

Research Brief on Sexual Minority Youth Health, Wellness, and Safety Concerns

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Contemporary research into school violence, bullying, and harassment indicates that it is important for educators to identify the risk and resiliency factors that serve to compromise or promote the healthy individual and social development of sexual minority² youth. By understanding these related risk and resiliency factors, educators, health-care professionals, social-service providers, parents, and/or guardians can more effectively plan for evidenced-informed interventions, which can serve to help support at-risk youth by activating critical protective factors, which may enable them to respond more effectively in overcoming adversity, dealing with stressful life experiences, and improving their overall mental health.

Rosemary Thompson provides this widely held definition of youth who are considered at risk: “[They] are more vulnerable to becoming pregnant, using alcohol and other drugs, dropping out of school, being unemployed, engaging in violence or other high-risk behaviors, and facing an increased propensity to develop a host of mental health problems³.” Key stressors that mitigate against the healthy development of youth include a history of physical abuse and sexual violence; families dealing with substance abuse, mental health problems and violence; and multiple moves, living in foster care and running away from home⁴.

Research exploring key stressors for sexual minority youth identify how these youth experience more risk factors (often with greater severity), fewer protective factors (such as supportive home and school environments), and higher incidents of depression and substance abuse when compared with their heterosexual peers. In particular, sexual minority youth who are Aboriginal, ethno-cultural minorities, homeless, runaways, living in care and/or involved with the corrections system are at further risk for negative health outcomes.

The failure to respond adequately to the pressing educational, social, cultural, public health, and human rights needs of sexual minorities removes these youth from key supports and protective factors in their lives. These critical absences further exacerbate the complex and multiple risk factors they experience as vulnerable youth who need to be supported to grow into resilience and become healthy, happy, and productive adults.

Given current research trends and the enhanced, and at times multiple risk factors, that sexual minority youth experience, this research brief identifies suicidality; school related-problems; homelessness and street-involvement; symbolic and physical violence; and substance use, sexual abuse, and HIV-risk behaviours as critical risk factors in need of specialized intervention and support.

Suicidiality

North American adolescent research studies consistently indicate that suicide is one of the leading causes of death of today's youth. For sexual minority youth, suicide *is* the number one cause of death⁵.

- Key risk factors for adolescent suicide, in general, include feelings of hopelessness, a history of family dysfunction, sexual abuse, substance abuse, and the recent or attempted suicide of a family member or close friend^{6 7}.
- In addition to these general risk factors, sexual-minority youth also face unique risk factors including gender atypicality, age of disclosure/coming out, family acceptance, and intrapersonal conflict regarding sexuality^{8 9}.
- Contemporary research identifies that sexual minority youth are 1.5 to 7 times more likely to attempt suicide than their heterosexual peers¹⁰. A landmark study commissioned by the US Secretary of Health identified that one third of all sexual minority youth suicides occur before the age of seventeen¹¹.
- A study from the University of Calgary found that gay and bisexual male youth in Alberta were 13.9 times more at risk for a serious suicide attempt than their heterosexual peers¹².
- Recent research from the province of British Columbia suggests that lesbian and bisexual teen girls are nearly 5 times more likely to attempt suicide than heterosexual girls¹³.
- A comparative report of the trends evident in three large-scale studies of 72,000 students in grades 7-12 in British Columbia (in 1992, 1998, 2003) found that gay, lesbian, and bisexual youth, when compared with their heterosexual peers, were more likely to report a history of abuse and are six times more likely to attempt suicide¹⁴.
- In 2008, the Child Death Review Unit of the BC Coroner's Service conducted a review of youth deaths from 1997 to 2003¹⁵. In this five-year period, they identified 81 children and youth who died by suicide. Those at increased risk for suicide included Aboriginal, sexual minority, older youth (ages 17-18), male youth, and youth questioning their sexuality. The majority of youth who committed suicide experienced an acute stressful life event twenty-four hours prior to their death; almost half had a history of mental health problems, with depressive symptoms the most frequently reported. Nearly half of these youth also experienced chronic dysfunction, including neglect and abuse, in their relationships with family members or romantic partners. The Coroner's report identified seventeen key recommendations for the prevention of child and youth suicide. Included in these recommendations, the report identified schools as critical prevention and intervention sites for youth at risk for suicide and suicide ideation. The report also identified the importance of drawing upon evidence-informed suicide predictors to help foster the creation of positive educational environments focused on increasing school connectedness and a sense of belonging amongst vulnerable youth.

