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**Selected  
Findings  
Of Eight  
Population-Based  
Studies**

**as they pertain to anti-gay harassment  
and the safety and well-being  
of sexual minority students**



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**From the Safe Schools Coalition of Washington**

**May, 1999**

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The Safe Schools Coalition is a public-private partnership of eighty-four agencies and many individuals. Its mission is to help make Washington State schools safe places where every family can belong, where every educator can teach, and where every child can learn, regardless of gender identity or sexual orientation.

Permission is granted to photocopy this report.  
The Research Team accepts full responsibility for its contents.

**Note** — some contact information for the Safe Schools Coalition was updated on 11/16/02.

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- ◆ American Friends Service Committee
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- ◆ Northwest Coalition for Human Dignity (a merger of the Northwest Coalition Against Malicious Harassment and the Coalition for Human Dignity)
- ◆ OASIS
- ◆ Open Door Ministries/LCA - Evangelical Lutheran Churches of America
- ◆ Out Front Labor Coalition
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- ◆ Teen Line
- ◆ The Eastside Network (TEN)
- ◆ University of Washington School of Medicine, Adolescent Medicine Program
- ◆ Washington Association of School Social Workers
- ◆ Washington Education Association (WEA)
- ◆ Washington Education Association's Gay, Lesbian, Bisexual and Allies' Caucus
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- ◆ Yakima Youth Commission
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- ◆ Youthcare



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**The Safe Schools Coalition has had the great honor of receiving awards from:**

Providence Medical Center and the City of Seattle, in 1994  
Gay, Lesbian Straight Education Network (GLSEN), in 1997  
The American Civil Liberties Union of Washington, in 1997  
Equality Washington/Washington Citizens for Fairness, in 1998  
Washington State PTA, in 1999

A current list of our members, contributors and donors is on our website: <http://www.safeschoolscoalition.org>  
We apologize if anyone's contributions to the Safe Schools Project or the Coalition have been inadvertently omitted.

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The term "anti-gay" is used here as shorthand for acts of harassment or violence based on the offenders bias against gay, lesbian, bisexual and/or transgender people. Apologies to those who may feel slighted. We felt that a mainstream audience would not understand the term "GLBT" or "queer" or "sexual minority;" we chose "gay" as the best understood brief term.

# Introduction to the Eight Studies

A growing body of quantitative research explores the particular needs of gay, lesbian and bisexual high school students and sheds light on the issue of anti-gay harassment in schools. Altogether, eight quantitative studies have surveyed a total of 83,042 middle and high school students (of all sexual orientations) around the United States.

The findings of these studies confirm and expand upon the Safe Schools Coalition's recently completed five-year qualitative study "They Don't Even Know Me: Understanding Anti-Gay Harassment and Violence in Schools."<sup>1</sup>

Three of the studies asked whether respondents had been bullied because someone thought they were gay or lesbian. Six studies (one of those and five others) asked about sexual orientation or something related (such as gender of partners). Those that analyzed the risks associated with these variables found that sexual minority students and students who had been harassed because someone thought they were sexual minorities reported with greater frequency than their peers:

- that they had been threatened and assaulted at school,
- that they were fearful at school to the point of skipping whole days, and
- that they were engaging in self-endangering behaviors (e.g., drugs, suicide attempts).

Five of the relevant studies are part of the national Youth Risk Behavior Survey (YRBS) coordinated by the Centers for Disease Control and Prevention (CDC). The YRBS is conducted every two years, sometimes in as many as 59 jurisdictions (39 states, four territories, and 16 cities). The survey contains questions about a broad range of issues critical to teen health and safety. Most items measure objectives set by CDC as part of its Year 2000 initiative; some are added by local jurisdictions in response to local concerns. Thus, there are actually a variety of parallel, but not identical, YRBS's. We know of five local jurisdictions (2 urban school districts and 3 states) that have chosen to include in their 1995 and/or 1997 YRBS's items regarding respondents' sexual orientations, the gender(s) of their sexual partners, and/or whether they have experienced orientation-based harassment.

Three other large-scale, population-based studies besides the YRBS's contribute to our understanding of gay, lesbian and bisexual issues in schools. The first is the 1987 Adolescent Health Survey, conducted by the University of Minnesota. The second is the 1991 National American Indian Adolescent Health Survey. The most recent is the 1996 Voice of Connecticut Youth survey.

This report describes these eight studies and summarizes some of their findings.

## Limitations of These Studies

The reader should be aware of these cautions, in interpreting the findings that follow:

1. While it may be appropriate to generalize from these studies to other public high school students, it is important to note that if homeless and other out-of-school youth had been surveyed, these risk data would probably be much higher.
2. Similarly, these studies can be used to understand the experiences of high school students who already self-identify as gay, lesbian or bisexual, or who already have had same-gender sexual experiences, or who already feel attracted to people of their own gender. But those who will not identify this way or have these experiences until adulthood may have different risk profiles.

<sup>1</sup> Published by the Safe Schools Coalition of Washington, available online at <http://www.safeschoolscoalition.org>

3. Despite every effort to assure respondents of the anonymity of their responses, it is possible that illegal and stigmatized behaviors will have been under-reported.
4. It is also possible that some respondents may not have taken the survey seriously and may have answered less than honestly, although those with an obvious pattern of apparently untrue responses were omitted from analysis as invalid.
5. Jurisdictions in which it is politically possible to ask these questions (about orientation and orientation-based harassment, etc.) are also, generally, jurisdictions with some school and community support systems in place for sexual minority youth. Therefore, students from jurisdictions not surveyed regarding these variables may be at somewhat higher risk.
6. These data are correlational. It would be inappropriate to draw conclusions about causation from these studies. Most of these studies found, for instance, that sexual minority status was positively associated with suicide attempts. That does not necessarily mean that the status led to the attempts. It may be that the status led to harassment (or to fear of harassment), which in turn led to attempts. Or it may be that a much more complex interaction of factors explains the association. In any case, all that one may reasonably conclude from these studies is that the two are associated (i.e. that a higher proportion of sexual minority teens report suicide attempts than of their peers).
7. It is important not to "pathologize" sexual minority youth. If, for instance, 20.6% of Seattle's gay, lesbian and bisexual (GLB) high school students attempted suicide in the 12 months preceding the survey, then conversely, 79.4% did not. The majority of GLB students were, in fact, not engaging in most of the self-endangering behaviors about which they were surveyed. Even the majority of Seattle youth who experienced anti-gay harassment did not report endangering themselves. They do - as a group -- evidence disproportionate need for services, but that should not preclude our recognizing each young person as an individual, with individual experiences and assets as well as needs.

## Strengths of These Studies

We selected these studies because we have every confidence in their validity. These are some of the reasons for our choices:

1. These are population-based studies. Unlike the convenience samples of publicly self-identified gay youth studied by researchers (by necessity) in the past, these respondents were a cross-section of ordinary school children. They were not self-selected. They included valedictorians and athletes, youth who were quietly learning, and those who struggled just to stay in school. The gay youth attending these schools included some who were "out" and others who were not at all visible and would not have been available for studies of identifiable gay youth.
2. These are large-scale studies, representing 83,000 young people, across a decade of time.
3. These young people are not just urban and coastal. They include suburban and rural youth, along with those living in small towns and big cities. They represent the Midwest as well as the Coasts. The American Indian survey included respondents from 55 tribes in 12 Indian Health Service areas.
4. Together, these are an ethnically diverse group of young people. Whereas the Wisconsin study alone would have reflected mostly White youth, Minnesota researchers intentionally over-sampled youth of color in order to be able to draw meaningful conclusions about their health, and the other geographic areas contained more racially diverse populations to begin with. Together, these eight studies include considerable numbers of youth of color, as well as White youth.
5. One study, Seattle's, is actually a census rather than a sample. That is, every student from every high school in the District who was present on the day of the survey was asked to participate. Hence, the study avoids even the slight possibility of sampling error from well-designed stratified random samples. It is a true snapshot of an entire population.

