

**The Health of Lesbian, Gay, Bisexual, Transgendered, Two-spirited and
Questioning Youth in British Columbia
and the
Influence of the School Environment**

A resource document for Medical Health Officers

Written by

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Key Messages

- LGBTTTQ¹ youth have a unique health status compared to heterosexual youth - they are more likely to report symptoms of mental illness, suicide attempts, and risk behaviours that can lead to substance use problems and sexually-transmitted infections
- It is well-documented in both qualitative and quantitative studies that the school environment can be harmful for LGBTTTQ students who report victimization and harassment at school on the basis of their sexual orientation (resulting in missed days of school, and higher rates of risk behaviours)
- All students can be affected by anti-LGBTTTQ harassment, and many of the students targeted by anti-LGBTTTQ harassment are heterosexual
- In BC, there is no specific provincial policy for the harassment and discrimination of LGBTTTQ youth, or for inclusion in sexual health education or other curriculum
- Regional school boards may have such policies and practices but there is wide variation in how LGBTTTQ issues are addressed around the province – ranging from no action or to the creation of specific regional policies
- The effectiveness of school-based interventions for LGBTTTQ youth is only beginning to be evaluated; however, there are a number of interventions that can be implemented which are believed by educators to improve the school climate for LGBTTTQ youth
- It is important to emphasize that the majority of LGBTTTQ youth grow up healthy and lead happy, productive lives (i.e. through own resiliency, by the development of positive coping strategies, and with the support of their families, friends, and communities)

Purpose of this document

- The purpose of this document is to review the literature on health issues for LGBTTTQ youth, the impact of the school environment on the health of these youth, and interventions to improve the school climate for LGBTTTQ youth
- While BC data will be emphasized, many of the findings presented come from population-based studies of students in the US
- While the emphasis in this document is on quantitative, randomized studies of the general population of youth, all of the findings presented are well-supported by qualitative and quantitative studies that use purposive samples of LGBTTTQ youth

¹ Lesbian, Gay, Bisexual, Transgendered, Two-spirited, Questioning Youth. It is also acceptable to use the terms "Queer Youth" or "Sexual Minority Youth". Two-spirited youth are queer youth who are Aboriginal.

- The majority of evidence presented is based on data acquired in public school systems
- This document is divided into the following sections:
 - the size of the LGBTTTQ youth population in BC (p3)
 - a description of the “coming out” process (p3)
 - health issues for LGBTTTQ youth in general (p4)
 - health issues that are related to the influence of the school environment (p5)
 - a description of nine provincial and regional interventions that may improve the school climate for LGBTTTQ students (p6)
 - a summary of the known effectiveness of these interventions (p11)
 - actions that medical health officers can take to act on these issues (p12)
- The intended audience for this document is Medical Health Officers, however the content will also be of use for other health care professionals such as school nurses, educators, and community groups in BC

How many LGBTTTQ Youth are there in BC?

- In BC, the most recent data comes from the Adolescent Health Survey (2003):¹
 - 2.5% of Grade 7-12 students in BC described their feelings of attraction to other people as being bisexual, mostly or 100% homosexual (see Table 1) and these respondents were present in all regions of the province
- Applying the 2003/04 student population of Grades 7-12 (total 313,010 youths)² this would estimate the number of LGBTTTQ Youth in BC at 7,830 youths (2.5%)
- However, this is unlikely a true estimate due to fear and reluctance to disclose this information (and students early in the coming-out process may not yet identify as being LGBTTTQ). This may be why, for example, in one US study 55% of students with sexual contact with same-sex partners identified themselves as heterosexual.³

Adolescent development and LGBTTTQ youth: Coming Out

- In addition to the developmental tasks of all adolescents, LGBTTTQ youth also go through the “coming out” process whereby youth recognize their sexual orientation (in the face of negative societal attitudes towards homosexuality) and integrate their orientation into their personal and social lives⁴
- Coming out is considered the central developmental task in developing a personal identity for LGBTTTQ youth⁵
- It is generally considered as a series of developmental stages (although it is not necessarily a linear process as some youth will stay at one stage or revert to earlier stages (see Table 2))
- Unlike other minority youth, LGBTTTQ youth are not born into a minority group and disclosures to family members are usually received negatively and may produce long-term distress, or lead to harassment, rejection or violence⁶

