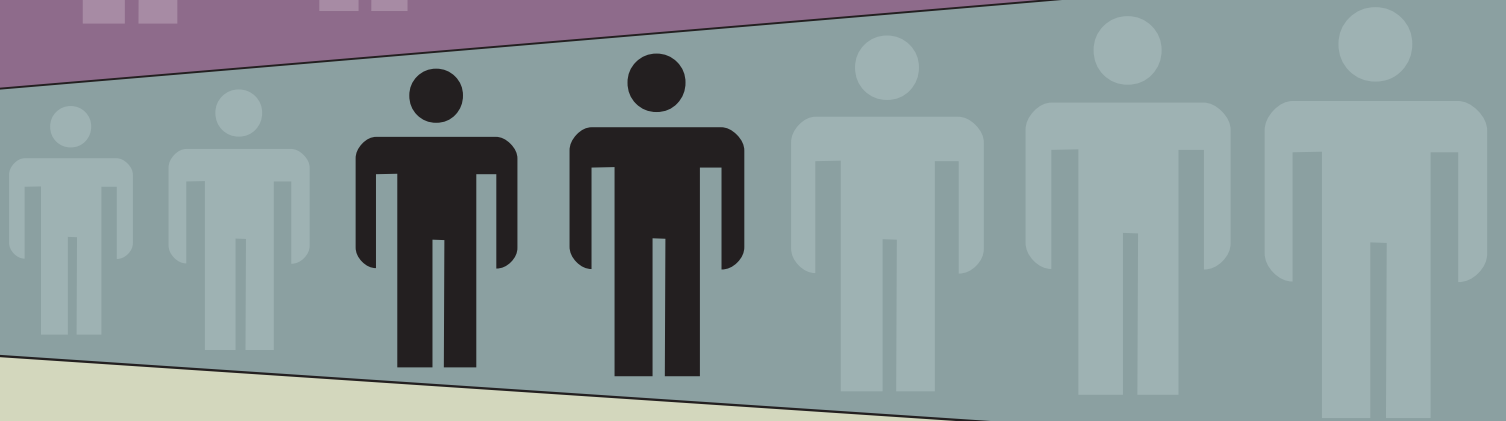
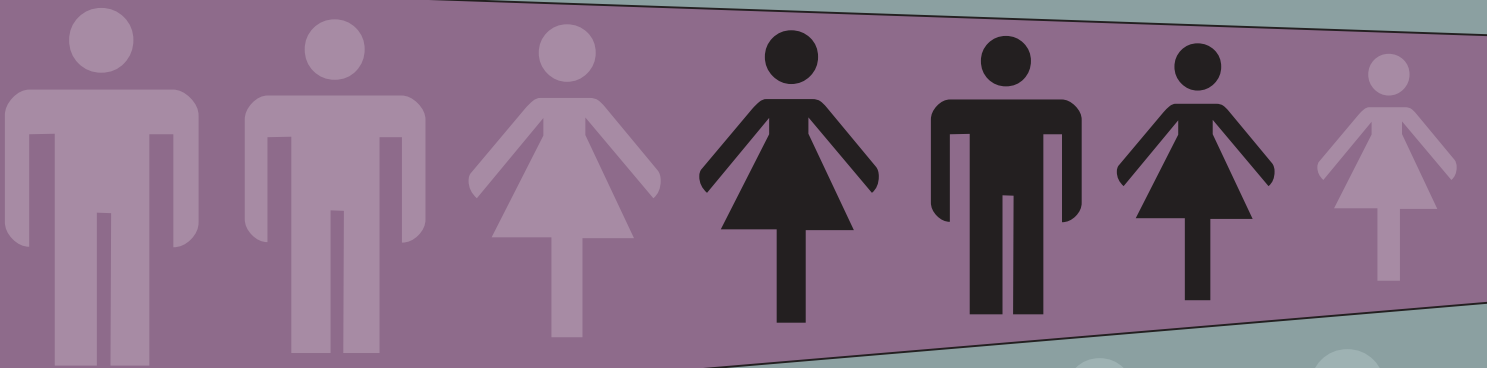


Not Yet Equal:

The Health of Lesbian, Gay, & Bisexual Youth in BC



Not Yet Equal: The Health of Lesbian, Gay, & Bisexual Youth in BC

The McCreary Centre Society is a non-government non-profit organization committed to improving the health of BC youth through research, education and community-based projects. Founded in 1977, the Society sponsors and promotes a wide range of activities and research to address unmet health needs of young people. Areas of interest include:

- Health risk and protective factors
- Health promotion
- Positive youth development
- Youth participation and leadership skills development

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Introduction

Adolescence is the time of life when sexual identity, including sexual orientation, begins to develop. As puberty unfolds, young people develop sexual attractions, and it is often during the teen years that they experience their first romantic relationships. For some young people, however, their romantic and sexual attractions may not fit the expectations of their culture or their family. While most young people will be attracted only to people of a different gender than their own (heterosexual), some young people will be attracted to people of the same gender (homosexual, or lesbian and gay), and some will be attracted to more than one gender (bisexual).

Unfortunately, most countries around the world have a history of stigmatizing relationships that are not heterosexual. In some countries today, same-gender relationships are still illegal, and lesbian, gay, and bisexual (LGB) people face harsh discrimination and penalties for their relationships and identities. Even in countries like Canada, where two people of the same gender can legally marry, negative attitudes about LGB people persist in many communities. Such stigma can create challenges for the adolescent who is beginning to recognize a lesbian, gay, or bisexual orientation.

A growing number of research studies in the United States and Europe have identified higher risks for negative health outcomes among sexual minority or LGB youth compared to their heterosexual peers. Some of these studies have linked such health disparities to the stress they face from stigma and discrimination, and from the related risks of rejection and violence. There has been very little research documenting the experiences of LGB youth in Canada, especially at the population level, and to our knowledge, there have been no studies in North America that explore trends over time in the population of LGB youth, their health disparities, their risks, and their strengths.

All young people, regardless of sexual orientation, deserve the opportunity to grow and thrive, in their families and their communities, reaching the promise of a healthy and productive adult life. Understanding risks and protective factors in their lives can help guide strategies for creating those opportunities.

In this report you will find the results of a series of studies about the health and lives of LGB youth in school across British Columbia, and across more than a decade.

Key Findings

Lesbian, gay, and bisexual youth in grades 7 to 12 in British Columbia were surveyed along with their heterosexual peers in all three years of the BC Adolescent Health Survey—1992, 1998, and 2003—which was conducted across the province by McCreary Centre Society. Although they make up only about 2-4% of students overall, this still means there are several thousand LGB students attending secondary schools in BC. LGB youth are found in all grades, in rural and urban areas, and within all ethnic groups. A closer look at their life experiences, health, and risk behaviours across these three surveys reveals both hopeful and worrying trends, fewer than expected differences between rural and urban LGB youth, and ongoing health disparities for LGB teens compared to their heterosexual peers.

Key Trends for LGB Youth 1992-2003:

- Females in 2003 were more likely to identify as “mostly heterosexual” or bisexual, and less likely to identify as heterosexual and as unsure, than females in previous years.
- Sexual and physical abuse declined among gay males, but rates of sexual abuse increased among bisexual females, and rates of physical abuse increased among lesbians.

- The percentage of LGB students reporting discrimination on the basis of sexual orientation increased for gay males and bisexual teens across the three surveys.
- Smoking has declined among LGB youth.
- LGB youth are waiting longer to become sexually active; the rates of those who have had sex by age 14 has decreased since 1992.
- Rates of suicide attempts increased for lesbian and bisexual females over the three surveys, but declined for gay and bisexual males.

Rural and Urban Differences Among LGB Youth:

Most life experiences and health issues were similar for urban and rural and small town LGB youth across the province, including experiences of discrimination and participation in a number of extracurricular activities. However, compared to urban LGB peers:

- Rural gay and bisexual males were more likely to report sexual abuse, and more likely to have attempted suicide in the past year.
- Lesbian and bisexual females in rural and small towns were more likely to drink alcohol, and rural LGB youth were more likely to report binge drinking in the past month.

- Rural gay and bisexual males were less likely, but rural lesbian and bisexual females were more likely, to report first sexual intercourse before age 14.
- Rural gay and bisexual males were more likely to have caused a pregnancy.
- Rural LGB youth were more likely to report driving after substance use, and rural LGB youth were less likely to always wear their seatbelt.
- Rural males were more likely, but rural females were less likely, to spend time on the computer. Both male and female rural LGB teens were more likely to report they had been in contact with a stranger on the Internet that made them feel unsafe.

Compared to Heterosexual Youth, LGB Youth were more likely:

- To have experienced physical and sexual abuse, harassment in school, and discrimination in the community.
- To have run away from home once or more in the past year.
- To be sexually experienced, and more likely to either have ever been pregnant or have gotten someone pregnant.
- To be current smokers, to have tried alcohol, or to have used other drugs.
- To have reported emotional stress, suicidal thoughts, and suicide attempts.
- LGB youth were less likely to participate in sports and physical activity, and reported higher levels of computer time.
- LGB youth felt less cared about by parents and less connected to their families than heterosexual teens, and for lesbian and bisexual females, less connected to school.
- When bisexual youth reported high family and school connectedness, their probability of suicide attempts was much lower than for bisexual teens with lower connectedness, even when they had strong risk factors for suicide such as a history of sexual abuse and current symptoms of emotional distress.

About the BC Adolescent Health Survey

The BC Adolescent Health Survey (AHS) is a province-wide study of the physical and mental health of youth in school, and the risk and protective factors that influence their health during adolescence and into adulthood. Conducted by the McCreary Centre Society, the survey is the largest of its kind to date in Canada, with more than 30,000 youth in grades 7 through 12 participating in the most recent survey in 2003, representing more than 280,000 youth in public schools. The BC AHS has been administered in classrooms across the province in 1992, 1998, and 2003, and the next AHS will be conducted in the spring of 2008. This regular surveillance offers the opportunity to track trends in youth health and risk, as well as study emerging issues that affect youth health in the province.

Public health nurses, nursing students, and trained staff administered the pencil and paper questionnaire in more than 1550 classrooms, which were randomly selected in consultation with Statistics Canada to be representative of enrolled students in grades 7 through 12 throughout the province. The questionnaire each year had between 120 and 140 questions about family relationships, school experiences, and physical and

mental health concerns common to youth; it also included risk factors, like experiences of violence or tobacco use, and protective factors, such as supportive relationships, that influence the health and behaviours of young people. Most questions were repeated in all three surveys, and some new questions about emerging youth issues were added in both 1998 and 2003.

The survey was anonymous and voluntary, and took one class period (about 45 minutes) for most students to complete. More than 75% of school districts participated, but not all school districts participated each year. Those who did not participate in any year are not represented in this survey or in the trends that were calculated. Survey data were weighted by Statistics Canada to adjust for the complex sampling strategy and for school districts or individual students who did not participate. Detailed information about the sampling methods and participation rates for the most recent survey is available on the McCreary website at www.mcs.bc.ca.

Analyses for this Report

There are four primary types of analyses described in this report. The first is comparisons of the characteristics of people—age, gender, who they live with, etc.—across the range of sexual orientation in the 2003 AHS. This provides us with an understanding of who makes up the different sexual orientation groups among students. The second type of analysis is comparing health disparities and risk behaviours between specific orientation groups—for example, comparing the rates of suicide attempts between heterosexual and bisexual teens. The third type of analysis explores trends over time across the three surveys, to identify if the numbers of teens who identify as gay, lesbian or bisexual, or whether the health issues for sexual minority youth are increasing or decreasing. The final type of analysis is a comparison of the experiences of rural and urban sexual minority youth across the province.

All of the results discussed in this report have been tested for statistical significance using various methods. Only significant findings are reported.

Measuring Sexual Orientation

There are a number of ways to measure sexual orientation, because orientation includes different aspects: who someone is sexually and emotionally attracted to, who they are sexually active with (if they are sexually active), and how they actually identify or self-label. These aspects may not be consistent for a person, especially during adolescence. For example, most teens are not yet sexually active, while some teens may have been coerced to have sex with someone they are not attracted to. Some teens may not be experiencing attractions yet at all, and so may be unsure what their orientation is. Since being gay, lesbian or bisexual can be stigmatized, some students may choose to hide a gay or lesbian orientation by dating someone of the opposite gender; similarly, a bisexual student with an opposite-gender partner might be assumed to be heterosexual. To be safe, students may choose not to identify their orientation publicly (“come out”), or they may be from a culture that does not recognize the labels or identities that are commonly used in Canada.

The BC AHS asked one question about sexual orientation that was identical in all three years, and other questions that were only asked in one year. The measure of sexual orientation used for all the analyses in this report is the question in the box, which is based on attractions and identity, rather than behaviour:

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

- 100% heterosexual (attracted to persons of the opposite sex)
- Mostly heterosexual
- Bisexual (attracted to both males and females)
- Mostly homosexual
- 100% homosexual (“gay/lesbian”; attracted to persons of the same sex)
- Not sure

For all the analyses in this report, the “Mostly homosexual” and “100% homosexual” responses are combined together as gay/lesbian. The “Mostly heterosexual” group is unlike both the “100% heterosexual” group and the bisexual group, as well as being larger than the gay, lesbian, and bisexual groups combined; there is some evidence that this group might be a mix of younger teens, and those who might not have understood the question completely, or for whom English was a second language. In some responses, they are more like heterosexual teens, and in others, they are more like bisexual teens, so it would be difficult to combine them with either category. As a result, they are included in tables and charts as a separate category.

The “Not sure” group is another group that is difficult to identify. We cannot tell whether individuals who chose this answer were not yet sure of their orientation (those who chose “Not sure” were more likely to be younger) or if they were not sure what the question was asking (those who chose “Not sure” were also more likely to speak a

language other than English at home, or to have learning problems). The group is likely made up of both these types of groups, plus others who have additional reasons for choosing “Not sure.” Because they are potentially such a varied group, we have excluded them from most analyses.

