

# **Training Module**

# **LGBT Youth**

*Presented by*

**Kaleidoscope Family Solutions, Inc**

# LGBTQ Youth

---

Most lesbian, gay, bisexual, transgender, and questioning (LGBTQ)\* youth are happy and thrive during their adolescent years. Going to a school that creates a safe and supportive learning environment for all students and having caring and accepting parents are especially important. This helps all youth achieve good grades and maintain good mental and physical health. However, some LGBTQ youth are more likely than their heterosexual peers to experience difficulties in their lives and school environments, such as violence.

*\* Variations of this acronym are used throughout the Web page to reflect relevant populations. Many studies consider lesbian, gay, and bisexual youth but do not include transgender and questioning youth.*

## *What is sexual orientation?*

Sexual Orientation is the overall term that is used to describe people's physical and/or romantic attractions to other people. The most common labels are heterosexual, homosexual, or bisexual.

- Heterosexual (or straight) refers to a person who is attracted to and falls in love with someone of another gender.
- Homosexual (or gay man or lesbian woman) refers to a person who is attracted to and falls in love with someone of the same gender.
- Bisexual refers to a person who is attracted to and falls in love with someone of another or the same gender.

## *What is gender identity?*

Gender Identity refers to the internal sense that people have that they are female, male, or some variation of these. For many people biological sex (which is based chromosomes and sexual anatomy) and gender identity are the same. For others, however, they may be different. The term transgender refers to individuals whose internal feelings of being male or female differ from the sexual anatomy they were born with. Transgender people may be heterosexual, homosexual, or bisexual.

## *How many people identify as lesbian, gay, bisexual, or transgender?*

Estimates of how many people identify as lesbian, gay, or bisexual vary widely and there is not very much research done on the subject. The CDC periodically conducts the National Survey of Family Growth (NSFG) ([link to NSFG http://www.cdc.gov/nchs/about/major/nsfg/abclist.htm](http://www.cdc.gov/nchs/about/major/nsfg/abclist.htm)) which asks questions about reproductive and sexual health to men and women ages 15-44. The NSFG asked respondents a number of questions about their sexual orientation and attractions. Males and females ages 18-44 were asked "Do you think of yourself as heterosexual, homosexual, bisexual, or something else?"

- 90.2% of males ages 18-44 identified as heterosexual, 2.3% identified as homosexual, 1.8% identified as bisexual, and 3.9% identified as "something else."
- 90.3% of female ages 18-44 identified as heterosexual, 1.3% identified as homosexual, 2.8% identified as bisexual, and 4% identified as "something else."

- There are some differences, however, when participants are asked who they are attracted to:
- 92.2% of males ages 18-44 reported being attracted only to females, 3.9% reported being attracted mostly to females, 1.7% reported being attracted mostly to males, 1.5% reported being attracted only to males, 1.0% reported being attracted to both males and females, and 0.7% weren't sure of who they were attracted to.
- 85.8% of female ages 18-44 reported being attracted only to males, 10.2% reported being attracted mostly to males, 1.9% reported being attracted to both males and females, 0.8 % reported being attracted mostly to females, 0.7% reported being attracted only to females, and 0.8% weren't sure of who they were attracted to

The truth is there is almost no data on how many individuals identify as transgender. Informal estimates suggest that less than 1% of the population consider themselves transgender but these are based only on those transgender individuals who have sought mental health services.

## *Is there good data on same-sex sexual behavior?*

Unfortunately, there is a limited amount of scientific data on same-sex sexual behavior. Research designed to examine this subject is often controversial and conservatives in congress regularly oppose its funding.

The most recent **National Survey of Family Growth (NSFG)**, conducted by the CDC in 2002 does include some questions about same-sex sexual behavior. Men and women, however, were asked dramatically different questions in this category. Women were asked about "any sexual experience of any kind" with another female, whereas men were asked only about anal or oral sex with another male.

In response, 11.2% of females ages 15-44 reported having had any sexual experience of any kind with another female. Among young women ages 15-19 the numbers were similar with 10.6% reporting same-sex sexual contact.