- In a BC survey of LGBT youth (1999) the average age of first awareness of same-sex attraction was 11 yrs, first questioning of sexual orientation was at 13 yrs, the first same-sex sexual experience was at 14 yrs, and coming out to others was at 15 yrs ⁷

Health Issues for LGBTTTQ Youth

- The studies presented here are randomized population-based studies of all youth, are cross-sectional in nature, and do not include transgendered, two-spirited, or questioning youth
- It is opinion of experts in this field that the excess burden of these health issues among LGBTTTQ youth can be largely attributed to the challenges of coming out in family, school, and community environments where negative attitudes towards homosexuality are often present (this is also well-supported by qualitative studies) ^{6,8}
- However, at this time there are no quantitative longitudinal surveys that could look more definitively at the causes of these health issues in LGBTTTQ youth

1. Suicide:

- Population-based surveys consistently show increased risk of **suicidal ideation, suicide attempts, and injury from suicide attempts**
- In a New Zealand birth cohort followed to age 21 (in 1998), participants who identified as lesbian, gay, or bisexual were more likely than heterosexual participants to report suicidal ideation (OR 5.4, [2.4-12.2]) or suicide attempt (OR 6.2 [2.7-14.3]) ⁹
- In BC (AHS I, 1992) the prevalence of suicide attempts in the past year, and injuries as a result of suicide was higher among homosexual and bisexual students (see Table 3) ¹⁰
- Analyses of the US Youth Risk Behavior Survey (YRBS) cohorts in Massachusetts and Vermont (1993-2003) have also shown that LGB students were significantly more likely than other students to report suicidal ideation, suicide attempts, and suicide attempts leading to the need for medical attention in the past 12 months ¹¹⁻¹³

2. Other mental illness and emotional health concerns:

- In the same New Zealand birth cohort, participants who identified as lesbian, gay, or bisexual were more likely than heterosexual participants to have adolescent onset of **major depression** (OR 4.0 [1.8-9.3]), **generalized anxiety disorder** (OR 2.8 [1.2-6.5]), **conduct disorder** (OR 3.8 [1.7-8.7]), **nicotine dependence** (OR 5.0 [2.3-10.9]), and **alcohol and other substance abuse or dependence** (OR 1.9 [0.9-4.2]) ⁹
- In BC (AHS I, 1992) the prevalence of **low self-esteem, emotional distress, and physical and sexual abuse** was higher among homosexual and bisexual students (see Table 3) ¹⁰

3. Risk behaviours:

- The analyses of the US YRBS cohorts have shown that LGB students (compared to non-LGB students) are significantly more likely to report risk behaviours that can lead to **substance use problems** and **HIV and other STI**:¹²⁻¹⁴
 - **smoking**
 - **substance use** (alcohol/binge drinking, marijuana use, cocaine, inhalants, IDU)
 - **sexual risk behaviours** (intercourse at <13 years, number of sexual partners, substance use during intercourse (with or without condom use), sexual contact against will)

4. Homelessness:

- In BC in 2000, ~17% of homeless youth surveyed identified as homosexual or bisexual – a higher percentage than identified in the school-based AHS surveys¹⁵
- Reasons for homelessness in this population include fights, arguments, or abuse from family members, or an overly oppressive or hostile environment in another setting¹⁶

The Influence of the school environment on the health of LGBTTTQ youth

- During the community consultations of the recent **BC Safe Schools Task Force** (2003) on bullying, harassment and intimidation in BC schools, in nearly every community individuals made presentations about the issues of harassment and intimidation based on sexual orientation in schools¹⁷
- Much of this harassment is a response to gender nonconformity, or behaviour and mannerisms that do not match socially acceptable standards of behaviour for males and females¹⁸
- LGBTTTQ youth frequently report hearing anti-LGBTTTQ remarks from other students (i.e. ranging from expressions such as “that’s so gay” to derogatory name-calling):
 - in a 1997 survey of 77 LGBT youth in BC, 82% reported sometimes or often hearing homophobic remarks from other students⁷
 - similar findings were found in a recent US survey of 887 LGBT youth, where 81.8% of youth reported hearing homophobic remarks often or frequently from other students – 70.8% of youth reported that they were distressed on hearing these remarks (extremely, or “pretty much”)¹⁹
- The analyses of the US YRBS cohorts have shown that LGB students are more likely to report:¹¹⁻¹³
 - **skipping school** because of a fear of own safety
 - **feeling unsafe or afraid at school** some, most, or all of the time
 - being **threatened or injured with a weapon** at school
 - having **property deliberately damaged or stolen** at school
 - **fighting** at school
 - **carrying a weapon** at school