Sexual orientation is different from gender identity. Although organizations supportive of sexual minority populations often include transgender people in addition to lesbian, gay, and bisexual youth, these school-based surveys did not ask any questions that would identify transgender individuals, so the analyses in this report are only focused on sexual orientation groups.

A Word about Terminology

Although it was originally in the survey question, the term “homosexual” has developed negative overtones in recent years, and many LGB or sexual minority groups find it an offensive or objectionable term. The terms “gay” for males or “lesbian” for females and “bisexual” for either gender are generally more acceptable. At the same time, some sexual minority young people consider these terms out-dated, and prefer to identify as “queer,” or do not want to be labeled at all. Aboriginal youth may choose to identify as Two-Spirit, which is a term that was adopted by First Nations and American Indian groups during an intertribal gay and lesbian conference in Winnipeg in 1990. Other ethnic groups may identify people with same-gender or both-gender attractions, but have different words or labels for these orientations. For the purposes of this report, we will use the terms lesbian, gay, and bisexual (LGB), but please recognize that these are the words based on the survey question, and these categories may include youth who identify as queer, Two-Spirit, or something else.

Comparing Health Disparities and Risks

A number of studies in other countries and elsewhere in Canada have found sexual minority youth are at higher risk for experiencing violence and other risk factors for poor health. Certain studies have also noted that LGB youth are more likely to engage in health-compromising behaviours than their heterosexual peers, behaviours such as substance use, unprotected sex, or suicide attempts. The reasons for these differences are not always clear, but some higher risks have been linked to their greater risk of violence and abuse, which are also predictors of risky behavior. For example, youth of any orientation who have been targeted for bullying or feel unsafe at school are more likely to carry a weapon to school.

In this report, a number of key health risks or risk behaviours are compared between the different orientation groups, most commonly in the 2003 AHS, but sometimes across all three years of the survey. Because the groups differ somewhat in age and some risk behaviours are more common among older rather than younger adolescents, some of the analyses took age into account, and so are reported as the odds of a risk behaviour being reported by LGB teens compared to heterosexual teens of the same age. Similarly, risks differ between males and females, so analyses are usually reported separately for male and female students.

Comparing Trends Over Time

The BC AHS has a number of questions that are asked in all three survey years: 1992, 1998, and 2003. This allows us to explore trends among the population of high school students in British Columbia, to learn whether the proportion of youth who identify as gay, lesbian, or bisexual is increasing or decreasing among youth in school. We can also identify whether health issues are improving or worsening for sexual minority youth across the

years. Trends are reported primarily for lesbian and gay or bisexual youth, not for heterosexual teens. All the trends identified in this report have been tested for statistical significance.

Where differences between risk behaviours among orientation groups have been identified in the previous analyses, i.e., the odds of an outcome are higher or lower for LGB youth compared to heterosexual youth when adjusted for age, it is also possible to test if this difference or gap is getting wider or narrower over time. Therefore, where it is possible, we have also tested trends in disparities between orientation groups over time.

Urban and Rural Comparisons

The definition of rural used in this report is Statistics Canada's "rural and small town" definition. Rural and small town areas have populations of less than 10,000 and lie outside the commuting zone of larger urban centres (called Census Metropolitan Areas and Census Agglomerations)*. The rural and small town definition was chosen because it reflects the level of economic and social integration between a rural area and urban centre. This provides a sense of the type of environment to which students who took the AHS survey were exposed, and suggests their access to services such as health and education facilities, financial institutions, shopping centres, cultural centres and sports facilities.

Urban areas, as defined in this report, are those classified by Statistics Canada as Census Metropolitan Areas and Census Agglomerations. These areas consist of a large urban core (with a population of at least 10,000) as well as any neighbouring municipalities that are highly integrated with the urban centre.

* du Plessis V, Beshiri R, Bollman RD, & Clemenson H. (2002). Definitions of "rural". Agriculture and Rural Working Paper Series Working Paper No. 61 [Electronic version]. Retrieved September 29, 2006, from <http://www.statcan.ca/english/research/21-601-MIE/2002061/21-601-MIE2002061.pdf>.

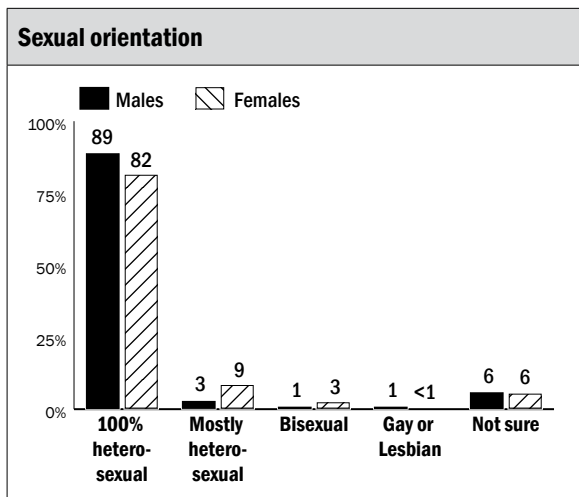
In order to link the urban or rural and small town definition to students in the AHS data, Statistics Canada's 2001 Census data were combined with the 2003 AHS data, based on Canada's six-digit postal codes. Data obtained from students who participated in the AHS do not include information about their home postal code, so the students' school postal codes were used. However, it is possible, due to the very long distances that some students in rural areas commute to school, that students' homes may be in a rural area, but the school they attend may be in an urban area.

The aim of the rural/urban analysis was to examine similarities and differences between lesbian, gay, and bisexual youth who lived in rural and small town regions and those who lived in urban regions. The analysis focuses only on LGB youth and does not include heterosexual youth. Among LGB youth who were represented in the 2003 AHS, approximately 200 males and 550 females were in rural schools and 1900 males and 4250 females were in urban schools.

Other Published Papers about LGB Youth from the AHS

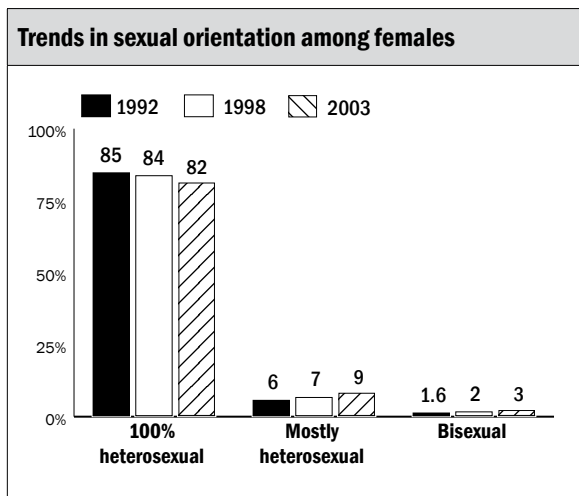
Some of the results described in this report have also been published in papers or abstracts in professional journals. These papers include greater detail about the statistical analyses and results of the tests than can be reported here. For those who want more information, a list of these references is included at the end of the report. These papers may be found in journals at your local university library, or through the website of the particular journal publisher. Reprints of these papers and abstracts can also be requested at the McCreary website, www.mcs.bc.ca.

Who are LGB youth? A profile



The data from the BC AHS show that the majority of adolescents identify as 100% heterosexual; males are more likely to identify as 100% heterosexual than females are, but females are three times more likely to identify as mostly heterosexual or bisexual. Both males and females are just as likely to choose Not sure as a response (6% each).

In terms of trends over time, the overall percentage of males in each orientation category is similar in each year, but this is not the case for females. From 1992 to 2003, females were less likely to identify as 100% heterosexual (85% down to 82%), and an increasing number of them identified as bisexual (1.6% up to 3%) or mostly heterosexual (6% up to 9%). The percent of lesbian and Not sure teens remained unchanged over all three years.



Age

With the exception of lesbian students, LGB and mostly heterosexual youth were older, on average, than either heterosexual or not sure teens. Not sure teens had the youngest average age, while lesbians were the same age on average as heterosexual females.

Average age (in years) of each orientation group in years		
	Males	Females
100% heterosexual	15.09	14.93
Mostly heterosexual	15.39	15.58
Bisexual	15.53	15.61
Gay/Lesbian	15.90	14.93
Not sure	14.23	14.00

Ethnicity

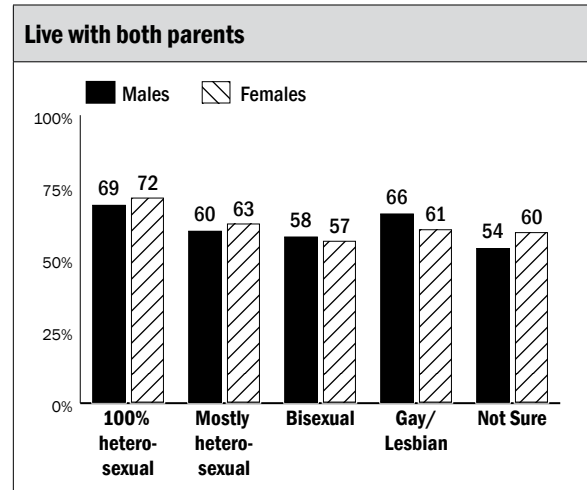
Different ethnic groups had slightly different patterns of sexual orientation, although some differences may be related to language barriers, or the percentage of youth who speak English as a second language, rather than to cultural perspectives. For example, East Asian youth were far more likely to choose Not sure than other males and females (13% of East Asian males vs. 4% for other males, 13% East Asian females vs. 5% for other females). Aboriginal males were more likely to identify as Not sure (7% vs. 6%), while Aboriginal females were more likely to identify as bisexual (6% vs. 3%), mostly heterosexual (10% vs. 9%) and Not sure (8% vs. 6%) compared to other females. South Asian males were more likely to identify as Not sure (10% vs. 6%) compared to other males, while South Asian females were more likely to identify as heterosexual (88% vs. 81%), and less likely to identify as mostly heterosexual (4% vs. 10%) and bisexual (1% vs. 3%) than other females.

Immigrants and those born outside of Canada were more likely to identify as Not sure, as well as gay, lesbian, or bisexual. More than 1 in 3 Not sure adolescents had been born outside of Canada, as were 29% of lesbian and 30% of gay students, 22% of bisexual females, and 28% of bisexual males. In contrast, only 17% of heterosexual females and 19% of heterosexual males had been born outside of Canada.

Family Situation

While the majority of adolescents in each orientation group lived with two parents, heterosexual teens were more likely to live with both parents than mostly heterosexual, LGB, and not sure youth. Gay and lesbian adolescents and bisexual females were also more likely than heterosexual teens to report living with non-related adults (for example, in foster care) or living alone.

LGB teens were also more likely to report they had run away from home in the past 12 months than their heterosexual peers. For males, this difference was especially evident for bisexual teens (16% versus 7% of heterosexual males). Both bisexual (28%) and lesbian (40%) females were much more likely to have run away, compared to heterosexual females (9%).



Experiences of Violence & Safety

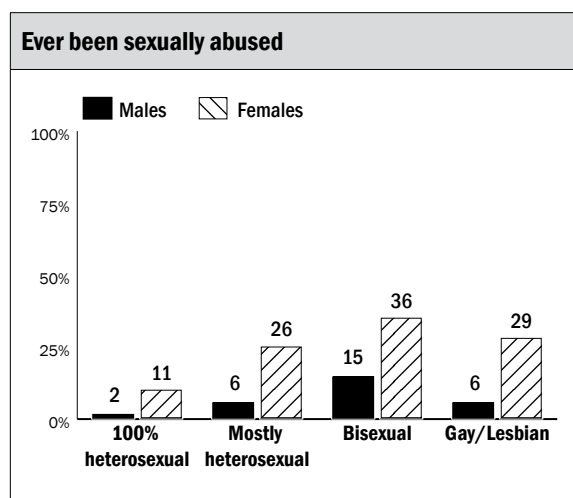
Abuse

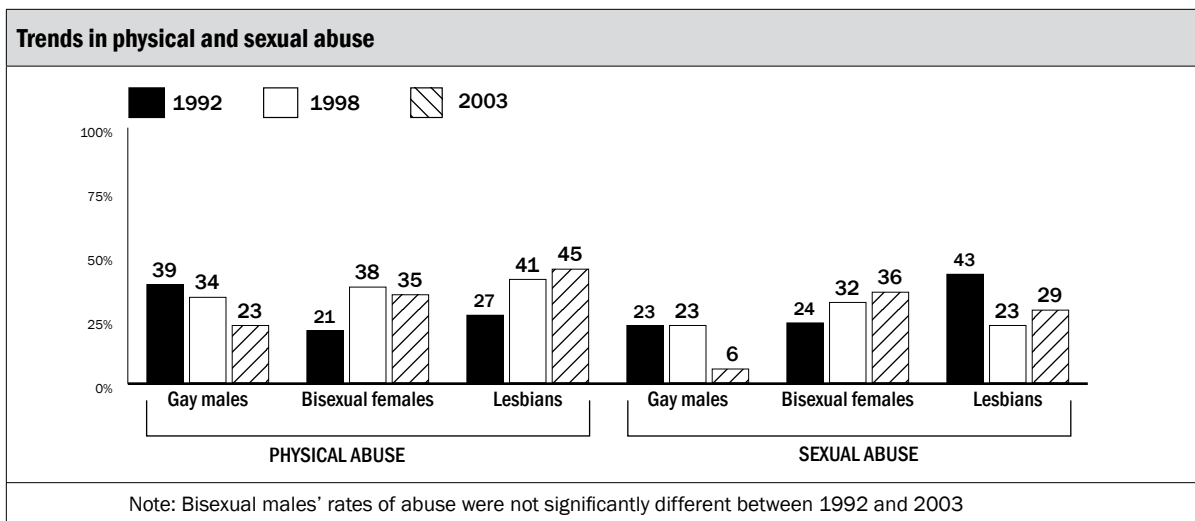
The AHS asks teens a number of questions related to their safety and experiences of victimization. The majority of LGB youth did not report the various types of violence and abuse. However, sexual minority youth were still more likely than their heterosexual peers to report experiences of victimization, both generally and specifically in relation to school.

