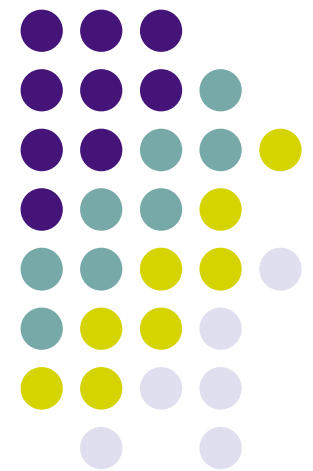


# Health Status and Risks of LGBT Youth

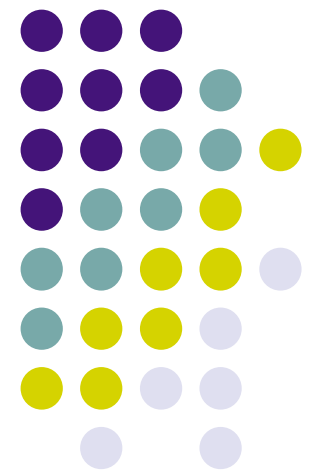
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Patricia A. Wren, PhD, MPH  
Associate Professor and Program Director  
Health Sciences Program  
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Oakland University

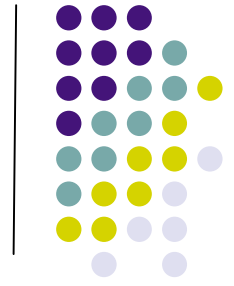


# What Do We Know?

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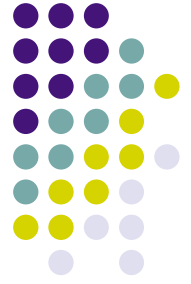


# Health Status and Risks of LGBT Youth



- Overall, young people are healthy and resilient
- Common developmental challenges include:
  - Physical maturation and puberty
  - Cognitive development
  - Psychological development

# Additional LGBT Challenges



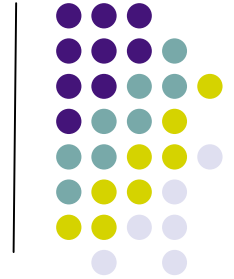
- Becoming comfortable with sexual orientation
- Becoming comfortable with gender identity
- Dealing with internal and external phobias (homophobia, biphobia, transphobia)
- Access to positive images and role models
- Limited support from influential adults/peers
- + Challenges for racial/ethnic minority youth

# Health Risks in LGTB Youth



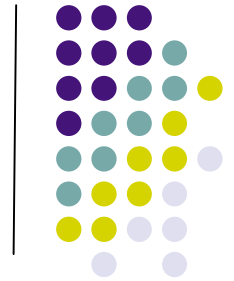
- Tobacco use
- Alcohol and other drugs
- Overweight and obesity
- Eating disorders
- Sexually transmitted infections (STIs)
- Mental health
- Suicide
- Violence and Bullying
- Homelessness

# Tobacco Use



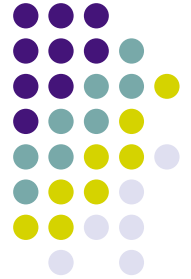
- LGB adult men and women are twice as likely to smoke as heterosexual counterparts (Tang et al., 2005)
- Rates are also higher in LGB youth (Up to 50% of LGB youth v. ~35% of straight youth) (Ryan et al., 2001)
- Bisexual adults reported smoking rates at or above the LGB rates (Conron et al., 2008; Dobison 2008)

# Alcohol and Other Drugs



- Evidence for heavier alcohol use (Aaron et al., 2001)  
& more alcohol-related problems (Wilsnack et al., 2008)
- Greater lifetime rates of marijuana, cocaine, club and other illicit drug use
- LGBT sub-groups have different use patterns