- One study of Massachusetts and Vermont YRBS cohorts stratified LGB and non-LGB students by a high or low level of victimization (based on being threatened or injured with a weapon or having property deliberately stolen or damaged at school - see Figure 1):¹²
 - both groups have a similar prevalence of risk behaviours at a low level of victimization
 - the prevalence of risk behaviours increases in both populations at a high level of victimization, yet this is much more pronounced for LGB students
- All students can be affected by anti-LGBTQ harassment:
 - two US studies reported that 4.9-8.1% of all students reported verbal or physical abuse in school because of sexual orientation and that approximately 4 out of every 5 students harassed in this way were not LGBTQ²⁰
 - in BC (AHS III, 2003): 4% of male students and 3% of female students reported perceived discrimination or unfair treatment based on sexual orientation²¹

Interventions aimed at improving the school climate for LGBTQ students

- By reviewing the literature and through discussions with educators and community groups a number of avenues for improving the school climate have been identified
- These can be stratified by level of intervention (provincial, regional)

1. Interventions at a provincial level (i.e. Ministry of Education):

- provincial policies to address anti-LGBTQ harassment and discrimination
- policies for the inclusion of LGBTQ issues in sexual health curriculum
- policies for the inclusion of LGBTQ issues in other curriculum (e.g. social sciences, history)

2. Interventions at a regional level (i.e. School Districts, Health Authorities)

- regional policies to address anti-LGBTQ harassment and discrimination
- professional development for teachers, and staff
- increasing awareness among / soliciting support of administrators and board members
- increased presence of school nurses in schools
- supporting Gay-Straight Alliances (GSA) and other youth-driven initiatives
- involving community groups as expert resources

- There are very few studies that evaluate the effects of these interventions in improving the school climate for LGBTQ students
- In the sections below, the information presented is based both on published and gray literature, and the input of BC educators and health professionals

1. Interventions at a Provincial Level

1.1 Provincial policies to address anti-LGBTQ harassment and discrimination

- Provincial policies can facilitate organizational change at the local level²²

- There are no specific provincial Ministry of Education policies or standards for LGBTTTQ youth, rather these youth are included along with other minority groups under frameworks of diversity²³ and social responsibility²⁴ without specific mention
- In general, it is the responsibility of school districts to handle safety and address bullying – this is problematic as district administrators may not recognize the safety of LGBTTTQ youth as a valid concern
- Recent provincial documents related to this issue:

a) the **BC Safe Schools Task Force** released a report on bullying, harassment and intimidation in BC schools in 2003¹⁷

- across BC the implementation of anti-bullying/harassment programs was found to be inconsistent, and the need for a province-wide approach was recognized
- recommendations from the task force included:
 - that there be a standard baseline policy in place in every school district regarding bullying, harassment, and intimidation
 - that the Ministry of Education provide a framework, and work with school boards to develop preventative measures to address bullying
- however, despite the frequent references to the bullying and harassment of LGBTTTQ students in the report, there was no specific mention of this population in the recommendations

b) In response to these recommendations, the Ministry of Education developed a **Guide for Safe, Caring and Orderly Schools**²⁵

- this document identifies the attributes of safe, caring and orderly schools: the relevant section for LGBTTTQ youth is under “caring schools” (e.g. dignity and equality, recognizes the needs of all students)
- however, there is no specific mention of the needs of LGBTTTQ youth
- also, the document does not respond to the recommendation that the Ministry of Education work with school boards to develop preventative measures to address bullying (i.e. outlines a reactive approach only to bullying, harassment, intimidation)

1.2 **Policies for the inclusion of LGBTTTQ issues in sexual health curriculum**

- Schools continue to be the main source of sexual health information among adolescents, and in general, the quantity and quality of sexual health education and sexual health services being provided to Canadian youth are inadequate²⁶
- The **Canadian Guidelines for Sexual Health Education** (2003) presents elements of its framework that specifically identify the needs of queer youth:²⁷
 - effective sexual health education should be provided in an age-appropriate, culturally sensitive manner that is respectful of individual choices and that:
 - does not discriminate on the basis of race, ethnicity, gender, sexual orientation, religious background, or disability in terms of access to relevant information
 - encourages critical thinking about gender-role stereotyping

