifying information about myself and a record of my identification number will be kept in a locked file at the office of the research staff.

Research Standards and Rights of Participants: I have been told that I may choose to participate or I may refuse. I will still receive services from this organization. I can withdraw at any

time from the study. I understand that if I do not want to answer any of the specific questions asked in this interview, I will not have to answer them and I will still receive services from this organization. I also understand that I will be asked to allow the interview to be audiotaped, and a separate consent form addressing this topic follows after this consent form.

My name and other identifying information will be removed from all research files and will be kept in a locked file. No one outside of this study's research staff will be able to see my files, and this organization will not know what I say during this interview except for the one instance as detailed below.

Confidentiality: No information will be shared with this organization or anyone else unless I reveal current physical or sexual abuse (in which case a report will be made to the New York State Bureau of Child Welfare), or if I am suicidal or homicidal a consult will be arranged to evaluate the seriousness of these feelings. With these exceptions, all information will be kept confidential.

Compensation: I will receive \$30.00 per interview session for participating in this study.

If I have any questions about this study I can call a member of the research team (numbers are listed below) who will answer any questions just as the study interviewer answered all questions.

Recruitment of participants for this study has been approved by the New York State Psychiatric Institute--Columbia University Department of Psychiatry Institutional Review Board. If I have any questions about my rights as a research participant, I can call the Institutional Review Board at 960-5758.

I have received a copy of this consent form. I agree to take part in this study.

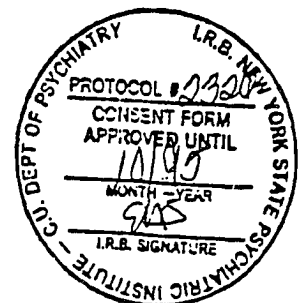
Can we contact you in the future to see if you might be interested in participating in other research studies, which you may refuse to do at that time? (Circle youth's reply.)

YES NO

Signed _____

Date _____

<u>Research Team:</u>	
Margaret Rosario, Ph.D.	(212) 740-7324
Joyce Hunter, M.S.W.	(212) 740-7291
Raymond Smith, M.A.	(212) 740-7323



**CONSENT FORM FOR AUDIOTAPING PSYCHOLOGICAL AND PSYCHOSEXUAL
INTERVIEWS; ADOLESCENT STUDY**

I agree to have this interview recorded on audiotape. I understand that this interview will include questions about my sexual and drug using behaviors and about my emotions, mood, psychological state, life stresses, supports and health-related activities. If at any time during or after the taping I change my mind and decide that I do not want the interview on tape, it will be erased in my presence. If I choose not to have any portion of the interview taped, this will in no way interfere with my participating in the rest of the interview.

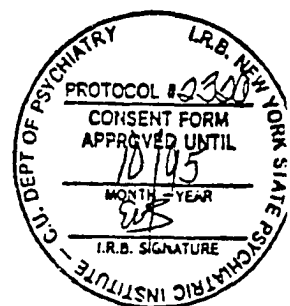
I understand that the purpose of the taping is to allow the study's research staff to check that the interview is being conducted correctly. No one other than a research staff member will be permitted to listen to the tape. The tape will be erased within 6 months of taping.

I further understand that neither my name nor any other information that identifies me will be used during the interview. The tape or its container will not be labeled with my name. The only information appearing on either will be my study, identification number.

I have read and understand this consent form and agree to have all or part of the interview recorded on audiotape. The interviewer has answered my questions. I have been given a copy of this consent form to keep.

Date

Participant's Signature



APPENDIX B



AUG 24 1993

Alcohol, Drug Abuse, and Mental
Health Administration
Room 9-97
National Institute of Mental Health
5600 Fishers Lane
Rockville MD 20857

Margaret Rosario, Ph.D.
HIV Center for Clinical and Behavioral Studies
New York State Psychiatric Institute
722 West 168th Street
New York, New York 10032

Dear Dr. Rosario:

Enclosed is an amended Confidentiality Certificate protecting the identity of research subjects in your project entitled "HIV Risk and Coming-Out Among Gay and Lesbian Adolescents." Please note that the Certificate expires on February 1, 1998. If you determine that the research project will not be completed by this date, you must submit a written request for an extension of the Certificate 3 months prior to the expiration date. Any such request must include the justification for the extension and the expected date for completion of the research project.

Correspondence should be sent to me at the above address.

Sincerely,

Anthony Pollitt, Ph.D.
Associate Director for
Extramural Policy Analysis
Division of Extramural
Activities

Enclosure

CONFIDENTIALITY CERTIFICATE

MH-92-64A

issued to

HIV Center for Clinical and Behavioral Studies
New York State Psychiatric Institute

conducting research known as

"HIV Risk and Coming-Out Among Gay and Lesbian Adolescents"

In accordance with regulations at 42 CFR Part 2a, this amended Certificate was issued in response to the request of the Principal Investigator, Mary Jane Rotheram-Borus, Ph.D. The Certificate has been amended to change the name of the Principal Investigator to Margaret Rosario, Ph.D., HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute, 722 West 168th Street, New York, New York 10032, to protect the privacy of research subjects by withholding their identities from all persons not connected with this research. Dr. Rosario is primarily responsible for the conduct of this research, which is funded by the National Institute of Mental Health, grant number 5-P50-MH43520.

Under the authority vested in the Secretary of Health and Human Services by section 303(a) of the Public Health Service Act 42 U.S.C. 242a(a), all persons who:

1. are enrolled in or associated with the HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute, and its contractors or cooperating agencies, and
2. have in the course of their employment or association access to information which would identify individuals who are the subjects of the research on mental health pertaining to the project known as "HIV Risk and Coming-Out of Gay and Lesbian Adolescents"

are hereby authorized to protect the privacy of the individuals who are the subjects of that research by withholding their names and other identifying characteristics from all persons not connected with the conduct of that research.

Page 2 - Confidentiality Certificate - Rosario

The aim of this proposed study is to examine gender and ethnic differences in the coming-out process in youths followed for 1 year and to examine the relationships between this process and HIV-related risk acts (e.g., sexual and substance-abuse acts) and non-HIV-related risk acts (e.g., conduct disorder).

A consecutive series of 75 lesbians and 75 gay male adolescents of Black, Hispanic, and White backgrounds, aged 14 to 21 years, will be recruited from four organizations in New York City. A detailed assessment of the subjects will be undertaken, including an examination of HIV-related risk acts such as sexual behavior with female and male partners, and alcohol and drug use. There will also be an examination of non-HIV-related risk acts that include, for example, suicide attempts, conduct problems such as delinquency, and poor academic performance and truancy. Adaptive behaviors, i.e., self-esteem and interpersonal problem-solving skills, will also be assessed.

Specific "coming-out" factors also will be assessed because they are hypothesized to mediate risk acts. The investigators will pilot test instruments and revise existing assessment measures in the first 6 months of the project.

Background characteristics, in addition to gender and ethnicity, will be included in the assessment. The youths will be interviewed individually by college-level interviewers at baseline or initial assessment, 6 months later, and 12 months later.

These youths will be sharing details about sexual and other intimate aspects of their lives and must be assured that no name or any other identifying information will be revealed. Further, since the design is longitudinal, it is imperative that the confidentiality of all information will be assured throughout the study to participants.

This study is now under way and will end on February 1, 1998.


Page 3 - Confidentiality Certificate - Rosario

As provided in section 303(a) of the Public Health Service Act 42 U.S.C. 242a(a):

"Persons so authorized to protect the privacy of such individuals may not be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings to identify such individuals."

This amended Certificate does not represent an endorsement of the research project by the Department of Health and Human Services. This Certificate is now in effect and will expire on February 1, 1998. The protection afforded by this Confidentiality Certificate is permanent with respect to subjects who participate in the research during any time the Certificate is in effect.

Date: AUG 24 1993

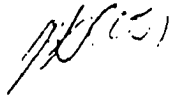

Frederick K. Goodwin, M.D.
Director
National Institute of
Mental Health

APPENDIX C

*New York State
Psychiatric Institute*

MEMORANDUM

September 10, 1992

TO: Dr. Mary Jane Rotheram
FROM: Elizabeth Small, Coordinator, IRB 
SUBJECT: Protocol #2326: GAY AND LESBIAN ADOLESCENT STUDIES

Attached is Notice of IRB Approval pending a Certificate of Confidentiality and approval of waiver of parental Consent Form for the above protocol. Consent Forms will be stamped with approval after the Certificate of Confidentiality is obtained.

New York State
Psychiatric Institute

MEMORANDUM

DATE: September 10, 1992

TO: Dr. Mary Jane Rotheram

FROM: Dr. B. Timothy Walsh and Dr. John Rainer, Co-Chairmen, IRB

SUBJECT: IRB NOTICE OF APPROVAL OF PROTOCOL: EXPEDITED BY SUBCOMMITTEE
Your Protocol # 2326 entitled GAY AND LESBIAN ADOLESCENT STUDIES***
***Pending Certificate of Confidentiality

has been approved by the Psychiatric Institute - Columbia University
Department of Psychiatry Institutional Review Board, for one year.

A renewal application will be required in 12 months. In studies
involving drugs or any other invasive procedure, immediate reports to
the IRB are necessary in case of serious adverse reactions.

STATUS REGARDING CAPACITY TO CONSENT (NEW YORK STATE REGULATIONS)

1. Regulations do not apply
2. Only one signature is required to attest to patient's
capacity to consent.
3. Two signatures are required regarding capacity to consent
because population is deemed vulnerable and/or risk is more
than minimal.
4. Approved to Include Incapable Subjects:
 Yes No
5. Field Monitoring Required: Yes No

If yes, the IRB and the Office of Quality Assurance both
must be notified before actual enrollment begins. Return
the attached forms for this purpose.

Rev. 1/92

APPENDIX D

DEMOGRAPHICS

ID Code:	— — — — —	/1-6								
Interviewer:	— —	/7-8								
Assessment:	<table> <tr> <td><u>1</u></td> <td><u>2</u></td> <td><u>3</u></td> <td><u>4</u></td> </tr> <tr> <td>Baseline</td> <td>6 months</td> <td>12 months</td> <td>Test-retest</td> </tr> </table>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	Baseline	6 months	12 months	Test-retest	/9
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>							
Baseline	6 months	12 months	Test-retest							
Instrument (demographics):	<u>1</u> <u>1</u>	/10-11								
Instrument version:	<u>0</u> <u>2</u>	/12-13								
Card:	<u>0</u> <u>7</u>	/14-15								

INSTRUMENT CONTINUES ON NEXT PAGE

GALA'S socio-demographic measure
 (Rosario, Hunter, & Gwadz, 1993), 10/7/93

Card 07

9. Where were the following people born (use codes listed after 9G)?

	<u>Code</u>	<u>Specify Country if code involves two or more countries</u>
(A) You:	— —	_____
(B) Your natural mother:	— —	_____
(C) Your natural father:	— —	_____
(D) Your natural mother's mother:	— —	_____
(E) Your natural mother's father:	— —	_____
(F) Your natural father's mother:	— —	_____
(G) Your natural father's father:	— —	_____

COUNTRY CODES for Item 9

01. Africa
02. Asia (does not include China, Japan or Korea)
03. Canada
04. China
05. Cuba
- . Caribbean island, other than a Hispanic island, specifically:
 06. Barbados
 07. Haiti
 08. Jamaica
 09. Trinidad
 10. Some other non-Hispanic Caribbean island
11. Central America (does not include Mexico)
12. Dominican Republic
13. Eastern Europe (does not include Poland or Russia)
14. Ireland
15. Israel
16. Italy
17. Japan
18. Korea
19. Mexico
20. Middle-East (does not include Israel)
21. Poland
22. Puerto Rico
23. Russia
24. South America
25. South Pacific islands (exclude Hawaii)
26. USA
27. Western Europe (does not include Ireland or Italy)
88. Doesn't know

GALA'S socio-demographic measure
(Rosario, Hunter, & Gwadz, 1993), 10/7/93

APPENDIX E

**NOT FOR PUBLICATION, QUOTATION, OR USE WITHOUT WRITTEN PERMISSION
FROM THE AUTHORS ***

Card: 0 1 /1-2
Instrument Code: 3 1 /3-4
Subject ID#: _____ /6-11
Sex: _____ /12
Interviewer Code: _____ /15-16
Date of Interview: _____ /17-22
Interviewer Name: _____
Co-rater: _____
Date of Co-rating: _____

TIME BEGIN: _____ : _____ AM / PM
TIME END: _____ : _____ AM / PM

**SEXUAL RISK BEHAVIOR ASSESSMENT SCHEDULE-YOUTH
(SERBAS-Y-HM-M-1-ROS)-MALE**

Baseline Interview

Compiled by

**HEINO F. L. MEYER-BAHLBURG, ANKE A. EHRHARDT, THERESA M. EXNER,
RHODA S. GRUEN**

- * Investigators wishing to use this instrument should contact Dr. Meyer-Bahlburg at Program of Developmental Psychoendocrinology, New York State Psychiatric Institute and Department of Psychiatry, College of Physicians & Surgeons of Columbia University, 722 West 168th Street, New York, N.Y. 10032.