Table One, on the next page, describes the design and scale of each study, the grade levels surveyed, and the most basic relevant findings of each. Table Two shows the actual wording of the pertinent items from each study. Table Three identifies the contact people for each of the eight studies.



Table 1: Study Designs, Sizes, and Selected Findings

Study and Year	Study Design	N	Grades*	Harassment and Sexual Orientation & Proximal Variables	% reporting orientation-based harassment	% Reporting GLB	% reporting SGE	% reporting SGA	% reporting SGF
1996 Connecticut VCY	stratified random	9,071	7, 9 & 11		6.3%	n/a	n/a	n/a	n/a
1987 Minnesota AHS	stratified random	36,254	7-12		n/a	1.1%	1.0%	5.10%	2.80%
1991 U.S. NAIHHS	convenience	13,454	7-12		n/a	1.6%	1.30%	4.40%	4.40%
1997 Vermont YRBS	stratified random	8,636	8-12		n/a	n/a	4.4%	n/a	n/a
1995 Seattle YRBS	census	8,406	9-12		8.1%	4.5%	n/a	n/a	n/a
1997 San Francisco YRBS	stratified random	1,914	9-12		n/a	n/a	0.2%	n/a	n/a
1997 Massachusetts YRBS	stratified random	3,982	9-12		n/a	2.0%	3.0%	n/a	n/a
1997 Wisconsin YRBS	stratified random	1,325	9-12		4.9%	n/a	n/a	n/a	n/a
	SUM:	83,042							

\* In some jurisdictions, other ages of students were also surveyed. These are the grade levels surveyed re: these particular variables.

**KEY:**

**YRBS** = Youth Risk Behavior Survey, coordinated by the United States Centers for Disease Control and Prevention (CDC)

**AHS** = Adolescent Health Survey, conducted by the University of Minnesota

**NAIHS** = National American Indian Adolescent Health Survey (respondents represented 55 tribes in 8 of the 12 Indian Health Service areas)

**VCY** = Voice of Connecticut Youth

**GLB** = self-identified as "gay," "lesbian," "mostly/100% homosexual," "homosexual," or "bisexual" (wording differed by site).

**SGE** = same-gender sexual experience.

**SGA** = same-gender sexual attraction and intent (anticipated future sexual experience).

**SGF** = same-gender fantasy.

Gender(s) of Fantasy  
 Gender(s) of Attraction/Intent  
 Gender of Partners  
 Sexual Orientation Identity  
 Orientation-Based Harassment

**Table 2: Actual Wording of Items Addressing Orientation-Based Harassment and Sexual Orientation & Proximal Variables In Eight Population-Based Studies**

Study and Year	Item Description	Gender(s) of Fantasy	Gender(s) of Attraction/Intent	Gender of Partners	Sexual Orientation Identity	Orientation-Based Harassment
1996 Connecticut VCY	Q22k: "Have you done the following things in the past YEAR (12 months) ... Been made fun of because of your sexual orientation? [a] No [b] Yes				X	X
1987 Minnesota AHS	Which of the following best describes your feelings? [a] 100% heterosexual (attracted to persons of the opposite sex) [b] Mostly heterosexual [c] Bisexual (equally attracted to men and women) [d] Mostly homosexual [e] 100% homosexual (gay/lesbian; attracted to persons of the same sex) [f] Not sure			X		
"	Have you ever had any kind of sexual experience with a male? [a] yes [b] no Have you ever had any kind of sexual experience with a female? [a] yes [b] no			X		
"	"Which of the following best describes your feelings? [a] I am only attracted to people of the same sex as mine and I will only be sexual with persons of the same sex. [b] I am strongly attracted to people of the same sex and most of my sexual experiences will be with persons of the same sex as mine. [c] I am equally attracted to men and women and would like to be sexual with both. [d] I am strongly attracted to people of the opposite sex and most of my sexual experiences will be with persons of the opposite sex. [e] I am only attracted to people of the opposite sex and I will only be sexual with persons of the opposite sex."					X
"	"When you think or daydream about sex do you think about: [a] Males [b] Females [c] Both?"					X
1991 American Indian NAI/AHS	<i>same wording as Minnesota above</i>			X		
"	"			X		
"	"					X
"	"					X
1997 Vermont YRBS	Q78: "The persons you have had sexual activity with are: [a] I have not had sexual contact with anyone [b] females [c] males [d] females and males"					X
1995 Seattle YRBS	Q58: "How would you describe your sexual orientation/preference? [a] Heterosexual - attracted to the opposite sex [b] Bisexual - attracted to both sexes [c] Homosexual (gay or lesbian) - attracted to same sex [d] not sure"				X	
"	Q23: "Has anyone ever made offensive comments or attacked you because of your sexual orientation/preference -- at school or on the way to or from school? [a] Yes [b] No"					X
1997 San Francisco	Q62: "Have you ever had sexual intercourse with a male? [a] Yes [b] No"			X		
"	Q63: "Have you ever had sexual intercourse with a female? [a] Yes [b] No"			X		
1997 Massachusetts YRBS	Q7: "Which of the following best describes you? [a] Heterosexual (straight) [b] Gay or Lesbian [c] Bisexual [d] Not Sure"				X	
"	Q69: "The person(s) with whom you have had sexual contact is (are) [a] I have not had sexual contact with anyone [b] female(s) [c] male(s) [d] female(s) and male(s)"				X	
1997 Wisconsin YRBS	Q21: "Have you ever been threatened or hurt because someone thought you were gay lesbian or bisexual? [a] Yes [b] No [c] I'm not sure"					X

**Table 3: Contact Persons for these Eight Population-Based Studies \***

Jurisdiction	Name	Title and Agency	E-mail Address	Phone
YRBS at the U.S. CDC	Laura Kahn	Surveillance Research Section Chief, Division of Adolescent & School Health, U.S. Centers for Disease Control and Prevention	lk1@cdc.gov	770-488-3202
1996 Connecticut VCY	Michael Resnick	Professor of Pediatrics and Public Health and Director, National Teen Pregnancy Prevention Research Center, University of Minnesota	resni001@tc.umn.edu	612-624-9111
1987 Minnesota AHS	"	"	"	"
1991 U.S. NAAHS	Elizabeth Saewyc	Manager of Clinical Services, Young Women's Clinic and Out of Home Teen Pregnancy Project, Div. of Adolescent Medicine, University of Washington	saewyc@tc.umn.edu	206-543-3543
1997 Vermont YRBS	Shaun Donahue	Coordinator, Safe Schools for Gay, Lesbian, Bisexual, Transgender & Questioning Youth, Vermont Department of Education	sdonahue@doe.state.vt.us	802-748-8640
1995 Seattle YRBS	Pamela Hillard	Program Manager for Health Education, Seattle Public	phillard@is.ssd.k12.wa.us	206-298-
1997 San Francisco YRBS	Kevin Gogin	Director, Support Services for Gay, Lesbian & Bisexual	kgogin@muse.sfusd.k12.ca.	415-749-3400
1997 Massachusetts	Tim Hack	Director, Safe Schools For Gay & Lesbian Students,	thack@doe.mass.edu	781-388-3300
1997 Wisconsin YRBS	Doug White	Team Leader, Student Services, Prevention & Wellness	whitedr@mail.state.wi.us	608-266-5198

\* In some cases this is the same person responsible for sexual minority student/family support services for that jurisdiction; when it is not that jurisdiction; when it is not, this individual can refer callers to that person.



