

The Youth Risk Behavior Survey and Sexual Minority Youth in Wisconsin 2007-2011

Anneke Mohr, MPH, MSW and Akbar Husain, MPH
UW Population Health Service Fellows
for
Wisconsin Department of Health Services



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Wisconsin Department of Health Services

Note: Sexual minority can refer to same-sex sexual behavior or attraction, sexual identity, or gender identity. For the purposes of this report it refers to sexual identity (youth who identify as lesbian, gay, bisexual, or unsure) and same-sex sexual behavior (youth who have sexual contact with someone of the same sex).

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Mari Gasirowicz, Epidemiologist
Wisconsin Department of Health Services

Chitra Karki, Former Data Analyst
Wisconsin Department of Health Services

Gary Hollander, President and CEO
Diverse & Resilient, Inc.

Emily Holder, Consultant - Coordinated School Health Programs, Wisconsin
Department of Public Instruction

Ron Gangnon, Associate Professor
University of Wisconsin School of Medicine & Public Health

Michigan Youth Risk Behavior Survey Analysis Team

Executive Summary

Overview

The YRBS is a national health survey coordinated by the Centers for Disease Control and Prevention (CDC), administered at the state and local level every other year, that consists of core questions and optional questions. Wisconsin added a question about same-sex sexual contact in 2007 and a question about sexual identity in 2011. We used data from the 2007, 2009, and 2011 high school Wisconsin Youth Risk Behavior Survey (YRBS) to identify health behaviors and protective factors among sexual minority youth in Wisconsin. We narrowed our analysis to the health focus areas identified in the state health plan, Healthiest Wisconsin 2020. Significant disparities exist between sexual minority youth and sexual majority youth for all health focus areas. Risks were similar for youth with same-sex sexual contact and youth who identify as lesbian, gay, bisexual, or unsure. Improving protective factors is one way to potentially reduce risk behaviors.

Methods

We combined three years of data (2007, 2009, 2011, N=7,571) to look at risk behaviors for youth with same-sex sexual contact. Only youth who reported sexual contact (N=4,288) were included in the combined 2007-2011 analysis. All youth (N=2,707) were included in the 2011 sexual identity analysis. We used SAS 9.2 to create weighted frequencies and adjusted odds ratios comparing behaviors among sexual minority youth to sexual majority youth, controlling for grade in school and sex.

Results

- **10%** of sexually active high school students in WI report same-sex sexual contact
- **9%** of high school students in WI identify as lesbian, gay, bisexual, or unsure
- Students with same-sex sexual contact were more likely to initiate risk behaviors before the age of 13 compared to students with opposite-sex sexual contact only

Students with same-sex sexual contact have:

5 times greater odds of attempting suicide and getting injured in a fight

4 times greater odds of having sex before the age of 13

3 times greater odds of skipping school because they feel unsafe

2 times greater odds of using marijuana or smoking cigarettes

½ the odds of feeling they belong at school

Recommendations

The Centers for Disease Control and Prevention (CDC) recommend the following strategies to improve the health of sexual minority youth:

- Address stigma, discrimination, family disapproval, social rejection, and violence that many sexual minority youth face
- Adopt policies and practices to create a safe and supportive environment for sexual minority youth (e.g., Gay-Straight Alliance, Safe Zones, comprehensive bullying/harassment policy)
- Train school staff so they understand the needs and concerns of sexual minority youth and can implement effective programs and services

Source: <http://www.cdc.gov/Features/SexualMinorityYouth>



National Climate

- Suicides on the rise among Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) youth
- Bullying contributes to suicides
- Celebrities offer support to LGBTQ youth
- Institute of Medicine (IOM) report recommends increased data collection to address **incomplete information on LGBT health**



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LGBTQ (lesbian, gay, bisexual, transgender, queer, and questioning) youth have been in the national spotlight over the past several years. A number of LGBTQ youth across the country have committed suicide, often in response to severe bullying at school, in the community, at home, or online. Celebrities, politicians, youth, and allies across the country have created nearly 2,500 “It Gets Better” YouTube videos to offer their support and encouragement to LGBTQ youth experiencing bullying, discrimination, or suicidal thoughts.

At around the same time that the It Gets Better project gained recognition, the Institute of Medicine (IOM) released a groundbreaking report in March of 2011, highlighting the need for additional information on LGBT health. The Institute of Medicine is “an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public.” (Source: <http://www.iom.edu/About-IOM.aspx>). IOM reports are well-respected, scientifically reviewed reports that examine important health issues and provide recommendations to address these issues.

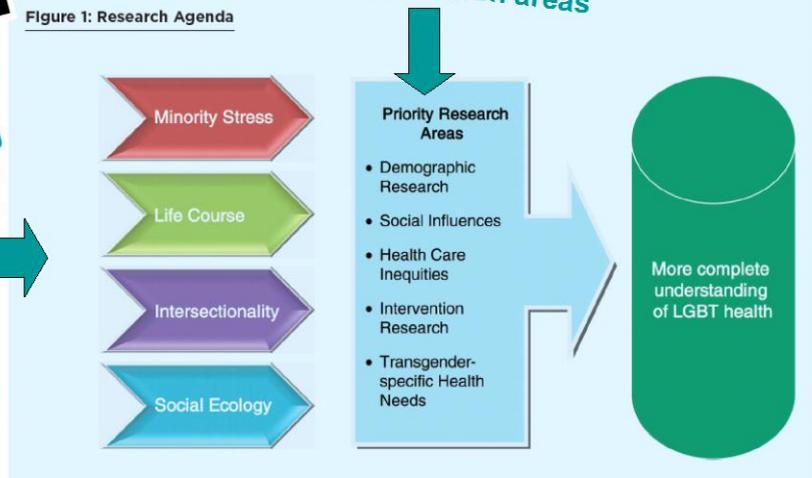


IOM LGBT Research Agenda

5 priority research areas

Frameworks for understanding LGBT health disparities

Figure 1: Research Agenda



Source: Institute of Medicine (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People*
<http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>

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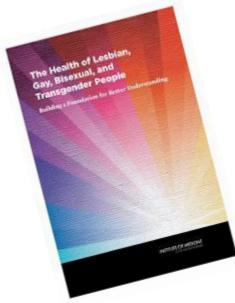
IOM Frameworks for Understanding

- » the *minority stress model* calls attention to the chronic stress that sexual and gender minorities may experience as a result of their stigmatization
- » the *life course perspective* looks at how events at each stage of life influence subsequent stages
- » the *intersectionality perspective* examines an individual's multiple identities and the ways in which they interact
- » the *social ecology perspective* emphasizes that individuals are surrounded by spheres of influence, including families, communities, and society

Source: Institute of Medicine (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People*
<http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>

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The 2011 IOM Report uses four different frameworks to inform why LGBT health disparities exist. The report identifies five priority research areas to achieve a “more complete understanding of LGBT health.”



IOM Recommendations

“Data on sexual and gender minorities should be included in the battery of demographic information that is collected in federally funded surveys, in the same way that race and ethnicity data are collected.”

“...should be collected in electronic health records”

“...questions about sexual orientation and gender identity on federally funded surveys should be standardized”

“NIH [National Institutes of Health] should support...innovative ways to conduct research with small populations”

“NIH [should] encourage researchers to include sexual and gender minorities explicitly in their samples, using the NIH policy on the inclusion of women and racial and ethnic minorities in clinical research as a model”

Source: Institute of Medicine (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People*

<http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>

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The report recommends that sexual orientation and gender identity should be included as standard demographic items in all federally funded surveys.

The U.S. Department of Health and Human Services is currently in the process of testing standardized gender identity and sexual orientation questions and plans to add sexual orientation to the 2013 National Health Interview Survey (NHIS).

Source: http://minorityhealth.hhs.gov/assets/pdf/checked/1/Fact_Sheet_LGBT.pdf



State Climate



reports that as of 2012,

- **1 in 3** (140) Wisconsin high schools had a **Gay-Straight Alliance**

The **Wisconsin Research Brief** based on **GLSEN**'s 2009 National School Climate Survey found that:

- **55%** of schools had **LGBT library resources**
- **24%** had **comprehensive bullying/harassment policy**
- **18%** had **inclusive curriculum**

“Students attending schools with these resources and supports report lower victimization and absenteeism and higher academic achievement”

Source: Gay, Lesbian, and Straight Education Network (GLSEN)
http://www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/000/001/1825-2.pdf

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At the state level, we have information on the school climate for LGBT youth from a Wisconsin-based organization called GSAFE (Gay Straight Alliance for Safe Schools) and a 2009 School Climate Survey from GLSEN (Gay Lesbian and Straight Education Network). GSAFE reports that currently about 1 in 3 schools in Wisconsin has a Gay-Straight Alliance (GSA). A GSA is a group of students of all orientations and identities that comes together to create a safe and welcoming environment for all students. GSAs help students connect with each other, share resources, and provide leadership development.

The 2009 Wisconsin Research Brief from GLSEN found that just over half of Wisconsin schools had LGBT library resources, about a quarter had a comprehensive bullying or harassment policy, and about a fifth had an inclusive curriculum, that is, they learned about LGBT people and events in one of their classes. Students that attended a school with these resources in place report “lower victimization and absenteeism and higher academic achievement.”



2. YOUTH RISK BEHAVIOR SURVEY (YRBS) AND LGBTQ DATA COLLECTION

Wisconsin Department of Health Services 

Youth Risk Behavior Survey

- Coordinated every other year by
 - Administered at state & local levels
 - Middle and high schools participate
 - Core set of questions asked by all states
 - **States can add optional questions to identify sexual minorities**



- In 2011 the Centers for Disease Control and Prevention (CDC) released



Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12 – Youth Risk Behavior Surveillance, Selected Sites, United States, 2001-2009

<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss60e0606a1.htm>

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The Youth Risk Behavior Survey (YRBS) is a national survey coordinated every other year by the CDC, administered at the state level by the Wisconsin Department of Public Instruction and in Milwaukee by Milwaukee Public Schools. The questionnaire includes a core set of roughly 100 questions that all states must ask regarding self-reported health behaviors. In addition, states can choose to add additional questions. Questions that ask about same-sex sexual behavior and sexual identity are optional.

In 2011, the CDC released a *Morbidity and Mortality Weekly Report* that compiled YRBS data from seven different states that ask the optional sexual behavior and/or identity question(s). Wisconsin and Milwaukee were included in this report.

“Sexual Minority” an umbrella term for...