- recognizes and responds to the specific sexual health education needs of particular groups, such as gay, lesbian, bisexual and transgendered people
 - provides sexual health education within the context of the individual's moral beliefs, ethnicity, sexual orientation, religious backgrounds, and other such characteristics
- In BC the sexual health content to be taught to BC students is specified within the Ministry of Education's standards for the **Personal Planning (PP) and Career and Personal Planning (CAPP) programs** (including the **Planning 10** program for grades 10-12) which is mandatory for all students²⁸
 - the Ministry specifies learning objectives, and the manner in which these are attained (and the time spent on each component) is left to individual teachers
 - there are no PP/CAPP objectives related to sexual orientation
 - teacher dedication and commitment determines how the PP/CAPP program is delivered (i.e. influenced by comfort with curriculum, personal interest)
 - **Options for Sexual Health** conducted an assessment of the effectiveness of sexual health education in BC schools (2004), and stated that "the curriculum is not sufficiently diverse to give proper attention to differences in ethnicity, cognitive & physical ability, sexual orientation, & gender identity"²⁸
 - respondents in all stakeholder groups (students, PHNs, educators, education officials) reported that sexual orientation in general, and sexual health issues for LGBTTQ youth need more time and attention

1.3 Policies for the inclusion of LGBTTQ issues in other curriculum

- The representation of LGBTTQ issues and role models in other curricula (i.e. history, social sciences) is thought to increase sensitivity of these issues among the school population at-large, as well as support a positive identity for LGBTTQ students¹⁸
 - inclusion in sexual health curriculum alone may not support a positive identity (e.g. if the only discussions are about the risk of HIV and STI for gay youth)
- The BC Teachers Federation in partnership with the Gay and Lesbian Educators of BC (GALE BC) have developed age-appropriate resources for teachers that are available throughout the province to facilitate inclusion in other curriculum

2. Interventions at a Regional Level

2.1 Regional policies to address anti-LGBTTQ harassment and discrimination

- Both Vancouver and Victoria School boards have adopted policies for LGBTTQ youth
 - Vancouver: this policy explicitly addresses needs of LGBTTQ youth²⁹
 - Victoria: LGBTTQ youth are one population included in a policy on discrimination, and school districts have been recommended to implement a number of measures specific for LGBTTQ students³⁰
- These policies/recommendations include the following common elements:
 - education of staff, students and parents on LGBTTQ issues

- specific codes of conduct that prohibit discrimination and harassment based on sexual orientation
 - the creation of support systems for LGBTTTQ youth (including Gay-Straight Alliances (GSA), counseling, and liaison with community supports)
 - curriculum resources for LGBTTTQ-inclusive content
- To date there has been no formal evaluation of the effects of implementation of these policies in Vancouver or Victoria

2.2 Professional development for Teachers and Staff

- Teachers reported to the BC Safe Schools Task Force that they feel uncomfortable when faced with incidents of discrimination based on sexual orientation (i.e. feel inadequately prepared and do not know how to respond effectively) ¹⁷
- In the PP/CAPP curriculum, large numbers of teachers have reported that they do not feel prepared to address sexual orientation, and that what in-service training is provided is not extensive enough ²⁸
 - in addition, teachers do not necessarily learn this content during their initial teacher training in college or university
- The BC Teachers Federation & GALE BC have developed workshops and resources for teachers that are available throughout the province to address teacher sensitivity and awareness, and for inclusion of LGBTTTQ issues in curriculum

2.3 Professional development for / soliciting the support of Administrators and Board Members

- Soliciting and nurturing the support of the school principal is a first step in creating a safer school environment for GLBT students ²²
 - the active support of key administrators is crucial to the success and sustained support of safe schools initiatives
- Educators may work in isolation on these issues, without the support of their administrators: as reported to the BC Safe Schools Task Force, when teachers tried to raise the issue of homophobia in their schools they often met with resistance from the school board, other school staff, parents and students ¹⁷
- According to GALE BC, many school trustees and administrators do not recognize the safety needs of LGBTTTQ youth ³¹