School-Related Problems

- A recent American-based study of 7,376 seventh and eighth grade students found that 10.5% self-identified as lesbian, gay, or bisexual and 4.6% identified as questioning their sexual orientation. This study identified that when compared to their heterosexual peers, lesbian, gay, bisexual, and questioning youth were more likely to report (1) higher levels of bullying, (2) homophobic victimization, and (3) increased negative health outcomes. Questioning students, who often experience the least social and educational supports, reported higher rates of bullying, victimization, depression, suicidality, drug use, and truancy when compared with both sexual minority and heterosexual peers¹⁶.
- A 2006 survey of students in grades 7-12, conducted by the Toronto District School Board, found that 8% of students identified themselves as lesbian, gay, bisexual, trans-identified, two-spirited, queer, or questioning¹⁷.
- A 2008 study found that heterosexual students “experience similar psychological and social consequences from being called homophobic epithets, including higher self-reported withdrawal, depressed mood, and personal distress”¹⁸. The report concludes that “aggressive social climates” are a significant contributing factor in homophobic bullying. Accordingly, school programs ought to specifically address student aggression and negative/hostile school climates, and how homonegativity can contribute to school-based bullying and violence.
- Another 2008 study exploring bullying, identified verbal bullying/abuse targeting sexual minority youth as the most common type of school-related bullying. These research findings found that between 70% to 80% of students targeted by anti-gay bullies were actually heterosexual, indicating that homophobic bullying is the most common form of bullying found in junior high schools and occurs across all racial and ethno-cultural groups¹⁹.
- In the Canadian context, a study of 77 lesbian, gay, and bisexual youth conducted by the McCreary Centre Society in British Columbia found:
 - Almost 50% of the youth surveyed reported suicide attempts, with over 50% of these youth identifying a history of sexual and/or physical abuse.
 - Sixty-six percent of gay and lesbian students heard homophobic remarks made by other students at school.
 - Thirty-seven percent of gay and lesbian youth questioned felt like outsiders in their school.
 - Seventeen percent reported being assaulted at their school within the past year.
 - Almost 40% reported dramatically low self-esteem.
 - Thirty-nine percent told a teacher or school counsellor that they were gay or lesbian.
 - Thirty-seven percent stated that they hated or disliked school.
 - Eight-two percent reported regularly hearing their peers make homophobic remarks at school.
 - Twenty-eight percent reported also hearing their teachers making homophobic comments²⁰.

- In a follow-up study conducted in 2007, the British Columbia McCreary Centre Society²¹ found that lesbian, gay, and bisexual youth, when compared to their heterosexual peers, were more likely to:
 - have experienced physical and sexual abuse, harassment in school, and discrimination in the community;
 - have run away from home once or more in the past year;
 - be sexually experienced, and more likely to either have been pregnant or to have gotten someone pregnant;
 - be current smokers, tried alcohol, or used other drugs;
 - report emotional stress, suicidal thoughts, and suicide attempts;
 - participate less frequently in sports and physical activity, and report higher levels of computer usage/time; and
 - feel less cared about by parents and less connected to their families.

The sexual minority youth surveyed in these two studies were very clear in suggesting that their schools had failed to provide them with safe, supportive, and inclusive learning environments.