# Malicious Harassment

## Prevalence of Race-, Gender-, and Orientation-Based Harassment

Anti-Gay Harassment is by no means the most common form of malicious harassment students experience. That is not why this report examines it. It is, however, probably the least well-understood form of bullying. Until we began the Safe Schools Project in 1994, it had never been studied in either a qualitative way or a population-based quantitative study, to our knowledge, except among adults.

**Racial harassment** is perhaps the most common form of malicious harassment in schools; it is, at least, the most commonly reported form of harassment about which researchers have asked. In Seattle, 43% of the students surveyed reported having been the target of "offensive racial comments" or attacks at school or on the way to or from school. The frequency of reported race-based harassment varied among ethnic groups from 35% among SE Asian students to 51% among Latino and Multi-ethnic students, with other ethnic groups falling in between. In Wisconsin, 9% of respondents over all reported having been "threatened or hurt because of [their] race or color," with ethnic groups reporting varying rates of harassment, from 6% among White students to 50% among Asian/Pacific Islander students.

**General (gender-based) sexual harassment** is also commonly reported. In Seattle, 37% of youth over all (51% of young women, 17% of young men) reported having been the target of "offensive sexual comments" at school or on the way to or from school. In Wisconsin, 26% of students over all (39% of young women, 12% of young men) said they had been sexually harassed (the survey said, "however you define it") at school.

**Many young people, however, also reported orientation-based harassment** in Seattle, Connecticut, and Wisconsin (the only jurisdictions which asked about it). **Eight percent of Seattle respondents** (34% of those who identified as gay, lesbian or bisexual and 6% of those who reported that they were heterosexual) **said they had been the targets of offensive comments or attacks because of their (perceived) sexual orientations.** It is worth noting that, while sexual minority students were much more likely than heterosexual students to report having experienced anti-gay harassment or violence, their actual numbers are much smaller. Hence, in fact, four out of five of those who report having been bullied in this way are actually heterosexual.

**In Wisconsin, 5% of students said they had been "threatened or hurt because someone thought [they] were gay, lesbian or bisexual."** Some proportion of that five percent is undoubtedly heterosexual, just as approximately four out of five of Seattle youth who had experienced anti-gay harassment reported that they were actually heterosexual, but Wisconsin youth were not asked their actual orientations.

**In Connecticut, 6.3% of students said they had been "made fun of because of [their] sexual orientation"** at least once in the past year. About 8% of young women and 5% of young men reported having experienced this form of harassment in the past year. Twelve and 13-year olds were more likely than 14 to 17-year olds to report having been bullied in this way (7-8% vs. 5%), with thirteen year-old-girls reporting the highest rates of any age/gender (over 10%).

## Correlates of Anti-Gay Harassment

### Developmental Assets

Wisconsin asked about a number of attitudes and beliefs that other researchers have identified to be "developmental assets" (internal and external factors which are inversely related to risk-taking). Students who reported having experienced anti-gay harassment were significantly less likely to report some of these factors. For instance:

- 53% agreed or strongly agreed that "My family loves me and gives me help and support when I need it" vs. 82% of non-harassed youth,

- 35% agreed or strongly agreed that "My teachers really care about me and give me a lot of encouragement" vs. 53% of non-harassed youth.

## Safety

Both Seattle's and Wisconsin's data show that orientation-based harassment correlates with other forms of endangerment.

In **Wisconsin**, those who said they had experienced anti-gay harassment were:

- 4 times as likely as non-harassed youth to say they had been **threatened with or injured by someone with a weapon at school** in the past 12 months,
- 7 times as likely as non-harassed youth to report having missed **at least one day of school** in the past month **out of fear** for their safety.

In **Seattle**, where students were also asked what their actual orientation was, both sexual minority (gay-, lesbian- and bisexually-identified students) **and** heterosexual youth were at disproportionate risk if they had experienced anti-gay harassment.

**Sexual minority students who had been harassed** because someone believed they were gay were:

- twice as likely as non-harassed sexual minority peers to report having **missed at least one day of school** in the past month out of fear for their safety.

**Heterosexual students who had been harassed** because someone believed they were gay were:

- 3 times as likely as non-harassed heterosexual peers to report having **missed at least one day of school** in the past month out of fear for their safety.

## Self-Endangerment

Seattle and Wisconsin both found that students who reported experiencing anti-gay harassment were not only more likely to report being endangered by others, but also more inclined to report having endangered themselves.

**Wisconsin** youth who said they had been harassed because someone thought they were gay were:

- twice as likely to say they had ever sniffed inhalants,
- 3 times as likely to report having been pregnant or having gotten someone pregnant,
- 4 times as likely to say they had vomited or taken laxatives to lose weight in the past 30 days,
- 4 times as likely to report having made a serious enough suicide attempt in the past 12 months to have been treated by a doctor or a nurse.

**Seattle** sexual minority youth who said they had been harassed because someone thought they were gay were also more likely to report self-endangering behavior. For instance:

- half again as likely as their non-harassed sexual minority peers to report having **seriously considered suicide** in the past 12 months,
- more than half again as likely to say they had actually **made a suicide plan** in the past 12 months.

**Seattle** heterosexual youth who said they had been harassed because someone thought they were gay were:

- half again as likely as their non-harassed sexual minority peers to report having **seriously considered suicide** in the past 12 months,
- more than half again as likely to say they had actually **made a suicide plan** in the past 12 months,
- 5 times as likely to report having made a **serious enough suicide attempt** in the past 12 months to have been treated by a doctor or a nurse.

The Connecticut data have not been analyzed for associations between orientation-based harassment and any of the other variables. For greater detail about the Seattle and Wisconsin findings regarding correlates of anti-gay harassment, see Tables Four and Five.

**Table 4: Comparing the Safety & Well-Being of Youth Who Report Being a Target of Harassment Based on (Perceived) Sexual Orientation to That of Youth Who Do Not ~ Results of The 1995 Seattle Teen Health Risk Survey (aka: Youth Risk Behavior Survey) ~**