1. Behavior

Men who have sex with men (MSM), women who have sex with women (WSW)

During your life, with whom have you had sexual contact?

1. I have never had sexual contact
2. Females
3. Males
4. Females and males

2. Attraction

Attracted to same-sex or both sexes

3. Sexual identity

Lesbian, gay, bisexual, queer, or questioning (LGBQ)

Which of the following best describes you?

1. Heterosexual (straight)
2. Gay or lesbian
3. Bisexual
4. Not sure

4. Gender identity

Transgender (Born male, identify as female or born female, identify as male)

Genderqueer (Identify as neither female nor male)

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There are a variety of ways to identify who could be considered a sexual minority. These include asking about behavior, attraction, sexual identity, and gender identity. The Wisconsin YRBS currently asks about same-sex sexual behavior and sexual identity.

Although “LGBT” or “LGBTQ” are the most common terms used, in some cases, people may have same-sex sexual contact yet not identify as lesbian, gay, or bisexual. Increasingly, youth report feeling they do not fit cleanly in any category, but rather they identify as queer or genderqueer.

Sexual Minority Questions Wisconsin High School YRBS

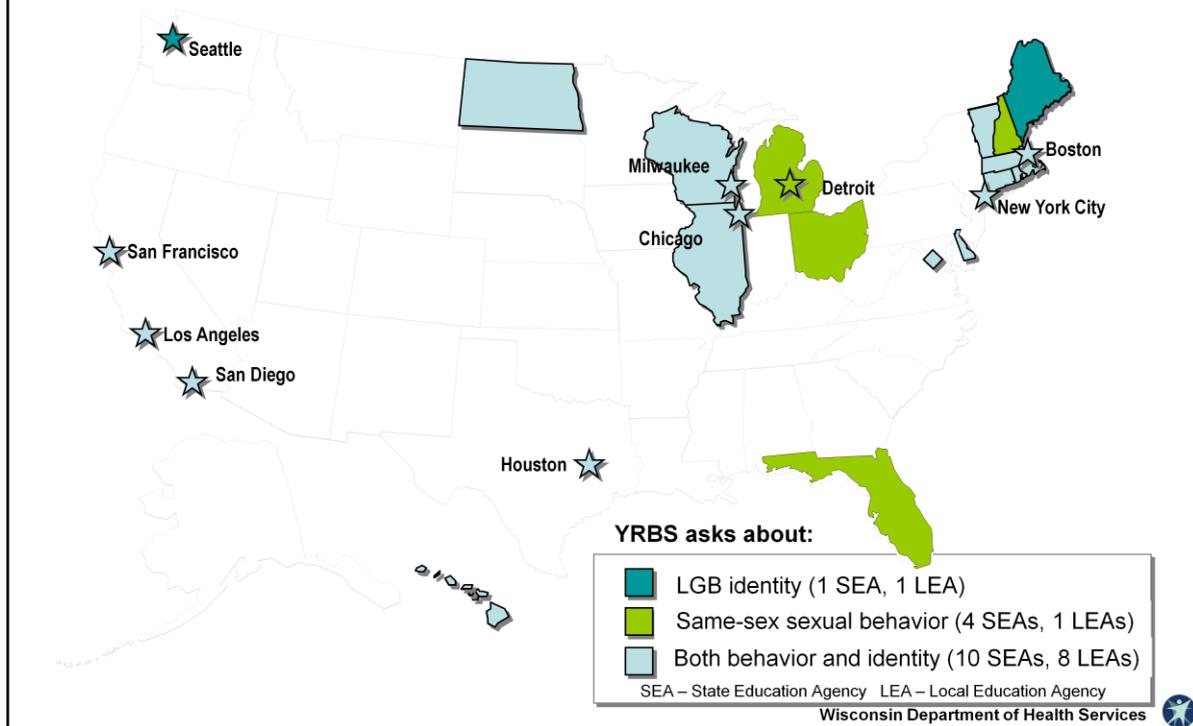
Year	Sexual Minority item(s) asked
2007	Behavior
2009	Behavior
2011	Behavior + Sexual identity

- Gender identity not currently asked in any state
- Adding sexual minority questions was a collective effort between Diverse & Resilient, Inc., DPI, and DHS

The Wisconsin YRBS first began asking about same-sex sexual contact in 2007. In 2011, the Wisconsin YRBS also added a question about sexual identity.

Staff from Diverse and Resilient, Inc., the Department of Public Instruction, and the Department of Health Services worked together to make the case for why this was important data to collect to successfully get these items added to the survey.

2011 Youth Risk Behavior Survey: Sexual Minority Questions in 15 States, 10 Districts

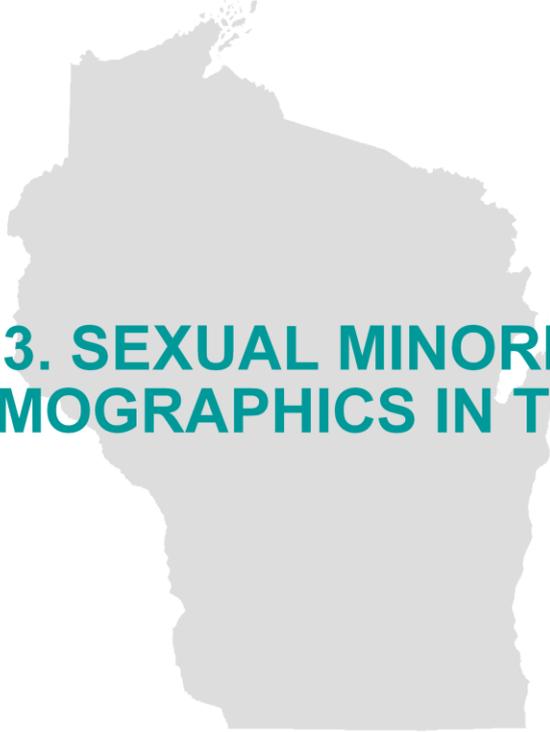


As of 2011, there were 15 states and 10 districts that opted to ask at least one of the questions that is used to identify sexual minorities.

Maine and Seattle asked about identity only.

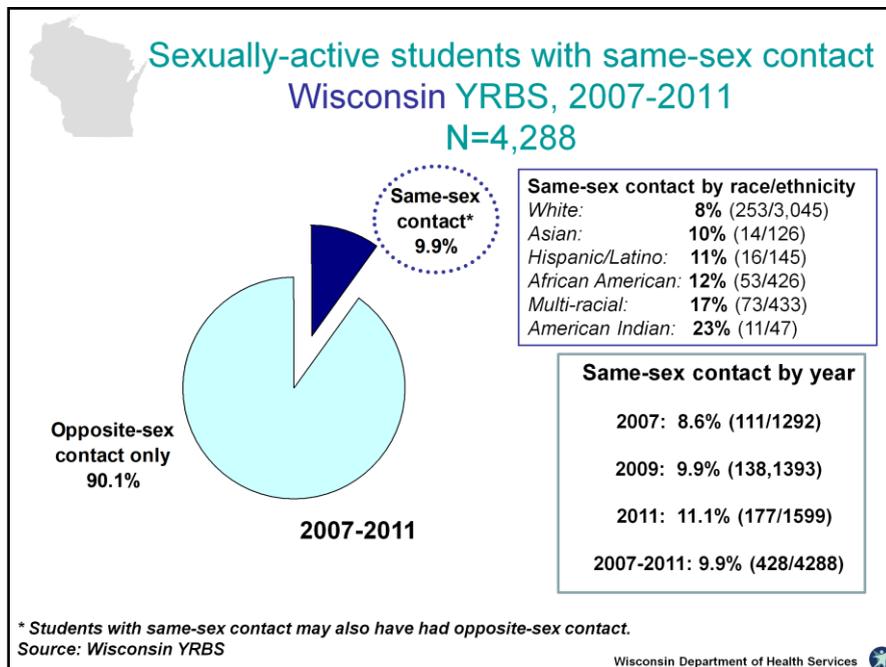
The following states and district asked about same-sex sexual behavior only: Michigan, Ohio, Florida, New Hampshire, and Detroit.

North Dakota, Wisconsin, Illinois, Vermont, Massachusetts, Rhode Island, Connecticut, Delaware, Hawaii, Washington, DC, San Francisco, Los Angeles, San Diego, Houston, Chicago, Milwaukee, NYC, and Boston asked about both behavior and identity.