- In a 2008 study of over 13,000 high school-aged youth²², which explored the relationships between homophobic bullying, negative health outcomes, and parental and school support, researchers found that positive school climates and parental support were key protective factors mitigating against student drug use and depression. Researchers also identified victimization by peers as one of the strongest predictors for school disengagement for sexual minority and questioning youth.
- A US study identifies that sexual minority youth are five times more likely than their heterosexual peers to miss school due to concerns related to their personal safety²³. In a study of middle school students, researchers found that 30% of lesbian, gay, and bisexual students dropped out of school altogether²⁴.
- A UK study identified homophobic bullying as a significant factor in early school leaving. Another such study, reported that 72% of children who were bullied because of their sexual orientation had played sick or were truant to avoid abuse at school²⁵.
- In one of the largest safe schools studies conducted to date, involving 237,544 students in grades 7-9, it was revealed that 7.5% of students reported being harassed because of their actual or perceived sexual orientation²⁶. Of those students who were harassed, they reported lower grades (24%), higher absentee rates (27%), greater depression (55%), and were more likely to make plans to commit suicide (35%) when compared to their heterosexual peers. Not surprisingly, many sexual minority and gender atypical youth who have experienced bullying report long-term mental health symptoms that are strongly correlated with posttraumatic stress disorder²⁷.

Homelessness and Street-Involvement

The Public Health Agency of Canada estimates that everyday there are 150,000 youth living on the streets in Canada²⁸. Conflict with parents was identified as the most significant reason why most youth left home.

- Findings from a large scale, multi-year Health Canada study, which involved just under 5,000 participants found that thirty-five percent of the street youth surveyed reported dropping out of school or having been expelled. More than 50% reported emotional abuse or neglect and approximately 80% smoking daily²⁹.
- Street-involved youth were also found to have rates of sexual transmitted infections and other blood-borne infections, such as the hepatitis C virus, 10 to 12 times higher than the general youth population.
- Street-involved youth were also found to be 11 times more likely to die of a drug overdose or suicide.
- Current estimates suggest that between 12% and 32% of street youth in Canada are also involved in prostitution.

Multiple research studies indicate that between 11% and 35% of street youth (1 in 5 on average) self-identify as a sexual minority or report questioning their sexual identity^{30 31}. These rates are most likely underreported since sexual minority youth are unlikely to reveal their sexual identity or gender orientation to authorities.

- Not surprisingly, sexual minority youth are often at an increased risk for street-involvement as many are forced out of their homes and cast away from their support networks when they disclose or have their non-heterosexual identity exposed³².
- An American-based study from Seattle on homeless youth found more negative outcomes for street-involved sexual minority adolescents than their heterosexual counterparts³³. These outcomes included “more-frequent departures from home, greater vulnerability to physical and sexual victimization, higher rates of addictive substance use, more psychopathology, and riskier sexual behavior.” The study also found that “adolescents face great challenges as they work to come to terms with their sexual orientation... Their [sexual minority] homeless counterparts, however, frequently have no family members available, no school environment to support them, and transient or insufficient peer networks.”
- Other research studies indicate that lesbian, gay, and bisexual homeless youth are 62% more likely to attempt suicide than their heterosexual homeless peers, and have higher risk exposure to sexual abuse and exploitation, experience 7.4 more acts of sexual violence, and are at greater risk for drug abuse³⁴.
- Key intervention strategies for the street-involved youth population include identifying and building upon prevention programs that help youth to build positive social networks.

Physical and Symbolic Violence

In 2008, Statistics Canada issued results from the first social survey to collect national data on the extent to which gay, lesbian, and bisexual individuals were victims of violent crime and discrimination. The survey found that gay, lesbian, and bisexual adults experienced higher rates of violent victimization including sexual assault, robbery, and physical assault and rates of discrimination three times higher than heterosexuals³⁵.

Statistics Canada identifies that the majority of hate crimes involve young people, both as the perpetrators and victims of hate crimes³⁶.