Among both males and females, LGB teens were more likely than heterosexual peers to report that they had been sexually abused or forced to have sexual intercourse, physically abused, or physically hurt by a boyfriend or girlfriend.

- Sexually abused
 - » Males: 15% of bisexual and 6% of gay versus 2% of heterosexual
 - » Females: 36% of bisexual and 29% of lesbian versus 11% of heterosexual
- Forced to have sex
 - » Males: 15% of bisexual and 10% of gay versus 2% of heterosexual
 - » Females: 23% of bisexual and 15% of lesbian versus 5% of heterosexual

- Physically abused
 - » Males: 23% of both bisexual and gay versus 12% of heterosexual
 - » Females: 35% of bisexual and 45% of lesbian versus 17% of heterosexual
- Physically hurt by a boy/girlfriend
 - » Males: 11% of bisexual and gay versus 7% of heterosexual (of those who had a boy/girlfriend in past year)
 - » Females: 14% of bisexual and 24% of lesbian versus 5% of heterosexual (of those who had a boy/girlfriend in past year)





Although the rates of abuse experienced by heterosexual teens in the survey declined between 1992 and 2003, trends in abuse among LGB youth varied. For example, among gay males, rates of reported sexual abuse remained unchanged at 23% from 1992 to 1998 and then decreased to 6% in 2003, and rates of physical abuse decreased from 39% in 1992 to 23% in 2003. On the other hand, the percentage of bisexual males who had been sexually abused increased from 15% in 1992 to 22% in 1998, but then dropped back to 15% in 2003; physical abuse rates for bisexual males hovered around 25% over the three survey years. The proportion of bisexual females who reported sexual abuse increased from 24% in 1992 to 36% in 2003, and physical abuse increased from 21% to 35% in 2003 but peaked slightly at 38% in 1998. Finally, for lesbians the rate of sexual abuse dropped from 43% in 1992 to 23% in 1998 and then increased to 29% in 2003 while the rate of physical abuse increased from 27% in 1992 to 45% in 2003.

A greater proportion of LGB teens also reported being sexually harassed (verbally and/or physically) in the past year. While about 6 out of 10 LGB males were sexually harassed, only 4 out of 10 heterosexual males reported harassment. Seventy-eight percent of bisexual females and 67% of lesbians reported sexual harassment, compared to 59% of heterosexual females.

Discrimination

With the exception of sexual orientation discrimination, the majority of LGB youth did not report experiences of discrimination. However, compared to heterosexual youth, LGB youth were still more likely to report being discriminated against due to race/skin colour, sexual orientation, and physical appearance. The differences were most striking in the case of discrimination due to sexual orientation, where bisexual teens were 20 times more likely and gay and lesbian teens were 50 times more likely than heterosexual teens their same age to report this type of discrimination.

Compared to 1998, the number of sexual minority males who reported being discriminated against because of their sexual orientation increased in 2003, from 21% to 36% for bisexual males and from 45% to 60% for gay males. For bisexual females, the rate increased from 19% in 1998 to 28% in 2003; the rate for lesbians remained the same.

Discrimination experienced in the past year		
	Males	Females
Discriminated against due to race/skin colour		
100% heterosexual	14%	10%
Mostly heterosexual	19%	14%
Bisexual	20%	11%
Gay/Lesbian	18%	28%
Discriminated against due to sexual orientation		
100% heterosexual	3%	2%
Mostly heterosexual	8%	8%
Bisexual	36%	28%
Gay/Lesbian	60%	45%
Discriminated against due to physical appearance		
100% heterosexual	18%	20%
Mostly heterosexual	27%	32%
Bisexual	32%	43%
Gay/Lesbian	30%	41%

Victimization at School

With regards to experiences at school, youth were asked whether they had been verbally harassed, purposefully excluded, or physically assaulted at school or on their way to or from school in the past year. Sexual minority teens were generally more likely to report having these experiences. For example, about half of LGB teens said that they had been purposefully excluded or ignored, while a quarter of heterosexual males and a third of heterosexual females reported this experience. Furthermore, twice as many bisexual compared to heterosexual males had been physically assaulted in the past year (28% vs. 13%). The disparity was even more apparent among females, where 19% of bisexual and 20% of lesbians had been physically assaulted compared to only 5% of heterosexual females.

Victimization experiences at school in the past year		
	Males	Females
Verbal harassment		
100% heterosexual	29%	37%
Mostly heterosexual	41%	53%
Bisexual	48%	54%
Gay/Lesbian	61%	66%
Purposeful exclusion		
100% heterosexual	24%	36%
Mostly heterosexual	36%	50%
Bisexual	44%	48%
Gay/Lesbian	55%	53%
Physical assaults		
100% heterosexual	13%	5%
Mostly heterosexual	13%	10%
Bisexual	28%	19%
Gay/Lesbian	7%	20%

Given the higher incidence of victimization experienced by LGB youth at school in 2003, perhaps it is not surprising that they were also:

- Less likely to always feel safe at school
 - » Males: 29% bisexual and 30% gay versus 42% heterosexual
 - » Females: 31% bisexual and 18% lesbian versus 40% heterosexual
- More likely (with the exception of gay males) to have skipped classes in the past month
 - » Males: 51% bisexual versus 33% heterosexual
 - » Females: 54% bisexual and 50% lesbian versus 34% heterosexual
- More likely (with the exception of gay males) to have carried a weapon to school in the past month
 - » Males: 26% bisexual versus 12% heterosexual
 - » Females: 16% bisexual and 31% lesbian versus only 2% heterosexual

Involvement in fights

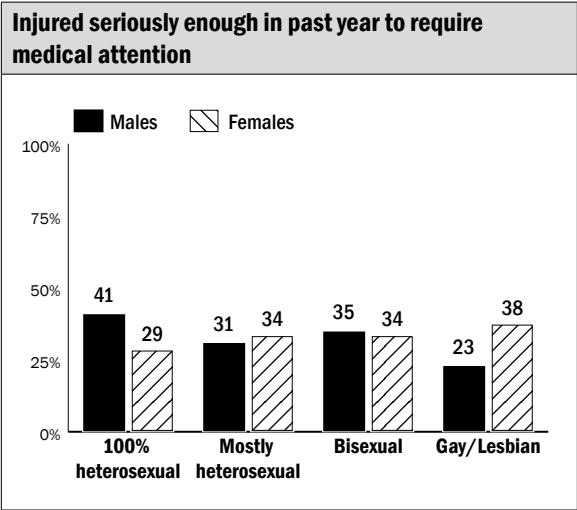
The AHS includes items about teens' involvement in physical fights. The survey does not inquire about the nature of the fights, and thus it cannot be determined whether the student started the fight or not. Nevertheless, involvement in fights is yet another example of a possible threat to personal safety for sexual minority teens.

While fewer gay males (23%) were involved in fights compared to their heterosexual peers (37%), bisexual males (38%) were equally likely to have been in a fight. LGB females, on the other hand, were much more likely to have been involved in fights in the past year (37% of bisexual females and 48% of lesbians vs. 17% of heterosexual females). Furthermore, lesbians were much more likely to report that they had been in a fight where they were injured (17% vs. 2% of heterosexual females).

Injuries

The AHS asks teens about injuries they have experienced as well as injury prevention behaviours such as seatbelt use. In general, about 1 in 3 youth experienced an injury in the past year. LGB males seemed to be at less risk of injury and LGB females were at greater risk of injury compared to their heterosexual peers.

Youth were asked whether they had been injured seriously enough in the past year to require medical attention. LGB males were less likely (35% bisexual and 23% gay vs. 41% heterosexual) and LGB females were more likely (34% bisexual and 38% lesbian vs. 29% heterosexual) to have been injured. While the number of sexual minority females who reported injuries has not changed since 1998, more bisexual males (35% vs. 27%) and fewer gay males (23% vs. 39%) were injured in 2003 compared to 1998.



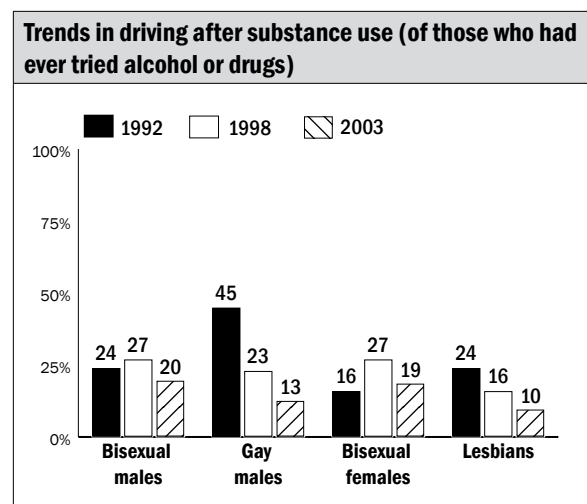
Among both males and females who had been injured in 2003, the most serious injury they had in the past year was most commonly sports-related. However, sexual minority teens were less likely than heterosexual teens to have injured themselves this way (Males: 66% bisexual and 43% gay vs. 73% heterosexual; Females: 43% bisexual and 60% lesbian vs. 66% heterosexual). Furthermore, about one-fifth of gay males indicated they had been most seriously injured in a car accident, compared to only 4% of heterosexual males. As well, more gay males than heterosexual males who reported injuries were most seriously injured in a fight (10% vs. 6%). Similarly, sexual minority females who reported injuries were more likely than their heterosexual peers to have been most seriously injured in a fight (8% bisexual and 11% lesbian vs. 3% heterosexual).

Of youth who had tried alcohol or drugs, few differences emerged in drinking and driving behaviour. However, one striking difference was that gay males were only four-tenths as likely as heterosexual males their same age to have ever driven after alcohol or drug use. Furthermore, the number of youth who report driving after substance use has declined since 1992 for both gay males (from 45% in 1992 to 13% in 2003) and lesbians (from 24% in 1992 to 10% in 2003). For bisexual males about one-quarter reported driving after alcohol or drug use in 1992 and 1998 and then the rate declined to 20% in 2003. For bisexual females, on the other hand, the proportion of youth who drove after substance use increased from 16% in 1992 to 27% in 1998 but then declined to 19% in 2003.

In 2003, 18% of heterosexual males rode with a drinking driver in the past month; this compares to 15% of bisexual males and 10% of gay males. For females, LGB teens were more likely to get in a car with a person who had been drinking (37% of bisexual and 33% of lesbians vs. 23% of heterosexual females).

Despite laws requiring the use of seatbelts when riding in a vehicle and the use of helmets when riding a bicycle, a substantial number of teens do not use these safety devices.

- LGB males were more likely and LGB females were less likely to always wear a seat belt. These differences were strongest for gay and lesbian youth (70% of gay males vs. 53% of heterosexual males; 41% of lesbians vs. 55% of heterosexual females).
- Compared to their heterosexual peers, gay males were somewhat more likely to always wear a helmet while riding their bicycle (30% vs. 24% of those who had ridden their bike in the past year) and bisexual females somewhat less likely (19% vs. 26% of those who had ridden their bike in the past year).



Sexual Behaviour

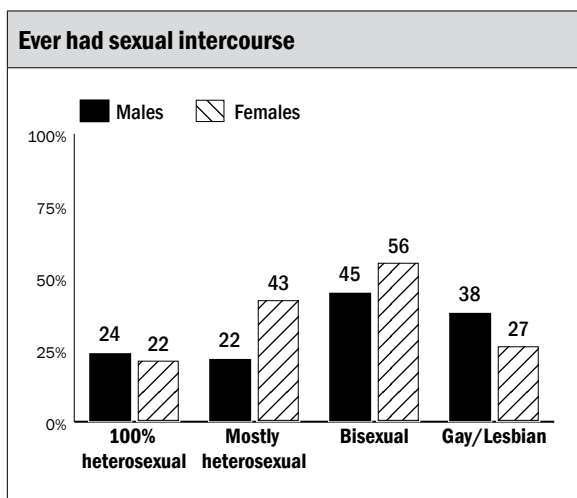
The AHS asks about a variety of healthy and risky sexual behaviors. With the exception of bisexual females, the majority of LGB youth are not sexually experienced. However, LGB youth were more likely than heterosexual peers to have ever had sexual intercourse, with the highest percent of sexually-experienced youth among bisexual males and females.