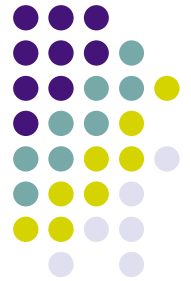
# Overweight and Obesity



- Current epidemic of overweight and obesity
- Adult lesbians may still be twice as likely to be overweight or obese; similar trends for youth (Boehmer et al., 2007; Roberts et al., 2003; Austin et al., 2009)
- Significant health concern and risk factor for other chronic conditions

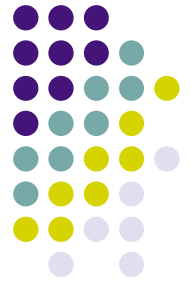


# Body Image & Eating Disorders



- Gay and bisexual men have higher prevalence of eating disorders (Feldman & Meyer, 2007) and body dissatisfaction (Kaminski et al., 2005)
- Younger men (ages 18-29) are at highest risk
- Data on lesbian & bisexual women are mixed
  - Lesbians happier with bodies and less likely to report trying to look like images of women in the media
  - Higher risk for bisexual women, notably purging

# Sexually Transmitted Infections



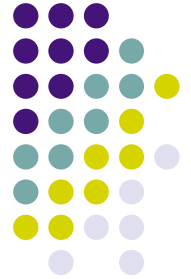
- Men who have unprotected sex with other men are at increased risk for:
  - HIV/AIDS
  - Syphilis
  - Gonorrhea
  - Chlamydia
  - Herpes
  - Human papillomavirus (HPV)
  - Viral hepatitis A and B

# Sexually Transmitted Infections

(continued)



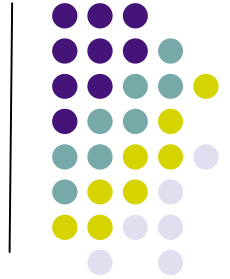
- Literature on women who have sex with women is much more limited and mixed:
  - Self-identification of sexual orientation is frequently inconsistent with reported sex of sexual partners
  - Some evidence for increased risk of bacterial vaginosis, chlamydia, HSV-1, HPV, trichomonas



# Mental Health Concerns

- Homosexuality itself is **not** a mental illness
- LGBT youth may have higher risk for:
  - Eating and body image disorders
  - Depression
  - Anxiety and panic attacks
  - Suicidal ideation and suicidal behavior

# Suicidality



- Serious methodological challenges and limitations in this literature
- LGBT youth are 3-4x more likely to report a suicide attempt (Garofalo et al, 1999)
- LGBT youth at high risk for depression, substance use, recent suicide attempt by friend/family, and conflicts with parents
- Unique risks include more frequent and violent victimization, minority- and gay-related stress

# Impact of Parental Rejection



- LGBT young adults who experienced parental rejection as adolescents were:
  - Almost **6x** as likely to have high levels of depression
  - More than **8x** as likely to have attempted suicide
  - More than **3x** as likely to use illegal drugs
  - More than **3x** as likely to engage in unprotected sex

# Safety, Violence, and Trauma



- 2009 National School Climate Survey of 7,000+ LGBT middle and high school students found:
  - 8 out of 10 had been verbally harassed at school
  - 4 out of 10 had been physically harassed at school
  - 2 out of 10 had been physical assaulted at school
  - 6 out of 10 felt unsafe at school
  - 25%+ missed school because of feeling unsafe
- Perpetrators may be family, peers, teachers, coaches, church officials, employers, police

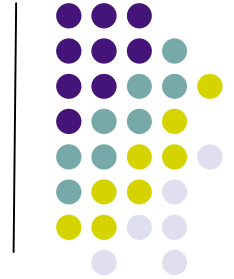
# Health Effects of Bullying



- People who are bullied:
  - Feel sad and lonely
  - Altered sleep and eating
  - Less interest in activities
  - Suicidal thoughts
  - Physical health problems
  - Miss, skip, drop school
  - Lower academic achievement
  - More violent retaliation
- People who bully others:
  - Abuse alcohol and drugs
  - Get into fights
  - Vandalize property
  - Traffic and criminal convictions
  - Drop out of school
  - Abuse romantic partners, spouses, and children