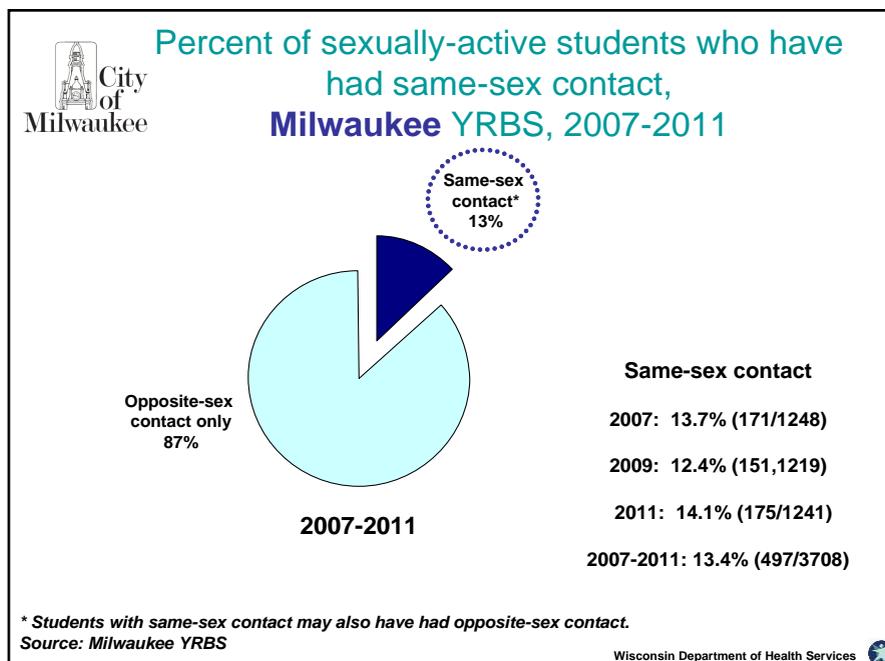


3. SEXUAL MINORITY DEMOGRAPHICS IN THE YRBS

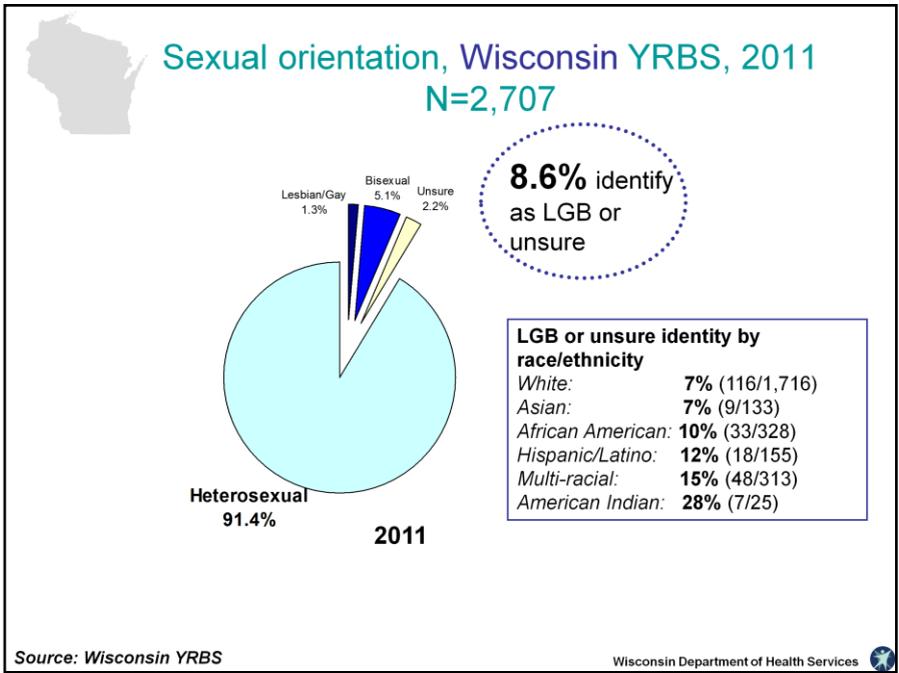
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Based on the combined 2007, 2009, and 2011 surveys, 60% (4,288/7,571) of youth statewide reported having ever had any sexual contact. Of these, roughly 10% (428 out of 4,288) reported that they had same-sex sexual contact. The percentage of sexually-active students who have had same-sex sexual contact varies somewhat by race. It is lowest among Whites (8%, 253/3,045) and highest for American Indians (23%, 11/47) and multi-racial students (17%, 73/433).

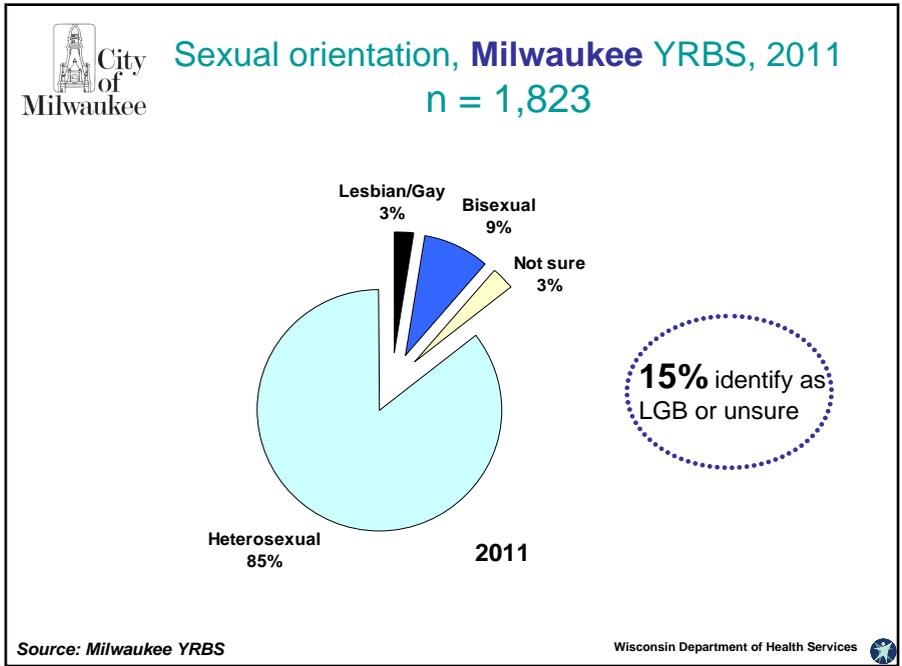


In Milwaukee, these numbers are higher; 69% of respondents report having had sexual contact. Of these, 13% (497/3,708) reported same-sex sexual contact.



In 2011, the question about sexual identity was added. Nearly 9% of all respondents report they identify as lesbian, gay, bisexual, or unsure (also referred to a 'questioning'). The majority of these students (5.1%) identify as bisexual.

The percentage of students who identify as lesbian, gay, bisexual, or unsure varies somewhat by race. As with same-sex sexual contact, it is lowest among Whites (7%, 116/1,716) and highest for American Indians (27%, 7/25) and multi-racial students (15%, 48/313).



The number of students in Milwaukee who identify as lesbian, gay, bisexual, or unsure was much higher than statewide, with 15% of students reporting an LGBTQ identity. Again, the majority (9%) of these students identify as bisexual.

4. HEALTHIEST WISCONSIN 2020



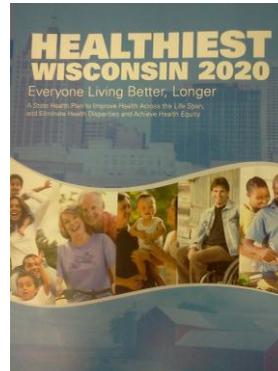
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Healthiest Wisconsin 2020

Priority population groups

- Race and ethnicity
- Sexual orientation and gender identity
- Socioeconomic status
- Disability status
- Geography



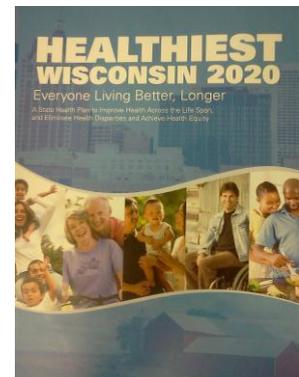
Healthiest Wisconsin 2020

Ten year plan with two major goals:

1. Improve health across the lifespan
2. Reduce disparities

12 Health Focus Areas*:

- 1. Alcohol and Drug Use**
- 2. Injury and Violence Prevention**
- 3. Mental Health**
- 4. Nutrition and Healthy Foods**
- 5. Physical Activity**
- 6. Reproductive and Sexual Health**
- 7. Tobacco Use and Exposure**
8. Chronic Disease Prevention and Management
9. Communicable Disease
10. Environmental and Occupational Health
11. Healthy Growth and Development
12. Oral Health



See <http://www.dhs.wisconsin.gov/hw2020/>

*The YRBS asks questions related to the 7 bolded items

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Healthiest Wisconsin 2020 (HW2020) fulfills Wisconsin Statute section 250.07(1)(a), which requires the Department of Health Services to produce a public health agenda for the people of Wisconsin at least every 10 years. HW2020 has two major goals: to improve health across the lifespan and to reduce health disparities in Wisconsin. It is organized into twelve health focus areas, nine infrastructure areas, and three cross-cutting areas. Based on the questions that are asked in the Youth Risk Behavior Survey, we were able to align the questions with seven of the twelve health focus areas. In line with the overarching goal to reduce health disparities in Wisconsin, HW2020 identifies four priority population groups. Recently, geography (urban and rural) was also added.

5. SEXUAL MINORITY DATA BY HW2020 HEALTH FOCUS AREA

1. Alcohol and Drug Use
2. Injury and Violence
3. Mental Health
4. Nutrition and Healthy Foods
5. Physical Activity
6. Reproductive and Sexual Health
7. Tobacco Use

* *Protective Factors*

* *Academic Achievement*

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* In addition to reporting data on seven of the HW2020 Health Focus areas, the YRBS includes data on protective factors (family and school support) and academic achievement.

Methods

Software: SAS 9.2

Sample: 2007-2011 - Behavior - *Students who report sexual contact (N=4,288)*
2011 - Identity - *All students (N=2,707)*

Analysis: 1) Weighted percent

-Accounts for sampling so results can be generalized to all high school students in WI

2) Adjusted Odds Ratio (OR)

-Reference group (the majority) has an odds ratio of 1

2007-2011 – *Opposite-sex sexual contact only (heterosexual behavior)*

2011 – *Heterosexual-identified (heterosexual identity)*

-The further from 1 the odds ratio for sexual minority, the greater the disparity

-We controlled for any difference that might occur related to grade in school and sex (male or female) for an adjusted odds ratio.

-An odds ratio of less than 1 means the item is less likely for sexual minorities

-For **risk behavior** questions, odds ratios greater than 1 indicate greater risk

-For **protective factor** questions, odds ratios less than 1 indicate greater risk

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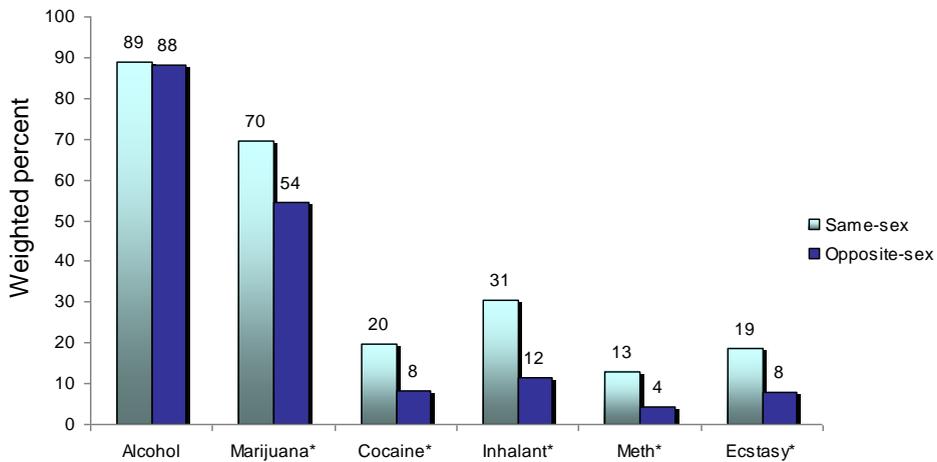
In order to conduct the analysis, we used the statistical software SAS 9.2. To look at risk behaviors by same-sex sexual behavior, we created a combined dataset with survey data from 2007, 2009, and 2011 and only included youth who reported sexual contact. To look at risk behaviors by identity, we included all youth from the 2011 survey.