FACTOR	Among Heterosexual Youth *		Among G, L & B Youth **	
	NOT Targeted re: Sxl. Orient. (N = 6,664) %	Targeted re: Sxl. Orient. (N = 449) %	NOT Targeted re: Sxl. Orient. (N = 214) %	Targeted re: Sxl. Orient. (N = 110) %
<b>SAFETY:</b>				
Was Target of Offensive Comments or Attacks Re: Sexual Orientation at School or on the Way	0	100	0	100
Was Target of Offensive Sexual Comments or Attacks (in General) at School or on the Way	34.7	78	46.1	81.7
Has Had Property Stolen or Deliberately Damaged at School in Past 12 Mos.	32.2	45.1	28.5	50
Was Threatened With or Injured By A Weapon at School in Past 12 Mos.	9.8	20.6	18.1	19.2
Was in Physical Fight at School in Past 12 Mos.	16.9	28.2	22.1	19.4
Was Injured in Fight and Had to be Treated By Dr/Nurse in Past 12 Mos.	4.5	11.3	12.6	15.2
Feels Unsafe or Afraid at School Some, Most, or All of the Time	11.1	21.9	18.9	24.2
Has Missed at Least one Day of School Because S/he Felt Unsafe in Past 30 Days	5.3	16.4	9.2	21.9
<b>DEVELOPMENTAL ASSETS BESIDES SAFETY:</b>				
Has Grade Point Avg of A or B	80.9	76.6	79.5	73.5
Can Think of At Least One Adult Who Really Cares About Him/Her	97.4	92.1	90.8	90.4
Has At Least One Person at School (besides friends) to Whom S/he Would Go For Help or To Talk	43.5	50.9	54.5	64.1
<b>RISK-TAKING AND SELF-ENDANGERMENT:</b>				
Engages in High Risk or Heavy Drug Use **	21.7	33	33.2	37.5
Has Seriously Considered Suicide in Past 12 Mos.	15.5	33.2	29.8	45.1
Has Made Suicide Plan in Past 12 Mos.	14.3	35.2	25	43.1
Has Actually Attempted Suicide At Least Once in Past 12 Mos.	5.7	20.5	19.1	20.3
Has Attempted Suicide and Had to Be Treated by Dr/Nurse in Past 12 Mos.	1.7	8.6	7.8	9.6

\* Students who did not indicate whether they had been harassed about sexual orientation and those who were not sure of their orientations have been excluded from this analysis.

\*\*\* "Heavy or high risk drug use" was defined in analysis as having used, in the past month, either 3+ different drugs (including alcohol, marijuana, inhalants, depressants, stimulants, hallucinogens, steroids, and/or any form of tobacco) or 2+ drugs 3+ times, or heroin or cocaine 1+ times, or any drug 10+ times, or having had 3+ episodes of binge drinking (5 drinks in a row/males, 4/females) in the past month, or having been high at school 3+ times in the past month, or having ever (not just in the past month) injected an illegal drug or shared needles.

The numbers and percentages in this table have not been adjusted for absentees and other non-respondents. This is raw, unweighted data.

Note: "Statistical Significance" is an irrelevant concept for the Seattle data, since the entire population was surveyed, rather than a "representative sample." (i.e., all differences are real; none can be attributed to sampling error).

**Table 5: Comparing the Safety & Well-Being of 9th to 12 Graders Who Report Having Been Threatened or Hurt Because Someone Thought They Were Gay, Lesbian or Bisexual to Those Who Report No Such Harassment**  
 ~ Results of The 1997 Wisconsin Youth Risk Behavior Survey ~

FACTOR	Report No Anti-Gay Harassment (N= 1,164)		Did Experience Anti-Gay Harassment* (N= 60)	
	%	%	%	%
<b>SAFETY:</b>				
Was in Physical Fight in Past 12 Mos.	32.7	48.3*		
Was in Physical Fight at School in Past 12 Mos.	12.5	35.0*		
Have Ever been Verbally or Physically Forced to Take Part in Sexual Activity	8.8	22.2*		
Was Threatened With or Injured By Someone With A Weapon at School in Past 12 Mos.	6.0	23.3*		
Have Carried a Weapon (gun, knife, club) at School in Past 30 days "	4.9	21.7*		
Was Injured in Fight and Had to be Treated By Dr/Nurse in Past 12 Mos.	2.8	11.7		
Usually Do Not Feel Safe From Physical Harm at School	2.6	11.7		
Have Missed at Least One Day of School Because I Felt Unsafe in Past 30 Days	2.3	16.7*		
Usually Do Not Feel Safe From Physical Harm on My Way To or From School	2.1	13.3*		
<b>DEVELOPMENTAL ASSETS BESIDES SAFETY:</b>				
Agree or Strongly Agree that "I stand up for my beliefs."	90.6	78.3*		
Agree or Strongly Agree that "When I am an adult I think I will be successful in whatever I choose to do."	86.8	75.0		
Agree or Strongly Agree that "My family loves me and gives me help and support when I need it."	82.0	63.3*		
Agree or Strongly Agree that "At school I try hard to do my best work."	78.9	53.3*		
Agree or Strongly Agree that "My parents have clear rules and standards for my behavior."	76.5	71.7*		
Agree or Strongly Agree that "My teachers really care about me and give me a lot of encouragement."	53.2	35.0*		
<b>RISK-TAKING AND SELF-ENDANGERMENT:</b>				
Have Smoked Cigarettes in Past 30 days	36.2	53.3*		
Have Seriously Considered Suicide in Past 12 Mos.	23.4	51.7*		
Have Used Marijuana in Past 30 days	20.0	33.3		
Have Sniffed Inhalants (glue, aerosol cans, paints) Ever	15.5	38.3*		
Have Used LSD ("acid") Ever	9.6	25.0*		
Have Used Cocaine (powder, crack, or freebase) Ever	6.9	23.3		
Have Been Pregnant or Gotten Someone Pregnant Ever	4.7	15.0*		
Have Vomited or Taken Laxatives to Lose Weight in Past 30 days	4.6	21.7*		
Have Attempted Suicide and Had to Be Treated by Doctor or Nurse in Past 12 Mos.	3.3	13.3*		

\*Difference between Harassed and Not-Harassed Youth Significant at p<.05

Note: The numbers and percentages in this table have not been adjusted for absentees and other non-respondents. This is raw, unweighted data.



# Sexual Orientation

## Prevalence of Gay/Lesbian/Bisexual Identity and of Same-Gender Sexual Experience, Attraction and Fantasy

Four of the eight studies asked respondents their sexual orientations directly (i.e., their self-perceptions or identities with respect to their sexual orientation).<sup>2</sup> Five of the eight studies asked proximal questions and then used them (alone or in combination with identity) to infer respondents' "actual"<sup>3</sup> sexual orientations. These proximal variables included:

- gender(s) of people with whom the respondent has had sexual experiences ("contact," "activity," or "intercourse," depending upon the study), and/or
- gender(s) of people toward whom the respondent feels attracted and with whom s/he expects to have sexual experiences ever, and/or
- gender(s) of people about whom the respondent fantasizes.

We are of the opinion that the best - if still imperfect - single measure of a person's orientation is his or her own stated self-perception, but considering the likelihood that respondents will underreport stigmatized matters, it makes sense to look at the proximal variables as well.

In the section that follows, at the risk of depersonalizing the young people who participated in these studies, we will use certain shorthand for simplicity. We will refer to respondents who described themselves as "homosexual," "gay," "lesbian," or "bisexual" as **GLB**.

Also for simplicity's sake and because the various researchers have clustered them for most analyses, we will refer to four groups of students (those who are GLB-identified and those with same-gender-experience, same-gender-attraction/intent, and/or same-gender-fantasy) as "sexual minority." We do recognize, however, that some of those with same-gender-experience are actually heterosexual, that some who are attracted to people of both sexes may never identify as bisexual, and so forth.

- **In Seattle, 4.5% of respondents described themselves as GLB. 91% described themselves as heterosexual.** Another four percent indicated that they were "not sure" of their orientations; this group has been omitted from the analysis comparing sexual minority to heterosexual respondents. Young women were less likely than young men to call themselves homosexual (0.8% vs. 1.2%), but more likely to identify as bisexual (4.3% vs. 2.8%). Male and female respondents were equally likely to say they were "not sure." There were respondents of every ethnicity who described themselves as gay, lesbian or bisexual. Their proportions differed among ethnic groups by a few percentage points: Asian-American, 3%; African-American, 3%; American Indian, 4%; Latino/Chicano, 4%; SE Asian, 5%; multiethnic, 5%; and White, 6%.<sup>4</sup> Freshmen were somewhat less likely than 10th through 12th graders to say they were gay, lesbian or bisexual (3% vs. 5%). Still, this implies that some respondents were beginning to grapple with this aspect of their identities during middle school.