File: ADOLHMM1.ROS

Date: January 31, 1994

SERBAS-Y-HM-M-1 (MALE)

PSYCHOSEXUAL ASSESSMENT
HOMOSEXUAL MALE (HM-M)

TABLE OF CONTENTS

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B. LIFETIME MALE PARTNERS AND OCCASIONS.....	15
C. LIFETIME FEMALE PARTNERS AND OCCASIONS.....	19
D. MISCELLANEOUS	23
E. PAST THREE MONTHS	28
F. SEXUAL IMAGERY AND ORIENTATION - PAST THREE MONTHS	50
G. INTERVIEWER RATINGS.....	57

SERBAS-Y-HM-M-1

BIRTHDAY: / / /24-29
 MONTH DAY YEAR

***TIME START: : AM / PM

SERBAS-Y-HM-M-1

A. PSYCHOSEXUAL MILESTONES - LIFETIME

In this interview, I will be asking you some questions about puberty and your relationships with (guys/men) and (girls/women). We will also talk about sex. You are probably not used to talking about this, but because of this research on the health and social relationships of young people, we need to talk about it in more detail than usual so that we make sure we have good information about the kinds of sexual experiences young people have. Whatever you tell me will be kept confidential. First, I'd like to ask you some questions about puberty - when your body started changing.

A001. How old were you when your voice first started to change?

AGE
NEVER 00

/40-41

A002. How old were you when you first started growing pubic hair (hair around your penis and testicles)?

AGE
NEVER 00

/42-43

A003. Sometime around puberty, guys have their first ejaculation, or they come for the first time, that is, sperm comes out of their penis. This can happen during sleep like in a wet dream, or when they have sex with someone, or when they rub their penis, or when they get excited. At what age did you have your first ejaculation or emission?

AGE
NEVER 00

/44-45

A004. When you think about sex, do you think of yourself as ...

- Gay1 /46
 - Bisexual, or2 (A006)
 - Straight3
 - Other8
- SPECIFY: _____

A005. Was there ever a time when you thought you might be bisexual?

- No.....1 (BOX ABOVE A008) /47
- Yes.....2

A006. How old were you when you first thought that you might be bisexual?

AGE /48-49

A007. How old were you when you first thought of yourself as really being bisexual?

AGE /50-51
Never..00

IF A004 WAS ANSWERED 'GAY', SKIP TO A009. OTHERWISE, CONTINUE.

A008. Was there ever a time when you thought you might be gay?

- No.....1 (NEXT PAGE) /52
- Yes.....2

A009. How old were you when you first thought that you might be gay?

AGE /53-54

A010. How old were you when you first thought of yourself as really being gay?

AGE /55-56
Never..00

E. PAST THREE MONTHS

TO AID RECALL, FIRST REVIEW WITH PARTICIPANT HIS LIFE PATTERN DURING THE PAST 3 MONTHS (TODAY'S DATE, 3 MONTHS AGO) UP UNTIL TODAY.
COVER THE FOLLOWING AREAS: LIVING SITUATION, SCHOOL ATTENDANCE, ANY SALIENT LIFE EVENTS.

Now I'd like to focus on your sexual life in the past three months. Before we start, I'd like to take a minute to make sure you're clear about this period. Three months ago, it was (TODAY'S DATE, THREE MONTHS AGO). Can you remember anything that was happening in your life that makes that time stand out for you? For example, was there anything unusual happening at school, or at home, or with your friends? Or was there a special holiday, or birthday?

(NOTE SIGNIFICANT MARKERS:)

In the next questions, the period of time we are going to talk about is the same time period we just reviewed together (TODAY'S DATE, THREE MONTHS AGO).

MALE PARTNERS

E001. Have you had any sex with a (guy/man) in the past 3 months? Remember, "having sex" includes all the kinds of sex we talked about earlier, including genital touching. (IF ANY CONFUSION, REVIEW VOCABULARY, PP. 3-4)

NO 1 (GO TO P. 39) /17
 YES 2

IF NO GENITAL/ANAL SEX WITH MEN SKIP TO FEMALE SECTION, PAGE 39.

E002. In doing many of these interviews, we find that sometimes when people think about sex partners they don't include people they had sex with for money or drugs or a place to stay. Have you had sex with a (guy/man) for any of these reasons that I just mentioned in the past 3 months?

NO 1 /18
 YES 2

DIRECTIONS FOR '3 MONTH PRACTICES' WORKSHEET

STEP 1:

Establish all partners. For up to 5 partners, write first name or initial in the first column on p. 34. If 6 or more partners, enter total number of additional partners in the "Partner ID Code" column (E004).

STEP 2:

Compare partner's name(s)/initial(s) to those on the GALA Worksheet.

- a) If name(s) initial(s) appear on the GALA worksheet, verify that this is the same person, then enter 2-digit GALA identification code (refer to column labeled CARD NO. for ID #) in the SERBAS "Partner ID Code" column.
- b) If partner's name(s)/initial(s) are not on GALA worksheet, add new names/initials to GALA worksheet and ask worksheet questions. Then, enter the 2-digit GALA ID code in the SERBAS "Partner ID Code" column.

In either case, before returning to SERBAS, check "SERBAS" column on GALA worksheet (Column P).

STEP 3:

Continue with SERBAS interview, working across the chart for each partner before beginning the next. If there are 6 or more partners, let Participant sum up across all additional partners after information on the first 5 clearly recalled partners has been listed. If Participant says "Don't know" or similar, ask him to give his best estimate.

Now let's talk in more detail about your male partners during the last three months. So that we don't mix them up, I will ask you for their first names or initials, but don't give me their last names because I want to keep them confidential.

E003. What is the first name or initial of your (first/next) male partner during the past 3 months? (RECORD NAME(S)/INITIAL(S) IN WORKSHEET)

E004. Record 'partner ID code' in work sheet. (Check back with GALA worksheet to verify partner and 'partner ID code'.)

- E005. To the best of your knowledge, has (NAME OF PARTNER)...
- a. ever injected or shot drugs for non-medical reasons?
 - b. ever had a sexually transmitted disease; for example, gonorrhea or chlamydia?
 - c. tested positive for the AIDS virus, or does he have AIDS? (IF DON'T KNOW, CODE AS '8')
- E006. During the time you were sexually involved with (NAME OF PARTNER) over the last 3 months, how much would you say that you were emotionally involved with him? (RECORD FOR UP TO 5 PARTNERS.)
- [1] Not at all involved
 - [2] A little involved
 - [3] Fairly involved
 - [4] Very involved
- E007. How long have you been sexually involved with (NAME OF PARTNER)? (RECORD IN MONTHS FOR UP TO 5 PARTNERS. IF LESS THAN 1 MONTH BUT MORE THAN 15 DAYS, ROUND UP TO '01'. IF LESS THAN 1 MONTH BUT 15 OR FEWER DAYS, ROUND DOWN TO '00'.)
- E008. How long did you know (NAME OF PARTNER) before you became sexually involved? (RECORD IN MONTHS FOR UP TO 5 PARTNERS. IF LESS THAN 1 MONTH BUT MORE THAN 15 DAYS, ROUND UP TO '01'. IF LESS THAN 1 MONTH BUT 15 OR FEWER DAYS, ROUND DOWN TO '00'.)
- E009. What is the total number of times you had sex with (NAME OF PARTNER) during the past three months? Remember, "having sex" includes all the types of sex we talked about before. (IF THERE IS SOME CONFUSION, REVIEW LIST PP. 3-4; RECORD IN WORKSHEET).

MALE PARTNERSMANUAL SEX - RECEPTIVE

E010a. When you were with (NAME OF PARTNER) during the past 3 months, how many times did he touch or rub your penis with his hand?

MANUAL SEX - ACTIVE

E010b. How many times did you touch or rub his penis with your hand?

ORAL SEX - RECEPTIVE

E011a. During the past 3 months, how many times did he put his mouth or tongue on your penis?

E011b. People differ a lot in the extent to which they rely on condoms when engaging in oral sex. How many times did you or (NAME OF PARTNER), use a condom when he put his mouth or tongue on your penis?

E011c. How many times did he put his mouth or tongue on your penis while you were using drugs or alcohol, either right before or during sex?

ORAL SEX - ACTIVE

E012a. During the past 3 months, how many times did you put your mouth or tongue on (NAME OF PARTNER)'S penis?

E012b. How many times did (NAME OF PARTNER), wear a condom when you put your mouth or tongue on his penis during the past 3 months?

E012c. How many times did you put your mouth or tongue on his penis while you were using drugs or alcohol, either right before or during sex?

ORAL-ANAL SEX - RECEPTIVE

- E013a. During the last 3 months, how many times did he put his mouth or tongue on your (anus/rectum)?
- E013b. People differ a lot in the extent to which they rely on dental dams, saran wrap, or a condom or rubber glove that was cut and stretched when engaging in oral sex. How many times did you or (NAME OF PARTNER), use a dental dam, saran wrap, or a condom or rubber glove that was cut and stretched when he put his mouth or tongue on your (anus/rectum)?
- E013c. How many times did he put his mouth or tongue on your (anus/rectum) while you were using drugs or alcohol, either right before or during sex?

ORAL-ANAL SEX - ACTIVE

- E014a. During the past 3 months, how many times did you put your mouth or tongue on (NAME OF PARTNER)'S (anus/rectum)?
- E014b. How many times did you or (NAME OF PARTNER) use a dental dam, saran wrap, or condom or rubber glove that was cut and stretched when you put your mouth or tongue on his (anus/rectum)?
- E014c. How many times did you put your mouth or tongue on his (anus/rectum) while you were using drugs or alcohol, either right before or during sex?

ANAL - PENILE INTERCOURSE - RECEPTIVE

- E015a. During the past 3 months, how many times did he put his penis into your (anus/rectum)?
- E015b. How many times did (NAME OF PARTNER) wear a condom when he put his penis into your (anus/rectum)?
- E015c. How many times did he put his penis into your (anus/rectum) while you were using drugs or alcohol, either right before or during sex?

ANAL-PENILE INTERCOURSE- ACTIVE

- E016a. How many times did you put your penis into (NAME OF PARTNER)'S anus/rectum in the past 3 months?
- E016b. How many times did you wear a condom when you put your penis into his (anus/rectum) in the past 3 months?
- E016c. How many times did you put your penis in his (anus/rectum) while you were using drugs or alcohol, either right before or during sex?