For each health focus area, the first slide shows the weighted percent. This shows the percent of students who report the risk behavior, comparing students with same-sex sexual contact to students who report opposite-sex sexual contact only and LGBTQ students to heterosexual-identified students. It is weighted to account for any potential sampling bias so that the results can apply to students throughout Wisconsin.

The second slide for each health focus area shows the adjusted odds ratio. Here the reference group (youth with opposite-sex sexual contact only in the 2007-2011 data and youth who identify as heterosexual in the 2011 data) has an odds of 1 that they will report a risk behavior. For the comparison group (youth with same-sex sexual contact in 2007-2011 and lesbian, gay, bisexual, an unsure youth in the 2011 data), an odds ratio greater than one indicates that behavior has a greater chance of occurring for that group. An odds ratio of less than one indicates that the behavior has a lower chance of occurring. Based on the questions that were asked, risk behavior items with an odds ratio greater than one indicates greater risk, and protective factor items with an odds ratio less than one indicates greater risk. We created an adjusted odds ratio to account for any difference that might be related to grade in school or sex (being male or female).

1. Alcohol and Drug Use

Figure 1. Lifetime alcohol and drug use among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

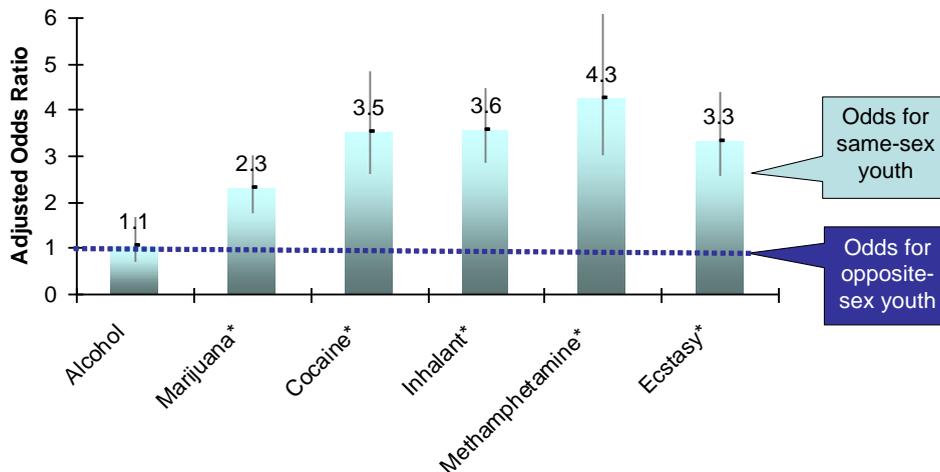
Source: Wisconsin YRBS

Wisconsin Department of Health Services

All substances except alcohol had a statistically significant difference in use between same-sex and opposite-sex youth. Alcohol use is very high for both groups.

1. Alcohol and Drug Use

Figure 2. Adjusted odds ratio of alcohol and drug use among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

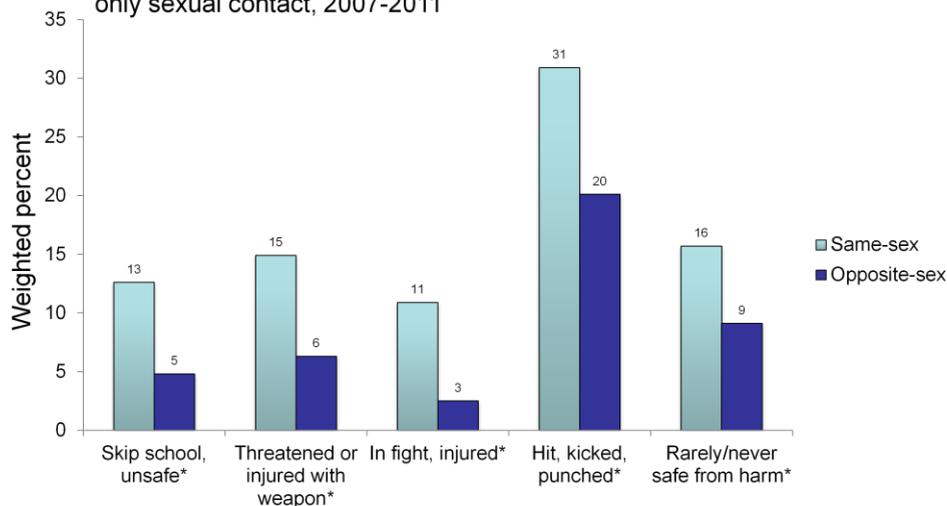
Source: Wisconsin YRBS

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Students with same-sex sexual contact had much higher odds of drug use. Although alcohol and marijuana are the most commonly used substances, the greatest disparity in use between same-sex and opposite-sex use occurs with inhalants and methamphetamine. Same-sex youth had 3.6 times the odds of using inhalants and 4.3 times the odds of using methamphetamines.

2. Injury & Violence

Figure 3. School safety among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

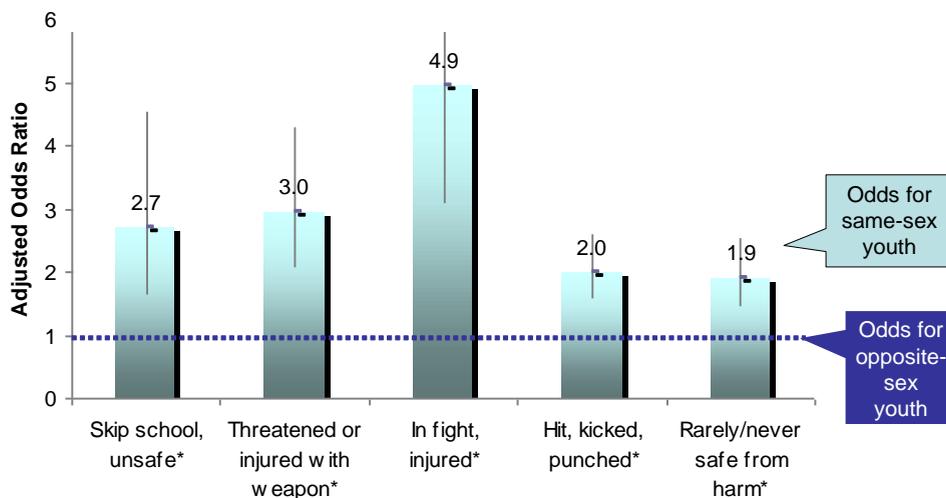
Source: Wisconsin YRBS

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Injury and Violence items were split into two categories: school safety and sexual and relationship violence. All school safety items had a statistically significant difference between same-sex and opposite-sex youth. The most common school safety item was being hit, kicked, or punched.

2. Injury & Violence

Figure 4. Adjusted odds ratios of school safety among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

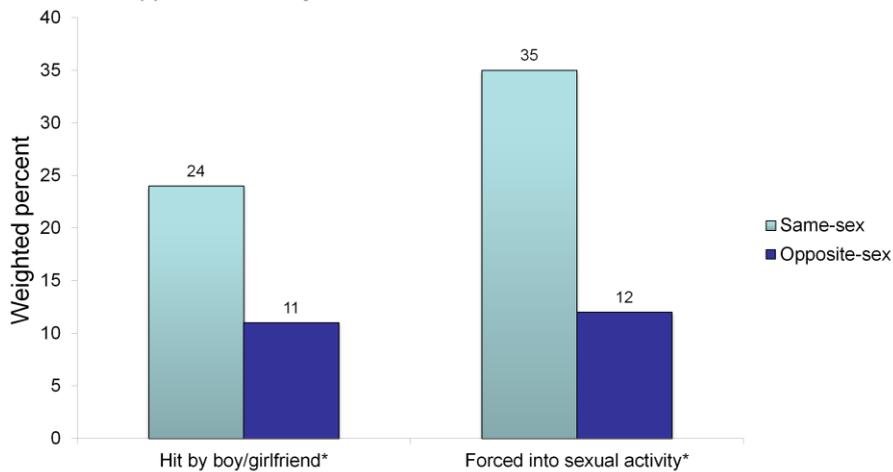
Source: Wisconsin YRBS

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The school safety items with the greatest disparity between same-sex and opposite-sex youth are being threatened or injured with a weapon, being in a fight and injured, and skipping school because it is unsafe. Same-sex youth had nearly 5 times the odds of being in a fight and getting injured compared to opposite-sex youth.

2. Injury & Violence

Figure 5. Sexual and relationship violence among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

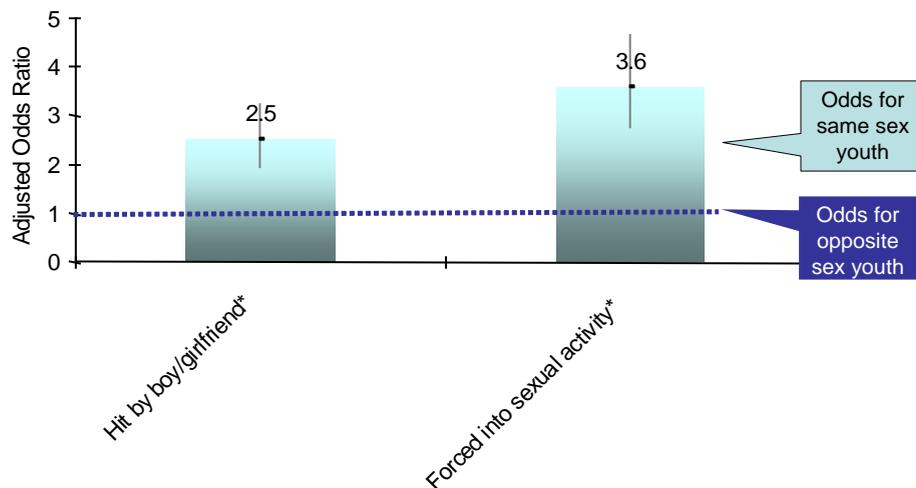
Source: Wisconsin YRBS

Wisconsin Department of Health Services

Both sexual and relationship violence items were statistically significant. It is important to note that the age and sex of the perpetrator is unknown; the incident could have involved opposite-sex sexual contact or same-sex sexual contact.