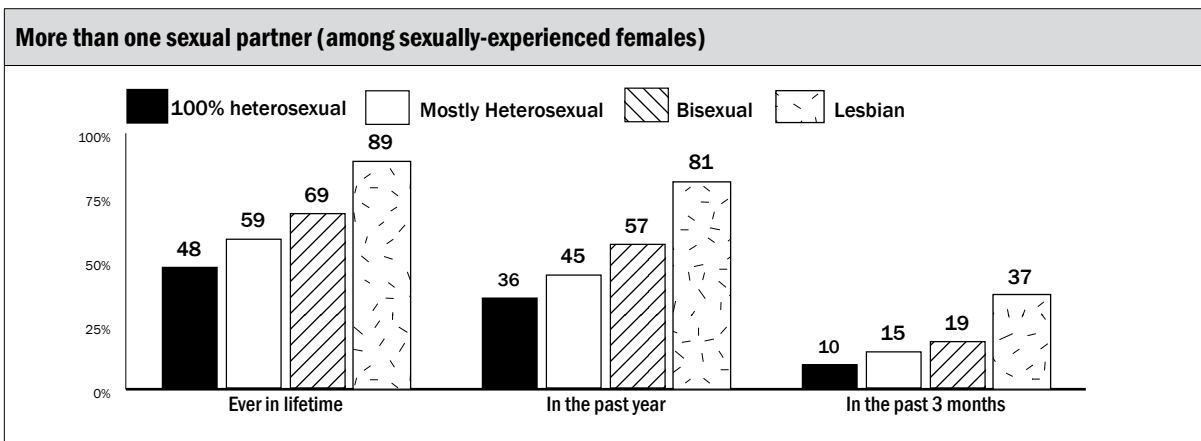
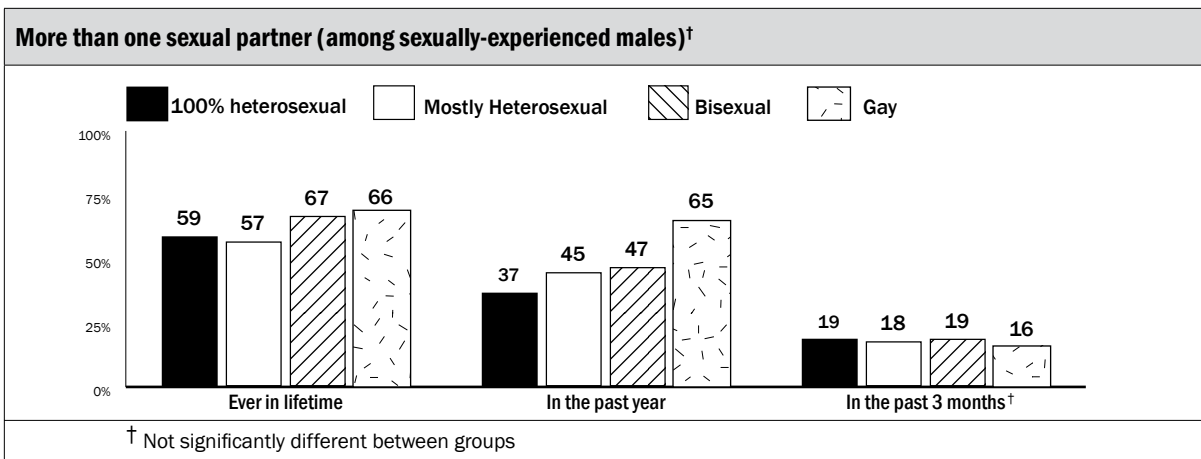
Sexually-experienced LGB youth were more likely than their heterosexual peers to report first having sexual intercourse before 14 years old, although this may be in part due to their greater rates of experiencing sexual abuse. One in four sexually-experienced heterosexual males (24%) reported first having sex before age 14, while 43% of bisexual males and 42% of gay males reported early sexual experience. Among females, 14% of sexually-experienced heterosexual females reported first sex

before 14 years old, compared to 26% of bisexual females and nearly half of lesbians (48%). Fortunately, the percentage of LGB youth who started having sex so early declined between 1992 and 2003.

Starting sexual activity at earlier ages increases the chances someone will have more sexual partners. In fact, among both sexually-experienced males and females, greater proportions of bisexual and gay/lesbian youth reported having one or more sexual partners during their life compared to heterosexual youth. However, when it comes to the number of recent sexual partners (in the past three months), there were no differences between the male orientation groups, but bisexual and lesbians were still more likely to report more recent sexual partners than heterosexual females.

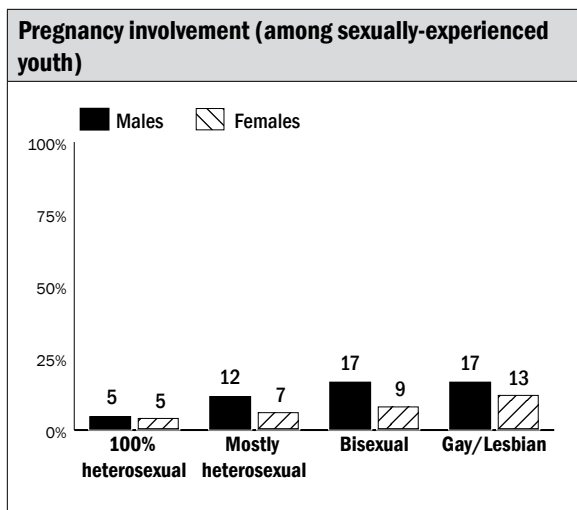
Drinking alcohol or using drugs before having sexual intercourse can increase risky sexual behaviours. While sexually-experienced heterosexual and bisexual males were as likely to report drinking alcohol or using drugs before having sex the last time, gay males were less likely to do so (32% heterosexual, 24% mostly heterosexual, 32% bisexual, 14% gay males). Among girls, sexually-experienced bisexual females were more likely than others to report alcohol or drug use before last sex, but there were no differences between sexually-experienced heterosexuals and lesbians (26% heterosexual, 25% mostly heterosexual, 34% bisexual, and 27% lesbians).





The rates of LGB youth who reported using alcohol or drugs before last sex steadily declined between 1992 and 2003 for gay males, and between 1992 and 1998 for lesbians, after which the rate

increased in 2003. For bisexual males and females, the percentage who reported substance use before last intercourse rose between 1992 and 1998, then declined in 2003.



Teen Pregnancy Involvement

Early sexual experience, multiple partners, alcohol or drug use before sexual intercourse and unprotected sexual intercourse are all risks for increased chances of pregnancy. Both bisexual and gay/lesbian youth were more likely than their heterosexual peers to report having been pregnant or having caused a pregnancy. Compared to heterosexual peers their same age, bisexual and gay males were more than 3 times more likely to have been involved in a pregnancy, while lesbian and bisexual females were 2 to 3 times as likely to have been pregnant than heterosexual females.

Trends in pregnancy among adolescents were mixed. While the rates of teen pregnancy involvement for heterosexual males and for gay males declined between 1992 and 2003, the rates increased for bisexual males between 1992 and 1998, then declined between 1998 and 2003. Among females, the rates declined for heterosexual and bisexual teens across all three years, while rates for lesbians remained relatively unchanged.

Gender of sexual partners in the past year[†]

	Opposite-gender only	Both-gender	Same-gender only
MALE			
Heterosexual	99%	1%	<1%
Mostly heterosexual	94%	5%	1%
Bisexual	55%	32%	14%
Gay	26%	19%	55%
FEMALE			
Heterosexual	99%	1%	<1%
Mostly heterosexual	91%	9%	0%
Bisexual	62%	33%	5%
Lesbian	15%	56%	29%

[†]Among sexually active youth only

Condom Use & Gender of Sexual Partners

Condom use protects against pregnancy in sexual intercourse between males and females, and protects against sexually transmitted infections (STIs) when sexual activity is between males or between males and females. The majority of sexually-experienced males and females reported using a condom at last intercourse, but bisexual males were less likely to have used a condom than heterosexual or gay males. Fewer than half of bisexual males (46%) had used a condom, compared to 74% of heterosexual males, 62% of mostly heterosexual males, and 75% of gay males. Mostly heterosexual, bisexual and lesbians were all less likely than heterosexual peers to report using a condom at last intercourse (52% mostly heterosexual, 62% bisexual, and only 39% lesbians had used a condom, compared to 66% of heterosexual females).

Although one reason that lesbian teens may not have used a condom at last intercourse could be their most recent intercourse was with a female partner, this may not always be the case. A majority of lesbians and bisexual youth, and nearly half of gay males, reported opposite-gender sexual partners in the past year.

For gay males and bisexual females, trends in condom use at last sex were encouraging. The rates in condom use have increased dramatically between 1992 and 2003 (from 49% to 75% for gay males; from 24% to 62% for bisexual females). In contrast, trends in condom use among bisexual males and lesbians were relatively unchanged during the same period (from 47% to 46% for bisexual males; from 38% to 39% for lesbians).

Risk for HIV/AIDS and other STIs

The lower and unchanged rate of recent condom use among bisexual males might help explain a higher rate of self-reported STIs among this group. While most sexually-experienced LGB youth reported they had not been told by a doctor or a nurse that they had an STI, they were still more likely to report this than heterosexual teens. Sexually-experienced bisexual males were nearly twice as likely as heterosexual males their same age to report they had ever been diagnosed with an STI. Sexually-experienced heterosexual and gay males did not differ in STI rates. The opposite was found among sexually-experienced females: lesbians were twice as likely as heterosexual females their same age to report having ever had an STI, but there was no difference between heterosexual and bisexual females. It should be noted that the AHS did not ask whether youth had ever been tested for STIs, and some people can be infected but have no symptoms.

The rates of youth who reported STIs declined from 1992 to 2003 for all LGB groups. In 1992, over a quarter of bisexual males (27%) reported ever having STIs, which decreased to 17% in 1998, and 7% in 2003. Among gay males, rates dropped from 27% in 1992 to 24% in 1998 and to 4% in 2003. The percent of lesbians who reported STIs in 2003 was still higher than for heterosexual females (5% vs. 2%), but it had substantially dropped from 34% in 1992 and 22% in 1998. Among bisexual females, the rate of self-reported STIs increased from 8% in 1992 to 13% in 1998, but then dropped to 3% in 2003.

Aside from unprotected sex, a number of other risky sexual behaviours, such as multiple partners, early sexual experience, and previous STIs can increase a youth's risk of getting HIV/AIDS. Injection drug use also increases the risk for HIV. In a study that included all three years of the BC AHS, an HIV risk score was created based on the number of types of risky sexual behaviors, plus injection drug use, that students reported*. The score ranged from 0 to 100, with 0 meaning no risk: compared with heterosexual peers of the same age, bisexual and gay/lesbian youth had higher HIV risk scores, on average, in all three years. However, both heterosexual and LGB youth who had been sexually abused had higher HIV risk scores than their non-abused peers, and when a history of sexual abuse was included in the analyses along with age and orientation, it accounted for the differences in risk scores better than analyses with just sexual orientation and age. This suggests that higher rates of HIV risk behaviours among LGB youth are partly explained by the higher rates of LGB youth who have experienced sexual abuse compared to their heterosexual peers.

* See Saewyc, Skay, Richens, et al., 2006 (see references at end of report).

One element of good news: despite still being higher than their heterosexual peers, the HIV risk scores for all LGB groups except bisexual females declined significantly between 1992 and 2003. This decline was especially noticeable for gay males, which saw a nearly 5-fold decline in HIV risk score, due to the dropping rates of the different risk behaviours described above. These changes may be due in part to the similar decline in rates of sexual abuse reported by gay students, and the increase in rates of sexual abuse over those same years reported by bisexual females.

Average HIV Risk Scores[†]				
	Hetero- sexual	Mostly heterosexual	Bisexual	Gay
MALES				
1992	9.69	6.71	18.38	39.08
1998	6.82	7.68	17.97	24.48
2003	6.74	5.65	15.20	7.76
	Hetero- sexual	Mostly heterosexual	Bisexual	Lesbian
FEMALES				
1992	7.97	6.94	8.75	21.86
1998	5.82	9.19	18.54	16.65
2003	6.02	12.25	16.26	11.99
† Scored 0 to 100, 0=No risk, adjusted for age				

Substance Use

Smoking

Based on their responses to a number of questions regarding smoking behaviour, teens were categorized into one of four categories:

- Non-smoker: never smoked a cigarette
- Experimental smoker: smoked fewer than 100 cigarettes during lifetime
- Current smoker: smoked 100 or more cigarettes during lifetime, smoked in the past month, and at the time of the survey smoked occasionally or regularly
- Former smoker: used to smoke, but quit

About two-thirds of sexual minority males and three-quarters of heterosexual males had never smoked, while 48% of bisexual females, 58% of lesbians, and 72% of heterosexual females had never smoked. With the exception of lesbians,

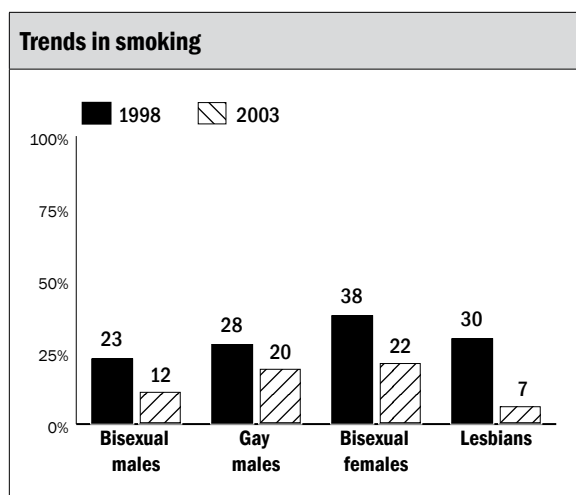
sexual minority teens were more likely to be current smokers than heterosexual peers. Bisexual males were twice as likely and gay males 2.5 times more likely than heterosexual males of the same age to be smokers. Likewise, bisexual females were 3.5 times more likely than heterosexual females their same age to be smokers.

As with heterosexual teens across the province, the proportion of LGB teens who indicated they were current smokers has declined since 1998. For example, the proportion of bisexual males who were smokers in 2003 was half what it was in 1998 (23% compared to 12%). The smoking rate has dropped even more dramatically for lesbians, from 30% in 1998 to 7% in 2003.

Alcohol

Youth were asked how often they had drunk alcohol in their lifetime. More bisexual teens than heterosexual teens reported that they had taken at least one drink of alcohol in their life (Males: 68% vs. 60%; Females: 80% vs. 57%). Gay and lesbian teens were as likely as heterosexual teens to have tried alcohol in their life.

With respect to recent drinking behaviour, teens were also asked about binge-drinking (i.e., having five or more drinks in a row in a short period of time) in the past month. These results varied by gender and sexual minority group. Compared to heterosexual youth the same age, gay males were only two-thirds as likely to report binge-drinking in the past month, while bisexual females were two times more likely to report binge-drinking.



The proportion of gay males who engaged in binge-drinking has decreased substantially (from 68% in 1992 to 39% in 1998 to 28% in 2003); the reverse trend was seen in bisexual females (12% in 1992 to 37% in 1998 to 43% in 2003). Among bisexual males, the rate of binge-drinking rose from 22% in 1992 to 32% in 1998 and remained at this rate in 2003. Finally, about a third of lesbians in 1992 and 1998 reported binge-drinking and then the rate dropped somewhat to 26% in 2003.