<sup>2</sup> Seattle, Massachusetts, Minnesota and the National American Indian Adolescent Health Survey.

<sup>3</sup> Massachusetts, Minnesota, San Francisco, Vermont and the National American Indian Adolescent Health Survey. (Wisconsin and Connecticut asked only about harassment, not about orientation identity or any of the proximal variables.)

<sup>4</sup> The only way to understand the meaning of these ethnic differences - if any -- would be to convene focus groups in order to ask the youth themselves, to what they attribute these differences. (Cultural meaning of the terminology? Cultural beliefs about homosexuality? Family/community support? Avoidance of stigma among youth who have prior experience with other [racial] stigma? Something else altogether?) It is important to note, however, that only 338 Latino/Chicano respondents and only 103 American Indian respondents were surveyed, compared to 2,856 White respondents. Consequently, the findings for those two groups in particular could be spurious.

- **In Massachusetts, 2.0% of students** (1.6% of males, 2.4% of females) **described themselves as GLB.** One fourth of these GLB students said they had no sexual experience in their lives. One fourth reported sexual experience only with people of the other gender. About half of the two percent (0.9%) reported experience either with people of their own gender or of both genders. **Three percent** of Massachusetts students (3.5% of males, 2.4% of females) reported that they had same-gender experience. Overall, **4.0%** of Massachusetts respondents **reported either that they were GLB and/or had same-gender experience.**
- **In Vermont, 5.3% of young men and 3.4% of young women reported having same-gender "sexual activity."** This was an increase from the 1995 Vermont YRBS, in which 4.1% of young men and 2.8% of young women reported same-gender "sexual intercourse."
- **In Minnesota, 1.1% of students described themselves as "bisexual" or "mostly homosexual" or "100% homosexual."** They were, on average, younger than most of the other samples, which may explain the lower figure (including seventh and eighth graders, along with high school students). Same-gender sexual experience was reported by 1% of respondents. **Same gender attraction and anticipated future same-gender experience was reported by 5.1% and same-gender fantasy by 2.8% of respondents.**
- **In San Francisco, 0.2% of respondents reported same-gender experience.** It is only conjecture, but perhaps this figure was so low relative to the other studies because the other studies used terms such as "sexual activity" and "sexual contact," whereas San Francisco asked about "sexual intercourse." They didn't define the term for respondents. To the extent that respondents defined it as penile-vaginal penetration, the wording of the item itself may have discouraged the reporting of same-gender experience.
- **Among American Indian youth, attending reservation schools nationally, 1.6% of students described themselves as "bisexual" or "mostly homosexual" or "100% homosexual."** They were, on average, younger than most of the other samples, which may explain the lower figure (including seventh and eighth graders, along with high school students). **Same-gender sexual experience was reported by 1.3% of respondents. Same gender attraction and anticipated future same-gender experience was reported by 4.4% and same-gender fantasy by 4.4% of respondents.**

## Correlates of Sexual Minority Status

In every one of the five studies in which researchers have analyzed the associations, sexual minority youth were more likely than their peers to report having been victimized and threatened and to report fearing for their safety.<sup>5</sup> And in all the data sets, sexual minority status, however it was defined, was correlated with a number of self-endangerment variables, as well.

## Safety

In **Massachusetts**, sexual minority youth were, for example:

- 60% more likely than their peers to report having their property stolen or deliberately damaged at school (42.9% vs. 26.8% of non-sexual minority youth),
- 4 times as likely to report having **skipped whole days of school** in the past month out of fear (18% vs. 4% of non-sexual minority youth).
- In **Seattle**, sexual minority youth were more likely to report:
  - having been **threatened with or injured by a weapon at school** in the past 12 months (reported by 18.6% of GLB and 10.6% of heterosexual youth),

<sup>5</sup> Only five of the studies are included in this section. San Francisco had a relatively small sample size to begin with and then only 0.2% of respondents reported same-gender experience. Since that was the only proximal variable about which the study asked, researchers did not have large enough cell sizes to try analyzing possible correlations.

- **feeling unsafe** or afraid **at school** some, most or all of the time (reported by 20.9% of GLB and 11.9% of heterosexual youth),
- having **skipped at least one day of school** in the past 30 days because they felt unsafe (reported by 13.9% of GLB and 6.1% of heterosexual youth),
- being unable to think of any **adults who really care about them** (reported by 9.7% of GLB and 2.9% of heterosexual youth).

In **Vermont**, sexual minority youth were more likely than students who had only opposite-gender experience and much more likely than students who had not had sex at all to report:

- having been **threatened with or injured by a weapon at school** in the past 12 months (reported by 29% of students with same-gender experience, and 10% of students with only opposite-gender experience and 4% of those with no sexual experience),
- having **skipped at least one day of school** in the past 30 days because they felt unsafe (reported by 18% of students with same-gender experience, and 6% of students with only opposite-gender experience and 2% of those with no sexual experience).

In **Minnesota**, respondents were not asked about in-school safety matters. They were, however, asked whether they had experienced sexual or physical abuse (presumably mostly at home). Sexual minority youth were more likely than their peers to report:

- having been **sexually abused** (reported by 22% of sexual minority youth and 14% of their peers),
- having been **physically abused** (reported by 19% of sexual minority youth and 12% of their peers).

And finally, American Indian youth attending reservation schools nationally, were also not asked about in-school safety matters, but were asked about their abuse histories. Sexual minority students were more likely than their peers to report:

- having been **sexually abused** (reported by 30.1% of sexual minority youth and 17.3% of their peers),
- having been **physically abused** (reported by 39.1% of sexual minority youth and 21.6% of their peers).

## Self-Endangerment

In **Massachusetts**, sexual minority youth were, for example:

- 5 times as likely as their peers to have ever used **cocaine** (reported by 33% vs. 7% of other respondents),
- 2 times as likely as their peers to have been/gotten someone pregnant (reported by 24% vs. 12% of other respondents),
- 11 times as likely to have vomited or **taken laxatives to lose weight** (reported by 32% vs. 3% of other respondents),
- 6 times as likely to have made a **suicide attempt** in the past year that was treated by a doctor or nurse (reported by 19% vs. 3% of other respondents).

In **Seattle**, sexual minority youth were, for instance:

- 3 times as likely to have **vomited or taken laxatives to lose weight** in the past 30 days (reported by 9.2% of GLB and 2.8% of heterosexual youth),
- 2 times as likely to be a **teen parent** (reported by 6.7% of GLB and 3.5% of heterosexual youth),
- half again as likely to engage in **heavy or high risk drug use**<sup>6</sup> (reported by 35.8% of GLB and 22.5% of heterosexual youth),
- 4 times as likely to have made a **suicide attempt** that resulted in treatment by a doctor or nurse in

<sup>6</sup> Heavy or high risk drug use" was defined in analysis as having used, in the past month, either 3+ different drugs (including alcohol, marijuana, inhalants, depressants, stimulants, hallucinogens, steroids, and/or any form of tobacco) or 2+ drugs 3+ times, or heroin or cocaine 1+ times, or any drug 10+ times, or having had 3+ episodes of binge drinking (5 drinks in a row for males, 4 for females) in the past month, or having been high at school 3+ times in the past month, or having ever (not just in the past month) injected an illegal drug or shared needles.

the past 12 months (reported by 9.4% of GLB and 2.2% of heterosexual youth).

