The Whole Family Serves: Supporting Sexual Minority Youth in Military Families

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ABSTRACT

Sexual minority youth in military families have a unique set of stressors that affect their mental, emotional, and physical health. There is a pronounced gap in data addressing the specific stressors of this population and how they interact to impact the health of the adolescent. The culture of the United States military has historically been heterosexist and homophobic, propelled primarily by policies that restricted the recruitment and service of lesbian, gay, bisexual, or transgender individuals, leading to a continued secrecy around sexual orientation that may affect how sexual minority youth within the community view themselves. Homophobia, social stigma, and victimization lead to significant health disparities among sexual minority youth, and youth connected to the military have additional stressors as a result of frequent moves, parental deployment, and general military culture. Primary care providers must be aware of these stressors to provide a safe environment, thorough screening, and competent care for these adolescents. J Pediatr Health Care. (2016) *30*, 414-423.

KEY WORDS

Sexual minority youth, military families, adolescent health, LGBTQ

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Conflicts of interest: None to report.

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0891-5245/$36.00

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Published online November 17, 2015.

http://dx.doi.org/10.1016/j.pedhc.2015.10.006

At a time when accruing evidence shows that stressors such as homophobia, heterosexism, and victimization play a significant role in the existence of health disparities of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) adolescents (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Kosciw, Greytak, Palmer, & Boesen, 2014; Mayer, Garofalo, & Makadon, 2014), a special awareness must exist for LGBTQ youth in military families, termed *military-connected* youth, because they may encounter amplified stressors within the military culture (Burks, 2011; Oswald & Sternberg, 2014). As with LGBTQ adolescents, military-connected adolescents have unique stressors that place them at risk for various health disparities, particularly during periods of wartime and deployment (Cederbaum et al., 2014; Gorman, Eide, & Hisle-Gorman, 2010; Reed, Bell, & Edwards, 2011), and it is not known how these stressors may interact to affect the health of adolescents. The aim of this article is to identify unique stressors encountered by sexual minority youth in military families that may interact with and amplify the risk of negative health outcomes, as well as provide recommendations for primary care providers to screen and support this patient population.

United States military families include almost 2 million children, and 20% to 25% of these children are 12 years or older (Sogomonyan & Cooper, 2010). Few reliable data are available regarding the prevalence of LGBTQ youth in the United States (Steever, Francis, Gordon, & Lee, 2014), and a significant data gap exists regarding the prevalence of LGBTQ youth in military families. Roughly 3.5% of the adult population identify as gay or lesbian (Gates, 2013), and existing data of adolescent populations regarding same-sex attraction, same-sex contact, and those identifying as homosexual or bisexual appear to be consistent with studies of older

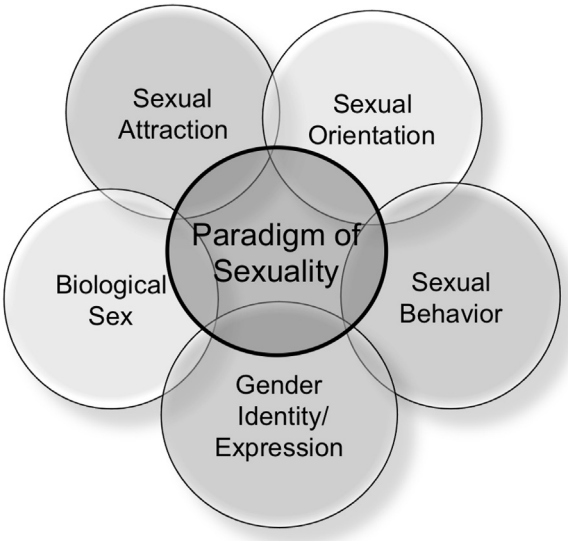
adults (Herbenick et al., 2010; Savin-Williams & Ream, 2007).

Human sexuality has multiple components, as seen in the Figure. Sexual orientation, defined as a person's romantic and sexual attraction to others, is a fluid concept in adolescence that may evolve or change, and pediatric primary care providers have the opportunity to positively influence sexual health and development during this critical period (Society for Adolescent Health and Medicine, 2013). Table 1 provides definitions of common terms associated with sexual orientation or gender identity that are used throughout this article. It is important to note that although most adolescents do ultimately identify as straight or gay (Steever et al., 2014), some adolescents do not identify or label their sexuality, whether as a result of uncertainty or preference (Savin-Williams & Ream, 2007). For this reason, the term *sexual minority youth* will be used throughout this article to encompass LGBTQ adolescents and adolescents who decline categorization. Although an adolescent may not identify as gay, lesbian, or bisexual, the lack of a label does not preclude the possibility of same-sex activity (Savin-Williams & Ream, 2007), nor does it necessarily decrease their risk for negative health outcomes (Chaplic & Allen, 2013).

CULTURAL CONTEXT

Many of the physical and mental health issues that affect sexual minority youth are due to the heterosexism and victimization they experience in society (Mayer et al., 2014; Oswald & Sternberg, 2014). The military has a long history of heterosexism and repression of homosexuality toward service members (Burks, 2011), and it is reasonable to expect that sexual minority youth in military families would be affected by this culture (Oswald & Sternberg, 2014).

FIGURE. Multiple overlapping components make up an individual's sexuality and evolve over time.



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HISTORY OF DON'T ASK, DON'T TELL

Prior to 1993, openly LGBTQ persons had been definitively excluded from military service (Johnson, Rosenstein, Buhrke, & Haldeman, 2013). In 1993, the "Don't Ask, Don't Tell" (DADT) policy was enacted, allowing LGBTQ persons to enlist in military service as long as their sexual orientation was not known to or suspected by the military, and they appeared gender typical (Burks, 2011). During the 18 years this policy was in place, thousands of LGBTQ service members were forced to conceal their sexual orientation or gender identity to have a successful military career, and they could be investigated throughout their career on the suspicion of sexual minority status, including if they revealed this information to their military health care provider (Oswald & Sternberg, 2014).

THE REPEAL OF DADT

The repeal of the DADT policy in 2011 allowed open service for lesbian, gay, and bisexual persons among all military branches. The repeal did not change the Department of Defense policy banning transgender persons from military service (Sharpe & Uchendu, 2014; Sherman, Kauth, Shipherd, & Street, 2014), although recent military directives have been enacted to examine and readdress this ban. Although the repeal of this policy represented a huge advancement against institutional discrimination of sexual minorities, an abrupt change in military culture is unlikely, and the repeal of this policy may actually increase the victimization and discrimination against openly lesbian, gay, and bisexual service members (Johnson et al., 2013). It has been well documented that other countries that have lifted a previously enforced ban have not experienced a massive or immediate increase in openly lesbian, gay, or bisexual service members (Belkin, 2010), which may be due to the already pervasive heterosexist culture and fear of increased victimization (Johnson et al., 2013).

NORMATIVE AND MINORITY STRESS

Normative stressors are stressors that anybody may face and include anything from small, everyday annoyances to the natural progression of the life span, such as births and deaths, to unexpected crises, such as losing a job or the severe illness of a loved one (Meyer, 2003). Although these stressors can be different for everyone, they cause a shift and require that the individual adapt (Meyer, 2003). Military families share the common

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