The numbers for males were much lower with only 6% of males ages 15-44 reporting ever having anal or oral sex with another male and only 4.5% of males ages 15-19 reporting having done so. Again, it's possible the smaller numbers may be due to the more limited scope of the question asked to males.

## *Are LGBTQ youth at higher risk for contracting HIV/AIDS?*

Young men who have sex with men (MSM) are at higher risk for contracting HIV/AIDS than their heterosexual counterparts. Studies have shown that rates of risky sexual behavior among young MSM are higher than among older MSM and that many young MSM don't believe they are at risk.

- In the 7 cities that participated in the CDC's Young Men's Survey during 1994- 98, 14% of African-American MSM and 7% of Hispanic MSM ages 15-22 were infected with HIV.
- In a recent CDC study of young MSM, 77% of those who tested HIV-positivemistakenly believed that they were not infected.
- Of the men who tested positive, most (74%) had previously tested negative forHIV infection, and 59% believed that they were at low or very low risk.
- Young black MSM were more likely to be unaware of their infection - approximately 9 of 10

young black MSM were unaware compared with 6 of 10 young white MSM.

It is important to note that the CDC counts M to F transgender women as MSM, and that very little research exists on the specific health risks transgender individuals face. A number of studies in different U.S. cities have found HIV prevalence in transgender women ranging from 14-47% and even higher rates in transgender sex workers.

## ***Are LGBTQ youth at higher risk of contracting other STDs?***

There is very little data on STDs other than HIV that is reported by either sexual orientation or sexual behavior. Some data suggests that men who have sex with men are disproportionately affected by some STDs. For example, the CDC says that, MSM have accounted for an increasing number of estimated syphilis cases in the United States. Specifically, in 2006 64% of primary and secondary syphilis cases were among MSM.

## ***Are LGBTQ youth disproportionately affected by mental health issues?***

Discrimination and violence put LGBTQ youth in particularly vulnerable positions with respect to mental health and suicide. The most commonly cited research on LGBTQ youth and suicide is a 1989 report from the Secretary's Task Force on Youth Suicide at the United States Department of Health and Human Services which found that lesbian, gay, and bisexual youth were two to three times more likely to attempt suicide than their heterosexual peers.

Newer research shows that LGBT youth are still slightly more likely to report a suicide attempt than heterosexual youth, however, closer analysis revealed that half of the attempts by LGBT youth were suicidal ideation rather than a concrete act to end life. The researcher believes these reported attempts are a way that LGBT youth communicate the hardships of their lives.

More recent research published in the American Psychologist also concludes that high rates of "major depression, generalized anxiety disorder and substance use or dependence" persist in lesbian and gay youth.

## ***Are LGBTQ youth disproportionately affected by homelessness?***

A 2006 report by the National Gay and Lesbian Taskforce and the National Coalition for the Homeless estimates that between 20--40% of all homeless youth in the United States identify as LGBT. Given that only 3-5% of Americans identify as lesbian, gay, or bisexual, it's clear that homelessness disproportionately affects LGBTQ youth. These numbers are corroborated by a 2005 study funded by the New York City Council which found that almost one-third of New York's homeless youth identify as lesbian, gay, bisexual, or transgender.

The primary cause of homelessness for all youth is family conflict, and research suggests that family conflict over a young person's sexual orientation or gender identity can often lead to homelessness.

## ***Is there an increase of public acceptance of LGBTQ individuals?***

There is certainly more discussion of sexual orientation in today's popular culture and media than ever before, and surveys suggest that there is a corresponding greater acceptance of homosexuality among the public. A Gallup poll conducted in May of each year asks Americans about their attitudes related to homosexuality. In 2007, 57% of all Americans said they found homosexuality to be an acceptable lifestyle compared with 50% in 1998 and just 34% in 1982.

The survey also shows that acceptance of LGBTQ individuals is even higher among younger generations; 75% of Americans ages 18-34 found homosexuality acceptable.

## ***Do schools teach about sexual orientation?***

The content of health and sexuality education varies depending on the community and research on what topics each community teaches is quite limited.