In **Vermont**, sexual minority youth were more likely to report:

- having **vomited or taken laxatives to lose weight** in the past 30 days (reported by 22% of students with same-gender experience, and 8% of students with only opposite-gender experience and 4% of those with no sexual experience),
- having ever **injected a drug** (reported by 27% of students with same-gender experience, 6% of students with only opposite-gender experience, and 1% of those with no sexual experience),
- having made a **suicide attempt** that resulted in treatment by a doctor or nurse in the past 12 months (reported by 17% of students with same-gender experience, and 5% of students with only opposite-gender experience and 1% of those with no sexual experience).

In **Minnesota**:

- about one third of sexual minority students reported having engaged in **heavy drinking** (defined as more than 5 drinks at a time, reported by 33.5% of sexual minority youth),
- about one third said they had ever **attempted suicide** (reported by 31% of sexual minority youth),
- lesbian and bisexual young women were twice as likely as their heterosexual peers to report having **ever been pregnant**. (Only the data for girls were available to us: 12.3% of sexual minority girls and 6.1% of heterosexual girls reported pregnancies.)

And finally, sexual minority **American Indian** youth, nationally, were more likely than their peers to report:

- having **run away from home in the past 12 months** (reported by 27.6% vs. 17.4% of their peers).

For greater detail about the findings of these five studies regarding correlates of sexual minority status, see Tables Six through Ten. And for a summation of associations found by all the studies, see Table Eleven.

**Table 6: Comparing the Safety & Well-Being of Heterosexual Youth to That of Gay, Lesbian & Bisexual Youth**  
 ~ Results of The 1995 Seattle Teen Health Risk Survey (aka: Youth Risk Behavior Survey) ~

Factor	Heterosexual Youth (N= 7,146)	Gay, Lesbian & Bisexual Youth * (N= 331)
	%	%
<b>SAFETY</b>		
Was Target of Offensive Comments or Attacks Re: Sexual Orientation at School or on the Way	6.3	34.4
Was Target of Offensive Sexual Comments or Attacks (in General) at School or on the Way	37.4	58.1
Has Had Property Stolen or Deliberately Damaged at School in Past 12 Mos.	33.1	36.4
Was Threatened With or Injured By A Weapon at School in Past 12 Mos.	10.6	18.6
Was in Physical Fight at School in Past 12 Mos.	17.8	21.7
Was Injured in Fight and Had to be Treated By Dr/Nurse in Past 12 Mos.	5.1	14.9
Feels Unsafe or Afraid at School Some, Most, or All of the Time	11.9	20.9
Has Missed at Least one Day of School Because S/he Felt Unsafe in Past 30 Days	6.1	13.9
<b>DEVELOPMENTAL ASSETS BESIDES SAFETY</b>		
Has Grade Point Avg of A or B	80.6	77.5
Can Think of At Least One Adult Who Really Cares About Him/Her	97.1	90.3
Has At Least One Person at School (besides friends) to Whom S/he Would Go For Help or To Talk	44	57.7
<b>SELF-ENDANGERMENT</b>		
Engages in High Risk or Heavy Drug Use **	22.5	35.8
Has Seriously Considered Suicide in Past 12 Mos.	16.7	34.4
Has Made Suicide Plan in Past 12 Mos.	15.7	31.1
Has Actually Attempted Suicide At Least Once in Past 12 Mos.	6.7	20.6
Has Attempted Suicide and Had to Be Treated by Dr/Nurse in Past 12 Mos.	2.2	9.4

\* Students who described themselves as ""not sure"" of their sexual orientations have been excluded from this analysis.

\*\* Heavy or high risk drug use" was defined in analysis as having used, in the past month, either 3+ different drugs (including alcohol, marijuana, inhalants, depressants, stimulants, steroids, and/or any form of tobacco) or 2+ drugs 3+ times, or heroin or cocaine 1+ times, or any drug 10+ times, or having had 3+ episodes of binge drinking (5 drinks in a row/males, 4/females) in the past month, or having been high at school 3+ times in the past month, or having ever (not just in the past month) injected an illegal drug or shared needles.

Note: The numbers and percentages in this table have not been adjusted for absentees and other non-respondents. This is raw, unweighted data.

Note: "Statistical Significance" is an irrelevant concept for the Seattle data, since the entire population was surveyed, rather than a "representative sample." (i.e., all differences are real [or were in 1995]; none can be attributed to sampling error).

**Table 7: Comparing the Safety & Well-Being of Students Who Are Gay, Lesbian or Bisexual and/or Who Have Same-Gender Sexual Experience to That of Their Peers ~ Results of The 1997 Massachusetts Youth Risk Behavior Survey ~**

Factor	Other Respondents N = +\-3,823 (96%)	GLB &/or SGE Youth* N = +\-159 (4%)
	%	%
<b>SAFETY</b>		
Was Threatened With or Injured By A Weapon at School in Past 12 Mos.	6.6	28.1 **
Was in Physical Fight at School in Past 12 Mos.	12.4	24.1 **
Had Property Stolen or Deliberately Damaged at School	26.8	42.9 **
Has Missed at Least one Day of School Because S/he Felt Unsafe in Past 30 Days	4.0	18.0 **
<b>SELF- ENDANGERMENT ***</b>		
Has Ever Used Hallucinogens	16	46
Has Ever Used Marijuana	50	77
Has Ever Used Cocaine	7	33
Has Been Pregnant or Gotten Someone Pregnant ****	12	24
Has Vomited or Taken Laxatives to Try to Lose Weight	3	32
Has Seriously Considered Suicide in Past 12 Mos.	22	54
Has Made Suicide Plan in Past 12 Mos.	18	41
Has Actually Attempted Suicide At Least Once in Past 12 Mos.	8	37
Has Attempted Suicide and Had to Be Treated by Dr/Nurse in Past 12 Mos.	3	19

\* Students who described themselves as Gay, Lesbian or Bisexual and/or who reported having had Same-Gender Experience (sexual contact with someone of their own gender).

\*\* Difference between Other and Sexual Minority Youth Significant at p<.01

\*\*\* Statistical significance data unavailable

\*\*\*\* comparing only those who reported a history of sexual activity

**Table 8: Comparing the Safety & Well-Being of Sexual Minority Youth With That of Their Peers**

~ Results of The 1987 Minnesota Adolescent Health Survey ~

Factor	Other Youth (N=35,860)**	Sexual Minority Youth* (N=394)**
	%	%
<b>SAFETY</b>		
Was Sexually Abused (analyzed for young women only)	14	22***
Was Physically Abused (analyzed for young women only)	12	19 ***
<b>SELF-ENDANGERMENT</b>		
Engages in Heavy Drinking (> 5 drinks at a time)	data not available	33.5
Has Ever Been Pregnant (analyzed for young women only)	6.1	12.3***
Has Ever Attempted Suicide	data not available	31

\* "Sexual Minority" = gay, lesbian or bisexual identity and/or same-gender sexual experience, attraction, desire and/or intention (one or more of 5 variables)

\*\* Except the abuse and pregnancy items, analyzed only among young women (approximately half of the sample)