2. Injury & Violence

Figure 6. Adjusted odds ratios of intimate partner violence among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

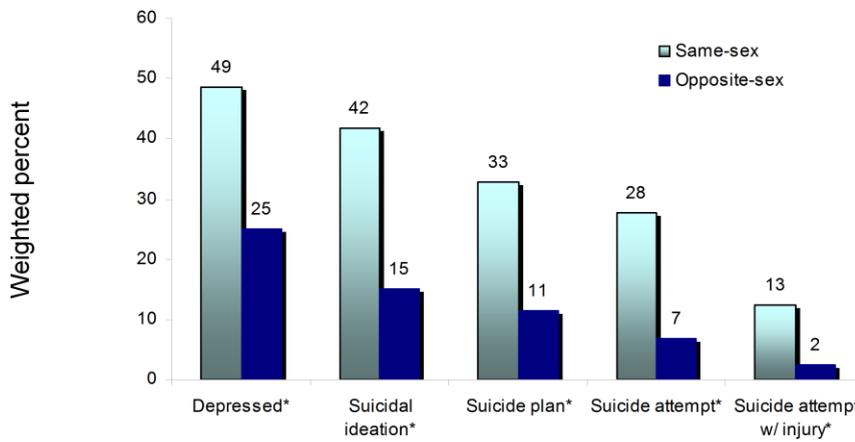
Source: Wisconsin YRBS

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Youth with same-sex contact had 2.5 times greater odds of being hit by a boyfriend or girlfriend and 3.6 times greater odds of being forced into sexual activity compared to youth with opposite-sex sexual contact only. Again, it's important to note that the age and sex of the perpetrator is unknown, so these incidents could have occurred with someone of the same-sex or someone of the opposite sex.

3. Mental Health

Figure 7. Depression and suicide risk among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

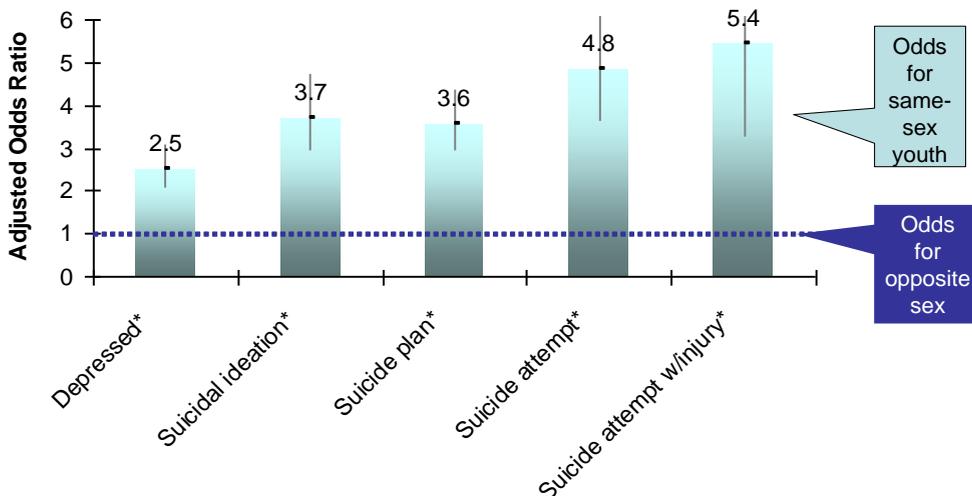
Source: Wisconsin YRBS

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All mental health items were statistically significant. Nearly half of same-sex youth report depression. Whereas only 2% of opposite-sex youth have attempted suicide and been injured, 13% of same-sex youth have.

3. Mental Health

Figure 8. Adjusted odds ratios of depression and suicide risk among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact

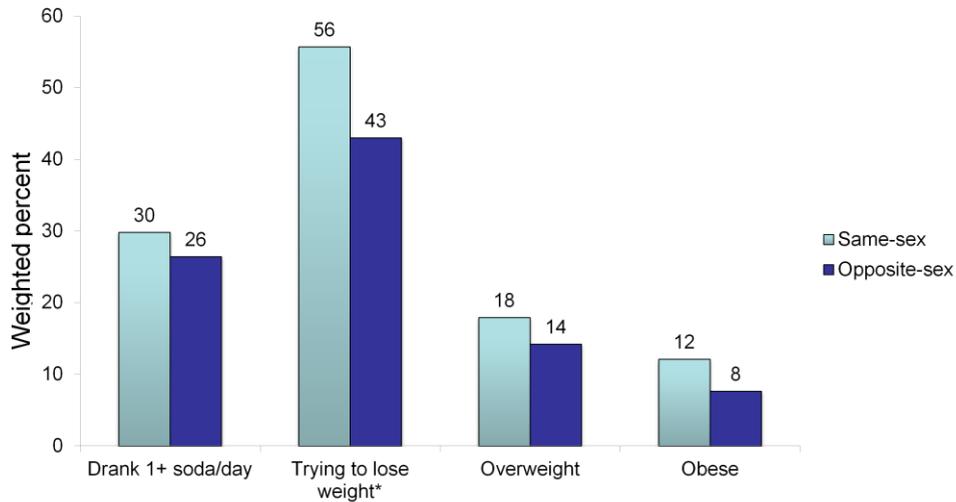
Source: Wisconsin YRBS

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The odds for suicide risk for same-sex youth become increasingly larger as severity increases - from ideation to attempt with injury, the odds among same-sex youth increase from 3.7 to 5.4.

4. Nutrition

Figure 9. Nutrition and obesity among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

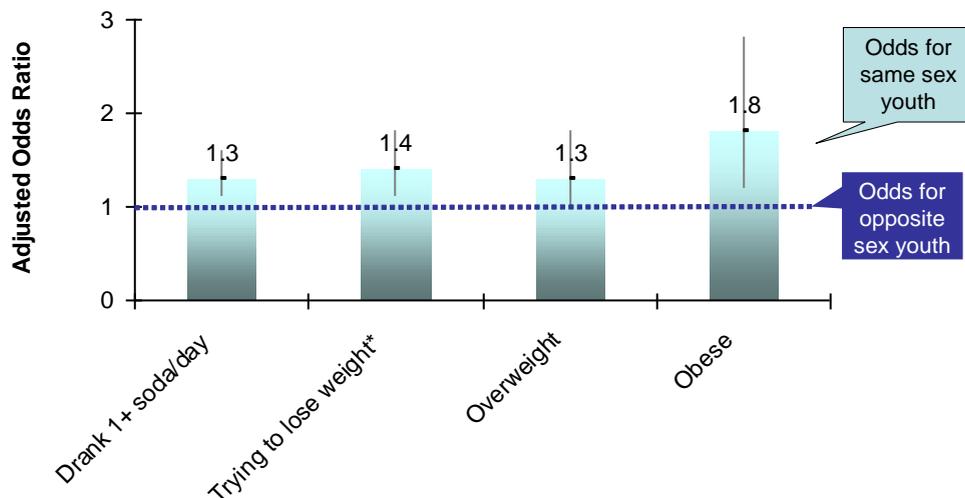
Source: Wisconsin YRBS

Wisconsin Department of Health Services

Although all nutrition items were higher for same-sex youth, only one, trying to lose weight, had a statistically significant difference between same-sex and opposite-sex youth.

4. Nutrition

Figure 10. Adjusted odds ratios of nutrition and obesity among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

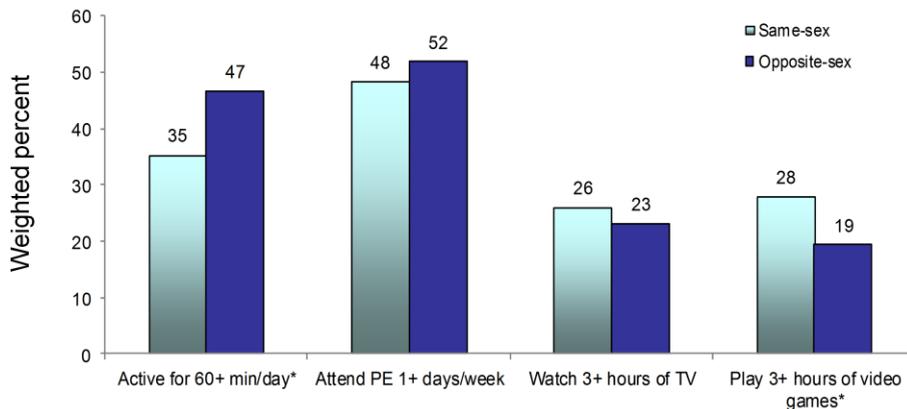
Source: Wisconsin YRBS

Wisconsin Department of Health Services

The greatest disparity between same-sex and opposite-sex youth for the nutrition items is obesity, however it was not statistically significant.

5. Physical activity

Figure 11. Physical activity among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

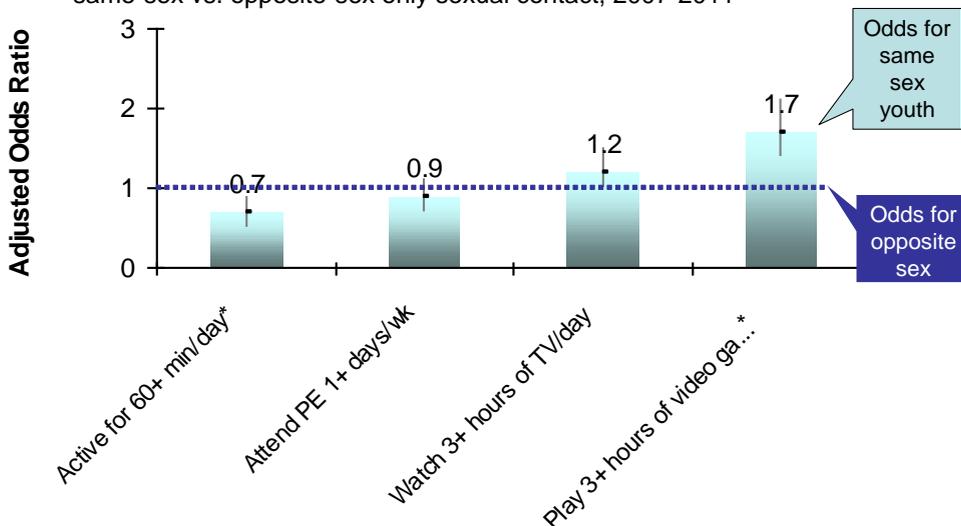
Source: Wisconsin YRBS

Wisconsin Department of Health Services

Two items under physical activity were statistically significant: fewer same-sex youth report being active for 60+ minutes/day and more same-sex youth report spending 3+ hours/day playing video games.