2.4 Increased presence of School Nurses in schools

- With the reduced scope of practice of school nurses in BC, they currently play a limited role in schools outside of core vaccination program delivery in schools. In addition, their availability as a resource for sexual health education is limited
- It is felt that in order to be a resource to LGBTTTQ youth, school nurses have to be present and visible in schools

- Currently they can accept referrals from students, counselors, and parents and attempt to connect LGBTTTQ youth with community resources
- Many health authorities have or are planning to set up youth clinics that are associated with schools, which are staffed by public health nurses. Nurses may feel inadequately prepared to deal with LGBTTTQ health issues in this setting and may be looking for resources to help. Displaying LGBTTTQ-friendly posters or health information may help to make these clinics more accessible

2.5 Supporting Gay-Straight Alliances (GSA) and other youth-driven initiatives

- GSAs are youth-driven and teacher-supported groups in high schools that are for any interested students, regardless of sexual orientation, which provide a safe place for students to meet, make friends, and talk about feelings and issues
- GSAs are present in schools around the province, depending on both the interest of students and teachers, and support from the school administration
- GSAs have been identified as having the following roles which may be adopted to different degrees in different schools:^{32,32}
 - counseling and support of LGBTTTQ students
 - providing a safe space for LGBTTTQ students
 - serving as a primary vehicle or part of broader efforts in the school for education and awareness about LGBTTTQ issues in schools

2.6 Involving Community Groups as expert resources

- Community groups often can provide resources and expertise to educators to help in professional development, and curriculum planning (e.g. for anti-discrimination/ sensitivity work, content of sexual health curriculum)
- Access to the schools can be difficult, depending on the attitudes of administration, and interest of teachers (these groups are not supported by the Ministry of Education, and there is often limited funding and resources for the work that they do)
- In BC, community groups that work in this area include:
 - **Gay and Lesbian Educators of BC (GALE-BC):** This group of gay and lesbian educators organizes workshops and provides resources to teachers and supports GSAs around the province
 - **Gab Youth Services at The Centre:** this Vancouver-based organization runs “PrideSpeaks” on LGBTTTQ sensitivity, discrimination and harassment in schools (currently >200 workshops per year in schools), and in the past has conducted training workshops around the province. This organization is also involved with GSAs in the lower mainland.
 - **YouthQuest!:** This agency supplies a range of services for LGBTTTQ youth including drop-in sites around the province
 - **YouthCo:** This youth-driven health agency gives HIV 101 talks in high schools, which are LGBTTTQ-inclusive
 - **Parents, Families and Friends of Lesbians and Gays (PFLAG):** PFLAG is an community-based organization with chapters throughout BC, that provides support for LGBTTTQ individuals and their families and friends

Do these interventions work in improving the school climate for LGBTTTQ students? Lessons from the Massachusetts Safe Schools Program

- A number of studies looking at the effectiveness of similar interventions have originated from the Massachusetts Safe Schools Program
- The Massachusetts Board of Education in 1993 established the **Safe Schools Program for Gay and Lesbian Students (SSP)** to implement four recommendations:³³
 - to develop school policies protecting gay and lesbian students from harassment, violence, and discrimination
 - to offer training to school personnel in crisis and suicide intervention
 - to support the establishment of school-based support groups for gay, lesbian, and heterosexual students (Gay-Straight Alliances)
 - to provide school-based counseling for family members of gay and lesbian students
- These four recommendations have been implemented to varying degrees and in a variety of ways across the state

1. Impact of GSAs:

- In qualitative studies, it was found that GSAs can have a positive impact on students: on academic performance, by enhancing their sense of physical safety, by increasing their perceived ability to contribute to society, and by promoting a greater sense of belonging to the school community³⁴
- GSAs can also have a positive impact on school climate, by challenging the silence and increasing the visibility of LGBTTTQ issues in schools³²

2. Effect of Interventions on School Climate:

- A recent study (2000) evaluated whether the Safe Schools Program is associated with differences in student perceptions of their school “sexual diversity climate” (SDC, the internal environment of the school regarding the level of safety, tolerance, and atmosphere of respect for sexual minority individuals - measured using a standardized instrument)³³
 - this cross-sectional study in 33 schools found that students rated SDC higher in schools with a greater number of the four recommended measures, and that having a GSA was the greatest predictor of a positive SDC (see Figure 2)