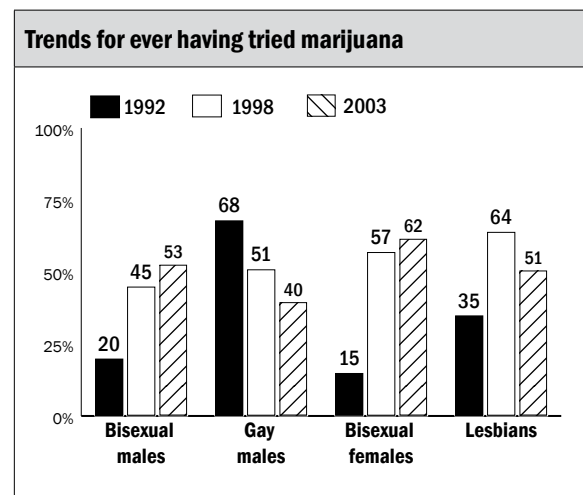
Marijuana

Sexual minority teens were more likely than heterosexual teens to say they had ever tried marijuana. Fifty-three percent of bisexual males had tried, compared to 39% of heterosexual males (40% of gay males had ever tried marijuana). Likewise, 62% of bisexual females and 51% of lesbians had tried marijuana, compared to 36% of heterosexual females.

Ever tried alcohol, marijuana, or other drugs		
	Males	Females
Ever tried alcohol		
100% heterosexual	60%	57%
Mostly heterosexual	59%	76%
Bisexual	68%	80%
Gay/Lesbian	60%	57%
Ever tried marijuana		
100% heterosexual	39%	36%
Mostly heterosexual	36%	56%
Bisexual	53%	62%
Gay/Lesbian	40%	51%
Ever tried other drugs		
100% heterosexual	22%	21%
Mostly heterosexual	26%	44%
Bisexual	43%	49%
Gay/Lesbian	25%	51%

Students were asked about their use of marijuana in the past month. Of those youth who had ever tried marijuana, bisexual males were two-thirds less likely while bisexual females were 2.5 times more likely to have been heavy marijuana users (i.e., used marijuana at least 10 times) in the previous month, compared to heterosexual teens of the same age and gender.

Similar to their heterosexual peers, the proportion of teens who reported they had ever tried marijuana increased from 1992 to 2003 for all sexual minority groups except gay males, whose rate dropped from 68% in 1992 to 40% in 2003. Twenty percent of bisexual males in 1992 had tried marijuana, while 53% in 2003 had tried. A sharper trend was evident for bisexual females, whose rate increased from 15% in 1992 to 62% in 2003. Lesbians also reported an increase from 35% in 1992 to 51% in 2003, although the proportion of lesbians who had tried marijuana peaked in 1998 at 64%.



Other drugs

The AHS asks a number of questions about use of other types of drugs (i.e., cocaine, hallucinogens, mushrooms, inhalants, amphetamines, heroin, injected drugs, steroids, and prescription pills without a doctor's consent).

In general, fewer than half of LGB youth reported ever trying any of these drugs, but a greater proportion of bisexual males reported that they had ever tried at least one of these drugs compared to their heterosexual peers (43% vs. 22%). For example, compared to heterosexual males their same age, bisexual males were 5 times more likely to have tried amphetamines and 6.5 times more likely to have injected drugs.

Similarly, both bisexual (49%) and lesbian (51%) females were more likely than their heterosexual (21%) peers to try at least one of these drugs. For example, compared to heterosexual females their same age, sexual minority females were more likely to have tried amphetamines (bisexual: 3.5 times; lesbian: 11 times) and heroin (bisexual: 6.5 times; lesbian: 25 times).

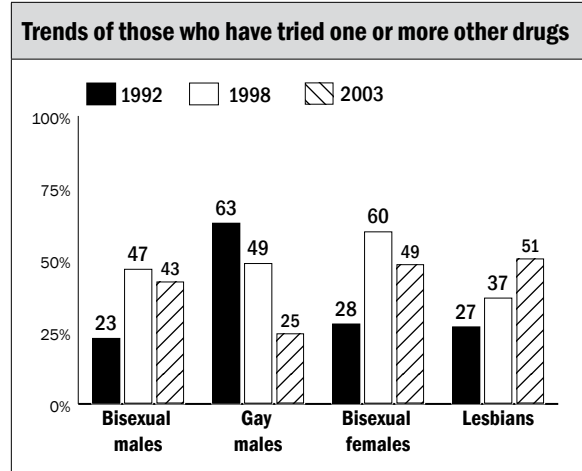
The proportion of youth who report they had ever tried any one of these drugs has decreased among gay males (from 63% in 1992 to 25% in 2003), but has increased among lesbians (from 27% in 1992 to 51% in 2003). The percentage of youth who reported they had ever tried one or more of these drugs, aside from alcohol and marijuana, also increased for bisexual teens from 1992 to 2003, but the rates peaked in 1998 (at 47% for males and 60% for females).

The odds that sexual minority youth were more likely than heterosexual peers the same age to have tried other drugs				
	Bisexual Males	Gay Males	Bisexual Females	Lesbians
Cocaine	4.5	1.5	4	11
Hallucinogens	4	ns	4	4.5
Mushrooms	2.5	0.5	3	3.5
Inhalants	5.5	ns	4	9.5
Amphetamines	5	1.5	3.5	11
Heroin	3.5	ns	6.5	25
Injected drugs	6.5	ns	9.5	76
Steroids without prescription	1.5	ns	4.5	7
Prescription pills without doctor's consent	2	1.5	2.5	3

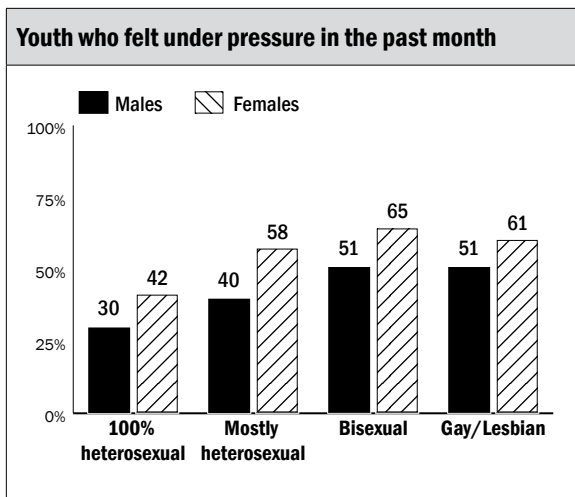
Note: The figures in the table may be interpreted as follows. A '1' indicates that the group was just as likely as heterosexual teens of the same age and gender to have tried the drug. A '4' indicates that the group was 4 times more likely than heterosexual teens of the same age and gender to have tried the drug. A '0.5' indicates that the group was half as likely as heterosexual teens of the same age and gender to have tried the drug. For example, bisexual males were 4 times more likely than heterosexual males the same age to have tried hallucinogens.

Problems associated with substance use

The 2003 AHS asked youth whether they had experienced any problems after drinking or using drugs during the past 12 months. Such problems included passing out, getting into a car accident, getting injured, getting in trouble at school, having poor school work, arguing with family members, getting into a physical fight, damaging property, losing friends, getting into trouble with police, breaking up with a boy/girlfriend, having to get treatment for alcohol or drug abuse, or having sex when they did not want to. Of those youth who reported using alcohol or drugs in the year prior, bisexual males (57%), bisexual females (63%), and lesbians (60%) were more likely than their heterosexual peers (47% males; 48% females) to report having had at least one of these problems. For example, compared to heterosexual youth the same age, these youth were at least twice as likely to have lost friends, gotten treatment for alcohol or drug abuse, and had sex when they did not want to.



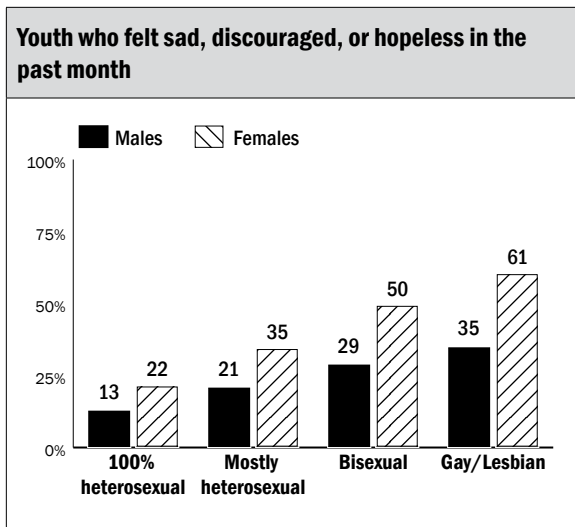
Mental Health



The AHS asked a series of questions about being under pressure or stress, being bothered by nervousness, or feeling sad or hopeless in the past month; such questions about emotional states are often linked to anxiety or depression. The survey also asked questions about suicidal thinking and suicide attempts in the past year.

Emotional distress

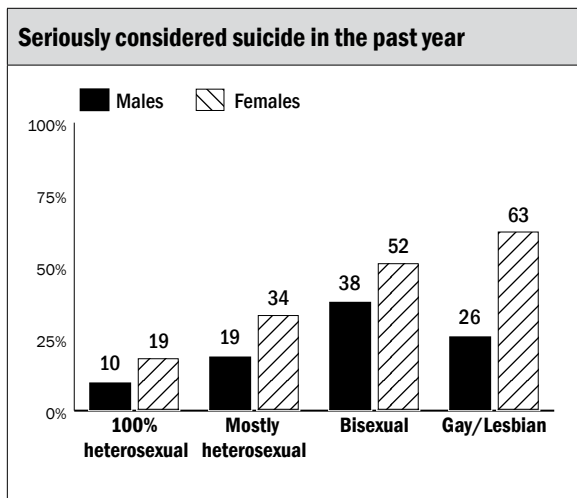
LGB youth and mostly heterosexual youth were far more likely than heterosexual youth to report all the different types of emotional distress in the past month. For example, half of LGB males and nearly two in three LGB females reported feeling under pressure in the past month, compared to only 30% of heterosexual males and 42% of heterosexual females.



More than twice as many LGB youth reported being bothered by nervousness in the past month compared to heterosexual peers (Males: 10% heterosexual, 22% bisexual, 39% gay; Females: 18% heterosexual, 38% bisexual, 41% lesbian). Similarly, more than twice as many LGB youth reported feeling sad, discouraged or hopeless in the past month.

Trends in emotional distress

Rates of emotional distress among heterosexual teens were relatively unchanged between the three surveys; for example, 30-31% of heterosexual males reported feeling under pressure in the past month, as did 41-42% of heterosexual females. In contrast, among bisexual males, an increasing percentage report feeling under pressure between 1992 (39%), 1998 (46%), and 2003 (50%); similar increases were seen for gay males (40% in 1992, up to 51% in 2003). Lesbian and bisexual females also saw increases in the percent who reported feeling under pressure between 1992 and 2003, but the rates peaked in 1998. Among bisexual females, the rates were 39% in 1992, 79% in 1998, and 65% in 2003; among lesbians, the rates were 59% in 1992, 80% in 1998, and 61% in 2003.



Trends in rates of hopelessness showed similar patterns, with 13% of heterosexual males and 22-25% of heterosexual females reporting feeling sad, discouraged, or hopeless in the past month in all three years of the survey. Among gay males, however, rates increased slightly, from 29% in 1992 to 35% in 2003, while for bisexual males, they were relatively unchanged (30% in 1992, 32% in 1998, and 29% in 2003). Lesbian and bisexual females showed inconsistent changes over time: for bisexual females, rates increased from 28% in 1992, to 61% in 1998, then decreased to 50% in 2003, while for lesbians, the rates dropped from 45% in 1992 to 33% in 1998, then increased to 61% in 2003.

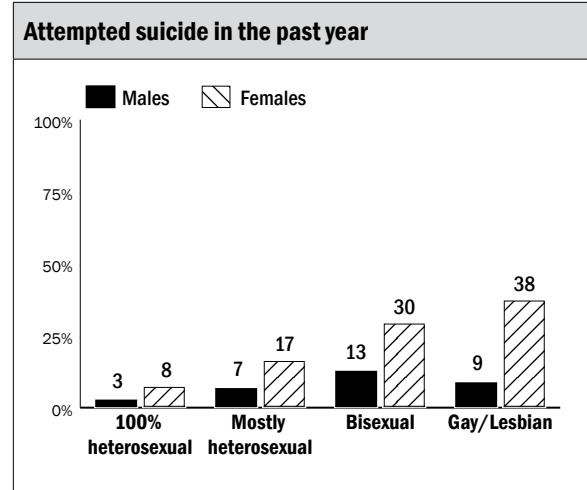
Suicide*

Thinking about suicide (suicidal ideation) is a warning sign that someone may actually try to commit suicide, and young people who have attempted suicide one or more times in the past year are at high risk of attempting, and successfully completing, suicide. While the AHS cannot measure actual suicide rates for the population, the survey did ask students whether they had seriously considered suicide in the past 12 months, as well as how many times in the past 12 months they had actually attempted suicide.

*More detailed information about suicidal ideation and attempts is reported in Saewyc, Skay, Hynds, et al., "Suicidal ideation and attempts in North American school-based surveys: Are bisexual youth at increasing risk?" (see references at end of report).

Overall, a higher proportion of youth reported thinking about suicide than actually attempted suicide in the past year, regardless of orientation. Similarly, females were more likely than males in each orientation group to have seriously considered suicide. However, LGB youth were significantly more likely to report suicidal thoughts in the past year compared to heterosexual peers. Even after adjusting for differences in age, bisexual males and females were 5 times more likely to have considered suicide than heterosexual teens their same age and gender, while gay males were about twice as likely, and lesbians were 5 times more likely to have thought about suicide than heterosexual peers.

The majority of LGB youth did not attempt suicide in the past year. However, compared to heterosexual students of the same age and gender, a much higher proportion of LGB youth had also attempted suicide at least once in the past year. Only 3% of heterosexual males had attempted suicide, but 9% of gay and 13% of bisexual males reported suicide attempts. Similarly, only 8% of heterosexual females attempted suicide, but 30% of bisexual females and 38% of lesbians reported attempting suicide in the past year. After adjusting for age, bisexual males were 4 times more likely to attempt suicide than heterosexual males, and bisexual females were 5 times more likely than heterosexual females.