WORKSHEET OF PARTICIPANT'S PRACTICES WITH MALE PARTNERS IN PAST 3 MONTHS

E003. PARTNER NAME OR INITIAL	E004. PARTNER ID PARTNER CODE	E005. PARTNER RISK: a. IVDU 1= No 2= Yes 8= DK	b. STD 1= No 2= Yes 8= DK	c. HIV+ 1= No 2= Yes 8= DK	E006. EMOTIONAL INVOLVEMENT **	E007. LENGTH OF SEXUAL RELATION-SHIP (Moe)	E008. TIME KNOWN BEFORE SEX (Moe)	E009. TOTAL NUMBER TIMES HAD SEX
	(15-16) CARD 09	1 2 8 (17)	1 2 8 (18)	1 2 8 (19)	1 2 3 4 (20)	(21-22)	(23-24)	(25-27)
	(28-29)	1 2 8 (30)	1 2 8 (31)	1 2 8 (32)	1 2 3 4 (33)	(34-35)	(36-37)	(38-40)
	(41-42)	1 2 8 (43)	1 2 8 (44)	1 2 8 (45)	1 2 3 4 (46)	(47-48)	(49-50)	(51-53)
	(54-55)	1 2 8 (56)	1 2 8 (57)	1 2 8 (58)	1 2 3 4 (59)	(60-61)	(62-63)	(64-66)
	(67-68)	1 2 8 (69)	1 2 8 (70)	1 2 8 (71)	1 2 3 4 (72)	(73-74)	(75-76)	(77-79)
*** Total # Add'l Partners:	(15-16) CARD 10	Total # Add'l IVDU (17-18)	Total # add'l STD (19-20)	Total # add'l HIV+ (21-22)				Total # add'l (23-25)

**1=Not at all; 2=Little involved; 3=Fairly involved; 4=Very involved
***More than 5, summarize across all additional partners

WORKSHEET OF PARTICIPANT'S PRACTICES WITH MALE PARTNERS IN PAST 3 MONTHS

E003. NAME OR INITIAL	E004. PARTNER ID CODE	MANUAL SEX, RECEP- TIVE	MANUAL SEX, RECEP- TIVE	ORAL SEX, RECEPTIVE			ORAL SEX, ACTIVE		
		E10a. # TIMES	E010b. # TIMES	E011a # TIMES	E011b. # TIMES CONDOM	E011c. # TIMES ALCOHOL /DRUGS	E012a. # TIMES	E012b. # TIMES CONDOM	E012c. # TIMES ALCOHOL /DRUGS
	(26-27) CARD 10	(28-30)	(31-33)	(34-36)	(37-39)	(40-42)	(43-45)	(46-48)	(49-51)
	(52-53)	(54-56)	(57-59)	(60-62)	(63-65)	(66-68)	(69-71)	(72-74)	(75-77)
	(15-16) CARD 11	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)	(35-37)	(38-40)
	(41-42)	(43-45)	(46-48)	(49-51)	(52-54)	(55-57)	(58-60)	(61-63)	(64-66)
	(15-16) CARD 12	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)	(35-37)	(38-40)
	*** TOTAL # ADD'L PARTNERS	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l
	(41-42)	(43-45)	(46-48)	(49-51)	(52-54)	(55-57)	(58-60)	(61-63)	(64-66)

***More than 5, summarize across all additional partners

WORKSHEET OF PARTICIPANT'S PRACTICES WITH MALE PARTNERS IN PAST 3 MONTHS

E007. PARTNER NAME OR INITIAL	E008. PARTNER ID CODE	ORAL- ANAL, RECEP- TIVE E013a. # TIMES	E013b. # TIMES WRAP/ DAM/ CONDOM	E013c. # TIMES ALCOHOL /DRUGS	ORAL ANAL ACTIVE E014a. # TIMES	E014b. # TIMES WRAP/ DAM/ CONDOM	E014c. # TIMES ALCOHOL /DRUGS
	(15-16) CARD 13	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)
	(35-36)	(37-39)	(40-42)	(43-45)	(46-48)	(49-51)	(52-54)
	(55-56)	(57-59)	(60-62)	(63-65)	(66-68)	(69-71)	(72-74)
	(15-16) CARD 14	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)
	(35-36)	(37-39)	(40-42)	(43-45)	(46-48)	(49-51)	(52-54)
	*** TOTAL ADD'L	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l
	(55-56)	(57-59)	(60-62)	(63-65)	(66-68)	(69-71)	(72-74)

*** More than 5, summarize across all additional partners

WORKSHEET OF PARTICIPANT'S PRACTICES WITH MALE PARTNERS IN PAST 3 MONTHS

E007. PARTNER NAME OR INITIAL	E008. PARTNER ID CODE	ANAL- PENILE, RECEP- TIVE	E015a. # TIMES	E015b. # TIMES CONDOM	E015c. # TIMES ALCOHOL /DRUGS	ANAL- PENILE, ACTIVE	E016a. # TIMES	E016b. # TIMES CONDOM	E016c. # TIME ALCOHOL /DRUGS
	(15-16) CARD 15	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)		
	(35-36)	(37-39)	(40-42)	(43-45)	(46-48)	(49-51)	(52-54)		
	(55-56)	(57-59)	(60-62)	(63-65)	(66-68)	(69-71)	(72-74)		
	(15-16) CARD 16	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)		
	(35-36)	(37-39)	(40-42)	(43-45)	(46-48)	(49-51)	(52-54)		
	Total # add'l	(57-59)	(60-62)	(63-65)	(66-68)	(69-71)	(72-74)	Total # add'l	(72-74)

CARD:	<u>1</u>	<u>7</u>	/1-2
INSTRUMENT CODE:	<u>1</u>	<u>1</u>	/3-4
SUBJECT ID#:	_____	_____	/6-11

E017. Now I want to ask you about some other activities that some people get into. Thinking of all the times you had sex during the last 3 months, did you and a partner engaged in a sexual activity that could draw blood, such as being tied up, using clamps, whips, or chains, piercing or puncturing the skin, etc.

NO YES

1 2 /15

*** TIME END: ___ __:___ __ AM / PM

FEMALE PARTNERS

E018. Have you had any sex with a (girl/woman) in the past 3 months? Remember, "having sex" includes all the kinds of sex we talked about earlier, including genital touching. (IF ANY CONFUSION, REVIEW VOCABULARY, PP. 3-4)

NO 1 (E046, P. 49) /16
 YES 2

IF NO GENITAL SEX WITH WOMEN, SKIP TO MASTURBATION (E046), PAGE 49.

E019. In doing many of these interviews, we find that sometimes when people think about sex partners they don't include people they had sex with for money or drugs or a place to stay. Have you had sex with a (girl/woman) for any of these reasons that I just mentioned in the past 3 months?

NO 1 /17
 YES 2

DIRECTIONS FOR '3 MONTHS PRACTICES' WORKSHEET

STEP 1:

Establish all partners. For up to 5 partners, write first name or initial in the first column and on page 44. If 6 or more partners, enter total number of additional partners in the "Partner ID Code" column (E021).

STEP 2:

Compare partner's name(s)/initial(s) to those on the GALA Worksheet.

- a. If name(s)/initial(s) appear on the GALA worksheet, verify that this is the same person, then enter 2-digit GALA identification code (refer to column labeled CARD NO. for ID #) in the SERBAS "Partner ID CODE" column.
- b. If partner's name(s)/initial(s) are not on the GALA worksheet, add new name(s)/initial(s) to GALA worksheet and ask worksheet questions. Then, enter the 2-digit GALA ID code in the SERBAS "Partner ID Code" column.

In either case, before returning to SERBAS, code 'yes' in "SERBAS" column on GALA worksheet (Column P).

STEP 3:

Continue with SERBAS interview, working across the chart for each partner before beginning the next. If there are 6 or more partners, let Participant sum up across all additional partners after information on the first 5 clearly recalled partners has been listed. If Participant says "Don't Know" or similar, ask him to give his best estimate.

Now let's talk in more detail about your female partners during the last three months. So that we don't mix them up, I will ask you for their first names or initials, but don't give me their last names because I want to keep them confidential.

E020. What is the first name or initial of your (first/next) female partner during the past 3 months? (RECORD NAME(S)/INITIAL(S) IN WORK SHEET)

E021. Record "Partner ID Code" in worksheet.
(Check back with GALA worksheet to verify partner and "Partner ID Code.")

E022. To the best of your knowledge, has (NAME OF PARTNER)...

- a. ever shot or injected drugs for non-medical reasons?
- b. ever had a sexually transmitted disease, for example, gonorrhea or chlamydia?
- c. tested positive for the AIDS virus, or does she have AIDS?
(IF DON'T KNOW, CODE AS '8')

- E023. During the time you were sexually involved with (NAME OF PARTNER) over the last 3 months, how much would you say that you were emotionally involved with her? (RECORD FOR UP TO 5 PARTNERS)
- [1] Not at all involved
 - [2] A little involved
 - [3] Fairly Involved
 - [4] Very involved
- E024. How long have you been sexually involved with (NAME OF PARTNER)? (RECORD IN MONTHS FOR UP TO 5 PARTNERS. IF LESS THAN 1 MONTH BUT MORE THAN 15 DAYS, ROUND UP TO '01'. IF LESS THAN 1 MONTH BUT 15 OR FEWER DAYS, ROUND DOWN TO '00'.)
- E025. How long did you know (NAME OF PARTNER) before you became sexually involved? (RECORD IN MONTHS FOR UP TO 5 PARTNERS. IF LESS THAN 1 MONTH BUT MORE THAN 15 DAYS, ROUND UP TO '01'. IF LESS THAN 1 MONTH BUT 15 OR FEWER DAYS, ROUND DOWN TO '00'.)
- E026. What is the total number of times you had sex with (NAME OF PARTNER) during the past three months? Remember, "having sex" includes all the types of sex we talked about before. (IF THERE IS SOME CONFUSION, REVIEW LIST P. 3-4; RECORD IN WORKSHEET).

FEMALE PARTNERSMANUAL SEX - RECEPTIVE

E027a. When you were with (NAME OF PARTNER) during the past 3 months, how many times did she touch or rub your penis with her hand?

MANUAL SEX - ACTIVE

E027b. How many times did you touch or rub her vagina or clitoris with your hand?

VAGINAL FINGERING - ACTIVE

E028a. When you were with (NAME OF PARTNER) during the past 3 months, how many times did you put your finger in her vagina?

E028b. People differ a lot in the extent to which they rely on condoms, finger cots or rubber gloves when doing vaginal or anal fingering. How many times did you use a condom, glove, or finger cot when you put your finger in her vagina?

E028c. How many times did you put your finger into her vagina while you were using drugs or alcohol, either right before or during sex?

VAGINAL - PENILE INTERCOURSE

E029a. During the past 3 months, how many times did you put your penis into (NAME OF PARTNER)'S vagina?

E029b. People differ a lot in the extent to which they rely on condoms. How many times did you, wear a condom when you put your penis into her vagina during the past 3 months?

E029c. How many times did you put your penis into her vagina while you were using drugs or alcohol, either right before or during sex?

ORAL SEX - RECEPTIVE

- E030a. During the past 3 months, how many times did she put her mouth or tongue on your penis?
- E030b. People differ a lot in the extent to which they rely on condoms when engaging in oral sex. How many times did you use a condom when she put her mouth or tongue on your penis?
- E030c. How many times did she put her mouth or tongue on your penis while you were using drugs or alcohol, either right before or during sex?

ORAL SEX - ACTIVE

- E031a. During the past 3 months, how many times did you put your mouth or tongue on (NAME OF PARTNER)'S vagina or clitoris?
- E031b. People differ a lot in the extent to which they rely on dental dams, saran wrap, or a condom or rubber glove that was cut and stretched when engaging in oral sex. How many times did you or (NAME OF PARTNER), use a dental dam, saran wrap, or a condom or rubber glove that was cut and stretched when you put your mouth or tongue on her vagina or clitoris?
- E031c. How many times did you put your mouth or tongue on her vagina or clitoris while you were using drugs or alcohol, either right before or during sex?

ANAL - PENILE INTERCOURSE

- E032a. During the past 3 months, how many times did you put your penis into (NAME OF PARTNER)'S (anus/rectum)?
- E032b. How many times did you wear a condom when you put your penis into her (anus/rectum)?
- E032c. How many times did you put your penis into her (anus/rectum) while you were using drugs or alcohol, either right before or during sex?