3. Lessons learned from the Massachusetts Safe Schools Program²²

- School personnel and parents need to understand that dealing with sexual minority issues is not optional, and all recommendations should be implemented
- Inclusive school policies should be developed that specifically protect sexual minority students from harassment, violence, and discrimination

- The leadership and support of principals and school administrators is key, as is the presence in the school of adults perceived by the students to be trustworthy and credible
- There needs to be an infrastructure for faculty and staff training (including examination of personal attitudes)
- Existing school programs (e.g. violence prevention) need to be inclusive of GLB students
- There need to be statewide legal mandates, policies and programs to facilitate organizational change at local levels, with access to technical/financial resources to support individual school initiatives
- The unique contexts of individual schools determined how, when, and what changes were implemented: no “correct” sequence or pace was appropriate for every school
- No single strategy is sufficient to change the school climate, and eventually the entire school setting must be involved

<p>What actions can Medical Health Officers take?</p>
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- In consultation with various health care providers, community groups, educators who are involved with queer youth, the following key recommendations for action were made

Collective Action (i.e. at a provincial level)

- Within the domain of public health, continue to frame discrimination and harassment as a health issue for all youth and in particular for LGBTTTQ youth, and as a health need that should be addressed
- Advocate to the Ministry of Education that there be a provincial policy requiring regional school districts to specifically include prohibition of discrimination and harassment on the basis of sexual orientation in the regional codes of conduct, and to include sexual orientation as a component of bullying prevention programs
- Advocate to the Ministry of Education that the CAPP / Planning 10 curriculum be amended to include specific learning objectives required of all school districts that would increase the sensitivity of all students to issues related to sexual orientation, and would address the specific sexual health needs of LGBTTTQ students (i.e. in keeping with the current Canadian Guidelines for Sexual Health Education)

Individual Action (i.e. at a regional level)

- Encourage local school boards to consider the discrimination and harassment of LGBTTTQ youth as a health issue and encourage them to adopt local measures to improve the school climate for LGBTTTQ youth, including regional policies to address anti-LGBTTTQ harassment and discrimination

- Be a visible source of support for school boards, administrators, teachers, parents and community groups that wish to implement these interventions to improve the school climate for LGBTTTQ youth but face opposition from community members
- Encourage school and community-based youth clinics to display promotional materials that are supportive of LGBTTTQ youth
- Ensure that public health staff who work with youth (e.g. school nurses) are aware of the needs of LGBTTTQ youth and have the resources to deal effectively with these youth

Tables and Figures

Table 1: Sexual orientation of BC students, AHS III, 2003 ¹

Sexual orientation*	Percent
100% heterosexual (attracted to persons of the opposite sex)	85.4%
Mostly heterosexual	6.2%
Bisexual (attracted to both males and females)	2.0%
Mostly homosexual	0.2%
100% homosexual ("gay/lesbian"; attracted to persons of the same sex)	0.3%
Not sure	5.9%

*Q99: "People have different feelings about themselves when it comes to questions of being attracted to other people. Which of the following describes your feelings?"

Table 2: Stages of "Coming Out" for LGBTTQ youth (adapted from ⁶)

Stage	Description	Possible Reactions
Early Awareness/ Sensitization	Awareness of same-sex attraction (usually begins around age 10-12).	May begin to feel different from other youth.
Identity Confusion	Usually begins in adolescence as youth internalize negative societal attitudes and recognize repercussions of belonging to a sexual minority. This stage resolves by denying, repressing, inhibiting, or accepting homosexuality.	May result in hiding behaviours and denying orientation, often with feelings of guilt and shame. Youth may have purposeful heterosexual experiences.
Identity Assumption	Youth begins to integrate sexual identity into other aspects of identity.	Youth may begin disclosing sexual identity to others.
Identity Consolidation	Recognizes and accepts homosexuality, and incorporates homosexual identity into social life.	Increased disclosure of identity to others.