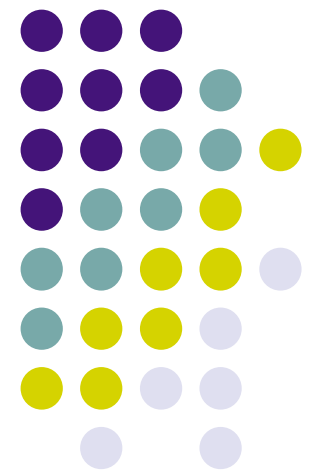
# Homelessness



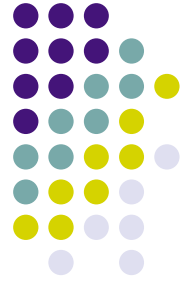
- Between 575,000-1.6 million homeless youth in any given year; ~20-40% identify as LGBT
- LGBT-specific reasons for homelessness may be to avoid violence and discrimination or as a consequence of coming out / being outed
- Additional health challenges include survival sex, substance use, victimization, discrimination, violence

# How Do We Know It?

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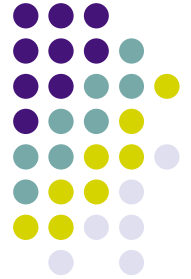


# Methodological Concerns



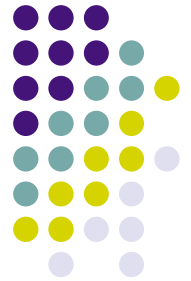
- Reliance on small, cross-sectional convenience samples
- Lack of funding, political will
- Study design may overestimate problems
- Inclusion of sexual orientation is recent and limited in scope
- Inclusion of transgendered persons is even more limited still

# Measurement Concerns (continued)



- Defining and measuring sexual orientation and gender identity
- Overcoming the reluctance of LGBT persons to identify themselves to researchers
- Obtaining high quality samples of relatively small populations

# Measuring Sexual Orientation



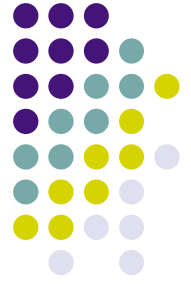
- Few national or state health surveys on youth collect data on sexual orientation
- No one method to assess sexual orientation (i.e., sexual orientation, identity, attraction, sex of partner)
- Youth may be unsure of own orientation and sexual development is fluid and ongoing
- Estimates of proportion of LGB youth likely underestimated



# Sexual Orientation Measures

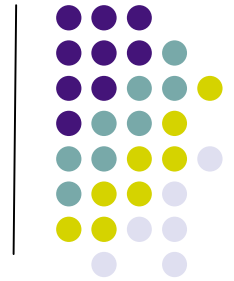
<b>Survey Name</b>	<b>Sexual Orientation Question</b>
National Health and Nutrition Examination Survey (NHANES)	In your lifetime, with how many [females] [males] have you had vaginal, anal, or oral sex?
National Longitudinal Survey on Adolescent Health	Have you ever had a romantic attraction to a [male] [female]?
National Survey of Children's Health	None
Youth Risk Behavior Surveillance System (YRBSS)	Which of the following best describes you: heterosexual (straight), gay or lesbian, bisexual, not sure, or none of the above?

# Measurement Points to Ponder



- What are the consequences for response rate depending on how you measure orientation?
- How does item location, item structure, or survey context matter?
- What happens when you include “unsure?”
- When you include multiple measures, how congruent are the responses?
- What are the strengths and limitations of these methods?

# Recommended Wording: Sexual Attraction



- Who are you sexually attracted to?
  - Males
  - Females
  - Both males and females
  - I am not sexually attracted to anyone yet
  
- Are you sexually attracted to males - Y/N?
- Are you sexually attracted to females - Y/N?