WORKSHEET OF PARTICIPANT'S PRACTICES WITH FEMALE PARTNERS IN PAST 3 MONTHS

E020. PARTNER NAME OR INITIAL	E021. PARTNER ID CODE	E022. PARTNER RISK:	b. STD 1= No 2= Yes 8= DK	c. HIV+ 1= No 2= Yes 8= DK	E023. EMOTIONAL INVOLVEMENT **	E024. LENGTH OF SEXUAL RELATIONSHIP (MO)	E025. TIME KNEW SEX (MO)	E026. TOTAL NUMBER TIMES HAD SEX
	(15-16)	1 2 8 (17)	1 2 8 (18)	1 2 8 (19)	1 2 3 4 (20)	(21-22)	(23-24)	(25-27)
	CARD 18							
	(28-29)	1 2 8 (30)	1 2 8 (31)	1 2 8 (32)	1 2 3 4 (33)	(34-35)	(36-37)	(38-40)
	(41-42)	1 2 8 (43)	1 2 8 (44)	1 2 8 (45)	1 2 3 4 (46)	(47-48)	(49-50)	(51-53)
	(54-55)	1 2 8 (56)	1 2 8 (57)	1 2 8 (58)	1 2 3 4 (59)	(60-61)	(62-63)	(64-66)
	(67-68)	1 2 8 (69)	1 2 8 (70)	1 2 8 (71)	1 2 3 4 (72)	(73-74)	(75-76)	(77-79)
	*** TOTAL # ADD'L PARTNERS: (15-16)	Total # add'l IVDU (17-18)	Total # add'l STD (19-20)	Total # add'l HIV+ (21-22)				Total # add'l (23-25)
	CARD 19							

••1=Not at all involved; 2=A little involved; 3=Fairly involved; 4=Very involved
 •••More than 5, summarize across all additional partners

WORKSHEET OF PARTICIPANT'S PRACTICES WITH FEMALE PARTNERS IN PAST 3 MONTHS

E020. PARTNER NAME OR INITIAL	E021. PARTNER ID CODE	HANUAL SEX, RECEPTIVE	E027a. # TIMES	HANUAL SEX, ACTIVE	E027b. # TIMES	VAGINAL FINGER- ING, ACTIVE	E028a. # TIMES	E028b. # TIMES CONDOM/ GLOVE/ FINGER COT	E028c. # TIMES ALCOHOL/ DRUGS	VAGINAL/ PENILE INTER- COURSE	E029a. # TIMES	E029b. # TIMES CONDOM	E029c. # TIMES ALCOHOL/ DRUGS		
	(26-27)	(28-30)	(31-33)	(34-36)	(37-39)	(40-42)	(43-45)	(46-48)	(49-51)		(52-54)	(55-57)	(58-60)	(61-63)	(64-66)
	CARD 19	(54-56)	(57-59)	(60-62)	(63-65)	(66-68)	(69-71)	(72-74)	(75-77)		(78-80)	(81-83)	(84-86)		
	(15-16)	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)	(35-37)	(38-40)		(41-42)	(43-45)	(44-46)		
	CARD 20	(43-45)	(46-48)	(49-51)	(52-54)	(55-57)	(58-60)	(61-63)	(64-66)		(67-69)	(70-72)	(73-75)		
	(15-16)	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)	(35-37)	(38-40)		(41-42)	(43-45)	(44-46)		
	CARD 21	(43-45)	(46-48)	(49-51)	(52-54)	(55-57)	(58-60)	(61-63)	(64-66)		(67-69)	(70-72)	(73-75)		
	*** TOTAL # ADD'L PARTNERS	(43-45)	(46-48)	(49-51)	(52-54)	(55-57)	(58-60)	(61-63)	(64-66)		(67-69)	(70-72)	(73-75)		

***More than 5, summarize across all additional partners

WORKSHEET OF PARTICIPANT'S PRACTICES WITH FEMALE PARTNERS IN PAST 3 MONTHS

E020. NAME OR INITIAL	E021. PARTNER ID CODE	ORAL SEX, RECEP- TIVE	E030a. # TIMES	E030b. # TIMES CONDOM	E030c. # TIMES ALCOHOL/ DRUGS	ORAL SEX, ACTIVE	E031a. # TIMES	E031b. # TIMES WRAP/ DAM/ CONDOM	E031c. # TIMES ALCOHOL/ DRUGS	ANAL PENILE INTER- COURSE	E032a. # TIMES	E032b. # TIMES CONDOM/ GLOVE/ FINGER COT	E032c. # TIMES ALCOHOL/ DRUGS
	(15-16)	(17-19)	(46-48)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)	(35-37)	(36-40)	(41-43)		
	CARD 22												
	(44-45)	(46-48)	(49-51)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)	(35-37)	(36-40)	(41-43)		
	CARD 23												
	(44-45)	(46-48)	(49-51)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)	(35-37)	(36-40)	(41-43)		
	CARD 24												
	(15-16)	(17-19)	(46-48)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)	(35-37)	(36-40)	(41-43)		
	CARD 24												
*** TOTAL # ADD'L PARTNERS	(44-45)	(46-48)	(49-51)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)	(35-37)	(36-40)	(41-43)	Total # add'l	Total # add'l
												(46-48)	(67-69)
												(70-72)	(70-72)

*** More than 5, summarize across all additional partners

CARD:	<u>2</u>	<u>5</u>	/1-2
INSTRUMENT CODE:	<u>3</u>	<u>1</u>	/3-4
SUBJECT ID#:	_____	_____	/6-11

When you had vaginal intercourse in the last 3 months with a (girl/woman), how much of the time, if ever, did you use each of the following for birth control and/or protection against STDs or the AIDS virus? (EXPLAIN TERMS IF NECESSARY)

HAND CARD 1

	NEVER	SOME- TIMES	MOST OF THE TIME	ALWAYS	DON'T KNOW	
E033. Pill	1	2	3	4	8	/15
E034. Withdrawal	1	2	3	4	8	/16
E035. Male Condom	1	2	3	4	8	/17
E036. Rhythm method	1	2	3	4	8	/18
E037. Spermicide: foam; cream; sponge	1	2	3	4	8	/19
E038. Diaphragm	1	2	3	4	8	/20
E039. Norplant	1	2	3	4	8	/21
E040. Female Condom/ Vaginal Pouch	1	2	3	4	8	/22
E041. Other: Specify: _____	1	2	3	4	8	/23

NOT FOR PUBLICATION, QUOTATION, OR USE WITHOUT WRITTEN PERMISSION
FROM THE AUTHORS *

Card: 0 1 /1-2
 Instrument Code: 3 0 /3-4
 Subject ID#: _____ /6-11
 Sex: _____ /12
 Interviewer Code: _____ /15-16
 Date of Interview: ____/____/____ /17-22
 Interviewer Name: _____
 Co-rater: _____
 Date of Co-rating: _____

 TIME BEGIN: _____ : _____ AM / PM
 TIME END: _____ : _____ AM / PM

SEXUAL RISK BEHAVIOR ASSESSMENT SCHEDULE-YOUTH
(SERBAS-Y-HM-F-1-ROS)- FEMALE.

Baseline Interview

Compiled by

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File: ADOLHMF1.ROS - FEMALE

Date: February 1, 1994

PSYCHOSEXUAL ASSESSMENT
HOMOSEXUAL FEMALE (HM-F)

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SERBAS-Y-HM-F-1

BIRTHDAY: ___ / ___ / ___
 MONTH DAY YEAR

/24-29

***TIME START: ___ : ___ AM / PM

SERBAS-Y-HM-F-1

|

A. PSYCHOSEXUAL MILESTONES - LIFETIME

In this interview, I will be asking you some questions about puberty and your relationships with (girls/women) and (guys/men). We will also talk about sex. You are probably not used to talking about this, but because of this research on the health and social relationships of young people, we need to talk about it in more detail than usual so that we make sure we have good information about the kinds of sexual experiences young people have. Whatever you tell me will be kept confidential. First, I'd like to ask you about puberty - when your body started changing.

A001. How old were you when you first started to menstruate, or have your period?

AGE
NEVER...00

/40-41

A002. How old were you when you first started growing pubic hair (hair around your vagina)?

AGE
NEVER...00

/42-43

A003. When you think about sex, do you think of yourself as ...

Lesbian/Gay 1
Bisexual, or 2
Straight 3
Other 8
SPECIFY: _____

(A005)

/44

A004. Was there ever a time when you thought you might be bisexual?

NO.....1 (BOX ABOVE A007) /45
YES.....2

A005. How old were you when you first thought that you might be bisexual?

AGE /46-47

A006. How old were you when you first thought of yourself as really being bisexual?

AGE /48-49
NEVER..00

IF A003 WAS ANSWERED 'LESBIAN/GAY' SKIP TO A008. OTHERWISE, CONTINUE.

A007. Was there ever a time when you thought you might be lesbian/gay?

NO.....1 (NEXT PAGE) /50
YES.....2

A008. How old were you when you first thought that you might be lesbian/gay?

AGE /51-52

A009. How old were you when you first thought of yourself as really being lesbian/gay?

AGE /53-54
Never..00

E. PAST THREE MONTHS

TO AID RECALL, FIRST REVIEW WITH PARTICIPANT HER LIFE PATTERN DURING THE PAST 3 MONTHS (TODAY'S DATE 3 MONTHS AGO) UP UNTIL TODAY.
COVER THE FOLLOWING AREAS: LIVING SITUATION, SCHOOL ATTENDANCE, ANY SALIENT LIFE EVENTS.

Now I'd like to focus on your sex life in the past three months. Before we start, I'd like to take a minute to make sure you're clear about this period. Three months ago, it was (TODAY'S DATE, THREE MONTHS AGO). Can you remember anything that was happening in your life that makes this time stand out for you? For example, was anything unusual happening at school, or at home, or with your friends? Or was there a special holiday, or birthday?

(NOTE SIGNIFICANT MARKERS:) _____

In the next questions, the period of time we are going to talk about is the same time period we just reviewed together (TODAY'S DATE, THREE MONTHS AGO).

FEMALE PARTNERS: PAST THREE MONTHS

E001. Have you had any sex with a (girl/woman) in the past 3 months? Remember "having sex" includes any of the kinds of sex we talked about earlier, including genital touching. (If any confusion, review vocabulary, pp. 3-4.)

No . . . 1 (GO TO P. 38) /17
Yes . . . 2

IF NO GENITAL/ANAL SEX WITH WOMEN, SKIP TO MALE SECTION, P. 38.

E002. In doing many of these interviews, we find that sometimes when people think about sex partners they don't include people they had sex with for money or drugs or a place to stay. Have you had sex with a (girl/woman) for any of these reasons that I just mentioned in the past 3 months?

No . . . 1 /18
Yes . . . 2

DIRECTIONS FOR '3 MONTH PRACTICES' WORKSHEET

STEP 1:

Establish all partners. For up to 5 partners, write first name or initial in the first column on p. 32. If 6 or more partners, enter total number of additional partners in the "Partner ID Code" column (E004).

STEP 2:

Compare partner's name(s)/initial(s) to those on the GALA Worksheet.

- a) If name(s)/initial(s) appear on the GALA worksheet, verify that this is the same person, then enter 2-digit GALA identification code (refer to column labeled CARD NO. for ID #) in the SERBAS "Partner ID Code" column.
- b) If partner's name(s)/initial(s) are not on GALA worksheet, add new names/initials to GALA worksheet and ask worksheet questions. Then, enter the 2-digit GALA ID code in the SERBAS "Partner ID Code" column.

In either case, before returning to SERBAS, code 'YES' in "SERBAS" column on GALA worksheet (Column P).

STEP 3:

Continue with SERBAS interview, working across the chart for each partner before beginning the next. If there are 6 or more partners, let Participant sum up across all additional partners after information on the first 5 clearly recalled partners has been listed. If Participant says "Don't know" or similar, ask her to give her best estimate.

Now let's talk in more detail about sex during the past 3 months. So that we don't mix up your female partners, I will ask you for their first names or initials, but don't give me their last names because I want to keep them confidential.

E003. Can you tell me the first name or initial of your (first/next) female partner during the past 3 months so we know who we're talking about? (RECORD NAME(S)/INITIAL(S) IN WORK SHEET)

E004. Record "partner ID code" in work sheet. (Check back with GALA worksheet to verify partner and "partner ID code".)

- E005. To the best of your knowledge, has (NAME OF PARTNER)...
- a. ever injected or shot drugs for non-medical reasons?
 - b. ever had a sexually transmitted disease, for example, gonorrhea or chlamydia?
 - c. tested positive for the AIDS virus, or does she have AIDS? (IF DK CODE AS '8')
- E006. During the time you were sexually involved with (NAME OF PARTNER) over the last 3 months, how much would you say that you were emotionally involved with her? (RECORD FOR UP TO 5 PARTNERS.)
- [1] Not at all involved
 - [2] A little involved
 - [3] Fairly involved
 - [4] Very involved
- E007. How long have you been sexually involved with (NAME OF PARTNER)? (RECORD IN MONTHS FOR UP TO 5 PARTNERS. IF LESS THAN 1 MONTH BUT MORE THAN 15 DAYS, ROUND UP TO '01'. IF LESS THAN 1 MONTH BUT 15 OR FEWER DAYS, ROUND DOWN TO '00'.)
- E008. How long did you know (NAME OF PARTNER) before you became sexually involved? (RECORD IN MONTHS FOR UP TO 5 PARTNERS. IF LESS THAN 1 MONTH BUT MORE THAN 15 DAYS, ROUND UP TO '01'. IF LESS THAN 1 MONTH BUT 15 OR FEWER DAYS, ROUND DOWN TO '00'.)
- E009. What is the total number of times you had sex with (NAME OF PARTNER) during the past three months? Remember, "having sex" includes all the types of sex we talked about before. (IF THERE IS SOME CONFUSION, REVIEW LIST PP. 3-4; RECORD IN WORKSHEET).

