Innovations in Adolescent Health: New Approaches to Sexual Minority Youth Research

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In this issue, we focus on adolescent health, highlighting innovative approaches and methods prevention scientists are using to understand this critical time of development where health habits and behaviors are established. This compilation of articles represents how research designs (e.g., qualitative, quantitative, and methodological) are making substantial contributions to our understanding of adolescent health in the areas of sexual orientation, substance use, and dating. The articles are rich in their analytic methods and provide implications regarding study methodologies.

I want to focus on two articles that address the health and development of sexual minority adolescents. The challenges that sexual minority youth face have been a recent focus in the popular media, but the paucity of research among sexual minority youth is evident. It is striking how little we know about sexual identity and how to classify sexual identity for the purpose of research. As pointed out by Loosier and colleagues, research has traditionally viewed sexual orientation as a dichotomy (i.e., homosexual and heterosexual), and therefore, most research has

skewed our understanding of the challenges young people face as they develop their sexual identity. Classifying an individual simply as heterosexual or homosexual may not adequately describe individuals who fall somewhere in the middle of the continuum. Identity development in adolescents is fluid and is achieved through exploration of social roles and relationships. Rigidly classifying adolescents ignores the fluidity of this developmental period and may bias research findings.

Results of the study by Loosier and others suggest that those adolescents who identify as being in the middle of the sexual identity continuum may have higher levels of risk than adolescents who identify as being fully homosexual or fully heterosexual. This study propels us to ask why adolescents who identify as bisexual, as mostly homosexual, or as mostly heterosexual may be at greater risk than those who identify as fully homosexual or fully heterosexual. Although the temptation in the past has been to infer that being a sexual minority in and of itself confers additional risk, it is possible that because identity development is such a critical task for every adolescent, any situation where youth experience lack of acceptance may create tension and stress that result in depression, alcohol and drug use, and sexual risk taking. Youth who are different or who have identities that are not shared by the majority may lack social support and clear social scripts on how to navigate through their expanding social universe. Developmental tasks of developing friendships,

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social relationships, and romantic relationships become more challenging for sexual minority youth especially when they do not identify with what society deems normative. These findings are consistent with previous research that indicate youth from mixed racial groups may have higher risk behaviors due to a lack of identification with any one ethnic or racial group (Townsend et al. 2009). The Loosier article provides the groundwork on which to build more sophisticated measures of sexual orientation, and it provides evidence that categorizing youth into broad categories of orientation may mask the risk differences in these groups.

Bouris and colleagues also add to the research base by conducting a systematic review on parental influences on the health of lesbian, gay, and bisexual (LGB) youth. Parenting practices such as parent–child connectedness and communication are clearly related to positive health outcomes among adolescents (e.g., Guilamo-Ramos et al. 2007; Markham et al. 2010). However, this review highlights the dearth of research on how parental factors contribute to the health and well-being of LGB youth. It additionally demonstrates the lack of rigorous designs and research methods currently published on this topic. The authors conclude that most research studies are cross-sectional and that most emphasize negative parental influences. Though it necessary to understand the role negative parental influences play on the mental and physical health of sexual minority

adolescents, it is also critical to understand the association of positive parenting on the health, well-being, and positive adjustment of sexual minority youth. Future research is needed to explicate parental influences on risk behaviors among sexual minority youth and parental interventions as well as reciprocal stresses and challenges for parents. New models are needed to elucidate these complex relationships and demonstrate how parents can impact risk and increase resiliency for their adolescents as they move through sexual development, sexual orientation, sexual identity, development of romantic relationships, and decision-making regarding sexual health in a complex society that largely ignores these issues.

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