5. Physical Activity

Figure 12. Adjusted odds ratios of physical activity among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

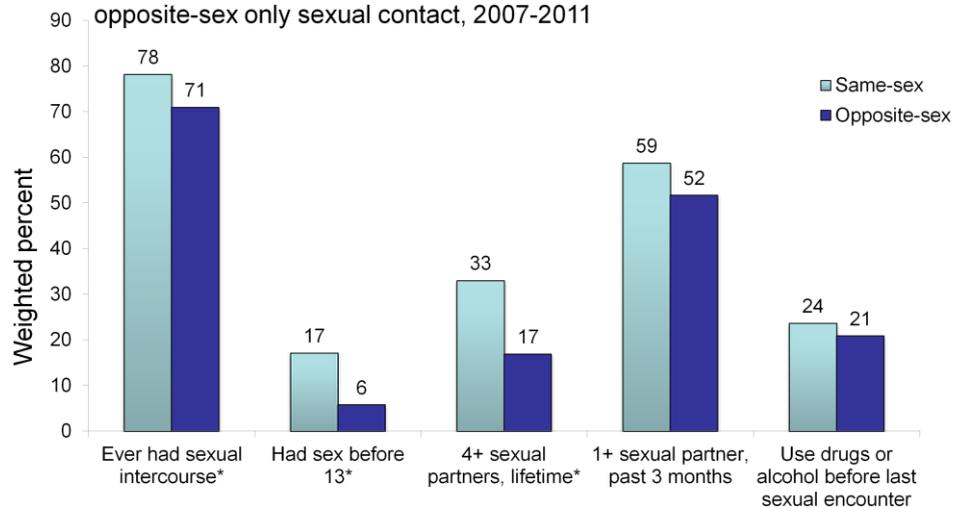
Source: Wisconsin YRBS

Wisconsin Department of Health Services

The odds that same-sex youth are active for 60+ minutes/day or attend PE 1+ day/week are lower while the odds that they watch 3+ hours of TV or play 3+ hours of video games/day are greater. Only two items (active 60+ minutes/day and playing 3+ hours of video games) are statistically significant.

6. Reproductive and Sexual Health

Figure 13. Sexual risk behaviors among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact

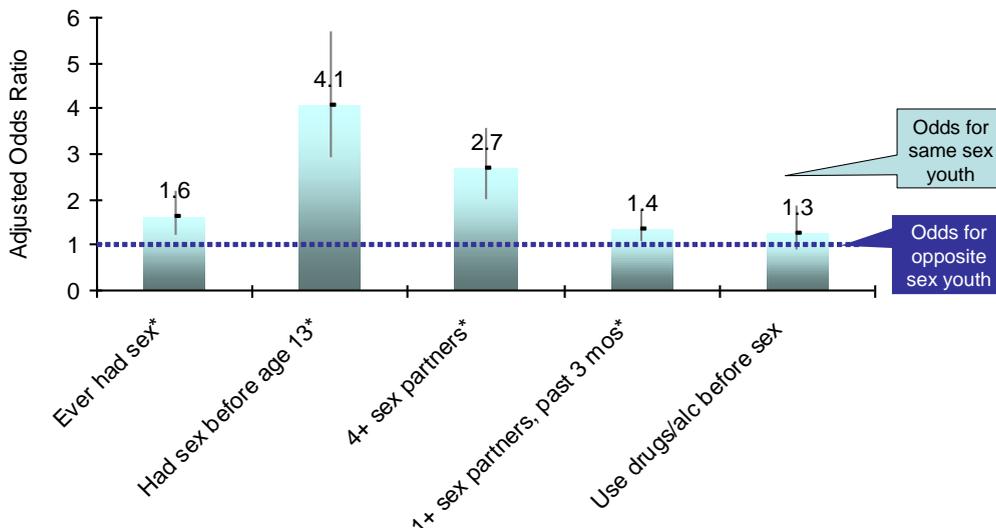
Source: Wisconsin YRBS

Wisconsin Department of Health Services

All but one item (using drugs or alcohol before last sexual encounter) was statistically significant. Although the sample only included youth who report sexual contact, more of the same-sex youth report having sexual intercourse compared to opposite-sex youth (78% compared to 71%).

6. Reproductive and Sexual Health

Figure 14. Adjusted odds ratios of sexual risk among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

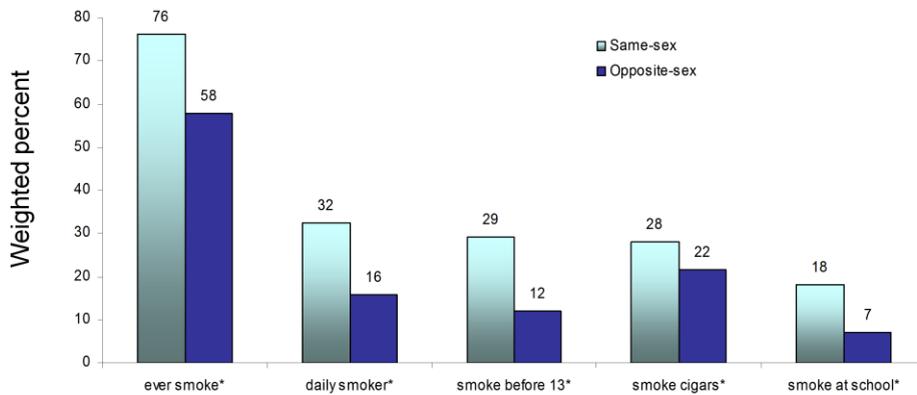
Source: Wisconsin YRBS

Wisconsin Department of Health Services

The greatest disparity under Reproductive and Sexual Health occurs with early initiation of sex – same-sex youth had four times greater odds of having sex before age 13. Same-sex youth also had nearly three times greater odds of having four or more sexual partners.

7. Tobacco Use

Figure 15. Tobacco use among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

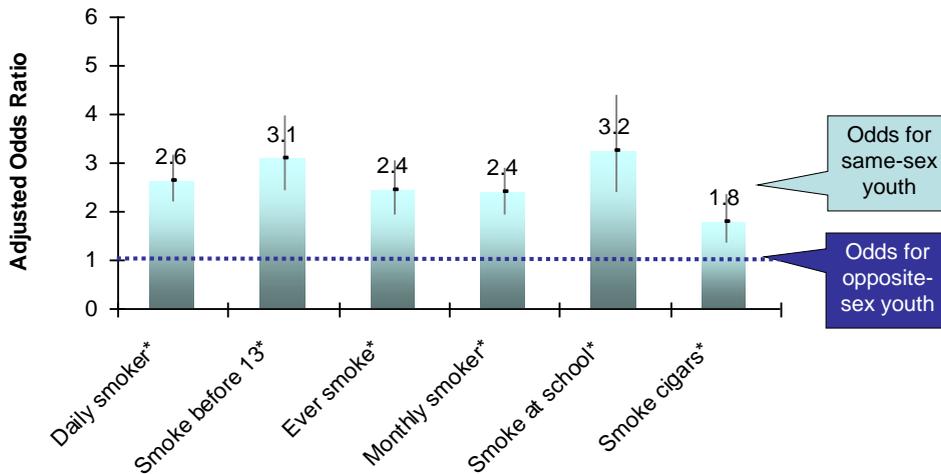
Source: Wisconsin YRBS

Wisconsin Department of Health Services

All items under tobacco use were statistically significant. Over three-fourths of same-sex youth report ever smoking a cigarette, compared to just over half of opposite-sex youth. Other items include: being a daily smoker, smoking before age 13, smoking cigars, and smoking at school.

7. Tobacco Use

Figure 16. Adjusted odds ratio of alcohol and drug use among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

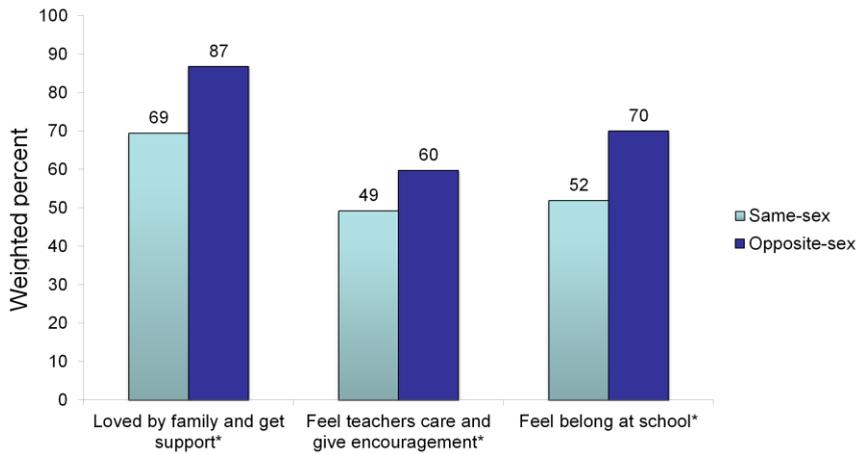
Source: Wisconsin YRBS

Wisconsin Department of Health Services

Under tobacco use, the greatest disparity between same-sex and opposite-sex youth occurs with smoking before age 13 and smoking at school – same-sex youth had three times the odds for these items. Same-sex youth have nearly twice the odds of smoking cigars.

Protective Factors

Figure 17. Protective factors among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

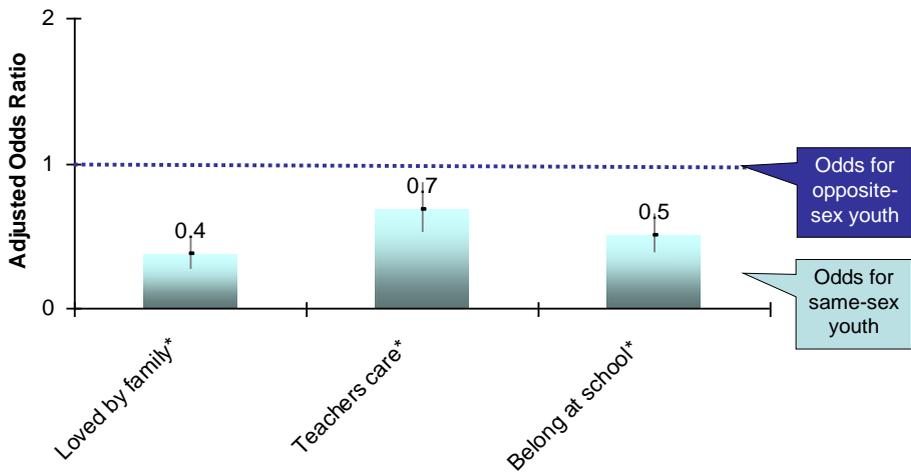
Source: Wisconsin YRBS

Wisconsin Department of Health Services

All protective items (feeling loved and supported by family, feeling teachers care, and feeling they belong at school) were lower for same-sex youth compared to opposite-sex youth. Less than half of same-sex youth feel their teachers care, and just over half of same-sex youth feel they belong at school. Nearly 90% of opposite-sex youth feel loved and supported by their families compared to less than 70% of same-sex youth.