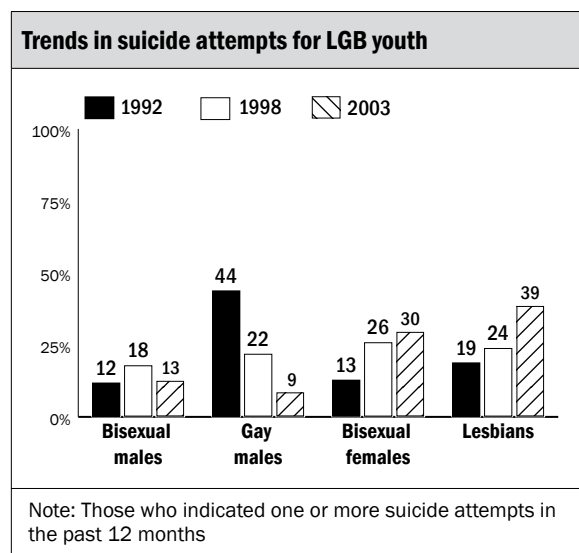


Trends in suicidal thoughts and attempts

Although the rates of heterosexual teens who reported suicidal thoughts remained similar for males over all three surveys (9-11%) and declined slightly for females (22% down to 19%), rates of suicidal thinking significantly increased for bisexual males, bisexual females, and lesbians over the same three years. For example, in 1992, 21% of bisexual males reported thinking about suicide in the past year, while in 2003 this had increased to 38%. Similarly, 20% of bisexual females reported suicidal thoughts in 1992, while in 2003, more than half (52%) reported suicidal thoughts. Lesbians reported even greater increases, from 33% in 1992 to 63% in 2003. Unlike rates for other sexual minority youth, the rates of gay males with suicidal thoughts declined sharply from 1992 (50%) to 2003 (26%).

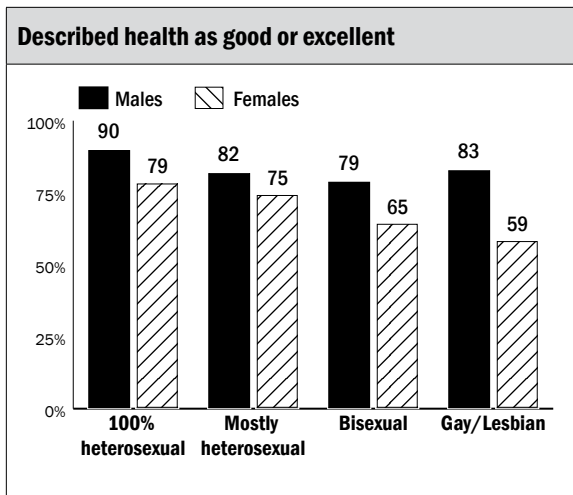
Trends in suicide attempts showed similar patterns of unchanged rates (males) or declining rates (females) for heterosexual youth, but increasing rates for lesbian and bisexual females, increasing and then declining rates for bisexual males, and sharply declining rates for gay males. Among lesbian and bisexual females, rates in 1992 were 13% and 19%, and by 2003, had increased to 38% (lesbian) and 30% (bisexual). For bisexual males, 12% reported a recent suicide attempt in 1992, while 18% reported suicide attempts in 1998, and 13% in 2003. Again, unlike the other sexual minority groups, the rates of suicide attempts among gay males decreased from 44% in 1992 to 22% in 1998, to only 9% in 2003. Even so, this was still 3 times as high as the proportion who had attempted suicide among heterosexual youth.

When adjusted for age, the gap between heterosexual and bisexual females in odds of suicide attempts continued to widen, from 1992, when bisexual females were twice as likely as heterosexual females their same age to have a recent suicide attempt, to 2003, when bisexual females were 5 times more likely to have attempted suicide compared to heterosexual peers.



Physical Health & Diet

A youth's perception of health is strongly associated with quality of life. The AHS asked students how they would describe their health. Fortunately, the majority of teens overall considered their health good or excellent. Yet compared to heterosexual teens, LGB youth were less likely to rate their health as good or excellent. Among males, for example, 90% of heterosexual males compared to only 79% of bisexual males and 83% of gay males felt their health was good or excellent. Girls generally rated their health poorer than males did, but heterosexual females were still more likely to say their health was good or excellent (85%) than bisexual females (65%) or lesbians (59%).



In terms of trends over time, the proportion of bisexual males who described their health as good or excellent did not change between 1992 and 2003, while the rate of gay males who responded this way increased between those years (72% in 1992, 88% in 1998, 83% in 2003). In contrast, the percent of females who considered their health good or excellent declined among both lesbian and bisexual females: more than 3 out of 4 lesbians (75%) and bisexual females (77%) rated their health that highly in 1992, but this declined to less than 2 out of 3 by 2003 (59% lesbian, 65% bisexual).

Stress and anxiety can also have an effect on physical health, potentially increasing problems with school because of repeated absences. The AHS asked students if, in the last 6 months, they had experienced the kinds of health symptoms that are frequently associated with stress: headaches, stomachaches, backaches, or dizziness. For each of these, students could select “not at all,” “some” or “a lot.”

In the 2003 survey, except for lesbians, LGB youth were more likely than heterosexual peers to report experiencing one or more of these symptoms “a lot”:

- Among males, 51% bisexual and 45% gay males, compared to 28% heterosexual and 33% mostly heterosexual males
- Among females, 62% bisexual females and 55% mostly heterosexual females, compared to 41% heterosexual and 38% lesbians.

Body image and weight

LGB youth are less likely than heterosexual teens to be satisfied with how their body looks. Nearly 3 in 5 heterosexual males reported being satisfied or very satisfied with how their body looks (59%), while less than half of mostly heterosexual (43%), bisexual (49%) and gay males (36%) were satisfied with their body. Females in general were less satisfied than males with their bodies, but lesbian and bisexual females were least likely to be satisfied or very satisfied with how their body looks (29% lesbian, 33% bisexual, 38% mostly heterosexual, and 44% heterosexual females were satisfied with their body).

The AHS asked students for their height and weight; together, these can be used to calculate someone's body mass index (BMI). Based on Health Canada guidelines for males and females of different ages, BMI can be used to estimate whether someone is normal weight, underweight, or overweight. The majority of LGB youth, like their heterosexual peers, were normal weight. Nearly 3 out of 4 heterosexual males were normal weight for their age (73%), 23% were overweight, and only 4% were underweight. A similar proportion of bisexual males were normal weight (73%), overweight (22%) or underweight (5%) as heterosexual males. However, gay males were both more likely to be underweight (9%) and overweight (28%) than other males.

While 85% of heterosexual females were normal weight, only 74% of bisexual females and 66% of lesbians were normal weight. Lesbians were more likely to be underweight (11%) than heterosexual females (4%), while bisexual females were less likely to be underweight (2%). However, lesbian and bisexual females were also twice as likely to be overweight (23% lesbian & bisexual, 11% heterosexual females).

Perceptions about weight often may not match actual weight, but can influence body image and weight management practices. A lower percentage of LGB youth than heterosexual youth consider themselves about the right weight. While 2 in 3 heterosexual teens consider themselves the right weight (69% males, 65% females), only 28% of lesbians and 56% of gay males thought so. About 1 in 5 gay males considered themselves underweight (22%) and the same percentage thought they were overweight; among bisexual males, 14% reported they were underweight, and 24% thought they were overweight. More than half of lesbians (51%) thought they were overweight, as did 41% of bisexual females, compared to only 28% of heterosexual females; however, another 1 in 5 lesbians considered themselves underweight (21%), compared to only 6% of heterosexual females, and 3% of bisexual females.

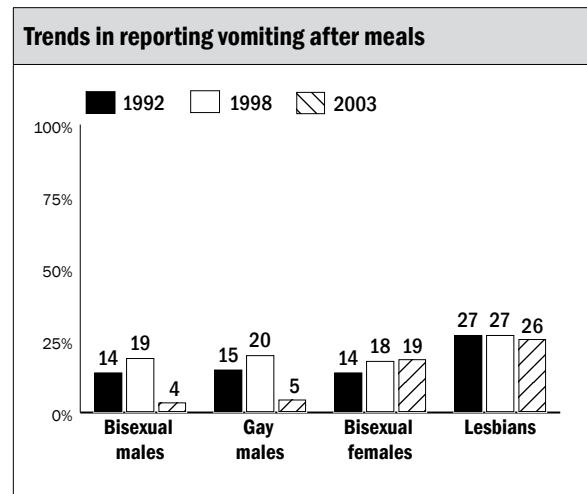
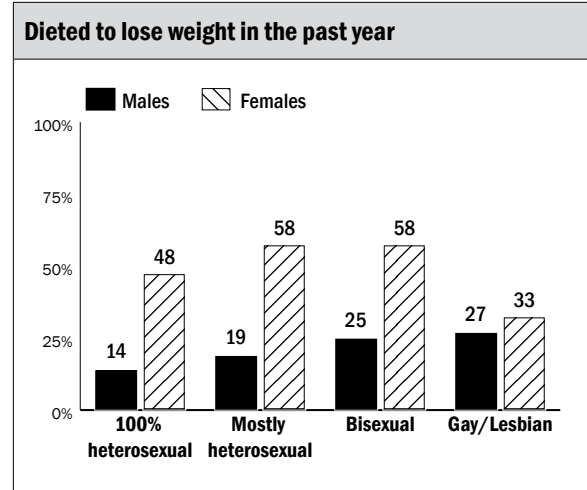
Dieting and other weight management

Since fewer LGB youth considered themselves the right weight, it is not surprising that gay and bisexual teens were more likely to have dieted at least once in the past year. Lesbian teens, however, were less likely than other females to report they had dieted, even though a higher percentage considered themselves overweight, and a higher percentage actually were overweight compared to heterosexual females. Females were more likely to have dieted than males in each orientation group, except, of course, for lesbian teens.

Unfortunately, some young people use extreme methods to try to change their weight. One such method is vomiting on purpose after eating. In 2003, LGB youth were between 2 and 5 times more likely than their heterosexual peers to report they had vomited after meals once a month or more often:

- Males: 3% heterosexual, 7% mostly heterosexual, 14% bisexual, 15% gay
- Females: 8% heterosexual, 10% mostly heterosexual, 19% bisexual, 26% lesbian

In terms of trends over time, the percentage of gay and bisexual males who reported vomiting after meals declined sharply between 1992 and 2003. In contrast, the rates for bisexual females increased during that decade, and rates for lesbians have stayed the same, and the highest of all groups. Just over 1 in 4 lesbians and nearly 1 in 5 bisexual females reported vomiting on purpose after eating.



Sports & Leisure Activities

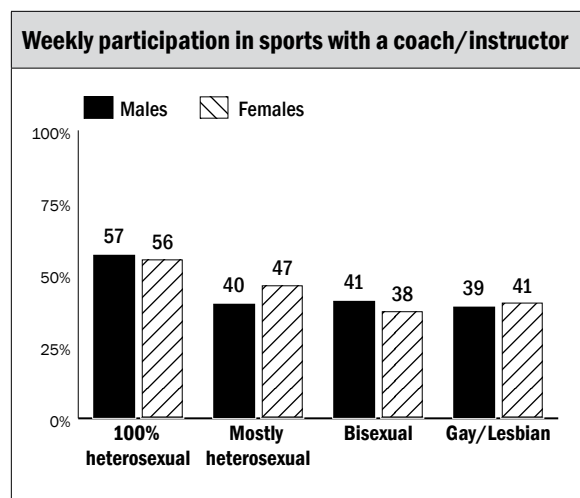
Although the majority of LGB youth participated in sports, fewer LGB teens participated than their heterosexual peers. For example, during the past year, they were less likely to participate weekly in

- Sports without a coach or instructor (Males: 66% bisexual and 52% gay vs. 82% heterosexual; Females: 54% bisexual vs. 64% heterosexual)
- Sports with a coach or instructor outside of gym class (Males: 41% bisexual and 39% gay vs. 57% heterosexual; Females: 38% bisexual and 41% lesbian vs. 56% heterosexual)

On the other hand, LGB teens (with the exception of bisexual girls) were more likely to participate on a weekly basis in:

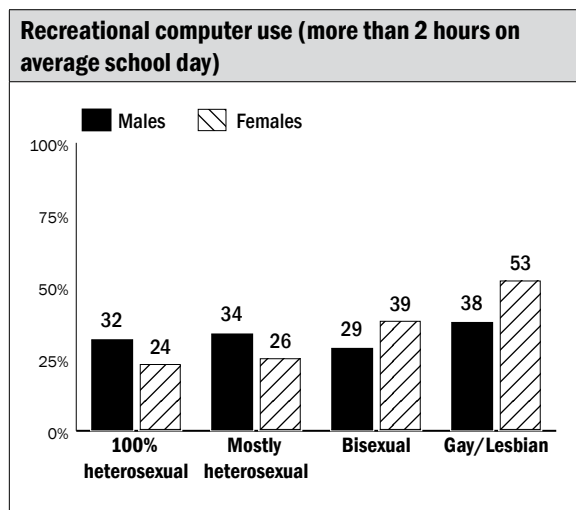
- Art, drama, or music classes (Males: 34% bisexual and 31% gay vs. 20% heterosexual; Females: 43% lesbian vs. 32% heterosexual)
- Clubs or groups (Males: 23% bisexual and 20% gay vs. 13% heterosexual; Females: 26% lesbian vs. 19% heterosexual)

The results regarding participation in dance or aerobic classes outside of gym class varied by gender. Sexual minority males were more likely (24% bisexual and 18% gay vs. 9% heterosexual) while lesbians were less likely (21% vs. 32% heterosexual) to participate in weekly dance or aerobic classes.