- One in ten hate crimes in Canada are motivated by a person's actual or perceived sexual orientation or gender identity.
- More than 50% of hate crimes motivated by sexual orientation are violent in nature.
- These targeted hate crimes were more likely, than other types of hate crime incidents, to result in physical injury to victims.
- A US-based study of more than 12,000 adolescents in grades 7-12 found that youth who reported same-sex or both-sex romantic attractions were more likely to experience extreme forms of violence³⁷.
 - Sexual minority youth surveyed were more likely to have been in a fight that resulted in the need for medical treatment.
 - Bisexual youth were also more likely to have been jumped and violently attacked.
 - With few safe social spaces for sexual minority youth to meet one another to socialize and experience the normal developmental process, many turn to bars and nightclubs, which are often located in more dangerous parts of a city that are intended for adults. As a result, these youth often find themselves in spaces where they may be the witness or object of violence.
- Sexual minority youth are not only the victims of violence. In some cases they may also become the perpetrators of violence. Researchers DuRant, Krowchuck, and Sinal³⁸ reported that young gay and bisexual males are more likely to carry and use weapons when compared with their heterosexual peers. This self-defensive behavior is often linked to youth feeling at-risk for violence based on their actual or perceived sexual orientation.
- Russell, Franz, and Driscoll found that “youths attracted to the same sex were more than twice as likely to perpetrate violence”³⁹. This violence was often motivated by feelings of fear and a perceived need for self-defense.

Substance Use, Sexual Abuse, and HIV-Risk Behaviours

Contemporary research indicates that sexual minority youth are at a higher risk for acquiring HIV than their heterosexual peers^{40 41}. Those sexual minority youth who are from racial or ethnic minorities are at an even greater risk for HIV infection. These increased instances of HIV-risk related behaviors “appear to be associated in part with a higher prevalence of sexual victimization,” stigma, lack of knowledge, discrimination, and fear of public exposure of their identities⁴².

- A large comparative survey, which analyzed a cohort of adolescent health surveys conducted in the Pacific Northwest (Seattle and British Columbia) from 1992 to 2003, found that gay, lesbian, and bisexual adolescents who reported a history of sexual abuse or assault were more likely than their heterosexual peers to have had an “earlier sexual intercourse debut, engage in unprotected intercourse, have multiple sexual partners or be involved in prostitution or survival sex, become pregnant, and use illicit substances, including injection drug use”⁴³.
- This same study also found that gay, lesbian, and bisexual youth may engage “in HIV high risk behaviors as a way of coping with sexual orientation stigma and sexual violence they may experience.” Correspondingly, sexual-minority youth often internalize society’s negative messages regarding sexual orientation and gender identity, and may suffer from self-hatred as well as social and emotional isolation. As an example, substance abuse can be motivated by a youth’s attempts to manage stigma and shame, to deny same-sex feelings, or as a defense against ridicule and anti-gay violence.

Concluding Perspective

Given the overwhelming research indicating the serious nature of the health, wellness, and safety concerns that sexual minority youth experience, the creation of positive school climates, provision of inclusive mental health and social services, and access to nonjudgmental education and health care providers are critical in reducing negative health outcomes, increasing school and parental connectedness, and fostering the development of evidence-informed protective factors, which collectively serve to reduce the pressing risk factors that sexual minority and questioning youth experience on a daily basis.

Helping these youth move from being “at-risk” to “at-promise” youth requires the development of inclusive policies, targeted anti-bullying strategies, which include homophobic and transphobic bullying, dedicated resources to implement suicide and mental health prevention and intervention programs, and access to supportive school-based and community resources. Without the provision of these supports, sexual minority and questioning youth will continue to engage in negative coping mechanism to manage the stigma and shame they experience.

The creation of an inclusive educational policy framework is also needed, which advances and promotes the human, civil, and educational rights of sexual minority youth to live and learn free from abuse, neglect, and discrimination. If students do not feel safe in their schools, quite simply they are not able to learn. All students have the fundamental right to feel safe, cared for, and included in their school environments. A renewed emphasis on gender, including attention to sexual minorities, is also needed if universal public education is to fulfill its mandate to remove barriers to access and learning. For sexual minorities, these physical, structural, and emotional barriers are far too present realities in their everyday lives. If we believe in the call for democratic education then we must support these students to move from simply trying to survive in their school, family, and community environments to a place where they can begin to thrive and become tomorrow’s leaders.

End Notes & References

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