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Research exploring the health, wellness, and safety concerns of sexual minority youth

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Abstract: This article provides an overview of the critical risk factors that negatively impact the health, safety, personal wellness, and educational achievement of sexual minority youth. Contemporary and landmark studies of the key stressors faced by sexual minority are reviewed with an emphasis on Canadian data. Sexual minority youth often encounter multiple risk factors, have fewer protective factors (such as a sense of connectedness to school and family), and experience more bullying, harassment, alienation, suicide ideation, and substance abuse than do their heterosexual peers. Over a decade of research evidence clearly indicates that educational institutions have a legal, ethical, and professional responsibility to respond appropriately to the urgent health, safety, and educational needs of sexual minority youth (Grace & Wells, 2005, 2009; Wells, 2008). A failure to respond by important adults in the lives of such youth, places vulnerable youth at significant risk and denies them access to important protective factors in their lives.

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The Institute for Sexual Minority Studies and Services (ISMSS) is an interdisciplinary "hub" for scholarly work in sexual minority studies. Housed in the Faculty of Education, University of Alberta, the Institute's mission is to help enhance possibilities for ground-breaking research, policy development, education, community outreach, and service provision focused on sexual minorities and their issues and concerns. www.ismss.ualberta.ca

Note: Sexual minority is an umbrella term used to recognize lesbian, gay, bisexual, trans-identified, two-spirited, and queer youth. In Canada, sexual minorities, along with ethnocultural and linguistic minorities are recognized as distinct minorities in need of protection within federal law and legislation.

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Introduction

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 minority youth. By understanding these related risk and resiliency factors, educators, health-care professionals, social-service providers, parents, and guardians can more effectively plan for evidence-informed interventions. Such interventions 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 (such as “coming out”), and improving their overall mental health and educational achievement.

Over the past decade much of the research literature has been focused on a deficit model in which lesbian, gay, bisexual, and trans-identified youth have been positioned as being “at-risk” for negative social, emotional, educational, and health outcomes. Thompson (2006) 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 problems” (p. 1). 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 home (Saewyc, Wang, Chittenden, Murphy, & The McCreary Centre Society, 2006).

Contemporary researchers have expressed a need to move away from an exclusive focus on an “at-risk” paradigm that can serve to pathologize sexual minority youth and position them as “objects of pathos” (Rasmussen, 2006, p. 144). For example, what identities or subject positions are available to sexual minority youth when the vast majority of research and educational interventions have positioned them as at-risk? These “tropes of risk”

(Rasmussen, 2006, p. 144), which are premised on models of “normal” adolescent development create sexual minority youth, by default, as “abnormal” and outside the bounds of healthy development.

While this article focuses on risk factors for sexual minority youth, researchers, educators, and public health officials should be mindful of the need to move beyond risk to a focus on the necessary policies, resources, and interventions needed to support sexual minority youth to grow into resilience within heteronormative familial, school, and community-based contexts. Unfortunately, many educational and important social institutions continue to remain blissfully unaware of the significant health, safety, and educational experiences of sexual minority youth under their care. As a result, this article was created to help the Alberta government’s Department of Education to identify and understand these pressing concerns with the objective of developing strategic interventions to support sexual minority youth to move from simply trying to survive in their heteronormative school environments to a place where they can thrive as fully supported members of their school communities.

Given historical research trends and the enhanced, and at times multiple risk factors, that sexual minority youth experience, this article 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. These risk factors may be compounded for sexual minority youth from various faith, religious, ability, ethnocultural, and socioeconomic backgrounds. In addition, sexual minority youth who are street-involved, living in care, or involved with the justice or corrections system are also at increased risk for significant health and life challenges.

Suicidality

Studies on North American adolescents have consistently indicated that suicide is one of the leading causes of death for heterosexual youth. Campos (2005) identified suicide as the most common cause of death for sexual minority youth.

- In general, important risk factors for adolescent suicide include experiences of substance abuse, feelings of hopelessness, sexual abuse, a history of family dysfunction, and the recent or attempted suicide of a family member or close friend (Remafedi, 1994; Russell & Joyner, 2001).
- In addition to these more general risk factors, researchers have identified how sexual-minority youth also face distinctive risk factors such as a lack of family acceptance, age at which they come out or disclose their non-heterosexual orientation, gender atypicality, and bullying or conflict because of their perceived sexual orientation or gender identity (Friedman, Koeske, Silvestre, Korr, & Sites, 2006; Remafedi, 1994).
- The Suicide Prevention Resource Centre (2008) in the United States reported that sexual minority youth are 1.5 to 7 times more likely to attempt suicide than their heterosexual peers. A landmark study commissioned by the US Secretary of Health found that one third of all sexual minority youth suicides occur before the age of seventeen (Gibson, 1994).
- Bagley and Tremblay (1997) found that gay and bisexual male youth in Alberta were 13.9 times more at risk for a serious suicide attempt than their heterosexual peers.
- 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 girls (Saewyc et al., 2007).
- 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 suicide (Tonkin, Murphy, Lees, Saewyc, & The McCreary Centre Society, 2005).
- The Child Death Review Unit of the BC Coroner's Service (2008) conducted a review of youth deaths from 1997 to 2003 that 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 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 questioning (Yau & O'Reilly, 2007). Schools clearly have a substantial population of youth affected by the issues that follow.

- A recent 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 found 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 peers (Birkett, Espelage, & Koenig, 2009).