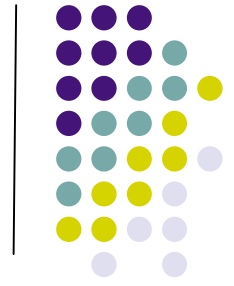


# Recommended Wording: Sex of Sexual Partner(s)



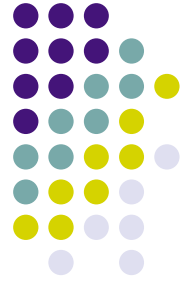
- How many different males have you had sexual experiences with in your life?
  - None, one person, two people, three or more
- How many different females have you had sexual experiences with in your life?
  - None, one person, two people, three or more

# Recommended Wording: Self-Labeling / Identity



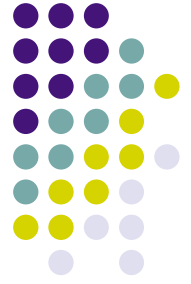
- How would you describe your sexual orientation?
  - Heterosexual (sexually attracted to the opposite sex)
  - Mostly heterosexual
  - Bisexual (attracted to both men and women)
  - Gay or lesbian (sexually attracted to the same sex)
  - Other \_\_\_\_\_
  - I am not sure yet
  - I don't understand this question

# Recommended Wording: Fantasies



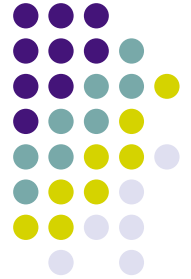
- When you think or daydream about sex, do you dream about:
  - Males
  - Females
  - Both
  - I don't daydream about sex yet

# Measurement Consequences



- Use of self-identification as LGBT may limit findings to youth “out enough” for self-report
- Use of sex of sexual partners excludes youth who have not engaged in partnered activity
- Better approach is multidimensional:
  - Sexual identity
  - Sexual attraction
  - Sexual partners

# Problem of Reluctant Participants



- Research on sensitive topics heightens concern
  - Perceived as intruding on privacy
  - Repercussions of disclosure
  - Triggers social desirability
- Consequences for measurement include:
  - Refuse to participate at all
  - Decline to answer individual question(s)
  - Intentionally give inaccurate response(s)

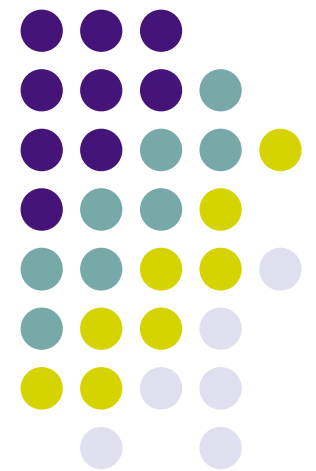
# Ways to Overcome Reluctance



- Establish trust and credibility
- Be professional, competent, and sensitive
- Choose appropriate research methods
- Guarantee anonymity -- confidentiality
  - NIH Certificate of Confidentiality