\*\*\* Difference between Sexual Minority and Other Youth Significant at p<.01

**Table 9: Comparing the Safety & Well-Being of Sexual Minority Youth With That of Their Peers**

~ Results of The 1991 U.S. Native American Adolescent Health Survey ~

Factor	Other Youth (N= 2,883)**	Gay, Lesbian & Bisexual Youth* (N= 79)**
	%	%
<b>SAFETY</b>		
Was Sexually Abused	17.3	30.1 ***
Was Physically Abused	21.6	39.1 ***
<b>SELF-ENDANGERMENT</b>		
Has Run Away in Past 12 Months	17.4	27.6 ***
Has Ever Been Pregnant on Gotten Someone Pregnant	16.9	21.8

\* These were respondents who self-identified as "bisexual," "mostly homosexual," or "100% homosexual" \*\* These analyses were performed only with youth who had experienced sexual intercourse \*\*\* Difference between Sexual Minority and Other Youth Significant at p<.01

**Table 10: Comparing the Safety & Well-Being of Youth Who Report Same-Gender Sexual Experience With That of their Peers**  
 ~ Results of The 1997 Vermont Youth Risk Behavior Survey ~

Factor	Youth W/ Same-Gender Exp.	Youth W/ Opposite Gender Exp.	Youth W/ NO Sexual Exp.
<b>SAFETY AT SCHOOL:</b>	%	%	%
Someone Stole or Damaged Property on School Property in Past 12 Months	50	35	27
Was Threatened/Injured With a Weapon at School in Past 12 Months	29	10	4
Was in a Fight on School Property in Past 12 Months	35	20	9
Skipped School Because of Feeling Unsafe On Route To or At School in Past 30 Days	18	6	2
<b>SELF-ENDANGERMENT:</b>			
Smoked Cigarettes in Past 30 Days	64	55	17
Drank Alcohol Every Day for Past 30 Days	16	2	0
Had at Least One Drink on School Property Every Day for Past Month	11	1	0
Smoked Marijuana 40 or More Times in Past 30 Days	22	10	1
Smoked Marijuana on School Property 40 or More Times in Past 30 Days	12	1	0
Used Cocaine in Past 30 Days	29	7	1
Injected Illegal Drugs 2 or More Times (Ever)	19	3	0
Vomited or Took Laxatives to Control Their Weight in Past 30 Days	22	8	4
Been Pregnant or Gotten Someone Pregnant 2 or More Times	15	2	NA
Seriously Considered suicide in Past 12 Months	50	30	16
Attempted Suicide in Past 12 Months	34	12	4
Made a Suicide Attempt Resulting in Medical Treatment in Past 12 Months	17	5	1

All these differences are significant at (at least)  $p < .05$ .



**Table 11: Selected Correlates of Sexual Minority Status\* and/or Having Been Harassed for Being Perceived As "Gay"**

Year & Study	Physical Fight at School past 12 mo.	Was Threatened or Injured With a Weapon at Schl, past 12 mo.	Missed 1+ Days of Schl, due to Fear past 30 days	Alcohol and/or Other Drug Use (1+ variables)	Vomiting Or Laxatives To Lose Weight, past 30 days	Been Pregnant Or Gotten SomeOne Pregnant, Ever	Suicide Attempt Requiring Treatment, past 12 mos.
1996 Connecticut VCY	not asked	not asked	not asked	not yet analyzed	not yet analyzed	not yet analyzed	asked any attempt, but not yet analyzed
1987 Minnesota AHS	not analyzed	not asked	not asked	yes	for males only**	for females***	yes, any attempt****
1991 U.S. NAIAHS	not analyzed	not asked	not asked	not analyzed	not analyzed	no	not analyzed
1997 Vermont YRBS	yes	yes	yes	yes	yes	yes	yes
1995 Seattle YRBS	yes	yes	yes	yes	yes	yes	yes
1997 San Francisco YRBS	----- n/a ***** -----						
1997 Massachusetts YRBS	yes	yes	yes	yes	for males only**	yes	yes
1997 Wisconsin YRBS	yes	yes	yes	yes	yes	yes	yes

\* Defining "sexual minority status" as including respondents who reported:

In Minnesota & NAIAHS... gay, lesbian or bisexual identity and/or same-gender sexual experience, attraction/intent, and/or fantasy (one or more of 5 variables)

In Vermont & San Francisco...same-gender sexual experience

In Seattle... gay, lesbian or bisexual identity

In Massachusetts... gay, lesbian or bisexual identity and/or same-gender sexual experience (one or both of 2 variables)

In Connecticut & Wisconsin...n/a (respondents were asked only about orientation-based harassment, not any status variables)

\*\* There was not a statistically signif. correlation between this bulimia item and sexual minority status among females; only among males

\*\*\* Males not yet analyzed for this association

\*\*\*\* Asked about an attempt, but did not specifically ask "attempt that was treated by a doctor or a nurse

\*\*\*\*\* San Francisco's cell size was too small for meaningful analysis of correlations



# Conclusion

The findings of these quantitative studies, especially in combination with one another, are quite conclusive about a number of things:

1. There are sexual minority children and youth in every community and every school district, as well as children who experience anti-gay bullying. If a District has 5,000 students,
  - a. at least 2% (100 teens) and possibly as many as 4.5% (225 teens) will probably identify as gay, lesbian or bisexual when they are in high school,
  - b. and at least 4.9% (245 teens) and perhaps as many as 8.1% (405 teens) will probably say, by the time they are in high school, that they have been harassed because someone thought they were gay.
2. Sexual minority youth in general, as well as heterosexual youth who are harassed for being perceived to be gay,
  - a. are at increased risk for also being threatened and assaulted,
  - b. are disproportionately likely to have been harmed at home (sexually and/or physically abused),
  - c. are disproportionately likely to be fearful for their safety at school, to the point of skipping whole days because of it, and
  - d. are significantly more likely than their heterosexual, non-harassed peers to engage in self-endangering behaviors such as:
    - abusing alcohol and other drugs;
    - becoming pregnant or getting someone pregnant;
    - vomiting or taking laxatives to lose weight, and/or
    - thinking about, planning and attempting suicide.

These studies suggest that educational efforts and support systems need to address two things, especially:

1. the unique needs of sexual minority students (and of heterosexual youth who are the targets of anti-gay harassment and violence) for social support and for education that includes accurate information about sexual minority people, self-protection skills and community resources, and health and safety risk-reduction, and
2. the more general needs of the student community for programs to reduce the level of malicious (including orientation-based) harassment and violence.

Future research priorities that seem to be indicated by the Safe Schools Project and these eight quantitative studies, and gaps that these studies still leave, include:

- outcome evaluations of gay-straight alliances and other support-based risk-reduction programs,
- outcome evaluations of harassment-, violence- and prejudice-reduction programs,
- population-based studies (like the YRBS) that offer transgender teens the opportunity to self-identify (so that their needs, too, might be explored),<sup>7</sup>
- studies that might better identify the resiliency factors that distinguish gay, lesbian, bisexual and transgender youth who survive adolescence intact (no suicide attempts, no serious drug use, no anorexia/bulimia, no unintended pregnancy, no self-mutilation, no HIV) from those who grapple with one or more of these issues. (These might entail additional analyses of these existing data to sort out the possible effects of co-factors, such as having been sexually abused, having fewer trusted family and community resources, having been racially harassed, etc.)

<sup>7</sup> "Transgender" is an umbrella term increasingly preferred by people who are transsexual or intersexual or who are significantly gender role nonconforming. See the Safe Schools Resource Guide for a glossary that more thoroughly defines all the relevant aspects of sexuality.