FEMALE PARTNERSVAGINAL FINGERING - RECEPTIVE

- E010a. When you were with (NAME OF PARTNER) during the past 3 months, how many times did she put her finger into your vagina?
- E010b. People differ a lot in the extent to which they rely on condoms, finger cots or rubber gloves when doing vaginal or anal fingering. How many times did (NAME OF PARTNER), use a condom, glove, or finger cot when she put her finger in your vagina?
- E010c. How many times did she put her finger in your vagina, while you were using drugs or alcohol, either right before or during sex?

VAGINAL FINGERING - ACTIVE

- E011a. When you were with (NAME OF PARTNER) during the past 3 months, how many times did you put your finger in her vagina?
- E011b. How many times did you use a condom, glove, or finger cot when you put your finger into (NAME OF PARTNER)'S vagina in the past 3 months?
- E011c. How many times did you put your finger into her vagina while you were using drugs or alcohol, either right before or during sex?

ORAL SEX - RECEPTIVE

- E012a. When you were with (NAME OF PARTNER) during the past 3 months, how many times did she put her mouth or tongue on your vagina or clitoris?
- E012b. People differ a lot in the extent to which they rely on dental dams, saran wrap, or a condom or rubber glove that was cut and stretched when engaging in oral sex. How many times did you or (NAME OF PARTNER), use a dental dam, saran wrap, or a condom or rubber glove that was cut and stretched when she put her mouth or tongue on your vagina or clitoris in the past three months?
- E012c. How many times did she put her mouth or tongue on your vagina or clitoris while you were using drugs or alcohol, either right before or during sex?

ORAL SEX - ACTIVE

- E013a. When you were with (NAME OF PARTNER) during the past 3 months, how many times did you put your mouth or tongue on her vagina or clitoris?
- E013b. How many times did you or (NAME OF PARTNER), use a dental dam, saran wrap, or condom or rubber glove that was cut and stretched when you put your mouth or tongue on her vagina or clitoris?
- E013c. How many times did you put your mouth or tongue on her vagina or clitoris while you were using drugs or alcohol, either right before or during sex?

ORAL ANAL SEX - RECEPTIVE

- E014a. During the past 3 months, how many times did (NAME OF PARTNER) put her mouth or tongue on your (anus/rectum)?
- E014b. How many times did you or (NAME OF PARTNER) use a dental dam, saran wrap, or condom or rubber glove that was cut and stretched when she put her mouth or tongue on your (anus/rectum)?
- E014c. How many times did she put her mouth or tongue on your (anus/rectum) while you were using drugs or alcohol, either right before or during sex?

ORAL ANAL SEX - ACTIVE

- E015a. During the past three months, how many times did you put your mouth or tongue on (NAME OF PARTNER) (anus/rectum)?
- E015b. How many times did you or (NAME OF PARTNER), use a dental dam, saran wrap, or condom or rubber glove that was cut and stretched when you put your mouth or tongue on her (anus/rectum)?
- E015c. How many times did you put your mouth or tongue on her (anus/rectum) while you were using drugs or alcohol, either right before or during sex?

WORKSHEET OF PARTICIPANT'S PRACTICES WITH FEMALE PARTNERS IN PAST 3 MONTHS

E003. PARTNER NAME OR INITIAL	E004. PARTNER ID CODE	E005. PARTNER RISK:	b. STD 1= No 2= Yes 8= DK	c. HIV+ 1= No 2= Yes 8= DK	E006. EMOTION- AL INVOLVE- MENT **	E007. LENGTH OF SEXUAL RELATION- SHIP (Mos)	E008. TIME KNEW BEFORE SEX (Mos)	E009. TOTAL NUMBER TIMES HAD SEX
	(15-16) CARD 9	1 2 8 (17)	1 2 8 (18)	1 2 8 (19)	1 2 3 4 (20)	(21-22)	(23-24)	(25-27)
	(28-29)	1 2 8 (30)	1 2 8 (31)	1 2 8 (32)	1 2 3 4 (33)	(34-35)	(36-37)	(38-40)
	(41-42)	1 2 8 (43)	1 2 8 (44)	1 2 8 (45)	1 2 3 4 (46)	(47-48)	(49-50)	(51-53)
	(54-55)	1 2 8 (56)	1 2 8 (57)	1 2 8 (58)	1 2 3 4 (59)	(60-61)	(62-63)	(64-66)
	(67-68)	1 2 8 (69)	1 2 8 (70)	1 2 8 (71)	1 2 3 4 (72)	(73-74)	(75-76)	(77-79)
	*** TOTAL # ADD'L PARTNERS (15-16) CARD 10	Total # add'l IVDU (17-18)	Total # add'l STD (19-20)	Total # add'l HIV+ (21-22)				Total # add'l (23-25)

**1=Not at all involved; 2=A little involved; 3=Fairly involved; 4=Very involved
 ***More than 5, summarize across all additional partners

WORKSHEET OF PARTICIPANT'S PRACTICES WITH FEMALE PARTNERS IN THE PAST 3 MONTHS

E003. NAME OR INITIAL	E004. PARTNER ID CODE	VAGINAL FINGER- ING, RECEPTIVE E010a. # TIMES	E010b. # TIMES CONDOM/ GLOVE/ FINGER COTS	E010c. # TIMES ALCOHOL OR DRUGS	VAGINAL FINGER- ING, ACTIVE E011a. # TIMES	E011b. # TIMES CONDOM /GLOVE/ FINGER COTS	E011c. # TIMES ALCOHOL OR DRUGS
	(26-27) CARD 10	(28-30)	(31-33)	(34-36)	(37-39)	(40-42)	(43-45)
	(46-47)	(48-50)	(51-53)	(54-56)	(57-59)	(60-62)	(63-65)
	(15-16) CARD 11	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)
	(35-36)	(37-39)	(40-42)	(43-45)	(46-48)	(49-51)	(52-54)
	(55-56)	(57-59)	(60-62)	(63-65)	(66-68)	(69-71)	(72-74)
	*** TOTAL # ADD'L PARTNERS	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l
	(15-16) Card 12	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)

***More than 5, summarize across all additional partners

WORKSHEET OF PARTICIPANT'S PRACTICES WITH FEMALE PARTNERS IN PAST 3 MONTHS

E003. NAME OR INITIAL	E004. PARTNER ID CODE	ORAL SEX, RECEP- TIVE	E012a. # TIMES	E012b. # TIMES WRAP/ DAM/ CONDOM	E012c. # TIMES ALCOHOL OR DRUGS	ORAL SEX, ACTIVE	E013a. # TIMES	E013b. # TIMES WRAP/ DAM/ CONDOM	E013c. # TIMES ALCOHOL OR DRUGS
	(35-36)	(37-39)	(40-42)	(43-45)	(46-48)	(49-51)	(52-54)		
	(55-56)	(57-59)	(60-62)	(63-65)	(66-68)	(69-71)	(72-74)		
	(15-16) CARD 13	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)		
	(35-36)	(37-39)	(40-42)	(43-45)	(46-48)	(49-51)	(52-54)		
	(55-56)	(57-59)	(60-62)	(63-65)	(66-68)	(69-71)	(72-74)		
***	TOTAL # ADD'L PARTNERS	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l
	(15-16) Card 14	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)		

***More than 5, summarize across all additional partners

WORKSHEET PARTICIPANT'S PRACTICES WITH FEMALE PARTNERS IN PAST 3 MONTHS

E003. NAME OR INITIAL	E004. PARTNER ID CODE	ORAL- ANAL, RECEP- TIVE	E014a. # TIMES	E014b. # TIMES WRAP/ DAM/ CONDOM	E014c. # TIMES ALCOHOL OR DRUGS	ORAL- ANAL, ACTIVE	E015a. # TIMES	E015b. # TIMES WRAP/ DAM/ CONDOM	E015c. # TIMES ALCOHOL OR DRUGS
	(35-36)	(37-39)	(40-42)	(43-45)	(46-48)	(49-51)	(52-54)		
	(55-56)	(57-59)	(60-62)	(63-65)	(66-68)	(69-71)	(72-74)		
	(15-16) CARD 15	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)		
	(35-36)	(37-39)	(40-42)	(43-45)	(46-48)	(49-51)	(52-54)		
	(55-56)	(57-59)	(60-62)	(63-65)	(66-68)	(69-71)	(72-74)		
	*** TOTAL # ADD'L PARTNERS	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l
	(15-16) Card 16	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)		

***More than 5, summarize across all additional partners

CARD:	<u>1</u>	<u>7</u>	/1-2
INSTRUMENT:	<u>3</u>	<u>0</u>	/3-4
SUBJECT ID #:	_____	_____	/6-11

E016. Now I want to ask you about some other activities that some people get into. Thinking of all the times you had sex during the last 3 months, did you and a partner you engaged in a sexual activity that could draw blood, such as being tied up, using clamps, whips, or chains, piercing or puncturing the skin, etc.

NO	YES	/15
1	2	

Let me ask you a few questions about engaging in sex during menstruation.

E017. In the past three months, did you have genital/anal sex of any kind while you or your partner were menstruating/having your period.

No.....1	(E020)	/16
Yes.....2		

IF PARTICIPANT HAD RECEPTIVE ORAL SEX IN THE LAST 3 MONTHS (E012a, PG. 34), ASK E018. OTHERWISE, GO TO BOX ABOVE E019.

E018. When a (girl/woman) put her mouth or tongue on your vagina in the last 3 months, how many times did this happen while you were having your period?

TIMES

/18-20

IF PARTICIPANT HAS ENGAGED IN ACTIVE ORAL SEX IN THE LAST 3 MONTHS (E013a, PG. 34), ASK E019. OTHERWISE, SKIP TO E020.

E019. When you put your mouth or tongue on a (girl's/woman's) vagina in the last 3 months, how many times did this happen while your partner was having her period?

TIMES

/21-23

*** TIME END: ____ : ____ AM / PM

MALE PARTNERS: PAST THREE MONTHS

E020. Have you had any sex with (men/guys) in the past 3 months? Remember "having sex" includes any of the kinds of sex we talked about earlier, including genital touching. (If any confusion, review vocabulary, pp.3-4.)

No.....1 (GO TO P.48) /24
Yes.....2

<p>IF NO GENITAL/ANAL SEX WITH MEN, SKIP TO MASTURBATION, P. 48</p>

E021. In doing many of these interviews, we find that sometimes when people think about sex partners they don't include people they had sex with for money or drugs or a place to stay. Have you had sex with a (guy/man) for any of these reasons, that I just mentioned, in the past 3 months?

No.....1 /25
Yes.....2

DIRECTIONS FOR '3 MONTH PRACTICES' WORKSHEET

STEP 1:

Establish all partners. For up to 5 partners, write first name or initial in the first column on p. 43. If 6 or more partners, enter total number of additional partners in the "Partner ID Code" column (E023).

STEP 2:

Compare partner's name(s)/initial(s) to those on the GALA Worksheet.

- a) If name(s)/initial(s) appear on the GALA worksheet, verify that this is the same person, then enter 2-digit GALA identification code (refer to column labeled CARD NO. for ID #) in the SERBAS "Partner ID Code" column.
- b) If partner's name(s)/initial(s) are **not** on GALA worksheet, add new names/initials to GALA worksheet and ask worksheet questions. Then, enter the 2-digit GALA ID code in the SERBAS "Partner ID Code" column.

In either case, before returning to SERBAS, code 'YES' in "SERBAS" column on GALA worksheet (Column P).

STEP 3:

Continue with SERBAS interview, working across the chart for each partner before beginning the next. If there are 6 or more partners, let Participant sum up across all additional partners after information on the first 5 clearly recalled partners has been listed. If Participant says "Don't know" or similar, ask her to give her best estimate.

Now let's talk in more detail about sex during the last three months. So that we don't mix up your male partners, I will ask you for their first names or initials, but don't give me their last names because I want to keep them confidential.

- E022. Can you tell me the first name or initial of your (first/next) male partner during the past three months so we know who we're talking about. (RECORD NAME(S)/INITIAL(S) AND IN WORKSHEET)
- E023. Record "Partner ID Code" in work sheet. (Check back with GALA worksheet to verify partner and "partner ID code'.)