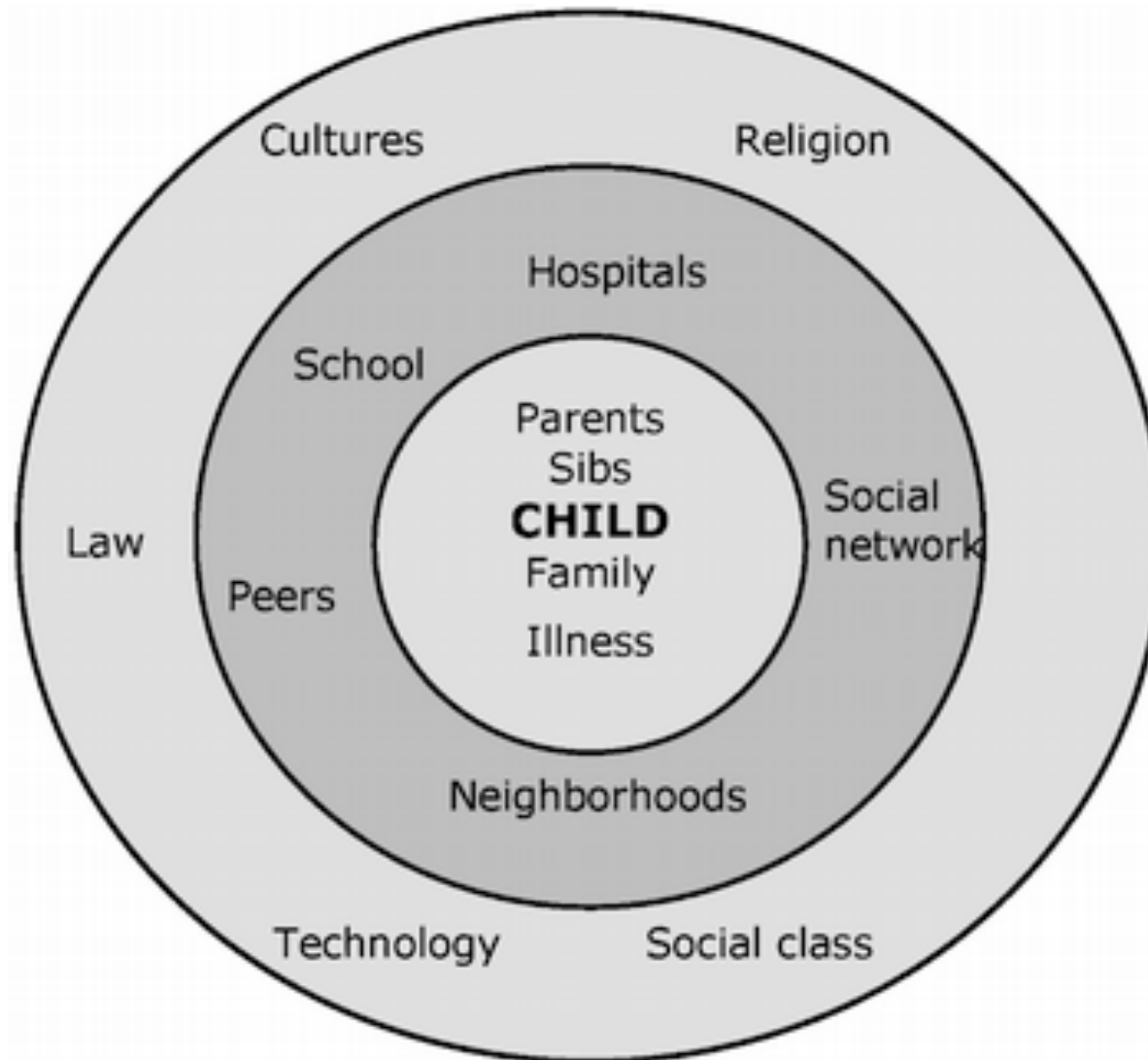
# What Should We Do About It?

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# Socio-Ecological Model



Kazak AE (2006). Pediatric Psychosocial Preventative Health Model (PPPHM): Research, practice, and collaboration in pediatric family systems medicine. *Families, Systems, & Health*; 24(4):381-395.

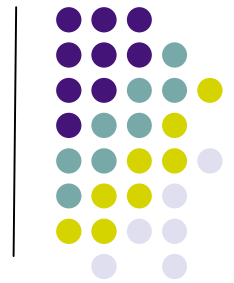


# HEADS Interview/Conversation



- **H** - Home
- **E** - Education
- **A** - Activities
- **D** - Depression / Drugs / Diet
- **S** - Safety and Sexuality

# Protective Factors for the Health of LGBT Youth



- Family connectedness, teacher caring, other adult caring, school safety (Eisenberg and Resnick, 2006)
- Schools with supportive staff, anti-bullying policies, and gay-straight alliance groups (Goodenow et al., 2006)
- Disclosing one's sexual identity can be protective but is entirely contextual