The survey also asked on how many days in the past week students had exercised for at least 20 minutes vigorously enough to sweat and breathe hard. The overwhelming majority of LGB youth reported vigorous exercise on at least one day in the past week, but a greater percent of LGB youth than their heterosexual peers reported they had not exercised at all. Among males, only 7% of heterosexual youth reported no vigorous exercise on any days in the past week, but 11% of mostly heterosexual, 12% of bisexual, and 18% of gay males had not exercised at all in the past week. Similarly, 9% of heterosexual females reported no physical exercise, compared to 14% of mostly heterosexual, 17% of bisexual, and 15% of lesbians.

LGB teens (with the exception of bisexual males) were more likely than heterosexual teens to report they spent time on a computer for playing games, e-mailing, chatting, and surfing the Internet. It is possible that sexual minority teens were using the Internet as a form of social support. Thirty-eight percent of gay males spent more than two hours on the computer on an average school day, compared to 32% of heterosexual males. The difference was more apparent for females, where 39% of bisexual females and 53% of lesbians spent more than two hours on an average school day on the computer, compared to only 24% of heterosexual females.



Furthermore, sexual minority teens were more likely than their heterosexual peers to have contacted a stranger on the Internet that made them feel unsafe (Males: 21% bisexual and 14% gay vs. 6% heterosexual; Females: 34% bisexual and 28% lesbian vs. 22% heterosexual).

When asked about their participation in gambling activities, fewer sexual minority males (49% bisexual and 52% gay) but more sexual minority females (49% bisexual and 55% lesbian) had gambled in the past year compared to their heterosexual peers (61% males; 43% females).

- Played bingo for money: gay males were about 40% less likely than heterosexual males their same age to play bingo, while lesbians were four times more likely than heterosexual females their age to play bingo.
- Bet money in sports pools: Both bisexual and gay males were 60% less likely to bet money in sports pools, while lesbians were twice as likely to do this type of gambling compared to heterosexual teens the same age.

A few exceptions to the general trend regarding gambling did appear; bisexual males, for example, were 1.5 times more likely than heterosexual peers the same age to bet money on gambling machines (e.g. video gambling, slot machines) and to bet money at a casino. These types of gambling are more solitary in nature than cards or sports pools.

Protective Factors in the Lives of LGB Youth

Young people usually need nurturing environments, as well as supportive and caring individuals in their lives, in order to develop into healthy adults. A number of protective factors have been identified that promote healthy development for youth in the general population, and reduce the odds they will engage in health-compromising behaviors. Even when young people have risks for poor outcomes such as exposure to violence or abuse, living in stressed families or dangerous neighborhoods, the presence of other protective factors can help buffer the risk. Protective factors may help such youth avoid unhealthy behaviours, or may motivate them to engage in healthy behaviours.

But what about protective factors for LGB youth? Since sexual minority orientations have often carried stigma in society, LGB youth may feel less accepted, cared about, or supported than their heterosexual peers. If this is the case, it may also help explain the differences in risk behaviours that have been described in the previous sections of this report.

Perceptions that significant adults care

Feeling cared about by parents, teachers, and other important adults is an important protective factor in the lives of youth. The AHS in 1998 and 2003 asked a number of questions about how much students felt different people cared about them.

LGB youth felt parents cared about them less, on average, than did heterosexual youth the same age. However, when it comes to feeling cared about by teachers, there was no difference between bisexual males and heterosexual males, and gay males reported higher levels of caring by teachers than heterosexual males. For females, both bisexual and lesbian youth felt less cared about by teachers than heterosexual females.

Connectedness to family and school

To assess how much youth feel connected to their family and school, a family connectedness scale and a school connectedness scale were created. In addition, the AHS asked if youth liked school. As with perceived caring by their parent(s), both bisexual youth and gay/lesbian youth reported lower levels of family connectedness. Differences in liking school varied by gender and sexual orientation. Compared with heterosexual males, bisexual males were more likely, but gay males were less likely to report liking school. Both bisexual females and lesbians reported lower levels of liking school than heterosexual females. With regard to school connectedness, LGB youth's mean scores were lower than those of their heterosexual peers, except for bisexual males whose mean score did not differ from that of heterosexual males.

Religiosity / Spirituality

The AHS asked whether youth think of themselves as religious or spiritual. A strong sense of spirituality has sometimes been identified as a protective factor in promoting healthy sexual behaviors, avoiding substance use, and reducing mental health problems such as suicidal thoughts. However, this has not been a consistent protective factor, and in some studies, if the student's religious tradition has negative teachings about LGB youth, having a strong sense of religiosity or spirituality has actually become a risk factor for LGB teens. In the 2003 AHS, both bisexual and gay males were more likely than heterosexual males to think of themselves as religious or spiritual. Among females, however, there was no difference in spirituality between heterosexual and bisexual females, but lesbians reported a higher sense of spirituality than other females.

Physical Exercise

Regular exercise can be a protective factor for a variety of health outcomes; in addition to improving physical fitness and contributing to healthy weight, it has also been shown to reduce stress, improve moods, and reduce the effects of depression. The AHS asked about the number of days in the past week that youth exercised at least 20 minutes, vigorously enough to cause them to breathe hard and sweat. Most youth in BC reported exercising one or more days in the past seven days, but, as mentioned previously, some youth reported no physical exercise at all. LGB youth were nearly twice as likely as their heterosexual peers to report they did not exercise at all in the past week.

Levels of protective factors				
Protective factor (score range)	Heterosexual	Mostly Heterosexual	Bisexual	Gay
Males				
How much parents care (1-3)	2.87	2.83	2.69	2.78
Family connectedness (1-3)	2.59	2.51	2.40	2.47
How much teachers care (1-5)	2.89	3.10	2.90	2.99
How much like school (1-5)	2.73	2.92	3.16	2.63
School connectedness (1-5)	3.42	3.50	3.43	3.32
Think of self as religious or spiritual (1-3)	1.61	1.66	1.72	1.68
Females				
Protective factor (score range)	Heterosexual	Mostly Heterosexual	Bisexual	Lesbian
How much parents care (1-3)	2.86	2.78	2.63	2.51
Family connectedness (1-3)	2.55	2.43	2.26	2.20
How much teachers care (1-5)	3.02	2.96	2.79	2.70
How much like school (1-5)	3.00	2.90	2.73	2.88
School connectedness (1-5)	3.58	3.44	3.25	3.18
Think of self as religious or spiritual (1-3)	1.78	1.71	1.79	1.85
Scores are age-adjusted; higher score=higher caring or connectedness				

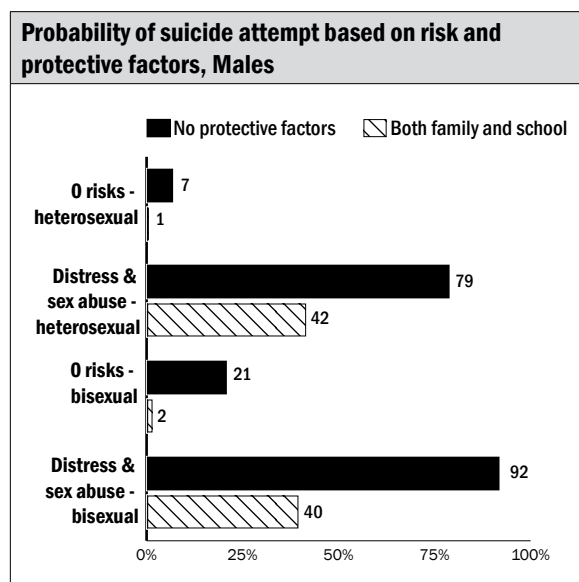
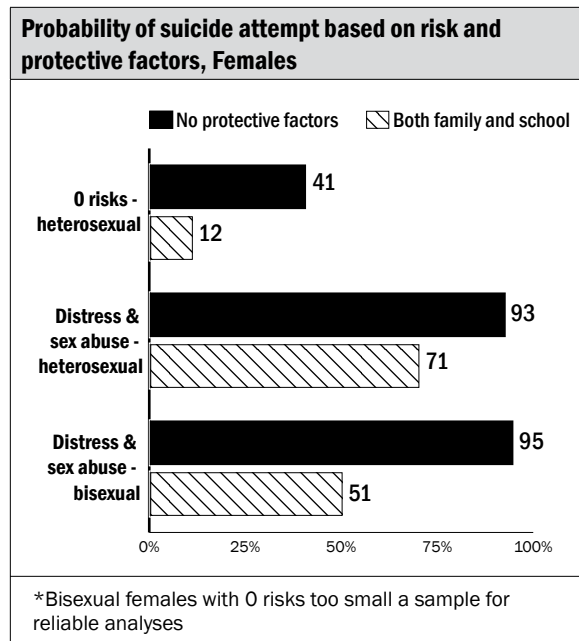
Do protective factors make a difference for LGB youth? Suicide attempts as an example

A prior analysis conducted with the 1998 AHS explored risk and protective factors for predicting recent suicide attempts for both heterosexual and bisexual teens* (gay and lesbian samples were too small for the complex statistical methods used). Other studies have identified several different risks for suicide attempts among youth: depression and emotional distress, sexual or physical abuse, substance use, risky sexual behaviours, and experiences of violence or discrimination. Similarly, studies among general youth populations have found certain protective factors, such as family and school connectedness and religiosity, were associated with lower risk for suicide attempts.

This was one of the first studies to explore these risk and protective factors separately, then in combination, for LGB youth. For all groups of teens, the most consistent predictors of recent suicide attempts were high emotional distress symptoms (e.g., feeling extremely stressed, anxious, or sad nearly all the time), and a history of sexual or physical abuse, often both. Other risk factors, such as substance use, discrimination, or risky sexual behaviours were also strong risk factors, but often were reported by those who also had high emotional distress or a history of abuse, so they did not add much to the probability of suicide attempt when these other two risks were present.

Although bisexual youth had lower levels of some of the protective factors than heterosexual teens, higher levels of family and school connectedness still reduced the odds of suicide attempts for bisexual teens. Spirituality/religiosity was not a significant protective factor for any group except heterosexual females; indeed, for bisexual males

* More information is available in Saewyc, Poon, Skay, & Murphy, 2006 (see references at end of report).



and females, high levels of spirituality actually increased the risk of suicide attempts.

We combined the two most predictive risk factors (emotional distress and sexual abuse) and the two strongest protective factors (family and school connectedness) plus age into four separate profiles of suicide attempts, one profile each for heterosexual and bisexual males and females. When teens had both risk factors and neither protective factor, the probability of suicide attempts was very high: 95% for bisexual females, 93% for heterosexual females, 92% for bisexual males, and 79% for heterosexual males. When youth had no risk factors and high family and school connectedness, the probability was very low: <1% for bisexual females, 1% for heterosexual males, 2% for bisexual males, and 12% for heterosexual females.

Protective factors made a difference for all four orientations, even in the presence of the risk factors. When youth reported both high family and school connectedness and the two strong risk factors, their probability of suicide attempt dropped sharply, sometimes by more than half. Among females, the chance of attempts dropped for bisexual females from 95% to 51%, and for heterosexual females from 93% to 71%; among males, the probability dropped from 92% to 40% for bisexual males, and from 79% to 42% for heterosexual males.

Thus, bisexual teens may have higher risks for suicide attempts, and lower levels of protective factors, but when those protective factors are present, they sharply reduce the chances of suicide attempts, just as they do for heterosexual teens.

LGB Youth in Rural BC

“Rural and small town” areas have a population of less than 10,000 and are outside the commuting zone of larger urban centres.

Rural British Columbia

The proportion of the population that is classified as “rural and small town” (rural) differs widely across Canada. According to the 2001 Census, 14% of British Columbia’s population lived in rural areas.

At the time of the 2003 survey, 13% of the youth who participated lived in rural and small town regions. The rural population within the province’s five health authorities varied widely with 43% of the Interior, 18% of the Northern, 14% of the Vancouver Island, 5% of the Vancouver Coastal, and less than 1% of the Fraser health region being classified as rural and small town.

According to the 2003 AHS, 1% of males and 3% of females in rural areas identified themselves as lesbian, gay, or bisexual. Another 4% of males and 5% of females indicated that they were unsure of their sexual orientation. Youths’ sexual orientation differed only slightly in urban areas where 2% of males and 4% of females identified as lesbian, gay, or bisexual and 6% of both males and females said they were unsure of their sexual orientation.

Rural and small town populations across Canada in 2001	
Nunavut	100%
Northwest Territories	55.7%
Newfoundland and Labrador	53.5%
New Brunswick	47.7%
Prince Edward Island	44.9%
Saskatchewan	42.3%
Nova Scotia	36.7%
Manitoba	33.4%
Yukon	25.4%
Alberta	24.6%
Quebec	21.5%
British Columbia	13.8%
Ontario	13.0%

Source: Sorensen M, & Aylward J. (2005). Rural Canada profile: A ten-year Census analysis (1991-2001) [Electronic version]. Retrieved March 11, 2007, from http://www.rural.gc.ca/research/profile/nat_e.pdf.

Sexual orientation				
	MALES		FEMALES	
	Rural	Urban	Rural	Urban
100% heterosexual	92%	89%	85%	81%
Mostly heterosexual	3%	3%	8%	9%
LGB	1%	2%	3%	4%
Not sure	4%	6%	5%	6%

The LGB population of teens in school across the province is estimated to be about 200 males and 550 females in rural areas and about 1900 males and 4250 females in urban areas. The results in this section focus only on LGB youth, and highlight some of the similarities and differences found between LGB youth who live in rural and small town regions and LGB youth who live in urban areas.

LGB youth in Rural versus Urban Areas

Family and Home

The ethnic background of LGB youth differed depending on whether they lived in rural or urban areas. For example, a greater proportion of LGB youth in rural and small town BC identified themselves as European and a smaller proportion identified themselves as East Asian. In addition, more youth in rural areas were Aboriginal.

Ethnic identity				
	MALES		FEMALES	
	Rural	Urban	Rural	Urban
European	81%	57%	82%	68%
East Asian	3%	24%	3%	20%
Aboriginal	18%	9%	20%	13%

Note: Other ethnic identities were available and youth could choose more than one identity.