Protective Factors

Figure 18. Adjusted odds ratio of support and belonging among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

Source: Wisconsin YRBS

Wisconsin Department of Health Services

All protective factor items had statistically significant odds ratios. The greatest disparity between same-sex and opposite-sex youth is in feeling loved by family, followed by feeling they belong at school and feeling that teachers care.

Academic Achievement

Figure 19. Academic achievement among students with same-sex vs. opposite-sex only sexual contact, 2007-2011

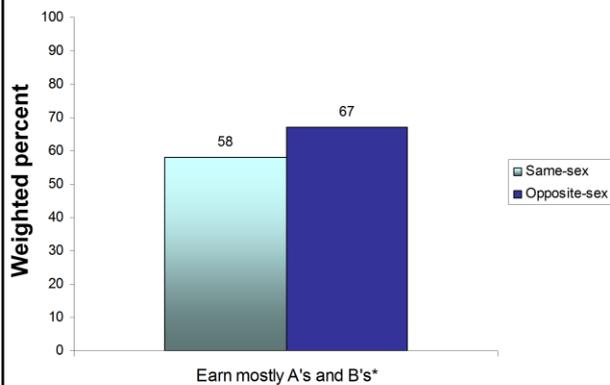
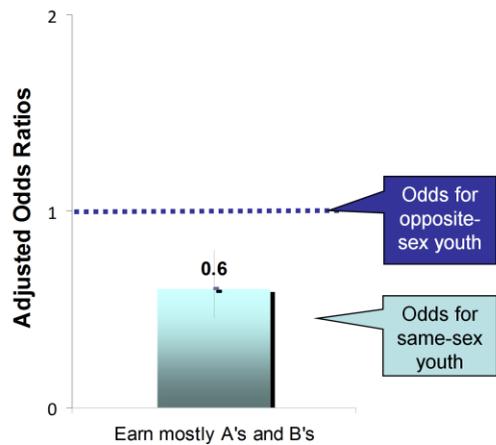


Figure 20. Adjusted odds ratios of academic achievement among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



**Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI*

Source: Wisconsin YRBS

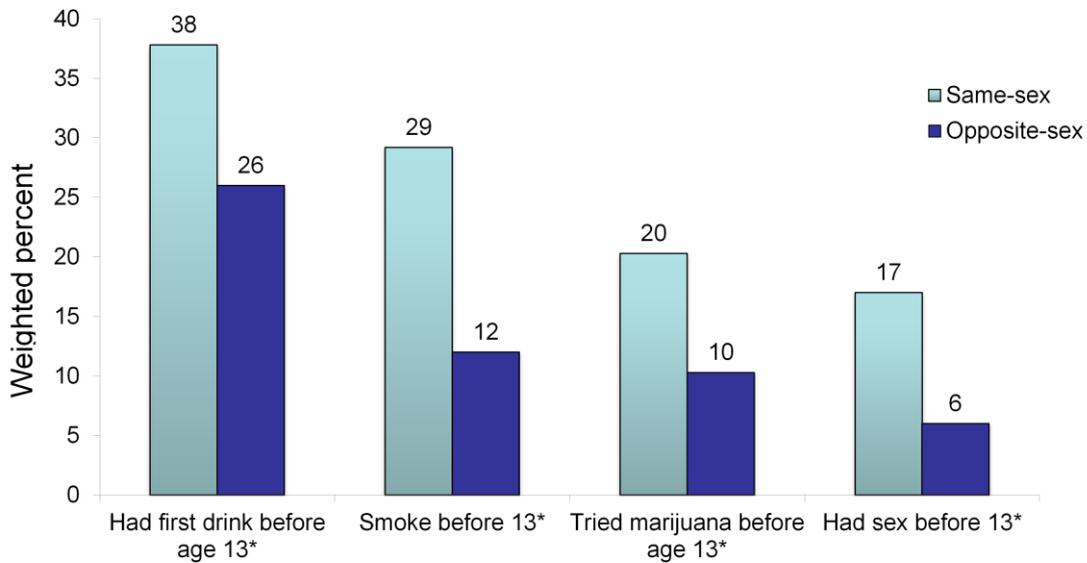
Wisconsin Department of Health Services



The negative school environment that many LGBTQ youth experience impacts not only their health behaviors but also their academic achievement. Only 58% of same-sex students report earning mostly A's and B's, compared to 67% of opposite-sex students. Students who had same-sex sexual contact had nearly half the odds of earning mostly A's and B's compared to youth with opposite-sex sexual contact only.

Early initiation of risk

Figure 21. Risk behaviors before age 13 among students with same-sex vs. opposite-sex only sexual contact, 2007-2011



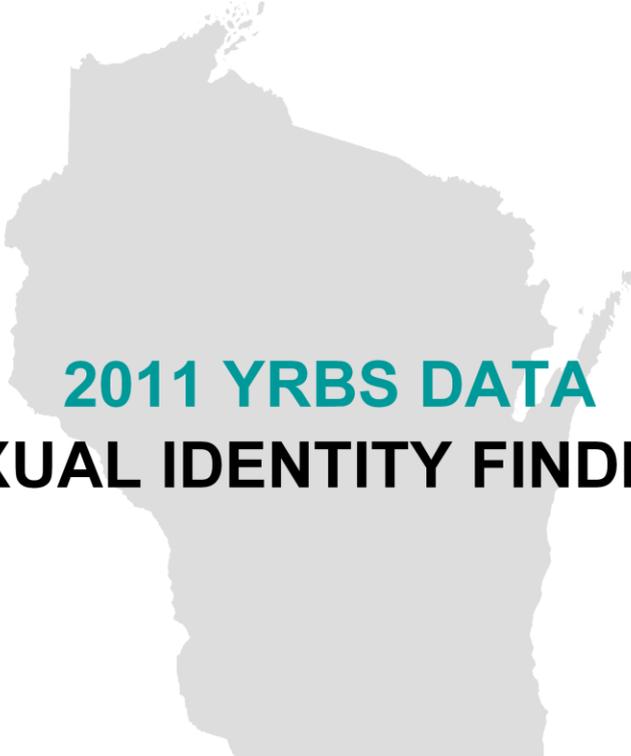
*Statistically significant difference between students with same-sex and opposite-sex only sexual contact with 95% CI

Source: Wisconsin YRBS

Wisconsin Department of Health Services



More same-sex than opposite-sex youth report initiating risk behaviors before age 13 for all items, and all were statistically significant. This suggests that interventions to support same-sex youth and reduce their risk behaviors should occur early on, before age 13.



2011 YRBS DATA SEXUAL IDENTITY FINDINGS

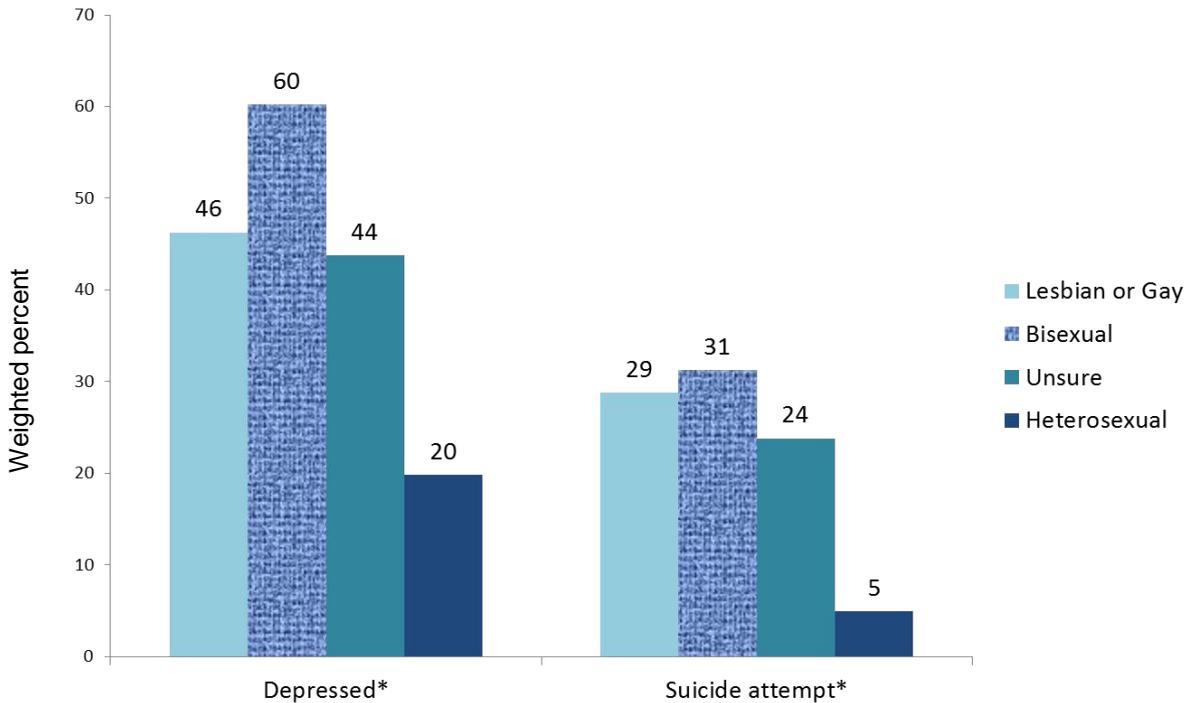
Wisconsin Department of Health Services



In 2011, a question about sexual identity was added to the Wisconsin High School YRBS. We selected a few items to compare risk behaviors between LGBTQ-identified students and heterosexual-identified students.