A recent study of health education programs conducted by the CDC's Division of Adolescent and School Health, however, provides some insight into what is being taught in America's classroom. The study found that 48% of schools taught about sexual identity and sexual orientation. In comparison 86% of all high schools that taught about abstinence as the most effective way to avoid pregnancy and STDs, 69% taught about marriage and commitment, 65% taught about condom efficacy, and 39% taught students how to correctly use a condom.

Every two years the Gay, Lesbian, and Straight Education Network (GLSEN) surveys LGBT high school students across the country on their experiences. The 2005 National School Climate Survey asked students some questions about sexuality education curricula and found that "nearly half (44.6%) of the students surveyed reported that their school followed an abstinence-only health curriculum, and these students were more likely to have experienced verbal harassment on the basis of sexual orientation, and were more likely to have missed school in the past year because they felt unsafe." These students also reported having fewer supportive faculty/school staff at their school.

## ***Are schools safe places for LGBTQ youth?***

GLSEN's 2005 National School Climate Survey concluded that in certain schools and certain states with supportive laws, the experiences of LGBT youth in schools are improving, but overall there has been a lack of consistent progress. Most students still hear homophobic remarks and report feeling unsafe at some point, and many are still victims of physical harassment and assault. In particular the survey found:

- 75.4% of LGBT high school students replied hearing remarks such as "faggot" or "dyke" frequently or often at school.
- 89.2% of LGBT high school students reported hearing "that's so gay" or "you're so gay" (often used to indicate that someone or something is stupid or worthless) frequently or often at school.
- 18.6% of LGBT high school students reported hearing homophobic remarks from their

teachers or other school staff.

- 74.2% of LGBT high school students in the survey reported feeling unsafe in school because of personal characteristics, such as their sexual orientation, gender or religion, 64.3% reported feeling unsafe at school because of their sexual orientation specifically, and 40.7% felt unsafe because of how they expressed their gender.
- 64.1% of LGBT high school students replied that they had been verbally harassed at least some of the time in school in the past year because of their sexualorientation and 45.5% because of their gender expression.
- 37.8% of LGBT high school students had experienced physical harassment at school on the basis of sexual orientation and 26.1% on the basis of their gender expression.
- 17.6% of LGBT high school students had been physically assaulted because of their sexual orientation and 11.8% because of their gender expression.

The good news is, there are a growing number of resources and support for LGBTQ youth. The first Gay-Straight Alliance (GSA)-school clubs that promote tolerance and respect for everyone regardless of sexual orientation or gender identity-formed in 1988. GLSEN, the Gay, Lesbian, and Straight Education Network, reports that there are now over 3,000 of the student clubs registered with their organization.

Are LGBT people coming out at younger ages?

There is not a lot of research on when or why young people choose to publicly identify as gay, lesbian, or bisexual. Research by Cornell University professor Ritch Savin- Williams, however, suggests that the average LGBT youth now comes out at 16 compared to 21 in the 1970s.

## **Experiences with Violence**

---

Negative attitudes toward lesbian, gay, and bisexual (LGB) people put these youth at increased risk for experiences with violence, compared with other students.<sup>1</sup> Violence can include behaviors such as bullying, teasing, harassment, physical assault, and suicide-related behaviors.

According to data from Youth Risk Behavior Surveys (YRBS) conducted during 2001-2009 in seven states and six large urban school districts, the percentage of LGB students (across the sites) who were threatened or injured with a weapon on school property in the prior year ranged from 12% to 28%. In addition, across the sites:

- 19% to 29% of gay and lesbian students and 18% to 28% of bisexual students experienced dating violence in the prior year.
- 14% to 31% of gay and lesbian students and 17% to 32% of bisexual students had been forced to have sexual intercourse at some point in their lives.<sup>2</sup>

LGBTQ youth are also at increased risk for suicidal thoughts and behaviors, suicide attempts, and suicide. A nationally representative study of adolescents in grades 7-12 found that lesbian, gay, and bisexual youth were more than twice as likely to have attempted suicide as their heterosexual peers.<sup>3</sup> More studies are needed to better understand the risks for suicide among transgender youth. However, one study with 55 transgender youth found that about 25% replied suicide attempts.<sup>4</sup>