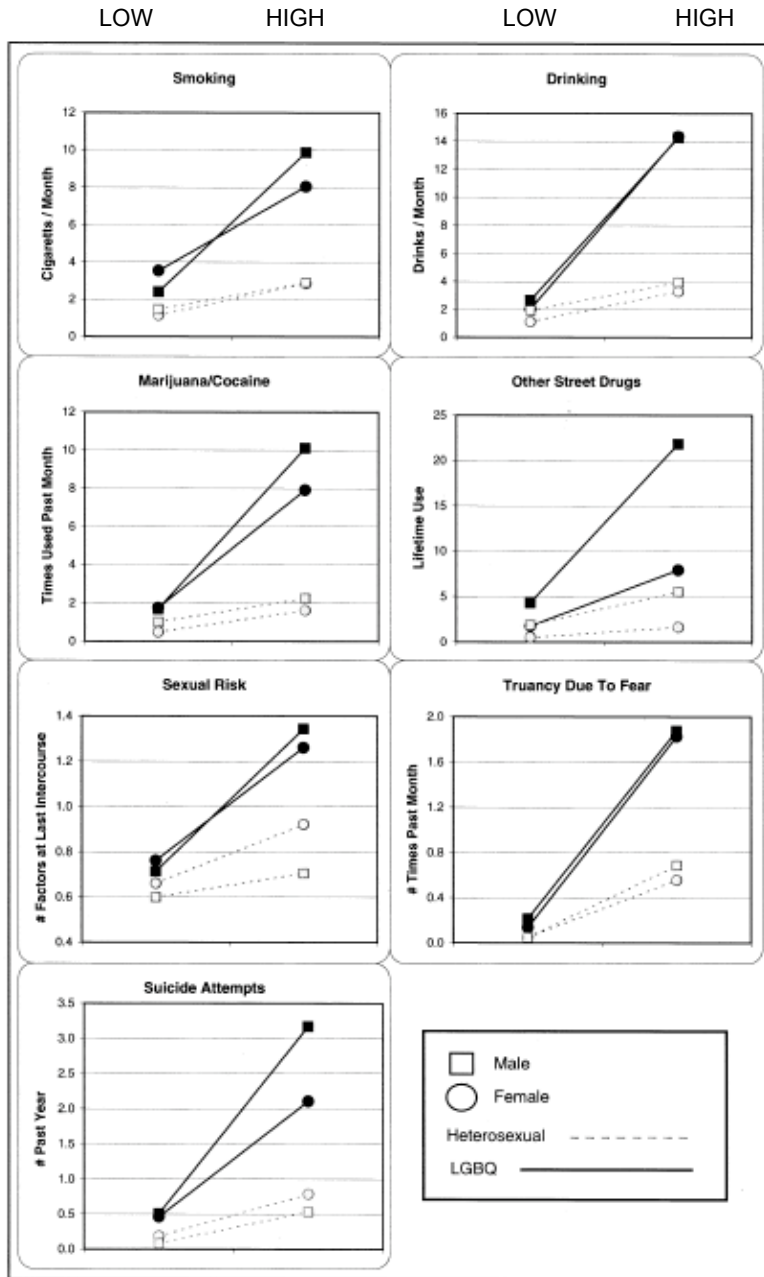
Table 3: Prevalence of Mental Health Problems in BC students, 1992, Grades 7-12 ¹⁰

Outcome	Homosexual (1% of sample)	Bisexual (1.6% of sample)	Heterosexual (92% of sample)
Low self-esteem	18%	12%	9%
Emotional distress*	27%	14%	8%
Physical abuse	33%	29%	20%
Sexual abuse	33%	24%	12%
Suicide attempts in past year	34%	18%	7%
Injury resulting from Suicide attempt	16%	9%	2%

*as measured by responses to statements "I want to be left alone", "I feel under pressure", "I have fears about my health", "I am bothered by nerves", "I feel hopeless"

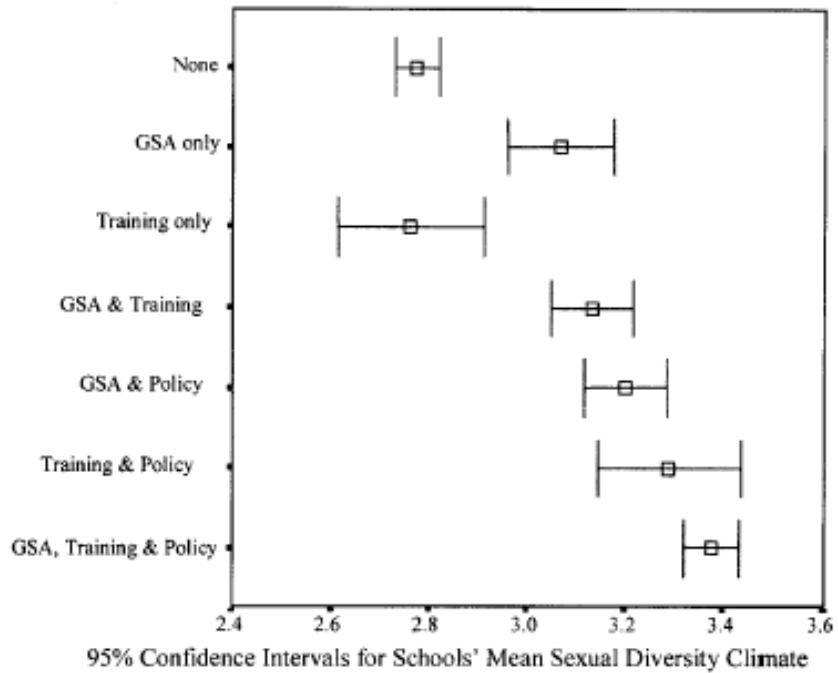
NB: statistical significance of differences not known