Sexual Identity findings, 2011

Figure 22. Mental health among students who identify as LGB or unsure vs. heterosexual, 2011



*Statistically significant difference between students with LG, B, or unsure and heterosexual identity with 95% CI

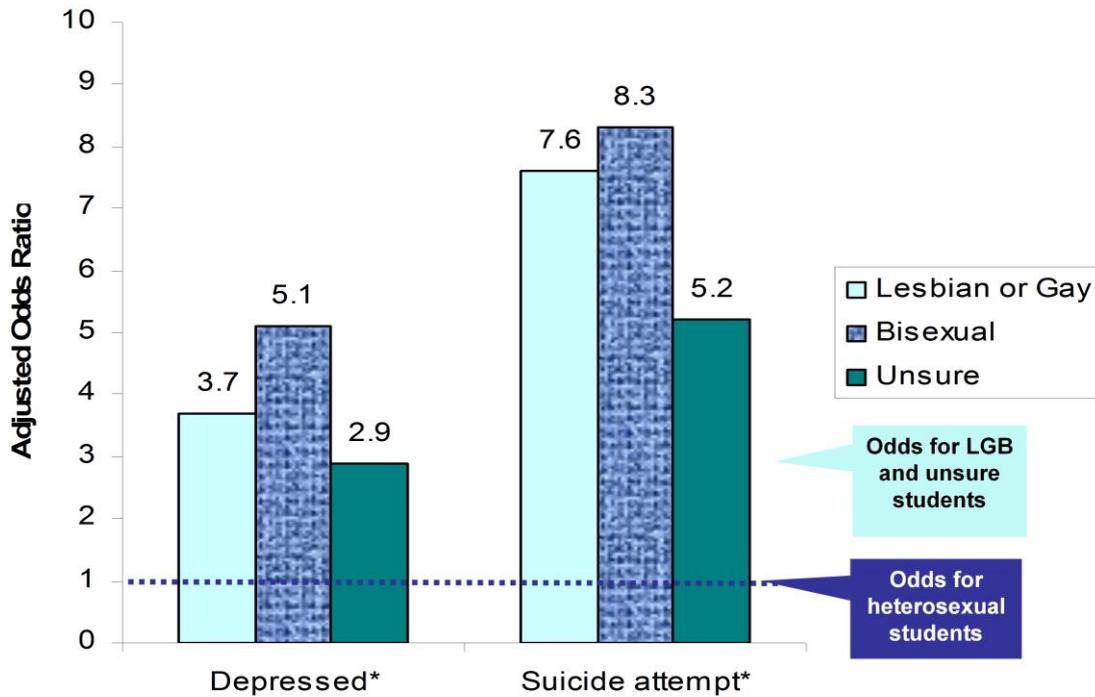
Source: Wisconsin YRBS

Wisconsin Department of Health Services 

Using the 2011 data on sexual identity, we found that both mental health items – depression and suicide attempt – were statistically significant. Youth who identify as bisexual have the greatest mental health risk, followed by youth who identify as lesbian or gay, and youth who are unsure of their sexual identity. All three groups, lesbian and gay, bisexual, and unsure students, have greater risk than youth who identify as heterosexual.

Sexual Identity findings, 2011

Figure 23. Adjusted odds ratios of mental health among students who identify as LGB or unsure vs. heterosexual, 2011



*Statistically significant difference between students with LG, B, or unsure and heterosexual identity with 95% CI

Source: Wisconsin YRBS

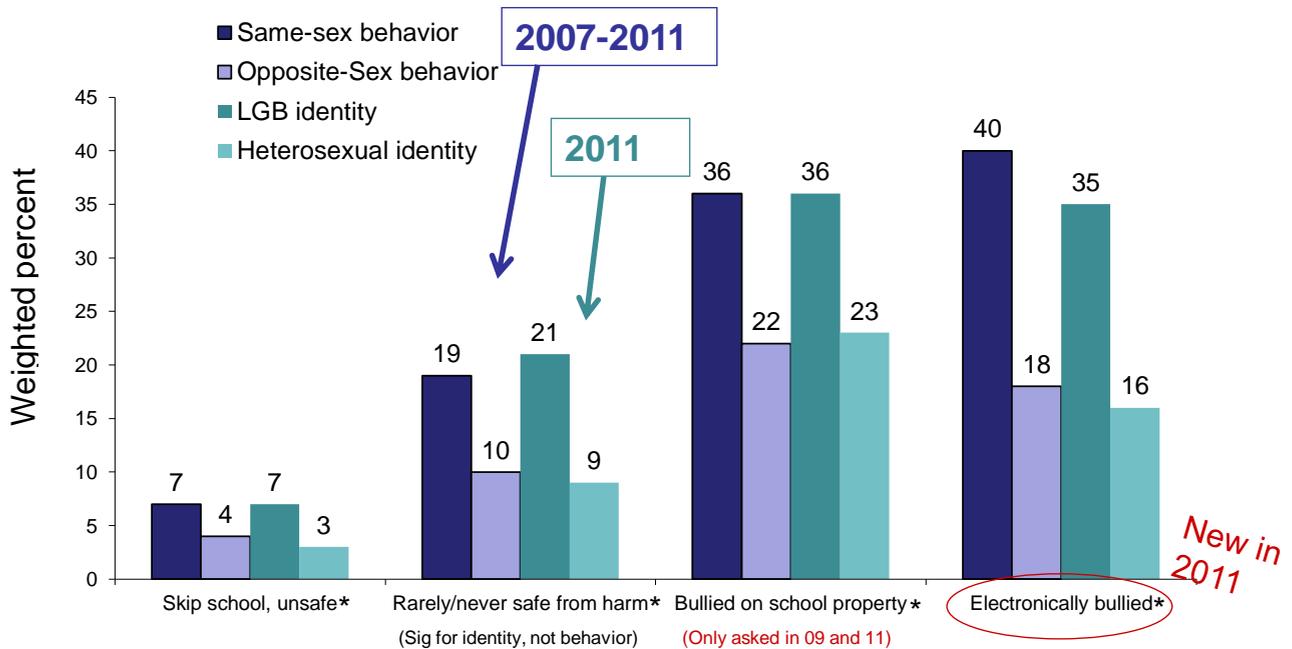
Wisconsin Department of Health Services



Although depression was more common than suicide attempt for all youth, lesbian, gay, bisexual, and unsure youth have much greater odds of attempting suicide compared to heterosexual youth. The disparity between lesbian, gay, bisexual, and unsure and heterosexual students is greater for suicide risk than for depression. The odds ratios are especially large for lesbian, gay, bisexual, and unsure students (7.6 and 8.3 respectively).

School Safety and Bullying

Figure 16. School safety and bullying among same-sex and LGB students, 2011



Source: Wisconsin YRBS

Wisconsin Department of Health Services

Risk behaviors related to school safety are strikingly similar for all sexual minority youth, whether they report same-sex sexual behavior or identify as LGBQ. Both opposite-sex and heterosexual-identified youth report similar risks, and both same-sex and LGBQ youth report similar risks.

Key Findings

10% of sexually-active students statewide report same-sex contact (**13%** in MKE)
9% of all students statewide identified as L,G,B or unsure in 2011 (**15%** in MKE)

Same-sex youth had...

5 times the odds of **attempting suicide** and **being injured in a fight**

4 times the odds of **having sex before the age of 13**

3 times the odds of **skipping school because they feel unsafe**

2 times the odds of **smoking cigarettes**

1/2 the odds of **feeling they belong at school**

Wisconsin Department of Health Services 

To summarize, nearly 10% of students statewide who report sexual contact from 2007-2011 report same-sex contact (13% in Milwaukee) and nearly 9% of all students statewide identify as lesbian, gay, bisexual, or unsure (15% in Milwaukee). The greatest disparity in risk behaviors was found in the areas of suicide risk, school safety and violence, sexual health, and substance use. The odds of reporting protective factors were much lower for same-sex students; this is likely a major factor influencing the risk behaviors.



6. IMPLICATIONS

Implications

1. Significant disparities exist for sexual minority youth both by behavior and identity
2. School violence, mental health, and suicide risk among sexual minority youth must be addressed
3. Protective factors should also be addressed

Based on the data, we see that significant disparities exist for sexual minority youth, both in terms of same-sex sexual behavior and sexual identity. The areas with the greatest disparities that require urgent action include school violence, mental health, and suicide risk. In order to mitigate these disparities, sexual minority youth would benefit from increased protective factors: feeling loved and supported by family, feeling their teachers care, and feeling they belong at school.



Recommendations

Schools, families, and communities

- ▶ **Address stigma, discrimination, family disapproval, social rejection, and violence**

Agencies and schools

- ▶ **Adopt policies and practices to create a safe and supportive environment**
 - ▶ Gay-Straight Alliance
 - ▶ Safe Zones
 - ▶ Comprehensive bullying/harassment policy
 - ▶ LGBT library resources

Staff at schools and community agencies

- ▶ **Undergo training** so they understand the needs and can implement effective programs/services

Source: <http://www.cdc.gov/Features/SexualMinorityYouth/>

Existing Resources



www.gsafewi.org/



www.diverseandresilient.org



Rainbow Alliance for Healthy Youth
Program of Diverse & Resilient that works with youth leaders throughout the state



Whose Life Could You Change With Love?

www.journey2accept.org/



<http://community.pflag.org>



There are a number of resources available to support LGBT and sexual minority youth in Wisconsin. GSAFE works with schools statewide to develop Gay-Straight Alliances and to establish Safe Zones (places such as counselors' offices, designated classrooms, or student organizations, where LGBTQ youth are welcomed and affirmed and can receive support from care providers, administrators, teachers, or other staff). Diverse and Resilient works with Youth Development Specialists throughout the state to provide technical assistance and training through the Rainbow Alliance for Healthy Youth (RAY). Acceptance Journeys is a social marketing campaign launched by Diverse and Resilient in Milwaukee to increase family acceptance and support for LGBT individuals and to encourage community organizations and churches to address anti-gay stigma. PFLAG (Parents and Friends of Lesbians and Gays) works with families to support their loved one(s).

For More Information



Wisconsin DHS LGBT Health website
– www.dhs.wisconsin.gov/lgbthealth



Wisconsin DPI LGBT website
– <http://dpi.wi.gov/sspw/lgbt.html>



CDC Sexual Minority Youth website
– www.cdc.gov/healthyouth/disparities/smy.htm
CDC LGBT Youth Resources
– www.cdc.gov/lgbthealth/youth-resources.htm



Wisconsin YRBS
– <http://dpi.wi.gov/sspw/yrbsindx.html>

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7. QUESTIONS?

Contact: Anneke Mohr
anneke.mohr@dhs.wisconsin.gov

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