- A 2008 study found that heterosexual students “experience similar psychological and social consequences from being called homophobic epithets [i.e. “fag talk”], including higher self-reported withdrawal, depressed mood, and personal distress” (Poteat, 2008, p. 190). 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.
- Varjas et al. (2008) reported that verbal bullying/abuse targeting sexual minority youth was the most common type of school-related bullying. These authors found that between 70% and 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 groups.
- A Canadian study of 77 lesbian, gay, and bisexual youth conducted by the McCreary Centre Society (1999) 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 comments.
- In a follow-up study, the McCreary Centre Society (Saewyc et al., 2007) 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.
- In a study of over 13,000 high school-aged youth, Espelage, Aragon, Birkett, and Koenig (2008) explored the relationships between homophobic bullying, negative health outcomes, and parental and school support. They found that positive school climates and parental support were key protective factors mitigating against student drug use and depression. These authors identified victimization by peers as one of the strongest predictors for school disengagement for sexual minority and questioning youth.
- An influential American study identified how sexual minority youth are five times more likely than their heterosexual peers to miss school due to concerns related to their personal safety (Garofalo, Wolf, Kessel, Palfrey, & DuRant, 1998). In a study of middle school students,

researchers found that 30% of lesbian, gay, and bisexual students dropped out of school altogether (Elias et al., 1992).

- A comprehensive report from United Kingdom's Department for Children, Schools and Families (2007) identified homophobic bullying as a significant factor in students being more likely to miss school, less likely to complete their formal education, and less likely to feel safe and make a positive contribution to their community. Correspondingly, another influential UK study reported that 72% of children who were bullied because of their sexual orientation had played sick or were truant to avoid abuse at school (Rivers, 2000).
- 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 orientation (California Safe Schools Coalition & 4-H Center for Youth Development, University of California, Davis, 2004). 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 post-traumatic stress disorder (D'Augelli, Grossman, & Starks, 2006).

The sexual minority and questioning youth surveyed in these multitude of international research studies are very clear in suggesting that their schools have failed to provide them with safe, supportive, and inclusive learning environments. Many of these research findings were reaffirmed in a recent Canadian-based safe schools study conducted by Egale Canada, which found, for example, that 75% of the almost 1700 youth surveyed felt unsafe in their schools (Egale Canada, 2009).

Homelessness and street-involvement

The Public Health Agency of Canada estimates that everyday there are 150,000 youth living on the streets in Canada (PHAC, 2006). 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 daily (PHAC, 2006).
- In the PHAC (2006) study, street-involved youth were reported to have a much higher prevalence of sexually transmitted infections such as chlamydia and gonorrhoea than one would find in the general population of youth in the same age group.
- Street-involved youth in Montreal were found to have death rates 11 times higher than comparable age and sex adjusted rates for the general population of youth in Montreal, with suicide and drug overdoses being the most prevalent causes of death (Roy, Boivin, Haley, & Lemire, 1998).
- PHAC (2006) findings indicate that 20-23% of street youth reported having had a past experience of trading sex for money, cigarettes, drugs, alcohol, and/or shelter and that females were more likely than males to have done so.

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 exposed (Ryan & Futterman, 1998). 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 (Cochran, Stewart, Ginzler, & Cauce, 2002; National Alliance to End Homelessness, 2009). These rates are most likely underreported since sexual minority youth are

unlikely to reveal their sexual identity or gender orientation to authorities.

- A Seattle study of homeless youth found more negative outcomes for street-involved sexual minority adolescents than their heterosexual counterparts (Cochrane et al., 2002). 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” (Cochrane et al., 2002, p. 775). 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” (p. 775).
- 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 abuse (National Alliance to End Homelessness, 2009).

These research studies suggest that key intervention strategies for the street-involved youth population should also specifically target sexual minority youth and work to identify and build 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 (Beauchamp, 2008). 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 heterosexuals. Statistics Canada found that the majority of hate crimes involve young people, both as the perpetrators and victims of hate crimes (Dauvergne, Scrim, &

Brennan, 2008). For example, one in ten hate crimes in Canada are motivated by a person’s actual or perceived sexual orientation or gender identity and more than 50% of these hate crimes are violent in nature, result in physical trauma, and require medical intervention.

- An American study involving 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 violence (Russell, Franz, & Driscoll, 2001). The youth surveyed were more likely to have been in a fight that resulted in the need for medical treatment and, in particular, bisexual youth were more likely to have been jumped and violently attacked.
- Sexual minority youth are not only the victims of violence. In some cases they may also become the perpetrators of violence. DuRant, Krowchuck, and Sinal (1998) 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 (2001) found that “youths attracted to the same sex were more than twice as likely to perpetrate violence” (pp. 904-905). This violence was often motivated by feelings of fear and a perceived need for self-defence.

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.

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 (Joint United Nations Programme on HIV/AIDS, 2009; Saewyc et al., 2006). 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” (Saewyc et al., 2006, p. 1108), stigma, lack of knowledge, discrimination, and fear of public exposure of their identities.

- A large comparative survey, which analyzed a series 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 “early 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” (Saewyc et al., 2006, p. 1104). 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” (p. 1104).

As a result of societal prejudice and discrimination, many sexual-minority youth often internalize society’s negative messages regarding sexual orientation and gender identity, and suffer from self-hatred as well as social and emotional isolation. For some youth, substance abuse can be an attempt to self-medicate as a means to manage stigma and shame, to deny same-sex feelings, or as a defence 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. Helping these youth move from being “at-risk” to “at-promise” youth requires the development of inclusive policies, targeted anti-bullying strategies (which specifically 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 mechanisms 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. Students who do not feel safe in their schools and communities are quite simply 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 specific 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, as Canadians, believe in the principles of 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.

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