## Recommended Readings

- The Association between Health Risk Behaviors and Sexual Orientation among a School-Based Sample of Adolescents. (1998) Robert Garofalo, et al. *Pediatrics*, Vol. 101, pp. 895-902.
- Demographics of Sexual Orientation among Native American Adolescents. (in press). Elizabeth M. Saewyc, et al. *American Journal of Orthopsychiatry*.
- Demography of Sexual Orientation in Adolescents. (1992). Gary Remafedi, et al. *Pediatrics*, Vol. 89, pp.714-721.
- Ethnic Minority Families and Minority Gays and Lesbians. (1990) Edward S. Morales. In *Homosexuality and Family Relations*. San Francisco: The Haworth Press.
- Gay, Lesbian, and Bisexual Students at Risk: Nuggets: News, Notes and Findings from ADAP Research and Planning Unit*. (1997) Kelly Hale and Shaun Donahue for the Vermont Department of Health, Office of Alcohol and Drug Abuse Programs.
- Gender Differences in Health and Risk Behaviors among Bisexual and Homosexual Adolescents. (1998) Elizabeth M. Saewyc, et al. *Journal of Adolescent Health*, Vol. 23, pp. 181-188.
- 1995 Massachusetts Youth Risk Behavior Survey Results and 1997 Massachusetts Youth Risk Behavior Survey Results*. (1996 and 1998, respectively) R. Antonucci for the Massachusetts Department of Education.
- 1995 Vermont Youth Risk Behavior Survey*. (1996) Vermont Department of Education and the Vermont Office of Drug and Alcohol Programs.
- Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health. (1997) Michael Resnick, et al. *Journal of the American Medical Association*, Vol. 278, pp. 823-832.
- The Psychosexual Development of Urban Lesbian, Gay and Bisexual Youths. (1996). Margaret Rosario, et al. *The Journal of Sex Research*, Vol. 33, pp. 113-126.
- The Relationship between Suicide Risk and Sexual Orientation: Results of a Population-Based Study. (1998). Gary Remafedi, et al. *American Journal of Public Health*, Vol. 88, pp. 57-59.
- Risk Factors for Attempted Suicide in Gay and Bisexual Youth. (1991). Gary Remafedi, James Farrow, and Robert Deisher. *Pediatrics*, Vol. 87, pp.869-875.
- Seattle Public Schools 1995 Teen Health Risk Survey*. (1996) Nancy Peterfreund and Allen Cheadle for Seattle Public Schools.
- The Sell Assessment of Sexual Orientation: Background and Scoring. (1996) Randall L. Sell. *Journal of Gay, Lesbian and Bisexual Identity*, Vol. 1, pp. 295-310.
- Sexual Orientation and Developmental Challenges Experienced by Gay and Lesbian Youths. (1995). Mary Jane Rotheram-Borus and M. Isabel Fernandez. *Suicide and Life Threatening Behavior*, Vol. 25, Supplement, pp. 26-39.
- Sexual Orientation, Sexual Behaviors, And Pregnancy among American Indian Adolescents. (1998). Elizabeth M. Saewyc, et al. *Journal of Adolescent Health*, Vol. 23, pp. 238-247.
- Two-Spirit People: Native American gender identity, sexuality, and spirituality*. Sue-Ellen Jacobs, Wesley Thomas, and Sabine Lang, editors. Chicago: University of Illinois Press, 1997.
- Victimization, Use of Violence, and Drug Use at School among Male Adolescents Who Engage in Same-Sex Sexual Behavior. (1998). Robert H. DuRant, et al. *Journal of Pediatrics*, Vol. 132, pp. 113-118.





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## Safe Schools Coalition Organization Membership Form

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*Thank you*



## Question:

What will the Safe Schools Coalition be doing now that the Safe Schools Anti-Violence Research Project is completed?

## Answer:

### Lots of things! The Coalition:

- ◆ provides **advocacy and intervention** for individual students, educators and families in Washington State — assistance communicating with administrators, police, and/or attorneys. Call toll-free 1-888-307-9275 Monday through Thursday, 2-8 p.m. or email [intervention@safeschoolscoalition.org](mailto:intervention@safeschoolscoalition.org) *For help with school-based anti-gay harassment or violence in an emergency, call 911.*
- ◆ sponsors **training events** and maintains a **speakers bureau** offering workshops on "anti-gay harassment and violence and schools." See [http://www.safeschoolscoalition.org/help\\_trainers.html](http://www.safeschoolscoalition.org/help_trainers.html) *To arrange for training or a speaker, contact the Safe Schools Coalition's training coordinators — email [training@safeschoolscoalition.org](mailto:training@safeschoolscoalition.org)*
- ◆ publishes and distributes the **Safe Schools Resource Guide** and **Posters**, to assist educators in making appropriate community referrals and in accessing resources such as books, videos, websites, posters, theater troupes and curricula. *To order copies of this Report or other Safe Schools publications, see current order information at: [http://www.safeschoolscoalition.org/ssc\\_order.htm](http://www.safeschoolscoalition.org/ssc_order.htm) You can also download Safe Schools Coalition reports, the resource guides, and poster from Safe Schools' website: <http://www.safeschoolscoalition.org> If you have questions about any of our publications, e-mail us at [publications@safeschoolscoalition.org](mailto:publications@safeschoolscoalition.org)*
- ◆ continues to distribute its three Emmy-nominated **public service announcements** for television and training events, challenging adults to "be there for every child." *To order a copy, contact the Safe Schools Coalition's PSA coordinator at phone: 206-252-0982; Email: [LLove@seattleschools.org](mailto:LLove@seattleschools.org)*
- ◆ provides **testimony and technical assistance** to lawmakers and school boards regarding the potential impacts of bills, policies and procedures. *For help with policy matters, contact Coalition Co-chair, Frieda Takamura, 800-622-3393 (from outside Washington State: 253-941-6700) or e-mail: [fktakamura@wa.nea.org](mailto:fktakamura@wa.nea.org)*
- ◆ consults with fellow researchers around the U.S. who are doing school violence, hate crime and gay youth-related studies. *To consult regarding research, contact Coalition Co-chair, Beth Reis, 800-325-6165 ext. 64970 (in or out of state), E-mail: [elizabeth.reis@metrokc.gov](mailto:elizabeth.reis@metrokc.gov)*

**To join the Safe Schools Coalition**, see the membership information and forms at [http://www.safeschoolscoalition.org/members\\_whocanjoin.html](http://www.safeschoolscoalition.org/members_whocanjoin.html). Email Joyful Freeman if you have questions about membership at [membership@safeschoolscoalition.org](mailto:membership@safeschoolscoalition.org)

If you have information for the **Resource Guide**, send them to Beth Reis at [publications@safeschoolscoalition.org](mailto:publications@safeschoolscoalition.org)

**For other information**, contact the Coalition by calling our voice-mail box: Phone: 206-632-0662, ext. 49 or email us at [questions@safeschoolscoalition.org](mailto:questions@safeschoolscoalition.org)

And for comments or problems with the **website**, contact Gabi Clayton at: [webspinner@safeschoolscoalition.org](mailto:webspinner@safeschoolscoalition.org)

**To make a donation to support the work of the Coalition**, go to <http://www.safeschoolscoalition.org/donate.html> where you can donate online with a credit card, or fill out the form there and print it to mail in with your check. Or contact Lifelong AIDS Alliance, our fiscal agent. By mail: Safe Schools Coalition c/o Lifelong AIDS Alliance, 1002 E. Seneca, Seattle, WA 98122-4203. By phone: 206-957-1621; TTY/TDD: 206-323-2685; Fax: 206-325-2689.

**For updated information about Safe Schools Coalition see:**

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