- E024. To the best of your knowledge, has (NAME OF PARTNER)...
- a. ever injected or shot drugs for non-medical reasons?
 - b. ever had a sexually transmitted disease, for example, gonorrhea or chlamydia?
 - c. tested positive for the AIDS virus, or does he have AIDS? (IF DK, Code as '8')
- E025. During the time you were sexually involved with (NAME OF PARTNER) over the last 3 months, how much would you say that you were emotionally involved with him? (RECORD FOR UP TO 5 PARTNERS.)
- [1] Not at all involved
 - [2] A little involved
 - [3] Fairly involved
 - [4] Very involved
- E026. How long have you been sexually involved with (NAME OF PARTNER)? (RECORD IN MONTHS FOR UP TO 5 PARTNERS. IF LESS THAN 1 MONTH BUT MORE THAN 15 DAYS, ROUND UP TO '01'. IF LESS THAN 1 MONTH BUT 15 OR FEWER DAYS, ROUND DOWN TO '00'.)
- E027. How long did you know (NAME OF PARTNER) before you became sexually involved? (RECORD IN MONTHS FOR UP TO 5 PARTNERS. IF LESS THAN 1 MONTH BUT MORE THAN 15 DAYS, ROUND UP TO '01'. IF LESS THAN 1 MONTH BUT 15 OR FEWER DAYS, ROUND DOWN TO '00'.)
- E028. What is the total number of times you had sex with (NAME OF PARTNER) during the past three months? Remember, "having sex" includes all the types of sex we talked about before. (IF THERE IS SOME CONFUSION, REVIEW LIST PP. 3-4; RECORD IN WORKSHEET).

MALE PARTNERSVAGINAL FINGERING - RECEPTIVE

- E029a. When you were with (NAME OF PARTNER) during the past 3 months, how many times did he put his finger into your vagina?
- E029b. People differ a lot in the extent to which they rely on condoms, finger cots or rubber gloves when doing vaginal or anal fingering. How many times did (NAME OF PARTNER), use a condom, glove, or finger cot when he put his finger in your vagina?
- E029c. How many times did he put his finger in your vagina, while you were using drugs or alcohol, either right before or during sex?

VAGINAL - PENILE INTERCOURSE

- E030a. During the past 3 months, how many times did he put his penis into your vagina?
- E030b. People differ a lot in the extent to which they rely on condoms. How many times did (NAME OF PARTNER), wear a condom when he put his penis into your vagina during the past 3 months?
- E030c. How many times did he put his penis into your vagina while you were using drugs or alcohol, either right before or during sex?

ORAL SEX - RECEPTIVE

- E031a. During the past 3 months, how many times did he put his mouth or tongue on your vagina or clitoris?
- E031b. People differ a lot in the extent to which they rely on dental dams, saran wrap, or a condom or rubber glove that was cut and stretched when engaging in oral sex. How many times did you or (NAME OF PARTNER), use a dental dam, saran wrap, or a condom or rubber glove that was cut and stretched when he put his mouth or tongue on your vagina or clitoris?
- E031c. How many times did he put his mouth or tongue on your vagina or clitoris while you were using drugs or alcohol, either right before or during sex?

ORAL SEX - ACTIVE

- E032a. During the past 3 months, how many times did you put your mouth or tongue on his penis?
- E032b. How many times did (NAME OF PARTNER), wear a condom when you put your mouth or tongue on his penis during the past 3 months?
- E032c. How many times did you put your mouth or tongue on his penis while you were using drugs or alcohol, either right before or during sex?

ANAL - PENILE INTERCOURSE

- E033a. During the past 3 months, how many times did he put his penis into your (anus/rectum)?
- E033b. How many times did (NAME OF PARTNER) wear a condom when he put his penis into your (anus/rectum)?
- E033c. How many times did he put his penis into your (anus/rectum) while you were using drugs or alcohol, either right before or during sex?

WORKSHEET OF PARTICIPANT'S PRACTICES WITH MALE PARTNERS IN PAST 3 MONTHS

E022. PARTNER NAME OR INITIAL	E023. PARTNER ID CODE	E024. PARTNER RISK:	a. IVDU 1= No 2= Yes 8= DK	b. STD 1= No 2= Yes 8= DK	c. HIV+ 1= No 2= Yes 8= DK	E025. EMOTIONAL INVOLVE MENT**	E026. LENGTH OF SEXUAL RELATIONSHIP (Mos)	E027. TIME KNEW BEFORE SEX (Mos)	E028. TOTAL NUMBER TIMES HAD SEX
	(15-16) CARD 18	1 2 8 (17)	1 2 8 (18)	1 2 8 (19)	1 2 3 4 (20)	(21-22)	(23-24)	(25-27)	
	(28-29) CARD 18	1 2 8 (30)	1 2 8 (31)	1 2 8 (32)	1 2 3 4 (33)	(34-35)	(36-37)	(38-40)	
	(41-42)	1 2 8 (43)	1 2 8 (44)	1 2 8 (45)	1 2 3 4 (46)	(47-48)	(49-50)	(51-53)	
	(54-55)	1 2 8 (56)	1 2 8 (57)	1 2 8 (58)	1 2 3 4 (59)	(60-61)	(62-63)	(64-66)	
	(67-68)	1 2 8 (69)	1 2 8 (70)	1 2 8 (71)	1 2 3 4 (72)	(73-74)	(75-76)	(77-79)	
	*** TOTAL # ADD'L PARTNERS: (15-16) CARD 19	Total #add'l IVDU (17-18)	Total #add'l STD (19-20)	Total #add'l HIV+ (21-22)				Total # add'l (23-25)	

***Not at all involved; 2=A little involved; 3=Fairly involved; 4=Very involved
 **More than 5, summarize across all additional partners

WORKSHEET OF PARTICIPANT'S PRACTICES WITH MALE PARTNERS IN PAST 3 MONTHS

E022. PARTNER NAME OR INITIAL	E023. PARTNER ID CODE	VAGINAL FINGER- ING, RECEPTIVE	E029a. # TIMES	E029b. # TIMES CONDOM/ GLOVE/ FINGER COTS	E029c. # TIMES ALCOHOL/ DRUGS	VAGINAL/ PENILE INTER- COURSE	E030a. # TIMES	E030b. # TIMES CONDOM	E030c. # TIMES ALCOHOL/ DRUGS
	(26-27)	(28-30)	(31-33)	(34-36)	(37-39)	(40-42)	(43-45)		
	(46-47)	(48-50)	(51-53)	(54-56)	(57-59)	(60-62)	(63-65)		
	(15-16) CARD 20	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)		
	(35-37)	(39-41)	(42-44)	(45-47)	(48-50)	(51-53)	(54-56)		
	(57-58)	(59-61)	(62-64)	(65-67)	(68-69)	(70-72)	(73-75)		
*** TOTAL # ADD'L PARTNERS	(15-16) Card 21	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l
		(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)		

***More than 5, summarize across all additional partners

WORKSHEET OF PARTICIPANT'S PRACTICES WITH MALE PARTNERS IN PAST 3 MONTHS

E022. NAME OR INITIAL	E023. PARTNER ID CODE	ORAL SEX, RECEP- TIVE	E031a. # TIMES	E031b. # TIMES WRAP/ DAM/ CONDOM	E031c. # TIMES ALCOHOL/ DRUGS	ORAL SEX, ACTIVE	E032a. # TIMES	E032b. # TIMES CONDOM	E032c. # TIMES ALCOHOL/ DRUGS	ANAL PENILE INTER- COURSE	E033a. # TIMES	E033b. # TIMES CONDOM	E033c. # TIMES ALCOHOL/ DRUGS
	(35-36)	(37-39)	(40-42)	(43-45)	(46-48)	(49-51)	(52-54)	(55-57)	(58-60)	(61-63)	(64-66)	(67-69)	(70-72)
	(15-16) CARD 22	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)	(35-37)	(38-40)	(41-43)	(44-46)	(47-49)	(50-52)
	(44-45) CARD 23	(46-48)	(49-51)	(52-54)	(55-57)	(58-60)	(61-63)	(64-66)	(67-69)	(70-72)	(73-75)	(76-78)	(79-81)
	(15-16) CARD 24	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)	(35-37)	(38-40)	(41-43)	(44-46)	(47-49)	(50-52)
	*** TOTAL # ADD'L PARTNERS	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l	Total # add'l
	(15-16) CARD 24	(17-19)	(20-22)	(23-25)	(26-28)	(29-31)	(32-34)	(35-37)	(38-40)	(41-43)	(44-46)	(47-49)	(50-52)

*** More than 5, summarize across all additional partners

CARD:	<u>2</u>	<u>4</u>	/1-2
INSTRUMENT:	<u>3</u>	<u>0</u>	/3-4
SUBJECT ID #:	_____	_____	/6-11

When you had vaginal intercourse in the last 3 months with a (guy/man), how much of the time, if ever, did you use each of the following for birth control and/or protection against the AIDS virus or STDs?
(EXPLAIN TERMS IF NECESSARY)

HAND CARD 1

	NEVER	SOME- TIMES	MOST OF THE TIME	ALWAYS	DON'T KNOW	
E034. Pill	1	2	3	4	8	/44
E035. Withdrawal	1	2	3	4	8	/45
E036. Male Condom	1	2	3	4	8	/46
E037. Rhythm method	1	2	3	4	8	/47
E038. Spermicide: foam; cream; sponge	1	2	3	4	8	/48
E039. Diaphragm	1	2	3	4	8	/49
E040. Norplant	1	2	3	4	8	/50
E041. Female Condom/ Vaginal Pouch	1	2	3	4	8	/51
E042. Other:	1	2	3	4	8	/52

SPECIFY: _____

APPENDIX F

COMING-OUT 1: INFORMATION

ID Code:	_____	/1-6
Interviewer:	____	/7-8
Assessment:	<u> 1 </u> <u> 2 </u> <u> 3 </u> <u> 4 </u>	/9
	Baseline 6 months 12 months Test-retest	
Instrument (coming-out 1):	<u> 0 </u> <u> 1 </u>	/10-11
Instrument version:	<u> 0 </u> <u> 2 </u>	/12-13
Card:	<u> 0 </u> <u> 1 </u>	/14-15

READ: Have you ever done any of the following things?

	<u>No</u>	<u>Yes</u>	
1. Watched a television program or news-report, or listened to a radio program about lesbian or gay people or themes?	1	2	/16
2. Seen a play with lesbian or gay characters or themes, and/or a comedy act by a lesbian or gay comedian?	1	2	/17
3. Seen films at the movies or watched videos about lesbian or gay characters or themes?	1	2	/18
4. Read a lesbian or gay book, magazine, newspaper, etc.?	1	2	/19
5. Gone to a concert or musical event by lesbian or gay singers, choirs, dancers or musicians?	1	2	/20
6. Gone to a lesbian or gay party or dinner at someone's home?	1	2	/21
7. Gone to lesbian or gay youth <u>parties</u> at the Lesbian and Gay Community Center, Hetrick Martin, the Neutral Zone [IF APPROPRIATE: at your college]	1	2	/22
8. Played lesbian or gay board games such as Gay Trivial Pursuit or Gay Monopoly?	1	2	/23

GALA's coming-out measure of self-identity
 (Rosario, Hunter, & Gwadz, 1993), 9/21/93

Card 01

				2
		<u>No</u>	<u>Yes</u>	
9.	Gone to an annual lesbian and gay fair (e.g., at the Lesbian and Gay Community Center, in Queens, in New Jersey)?	1	2	/24
10.	Gone to an annual Lesbian and Gay Pride March (e.g., in NYC, Queens, NJ or DC)?	1	2	/25
11.	Marched as part of a lesbian and gay group in an ethnic parade (e.g., the annual Puerto Rican Day Parade, St. Patrick's Parade) or a borough-wide parade (e.g., the annual Bronx parade)?	1	2	/26
12.	Talked to lesbian or gay adults about homosexuality or bisexuality?	1	2	/27
13.	Talked to a counselor, teacher or coach about homosexuality or bisexuality?	1	2	/28
14.	Talked to lesbian or gay peers about homosexuality or bisexuality?	1	2	/29
15.	Gone to a lesbian or gay religious group meeting (e.g., Dignity, gay synagogue, Integrity, Metropolitan Community Church)?	1	2	/30
16.	Gone to a lesbian or gay bookstore (e.g., Judith's Room, Oscar Wilde, Different Light)?	1	2	/31
17.	Gone to a lesbian or gay video rental store?	1	2	/32
18.	Used the personal ads in newspapers or magazines to meet other lesbian or gay people?	1	2	/33
19.	Gone to a "cruising" location to meet lesbian or gay people (e.g., Port Authority, the "Piers," certain bathrooms)?	1	2	/34
20.	Gone to a park or beach where lesbian or gay people go (e.g., Central Park, Reis Beach)?	1	2	/35
21.	Gone to gay or lesbian dance clubs, bars, discos, or hung around these places?	1	2	/36

GALA's coming-out measure of self-identity
(Rosario, Hunter, & Gwadz, 1993), 9/21/93

Card 01

	<u>No</u>	<u>Yes</u>	
22. Gone to drag balls at the houses such as the House of Avis Pendavis? (If youth doesn't know what you're talking about, code as "no")	1	2	/37
23. Gone to other public places that lesbians or gays frequent (e.g., certain restaurants, coffeehouses)?	1	2	/38
24. Written to an organization or a famous individual for information on homosexuality (e.g., Hetrick Martin Institute, National Gay Task Force, famous athletes, singers, actors, etc. like Martina Navratilova)?	1	2	/39
25. Called a lesbian or gay switchboard for information (e.g., Lesbian Switchboard, Lesbian and Gay Switchboard)?	1	2	/40
26. Attended meetings of political organizations such as Queer Nation, Lesbian Avengers?	1	2	/41
27. Joined a lesbian or gay sports team or gone to see these athletes perform?	1	2	/42
28. Attended meetings or volunteered at an AIDS organization (e.g., GMHC, Body Positive)?	1	2	/43
29. Other (specify:)	1	2	/44

READ: How old were you when you first did the following things? If you haven't done them, say "never."