Figure 1: Health Risk Behaviours by Gender, LGBT status, and Level of Victimization, US students, Grades 9-12¹²



Based on the Massachusetts and Vermont cohorts of the YRBS (1995): 9188 students in grades 9-12. Level of victimization was determined based on responses to questions on being threatened or injured with a weapon at school, or having property deliberately damaged or stolen at school). In each panel, the population at the high level of victimization is at the right of the graph. Differences between non-LGB and LGB students are significant. **Description of measures:**
 Smoking: # days during past month that youths reported smoking at least 1 cigarette
 Drinking: index (# days during past month that youths reported ≥ 1 drink) + (4 x #days report ≥ 5 drinks)
 Marijuana/Cocaine: # times during past month youths reported using marijuana or cocaine
 Other street drugs: lifetime use of other street drugs (not specified)
 Sexual risk: index based on substance use at last intercourse and condom use at last intercourse
 Truancy due to fear: # days in past month did not attend school because of fear for personal safety
 Suicide attempts: #times in past year that youth attempted suicide

Figure 2: Sexual Diversity Climate by implementation of the Massachusetts Safe Schools Program, 2000³³



Based on a school-level (33 of 70 selected schools) and student-level survey (1640 students). Sexual Diversity Climate was measured using a scale composed of items from validated scales (e.g. attitudes towards homosexuality) and items from preliminary focus groups of students. All results were adjusted for various SES and educational indicators. In the study, SDC as reported by students was compared to the number of implemented recommendations (GSA, training for teachers, and a specific policy for anti-LGBTQ harassment).

Community Groups – contact information

For regional contacts please see “Connections! A Resource Guide for Lesbian, Gay, Intersex, Bisexual, Two-Spirit, Transgender, Questioning and Queer Youth in B.C.” Available from Gab Youth Services at The Centre (telephone: (604) 684-5309)

Gay and Lesbian Educators of BC (GALE BC): This group of gay and lesbian educators organizes workshops and provides resources to teachers and supports GSAs around the province.

website: <http://www.galebc.org/main.htm>

email:

telephone: (604) 688-0924 or (604) 987-4897

Gab Youth Services at The Centre: This Vancouver-based organization runs “PrideSpeaks” on LGBTTTQ sensitivity, discrimination and harassment in schools (currently >200 workshops per year in schools), and in the past has conducted training workshops around the province. This organization is also involved with GSAs in the lower mainland.

website: <http://www.lgtbcentrevancouver.com>

email: gabyouth@lgtbcentrevancouver.com

telephone: (604) 684-4901

Youthquest!: This agency provides safe and secure drop-in sites for LGBTTTQ youth, resources and educational materials for LGBTTTQ youth, and do outreach to the education system to advocate on behalf of LGBTTTQ youth.

website: <http://www.youthquest.bc.ca/>

email: info@youthquest.bc.ca

telephone: (604) 523-9115

Youthco: This youth-driven health agency gives HIV 101 and other health talks in high schools, which are LGBTTTQ-inclusive.

website: <http://www.youthquest.bc.ca/>

email: information@youthco.org

telephone: (604) 688-1441

Parents, Families and Friends of Lesbians and Gays: This national organization has local chapters throughout BC. Chapters provide support for LGBTTTQ individuals and their families and friends, in addition to education and advocacy activities.

Website (BC chapters): <http://www.pflag.ca/Chapters/bc.html>

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