## Bullying & LGBT Youth

Another survey of more than 7,000 seventh- and eighth-grade students from a large Midwestern county examined the effects of school [social] climate and homophobic bullying on lesbian, gay, bisexual, and questioning (LGBQ) youth and found that

- LGBQ youth were more likely than heterosexual youth to report high levels of bullying and substance use;
- Students who were questioning their sexual orientation replied more bullying, homophobic victimization, unexcused absences from school, drug use, feelings of depression, and suicidal behaviors than either heterosexual or LGB students;
- LGB students who did not experience homophobic teasing reported the lowest levels of depression and suicidal feelings of all student groups (heterosexual, LGB, and questioning students); and
- All students, regardless of sexual orientation, reported the lowest levels of depression, suicidal feelings, alcohol and marijuana use, and unexcused absences from school when they were
  - In a positive school climate and
  - Not experiencing homophobic teasing.<sup>5</sup>

## Effects on Education and Health

---

Exposure to violence can have negative effects on the education and health of any youngperson. However, for LGBT youth, a national study of middle and high school students shows that LGBT students (61.1%) were more likely than their non-LGBT peers to feel unsafe or uncomfortable as a result of their sexual orientation.<sup>6</sup> According to data from CDC's YRBS, the percentage of gay, lesbian, and bisexual students (across sites) who did not go to school at least one day during the 30 days before the survey because of safety concerns ranged from 11% to 30% of gay and lesbian students and 12% to 25% of bisexual students.<sup>2</sup>

The stresses experienced by LGBT youth also put them at greater risk for depression, substance use, and sexual behaviors that place them at risk for HIV and other sexually transmitted diseases (STDs).<sup>1, 2, 7</sup> For example, HIV infection among young men who have sex with men aged 13-24 years increased by 26% over 2008-2011.<sup>8</sup>

### *What Schools Can Do*

For youth to thrive in their schools and communities, they need to feel socially, emotionally, and physically safe and supported. A positive school climate has been associated with decreased depression, suicidal feelings, substance use, and unexcused school absences among LGBQ students.<sup>9</sup>

Schools can implement clear policies, procedures, and activities designed to promote a healthy environment for all youth. For example, research has shown that in schools with LGB support groups (such as gay-straight alliances), LGB students were less likely to experience threats of violence, miss school because they felt unsafe, or attempt suicide than those students in schools without LGB support groups.<sup>10</sup> A recent study found that LGB students had fewer suicidal thoughts and attempts when schools had gay-straight alliances and policies prohibiting expression of homophobia in place for 3 or

more years.<sup>11</sup>

To help promote health and safety among LGBTQ youth, schools can implement the following policies and practices:

- Encourage respect for all students and prohibit bullying, harassment, and violence against all students.
- Identify "safe spaces," such as counselors' offices, designated classrooms, or student organizations, where LGBTQ youth can receive support from administrators, teachers, or other school staff.
- Encourage student-led and student-organized school clubs that promote a safe, welcoming, and accepting school environment (e.g., gay-straight alliances, which are school clubs open to youth of all sexual orientations).
- Ensure that health curricula or educational materials include HIV, other STD, or pregnancy prevention information that is relevant to LGBTQ youth (such as, ensuring that curricula or materials use inclusive language or terminology).
- Encourage school district and school staff to develop and publicize trainings on how to create safe and supportive school environments for all students, regardless of sexual orientation or gender identity, and encourage staff to attend these trainings.
- Facilitate access to community-based providers who have experience providing health services, including HIV/STD testing and counseling, to LGBTQ youth.
- Facilitate access to community-based providers who have experience in providing social and psychological services to LGBTQ youth.