	<u>Age at initiation</u>	
30. Watched a television program or news-report, or listened to a radio program about lesbian or gay people or themes?	— —	/45-46
31. Saw films at the movies or watched videos about lesbian or gay characters or themes?	— —	/47-48
32. Read a lesbian or gay book, magazine, newspaper, comic-book or periodical?	— —	/49-50
33. Talked to lesbian or gay peers or adults about homosexuality or bisexuality?	— —	/51-52
34. Went to lesbian or gay parties, dance clubs, bars, discos, drag balls at the houses, and/or hung around these places?	— —	/53-54
35. Went to other places where lesbian and gay people go like certain cruising places, parks, bookstores, restaurants, etcetera?	— —	/55-56
36. Went to see a play, concert or comedy act by or about lesbians or gays, and/or attended a concert or musical event by lesbian or gay singers, dancers or musicians?	— —	/57-58
37. Went to meetings or gatherings at lesbian or gay religious organizations, political organizations, sports teams, and/or AIDS organizations?	— —	/59-60
38. Called or wrote a lesbian or gay switchboard, organization or famous individual for information about homosexuality or bisexuality?	— —	/61-62

GALA's coming-out measure of self-identity
(Rosario, Hunter, & Gwadz, 1993), 9/21/93

Card 01

	<u>Age at initiation</u>	
39. Used the personal ads in newspapers or magazines to meet other lesbian or gay people?	— —	/63-64
40. Talked to a counselor, teacher or coach about homosexuality or bisexuality?	— —	/65-66

Note. No item asked about parades, marches or street fairs since these are annual events.

COMING-OUT 2: IDENTITIES**SKIP TO NEXT CARD**

DUP COLUMNS 1-9

Instrument (coming-out 2): 0 2 /10-11Instrument version: 0 2 /12-13Card: 0 2 /14-15

1. Are you? (Read only the first 3 responses.)

1. Lesbian or gay
2. Bisexual
3. Straight
4. Other (specify:) _____

/16

If youth says he/she is straight to previous item, ask questions in box. Else go to next page.

Since you think of yourself as straight, how come you're attending this gay and lesbian organization or place? (Do not read explanations below to youth, but indicate whether they apply to youth with "no" or "yes." Also, specify any unique reason provided by youth.)

	<u>No</u>	<u>Yes</u>	
2. I'm questioning whether I am gay/lesbian	1	2	/17
3. I'm questioning whether I am bisexual	1	2	/18
4. I'm here to accompany a friend	1	2	/19
5. My friends are gay or bisexual males	1	2	/20
6. My friends are lesbian or bisexual females	1	2	/21
7. One or both of my parents are lesbian/gay	1	2	/22
8. I was sent here by my school/therapist, etc.	1	2	/23
9. I don't know	1	2	/24
10. Other (specify:)	1	2	/25

GALA's coming-out measure of self-identity
(Rosario, Hunter, & Gwadz, 1993), 9/21/93

Card 02

COMING OUT 3: ATTITUDESSKIP TO COLUMN 40Instrument (coming-out3): 0 3 /40-41Instrument version: 0 2 /42-43

READ: Tell me the extent to which you agree or disagree with each of the following statements using this card (Give Handcard A1).

<u>Handcard A1</u>	1.	2.	3.	4.	
	Disagree strongly	Disagree somewhat	Agree somewhat	Agree strongly	
1. Most problems that lesbian and gay people have come from being a disliked minority group, and not from being lesbian or gay by itself	1	2	3	4	/44
2. Homosexuals should be allowed to have or adopt children if they want to	1	2	3	4	/45
3. When I think about coming out to a straight friend, I am afraid they will pay more attention to my body movements and voice than to me, the person	1	2	3	4	/46
4. I am afraid people will harass me if I come out more publicly	1	2	3	4	/47
5. I am glad to be (lesbian/gay/bisexual)	1	2	3	4	/48
6. I do not want straight people to know that I am (lesbian/gay/bisexual)	1	2	3	4	/49
7. When I am sexually attracted to a (lesbian/gay) person, I do not mind if someone else knows how I feel	1	2	3	4	/50
8. My (homosexuality/bisexuality) does not make me unhappy	1	2	3	4	/51
GALA'S coming-out attitude measure (adapted from Nungesser, 1983)					Card 02

<u>Handcard A1</u>		1.	2.	3.	4.	
		Disagree strongly	Disagree somewhat	Agree somewhat	Agree strongly	
9.	If I were outed, I would be extremely unhappy	1	2	3	4	/52
10.	I wish I were straight	1	2	3	4	/53
11.	If others knew about my (homosexuality/bisexuality), I would be afraid that they would see me as being (masculine/effeminate)	1	2	3	4	/54
12.	Whenever I think a lot about being (lesbian/gay/bisexual), I feel sad or depressed	1	2	3	4	/55
13.	If my straight friends knew of my (homosexuality/bisexuality), I would feel uncomfortable	1	2	3	4	/56
14.	Homosexuality is a natural expression of sexuality in people	1	2	3	4	/57
15.	Homosexuals do not dislike people of the opposite sex any more than straight persons dislike people of the opposite sex	1	2	3	4	/58
16.	I would not mind if my neighbors knew that I am (lesbian/gay/bisexual)	1	2	3	4	/59
17.	Gay males are overly promiscuous	1	2	3	4	/60
18.	If people knew of my (homosexuality/bisexuality), I am afraid they would begin to avoid me	1	2	3	4	/61
19.	Marriage between two homosexuals should be legalized	1	2	3	4	/62
20.	Whenever I think a lot about being (lesbian/gay/bisexual), I feel critical about myself	1	2	3	4	/63
21.	Homosexuality is a sexual perversion	1	2	3	4	/64
22.	It is important for me to conceal the fact that I am (lesbian/gay/bisexual) from most people	1	2	3	4	/65

GALA'S coming-out attitude measure
(adapted from Nungesser, 1983)

Card 02

<u>Handcard A1</u>		1.	2.	3.	4.	
		Disagree strongly	Disagree somewhat	Agree somewhat	Agree strongly	
23.	Lesbians are overly promiscuous	1	2	3	4	/66
24.	When people know of my (homosexuality/bisexuality), I am afraid they will not treat me as a (woman/man)	1	2	3	4	/67
25.	Homosexual lifestyles are not as satisfying or fulfilling as straight lifestyles	1	2	3	4	/68
26.	Whenever I tell my straight friends about my (homosexuality/bisexuality), I worry they will try to remember things about me that appear to fit the stereotype of a homosexual	1	2	3	4	/69
27.	I am proud to be part of the lesbian and gay community	1	2	3	4	/70
28.	If people my age knew of my (homosexuality/bisexuality), I am afraid that many would not want to be my friends	1	2	3	4	/71
29.	I am confident that my (homosexuality/bisexuality) does not make me inferior	1	2	3	4	/72
30.	I would not give up my (homosexuality/bisexuality) even if I could	1	2	3	4	/73
31.	Homosexuality is not as good as heterosexuality	1	2	3	4	/74
32.	When I think about coming out to a straight friend, I worry that she or he might watch me to see if I do things that are stereotypically homosexual	1	2	3	4	/75
33.	Straight people have it easier than lesbian and gay people	1	2	3	4	/76

11

COMING OUT 4: DISCLOSURE

START NEW CARD**DUP COLUMNS 1-9**Instrument (coming-out4): 0 4 /10-11Version of instrument: 0 2 /12-13Card: 0 3 /14-15**GO TO PAGE 16 OF THIS FORM FOR DATA TO KEYPUNCH**

READ FOLLOWING INSTRUCTIONS:

Think about all the people who are or were important in your life and who know or suspect that you are (lesbian/gay/bisexual).

These people who are now or were once important to you may be family members or people at school, work or other places you attend like church, organizations or clubs. These people also may be lovers, friends, doctors or counselors. In addition, these people can be lesbian, gay, bisexual or straight.

[Access GALA worksheet for all items labeled with an "*." Note all repeated names: If a youth gives a name that is already on the worksheet, clarify whether it is the same person. If a different person, obtain an initial or some identifying information that will enable you to distinguish between 2 or more people with the same name.]

- *1A. Give me the first names, initials or nicknames of all the people in your life who are or were important to you and whom you told that you are (lesbian/gay/bisexual).
1. Write name(s) on worksheet in "FIRST NAME" column.
 2. Code YES in column A, "TOLD"
- *1B. Now, give me the first names, initials or nicknames of all the people in your life who are or were important to you and who learned from someone else that you are (lesbian/gay/bisexual).
1. Write name(s) on worksheet in "FIRST NAME" column.
 2. Code YES in column B, "LEARN"
- *1C. Give me the first names, initials or nicknames of all the people in your life who are or were important to you and who discovered you are (lesbian/gay/bisexual) without you wanting them to find out.
1. Write name(s) on worksheet in "FIRST NAME" column.
 2. Code YES in column C, "DISCOV"
- *1D. Give me the first names, initials or nicknames of all the people in your life who are or were important to you and who you believe suspect that you are (lesbian/gay/bisexual). These are people who you are pretty sure know you are (lesbian/gay/bisexual) although neither you nor anyone else has told them, and they have not discovered or found you out.
1. Write name(s) on worksheet in "FIRST NAME" column.
 2. Code YES in column D, "SUSPECT"
- *2 Give me the first name, initial or nickname of the first person whom you told that you were (lesbian/gay/bisexual). [If youth gives a name already on the GALA worksheet, clarify whether it is the same person as previously mentioned. If a different person, obtain an initial or some identifying information that will enable you to distinguish between different people with the same name.]
1. Write name(s) on worksheet in "FIRST NAME" column.
 2. Code YES in column E, "FIRST"

[Ask Q. 3-5 for each person nominated by the youth in Q. 1A - 2. Go sequentially for each person, i.e., PERSON-BY-PERSON.]

READ: Think about (name).

- *3. When did (you first tell person/person first learned from someone else/person first discovered you/ person first suspected) that you were (lesbian/gay/bisexual)? [Code number of months since each person found out in column F, "TIME". If less than 1 month, code as 001 months]
- *4. How accepting or rejecting of you was this person when (you first told the person/person first learned from someone else/person discovered you/person first suspected) that you were (lesbian/gay/bisexual)? [Give handcard A2. Write code in column G, "ACC/REJ1"]
1. Very rejecting
 2. Somewhat rejecting
 3. Neither accepting nor rejecting Handcard A2
 4. Somewhat accepting
 5. Very accepting
- *5. In terms of your (lesbianism/gayness/bisexuality), how accepting or rejecting of you has this person generally been in the last three months? [Give handcard A2. Write code in column H, "ACC/REJ2." If person no longer has contact with youth, code as 6, 7 or 8 for not applicable. If person has been made aware of youth's sexual orientation in the past 3 months, code 9]
1. Very rejecting
 2. Somewhat rejecting
 3. Neither accepting nor rejecting Handcard A2
 4. Somewhat accepting
 5. Very accepting
 6. Not applicable; person died
 7. Not applicable; relationship ended because you're lesbian/gay/bisexual
 8. Not applicable; relationship ended for reason other than in code 6 or 7
 9. Not applicable; same as item 3 since happened in last 3 months

[Go back and ask Q. 3-5 for next person]

[For Q. 6 - 8, ask each question about the persons nominated in Q. 1A - 2, and go QUESTION-BY-QUESTION]

- *6. I'm going to read you the list of people you have mentioned. For each person, let me know whether she or he has called you names, embarrassed, humiliated or ridiculed you, or has slapped, hit or beat you, or has threatened to harm or punish you in some way because you are (lesbian/gay/bisexual). [Code in column I, "ABUSE"]
- *7. Please let me know if any of the people you have mentioned have given you the silent treatment by rarely or never speaking with you since they learned you are (lesbian, gay, bisexual). [Code in column J, "SILENT"]
- *8. Now, let me know which of these people have been glad, pleased or relieved that they know the truth about you, that is, that you are (lesbian/gay/bisexual). [Code in column K, "GLAD"]
- *9. Give me the first names, initials or nicknames of all the people in your life whom you do not want them to know you are (lesbian/gay/bisexual) and who are important to you. [Remember, if youth gives a name already on the worksheet, clarify whether it is the same person as previously mentioned. If a different person, obtain an initial or some identifying information that will enable you to distinguish between different people with the same name.]
1. Write name(s) on worksheet in "FIRST NAME" column
 2. Code YES in column L, "CAN'T KNOW"
- *10. Give me the first names, initials or nicknames of all the people in your life who are or were important to you, who do not know or suspect you are (lesbian/gay/bisexual), but whom you do not care whether they know this about you? [Remember, if youth gives a name already on the worksheet, clarify whether it is the same person as previously mentioned. If a different person, obtain an initial or some identifying information that will enable you to distinguish between different people with the same name.]
1. Write name(s) on worksheet in "FIRST NAME" column
 2. Code YES in column M, "CAN KNOW"

[Ask Q. 11 - 15 for each person listed nominated by the youth and, therefore, listed on the last page of the GALA Worksheet. Go sequentially, QUESTION-BY-QUESTION.]

*11. How are the following people related to you?

(Mention each person by name, and write response in "RELATION TO YOUTH" column. At the end of the interview, use relationship codes to code in column A1, "RELATION CODE.")

*12. How old are the following people?

(Mention each person by name. If < 1 year old, code as 01. Have youth estimate, if she/he doesn't know. If still doesn't know, code as 98. If person is 97 or older, code as 97 years old. Code in Column B1, "AGE")

*13. Are the following people males or females?

(Mention each person by name. Many names are unisex; thus, have youth identify gender of every person. Remember that gender equals genitals. Code in column C1, "GENDER")

*14. As far as you know, are the following people gay, bisexual or straight?

(Mention each person by name. Have youth estimate, if she/he doesn't know. If youth claims some "other" orientation, verify if authentic, meaning a person with male genitalia who thinks he is a woman but has male lovers is gay and not straight; he would only be straight if he had undergone a sex change operation. If "other," specify reason on backside of GALA Worksheet, preceding each reason by the person's name. Code sexual orientation, including other, in Column D1, "SEXUAL ORIENTATION")

*15. As far as you know, what is the ethnic background of each of the following people?

(Mention each person by name. Use ethnicity codes listed in GALA Worksheet to code in Column E1, "ETHNICITY." If youth doesn't know, have him/her estimate. If still doesn't know, code as 88)

16

READ: We have been talking about people who are important to you. Now think of other people you know, as well as those you may hardly know, like those you pass on the street. (If none in response to an item, code as 00. If doesn't know, get estimate. If still uncertain, code as 88.)

16. How many times have people ever called you names, or embarrassed, humiliated or ridiculed you because you are (lesbian/gay/bisexual)?
 — — /16-17

17. How many times have any such people ever slapped, hit or beat you -- gay bashed you -- because you are (lesbian/gay/bisexual)?
 — — /18-19

18. How many times have you ever been "outed" in a group setting of two or more people (e.g., at school someone blurted out you were (gay/lesbian/bisexual) in the school cafeteria)?
 — — /20-21

If YES to Q. 18, ask question in this box. Else go to item outside box.

19. How upset were you when these things happened to you? (Read responses.)

1.	Not at all upset
2.	A little bit upset
3.	Somewhat upset
4.	Quite a bit upset
5.	Extremely upset

/22

READ: Let's review whether your parents or guardians know you are (lesbian/gay/bisexual), that is, whether you have told them or they have been told by other people that you are (lesbian, gay, bisexual), or they have discovered that you are (lesbian/gay/bisexual). (Code as N/A if youth has no parent or guardian or youth claims she/he is straight.)

	<u>No</u>	<u>Yes</u>	<u>N/A</u>	
20. Does your mother or female guardian know you're (lesbian/gay/bisexual)?	1	2	9	/23
21. Does your father or male guardian know?	1	2	9	/24

GALA's coming-out measure: disclosure of sexual orientation (Rosario, Hunter, & Gwadz, 1993), 11/24/93

APPENDIX G

COMING-OUT 5: PERSONAL IDENTITY

SKIP TO NEXT CARD
DUP COLUMNS 1-9

Instrument (coming-out 5): 1 3 /10-11

Instrument version: 0 2 /12-13

Card: 1 0 /14-15

READ: Please tell me the extent to which you agree or disagree with the following statements using this card. (Give handcard E1.)

Handcard E1

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

1. I thought a lot about my ethnic background and talked to a lot of people who have different ideas about ethnicity, and I know what I believe and feel 1 2 3 4 /16
2. I haven't thought much about my feelings towards girls or guys, and basically my sexual identity is not important to me 1 2 3 4 /17
3. When it comes to religion I just haven't found anything that appeals and I don't really feel the need to look 1 2 3 4 /18
4. I'm still trying to decide how capable I am as a person and what jobs will be right for me 1 2 3 4 /19
5. I have always known about my sexual identity and I do not question who I am 1 2 3 4 /20

GALA's personal identity measure; items taken from Bennion & Adams (1986) and Rotheram-Borus (1991), with gay items added by Hunter (1993), 10/14/93

Card 10

Handcard E1

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

6.	It took me a while to figure it out, but now I really know what I want for a career	1	2	3	4	/21
7.	A person's sexual identity is unique to each individual. I've considered and reconsidered it myself and know what is right for me	1	2	3	4	/22
8.	I don't give religion much thought and it doesn't bother me one way or the other	1	2	3	4	/23
9.	I have always known how I feel my about own ethnic identity and don't question my ethnic background	1	2	3	4	/24
10.	A person's faith is unique to each individual. I've considered and reconsidered it myself and know what I believe	1	2	3	4	/25
11.	My ethnic identity is a confusing issue for me right now; I keep changing my mind about it	1	2	3	4	/26
12.	I might have thought about a lot a of different jobs, but there's never really been a question since my parents said what they wanted	1	2	3	4	/27
13.	I'm still exploring my ethnic or racial identity. I've been looking around, trying to figure out what I believe	1	2	3	4	/28
14.	I'm not really interested in finding the right job, any job will do. I just seem to flow with what is a available	1	2	3	4	/29

GALA's personal identity measure; items taken from Bennion & Adams (1986) and Rotheram-Borus (19??), with gay items added by Hunter (1993), 10/14/93

Card 10

<u>Handcard E1</u>		1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree	
15.	I'm not sure what religion means to me. I'd like to make up my mind but I'm not done looking yet . . .	1	2	3	4	/30
16.	I have always known what my sexual identity is, and I don't give it much thought	1	2	3	4	/31
17.	I haven't spent a lot of time thinking about race or ethnicity, and it's not an important issue for me	1	2	3	4	/32
18.	My parents decided a long time ago what I should go into for employment and I'm following through their plans	1	2	3	4	/33
19.	Religion is confusing to me right now. I keep changing my views on what is right and wrong for me	1	2	3	4	/34
20.	I have not really thought about sexual identity, and I'm not concerned about it	1	2	3	4	/35
21.	I've gone through a period of serious questions about faith and can now say I understand what I believe in as an individual	1	2	3	4	/36
22.	I've thought about my ethnic and racial identity and reconsidered it and know who I am	1	2	3	4	/37
23.	I am still exploring my sexual identity to find out what is right for me	1	2	3	4	/38
24.	I attend the same church that my family has always attended. I've never really questioned why	1	2	3	4	/39

GALA's personal identity measure; items taken from Bennion & Adams (1986) and Rotheram-Borus (19??), with gay items added by Hunter (1993), 10/14/93

Card 10

Handcard E1

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

- | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|
| 25. | I haven't chosen the occupation I really want to get into, and I'm just working at what is available until something better comes along | 1 2 3 4 | /40 |
| 26. | I am strongly attracted to people of the same sex but sometimes I question my thoughts and feelings. I have decided to find out more about what I believe and how I want to live my life | 1 2 3 4 | /41 |
| 27. | I've never really questioned my family's views on ethnic issues; their views seem right to me | 1 2 3 4 | /42 |
| 28. | It took me a long time to decide but now I know for sure what direction to move in for a career | 1 2 3 4 | /43 |
| 29. | I've never really questioned my religion. If it's right for my parents it must be right for me | 1 2 3 4 | /44 |
| 30. | I just can't decide what to do for an occupation. There are so many possibilities | 1 2 3 4 | /45 |
| 31. | I have gone through a period of questioning my sexual feelings towards the same sex and I can now say that I know who I am | 1 2 3 4 | /46 |
| 32. | I don't really think about race or ethnicity and it really doesn't bother me one way or the other | 1 2 3 4 | /47 |

GALA's personal identity measure; items taken from Bennion & Adams (1986) and Rotheram-Borus (19??), with gay items added by Hunter (1993), 10/14/93

Card 10

APPENDIX H

Table 9B

T-test Comparisons of Sexual Identity Statuses Between Those
With and Without Opposite-Sex Partners, Prior Three Months

	<u>Sexual Identity Statuses</u>			
	<u>Achieved</u>	<u>Moratorium</u>	<u>Foreclosed</u>	<u>Diffused</u>
<u>Total N:</u>				
Total N having opp. sex partners (N = 24; 15%)	M: 6.3 SD: 1.6	5.3 1.6	5.3 1.8	4.3 1.6
Total N not having opp. sex partners (N = 132; 85%)	M: 6.7 SD: 1.3	4.4 1.7	6.0 1.6	3.9 1.6
<u>T value, Total N</u>	1.4 (NS)	-2.4*	2.1*	-1.1
<u>Boys:</u>				
Boys having opp. sex partners (N = 7; 9%)	M: 5.3 SD: 1.7	5.4 2.0	5.0 1.9	4.3 1.9
Boys not having opp. sex partners (N = 74; 91%)	M: 6.6 SD: 1.3	4.5 1.8	6.1 1.6	4.3 1.7
<u>T value, Boys</u>	2.4*	-1.3	1.7(*)	.02
<u>Girls:</u>				
Girls having opp. sex partners (N = 17; 23%)	M: 6.7 SD: 1.4	5.2 1.4	5.4 1.8	4.3 1.6
Girls not having opp. sex partners (N = 58; 77%)	M: 6.9 SD: 1.2	4.2 1.7	5.9 1.6	3.4 1.3
<u>T value, Girls</u>	.5	-2.3*	1.1	-2.3*

(*) $p < .10$; * $p < .05$

APPENDIX I

Table 12B

Pearson Correlation Coefficients Between Sexual, Ethnic, and Religious Identity Status Scores

	<u>Sexual Identity</u>				<u>Ethnic Identity</u>				<u>Religious Identity</u>			
	<u>A</u>	<u>M</u>	<u>F</u>	<u>D</u>	<u>A</u>	<u>M</u>	<u>F</u>	<u>D</u>	<u>A</u>	<u>M</u>	<u>F</u>	<u>D</u>
<u>Status Scale Score:</u> Sexual Identity	A	-.42***	.36***	-.06	.09	-.14(*)	-.01	.02	.38***	-.11	-.10	.19*
	M		-.46***	.08	.05	.21**	-.02	.03	-.24**	.23**	-.21**	-.15(*)
	F			.22**	.08	-.21**	.17*	.28***	.28***	-.15(*)	.07	.16*
	D				.05	-.13	.02	.36***	.01	-.005	.09	.17*
<u>Status Scale Score:</u> Ethnic Identity	A					-.33***	.37***	.01	.18*	-.02	.08	.004
	M						-.25**	-.31***	-.16*	.30***	.09	-.12
	F							.18*	-.01	-.03	.21**	.12
	D								.08	-.16*	.12	.14(*)
<u>Status Scale Score:</u> Religious Identity	A									-.33***	-.03	.14(*)
	M										.15(*)	-.08
	F											-.13
	D											

(*) p = < .10; * p = < .05; ** p = ≤ .01; *** p = ≤ .001

Note: A = Achieved; M = Moratorium; F = Foreclosed; D = Diffused

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