## *What Parents Can Do*

How parents respond to their LGB teen can have a tremendous impact on their adolescent's current and future mental and physical health.<sup>12,13</sup> Supportive reactions can help youth cope with the challenges of being an LGBTQ teen. However, some parents react negatively to learning that they may have an LGBTQ daughter or son. In some cases, parents no longer allow their teens to remain in the home. In other situations, stress and conflict at home can cause some youth to run away. As a result, LGB youth are at greater risk for homelessness than their heterosexual peers.<sup>1</sup>

To be supportive, parents should talk openly with their teen about any problems or concerns and be watchful of behaviors that might indicate their child is a victim of bullying or violence-or that their child may be victimizing others. If bullying, violence, or depression is suspected, parents should take immediate action, working with school personnel and other adults in the community.

## **Ways Parents Can Influence the Health of Their LGB Youth**

More research is needed to better understand the associations between parenting and the health of LGB youth. Following are selected research-based steps parents can take to support the health and well-being of their LGB teen:

**Talk and listen.** Parents who talk with and listen to their teen in a way that invites an open discussion about sexual orientation can help their teen feel loved and supported. Parents should have

honest conversations with their teens about sex, and about how to avoid risky behavior and unsafe or high-risk situations.

**Provide support.** Parents who take time to come to terms with how they feel about their teen's sexual orientation will be more able to respond calmly and use respectful language. Parents should develop common goals with their teen, including being healthy and doing well in school.

**Stay involved.** Parents who make an effort to know their teen's friends and know what their teen is doing can help their teen stay safe and feel cared about.

**Be proactive.** Parents can access many organizations and online information resources to learn more about how they can support their LGB teen, other family members, and their teen's friends.

## References

1. Coker TR, Austin SB, Schuster MA. The health and health care of lesbian, gay, and bisexual adolescents. *Annual Review of Public Health* 2010;31:457-477.
2. Centers for Disease Control and Prevention. Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9-12—Youth Risk Behavior Surveillance, selected sites, United States, 2001-2009. *JAMA* 2011.
3. Russell ST, Joyner K. Adolescent sexual orientation and suicide risk: Evidence from a national study. *American Journal of Public Health* 2001;91:1276-1281.
4. Grossman AH, D'Augelli AR. Transgender youth and life-threatening behaviors. *Suicide & life-threatening behavior* 2007;37:527-537.
5. Birkett M, Espelage DL, Koenig B. LGB and questioning students in schools: The moderating effects of homophobic bullying and school climate on negative outcomes. *Journal of Youth and Adolescence* 2009;38:989-1000.
6. Kosciw JG, Greytak EA, Diaz EM, Baitkiewicz MJ. The 2009 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation's Schools. New York: Gay, Lesbian Straight Education Network; 2010.
7. Russell ST, Ryan C, Toomey RB, Diaz RM, Sanchez J. Lesbian, gay, bisexual, and transgender adolescent school victimization: implications for young adult health and adjustment. *Journal of School Health*. 2011;81(5):223-30.
8. Centers for Disease Control and Prevention. HIV surveillance in men who have sex with men (MSM). 2012. Available from the [HIV/AIDS Resource Library Slide Sets web page](#).
9. Espelage DL, Aragon SR, Birkett M. Homophobic teasing, psychological outcomes, and sexual orientation among high school students: What influence do parents and schools have? *School Psychology Review* 2008;37:202-216.
10. Goodenow C, Szalacha L, Westheimer K. School support groups, other school factors, and the safety of sexual minority adolescents. *Psychology in the Schools* 2006;43:573-89.
11. Saewyc EM, Konishi C, Rose HA, Homma Y. School-based strategies to reduce suicidal ideation, suicide attempts, and discrimination among sexual minority and heterosexual adolescents in Western Canada. *International Journal of Child, Youth and Family Studies* 2014;1:89-112.
12. Ryan C, Huebner D, Diaz RM, Sanchez J. Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics* 2009;123:346-352.
13. Bouris A, Guilamo-Ramos V, Pickard A, Shiu C, Loosier PS, Dittus P, Gloppe K, Waldmiller JM. A systematic review of parental influences on the health and well-being of lesbian, gay, and bisexual youth: time for a new public health research and practice agenda. *Journal of Primary Prevention* 2010;31:273-309.