Victimization experienced at school				
	MALES		FEMALES	
	Rural	Urban	Rural	Urban
Verbal harassment	45%	54%	57%	55%
Purposeful exclusion	52%	48%	54%	48%
Physical assault	22%	19%	15%	20%

The proportion of two-parent families did not differ between rural areas and urban areas. Also, the number of youth in government care (i.e., lived in a foster or group home) in the past year did not differ, nor did the incidence of running away from home. Furthermore, with regards to how strongly youth felt connected to their families (e.g., felt close to parent(s), cared for by parent(s), satisfied with relationship with parent(s); and felt understood by family), no sizeable differences emerged for either males or females.

When asked whether they thought of themselves as spiritual or religious, responses of LGB youth differed between regions. Compared to youth living in urban areas, males in rural areas were more likely (72% vs. 56%) and females were less likely (56% vs. 65%) to say they were spiritual/religious.

School

For LGB youth in rural and urban areas, feelings of connectedness to school (e.g., liking school, feeling safe at school, feeling cared for and treated fairly by teachers, and getting along with teachers) were similar. However, youth in rural and small town areas were more likely to have skipped school in the past month (Males: 53% vs. 42%; Females: 62% vs. 52%).

With regards to victimization experiences at school, males in rural and urban areas were equally likely to report experiences of purposeful exclusion and physical assaults. However, fewer males in rural regions reported being verbally harassed. On the other hand, females in rural and urban areas were just as likely to report being verbally harassed or teased; but more females in rural and small town regions reported being excluded and fewer females in rural areas reported being physically assaulted. Aside from their actual experiences at school, similar proportions of males in rural

and urban areas always felt safe at school (27% and 29%), while a greater proportion of females in rural areas reported always feeling safe (37% vs. 29%). Furthermore, no differences between urban and rural populations were found with respect to carrying a weapon to school.

Abuse and discrimination

There were no rural/urban differences in whether youth had been physically abused (about 22% of males and 36% of females). Seventeen percent of LGB males in rural areas compared to 11% of LGB males in urban areas reported sexual abuse. On the other hand, about one-third (35%) of females in both rural and urban areas reported experiencing sexual abuse.

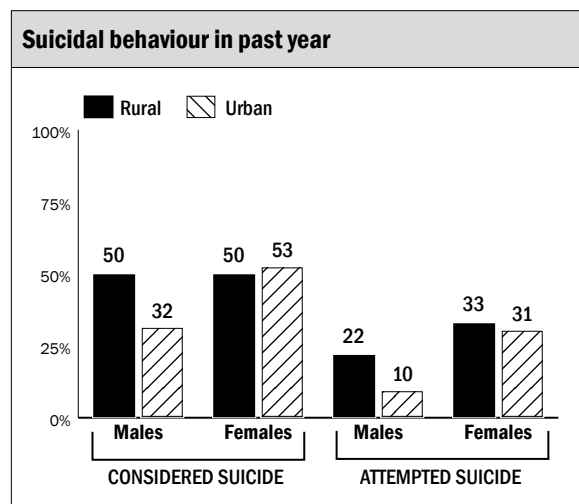
Similar proportions of rural and urban youth reported that they had been forced to have sex (12-15% of males and 19-22% of females). Differences emerged for LGB youth in the area of dating violence: among youth who had a boy/girlfriend, a higher percent of rural LGB males reported being hit, slapped, or physically hurt on purpose by their boy/girlfriend (19% rural vs. 10% urban) while a lower percent of rural LGB females reported dating violence than urban LGB females (10% vs. 15%).

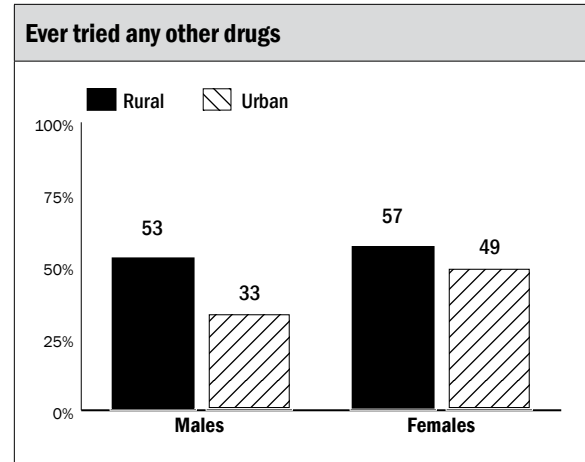
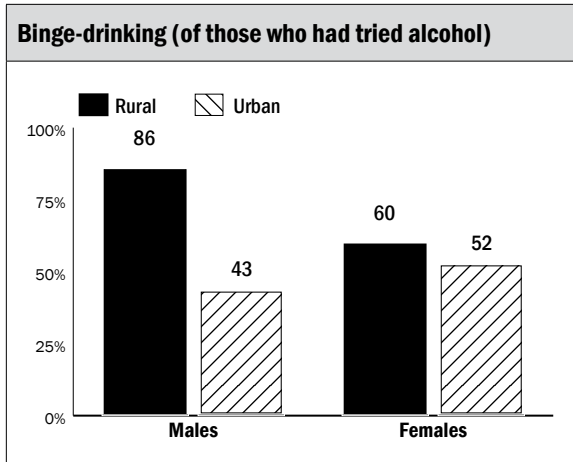
Among LGB youth, 44% of males and 31% of females in rural areas reported that they had experienced discrimination on the basis of their sexual orientation. These proportions were nearly identical to those experienced by their peers in urban areas of the province (46% of males and 30% of females).

Emotional health

Youth were asked about their feelings of stress, nervousness, and depression during the past month. LGB males in rural and urban regions did not differ in their responses to these items. LGB females in rural and small town BC were less likely than their peers in urban areas to say they had felt strain, stress, or pressure (60% vs. 65%) or felt sad, discouraged, or hopeless (45% vs. 51%) in the previous month.

LGB males in rural and small town regions were more likely to have considered suicide and to have attempted suicide in the past year. Suicidal behaviours did not differ for females.





Alcohol and drug use

While similar proportions of LGB males in rural and urban areas had ever tried alcohol, a greater proportion of LGB females in rural and small town areas reported trying alcohol (89% vs. 76%). LGB youth in rural areas were more likely to report binge-drinking (i.e., having five or more drinks in a row within a couple of hours) in the past month; this difference was especially evident for males.

With respect to marijuana use, about half of LGB males in both rural and urban areas had tried marijuana. LGB females in rural areas were more likely than their urban peers to have tried marijuana (78% vs. 59%).

When asked about their experiences with other drugs (e.g., cocaine, mushrooms, amphetamines, steroids, etc.), LGB males in rural areas were twice as likely as urban males the same age to have tried at least one of these types of drugs. For example, LGB males in rural and small town areas were more likely than males in urban areas to have tried mushrooms, prescription pills without a doctor's consent, and steroids. However, rural status had no effect on having tried cocaine, hallucinogens, amphetamines, or heroin.

Ever used other drugs

	MALES		FEMALES	
	Rural	Urban	Rural	Urban
Cocaine	13%	16%	19%	17%
Hallucinogens	19%	17%	29%	22%
Mushrooms	37%	20%	44%	28%
Inhalants	19%	12%	11%	11%
Amphetamines	9%	13%	18%	13%
Heroin	4%	2%	8%	4%
Injected drugs	<1%	2%	6%	3%
Steroids without prescription	6%	2%	3%	3%
Prescription pills without doctor's consent	26%	12%	29%	23%

Similarly, LGB females in rural areas were 1.5 times more likely than urban peers the same age to have tried other drugs. A greater proportion of LGB females in rural areas, for example, had tried mushrooms, heroin, and injected drugs. No differences were found, on the other hand, for having tried cocaine, inhalants, or steroids.

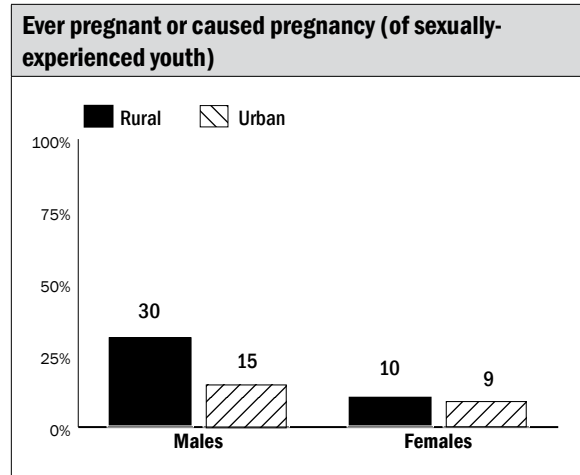
Sexual behaviour

Teens were asked a number of questions related to their sexual health. About 40% of males indicated they had ever had sexual intercourse; this did not differ by rural or urban residence. On the other hand, a greater proportion of LGB females in rural areas had had sex compared to those in urban areas (62% vs. 52%).

When sexually experienced youth were asked when they had sexual intercourse for the first time, results differed by gender. For males, LGB youth in rural and small town areas were a third as likely as LGB urban peers the same age to have had their first intercourse before the age of 14. LGB females in rural areas, however, were twice as likely as their same-aged peers in urban areas to have had sex before the age of 14.

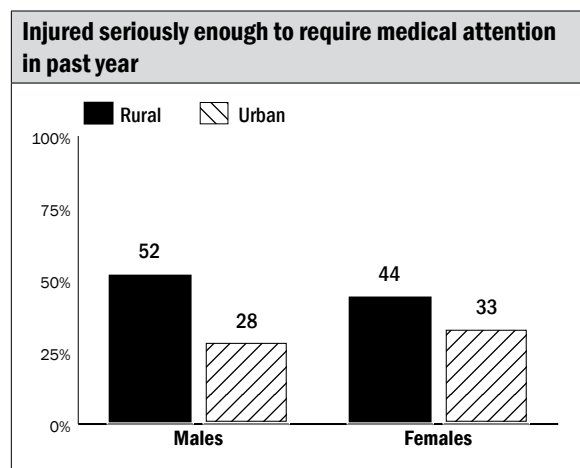
With respect to condom use at last intercourse, sexually-experienced LGB males in rural and urban areas were equally likely to indicate they had used a condom. Sexually-experienced LGB females in rural areas were less likely than those in urban areas to have used a condom the last time they had sex (52% vs. 62%).

Sexual health outcomes were also examined among sexually-experienced youth. A few striking differences emerged here where LGB males in rural areas were 2.5 times more likely than their counterparts the same age in urban areas to say they had caused a pregnancy. LGB females in rural areas, on the other hand, were twice as likely as their same-aged peers in urban areas to have had a sexually transmitted disease.

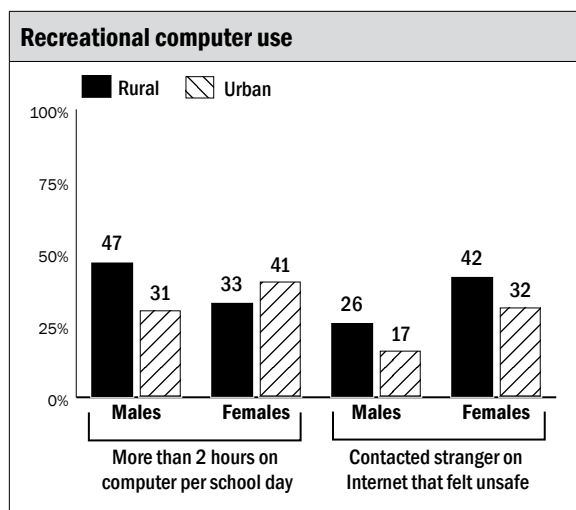


Injuries

A greater proportion of LGB teens in rural and small town areas reported having an injury that required medical attention in the past year. The most common type of injury for both LGB males and females was sports-related. Furthermore, LGB males in rural areas were more likely to have been most seriously injured in sports activities (72% vs. 57%) and less likely to have been injured in a car accident (<1% vs. 9%). On the other hand, LGB females in rural areas who had been injured were less likely than their urban peers to have been most seriously injured in a fight (2% vs. 10%).



Compared to LGB teens in urban areas, LGB teens in rural and small town areas of the province were more likely to engage in a few behaviours that put them at risk for potential injury. For example, among youth who had ever tried alcohol or drugs, more rural than urban LGB youth reported driving after substance use (Males: 24% vs. 17%; Females: 27% vs. 17%). Rural LGB youth were also less likely to always wear their seat belt in a vehicle (Males: 49% vs. 65%; Females: 40% vs. 47%). No differences were found for helmet use while bicycling.



Leisure activities

LGB youths' rural status, for the most part, did not seem to affect their participation in extracurricular activities. Regardless of whether they lived in rural or urban areas, similar proportions of LGB youth reported participating weekly in art, drama, and music activities; clubs or groups; and sports activities with or without a coach. Youth were also equally likely to have exercised every day in the past week. On the other hand, fewer males in rural areas reported that they took part in weekly dance or aerobic classes (12% vs. 22%); this did not differ for females.

About 40% of LGB youth watch more than two hours of television per school day. No differences emerged between rural and urban areas for amount of TV watching on school days. However, differences did occur with respect to using a computer for recreational use (e.g., for games, emailing, chatting, surfing the Internet) on school days. More males but fewer females in rural and small town areas spent time on the computer compared to their urban peers. Nevertheless, for both males and females, rural LGB youth were more likely to report that they had been in contact with a stranger on the Internet that made them feel unsafe.

LGB youth in rural and small town areas were twice as likely as their same-aged urban peers to have gambled on a monthly basis or more often in the past year. The three most common gambling activities among youth were playing cards for money (12-14% of rural and urban males; 12% of rural vs. 6% of urban females), buying lottery tickets such as 6-49 and scratch-and-win (6-8% of rural and urban males; 12% of rural vs. 7% of urban females), and betting money in sports pools (13% of rural vs. 8% of urban males; 4-5% of rural and urban females).

Final Word

The life experiences, health disparities, and trends among LGB youth in BC are compelling. Compared to heterosexual teens, lesbian, gay, and bisexual youth face higher levels of rejection, discrimination, and violence, in their families, in school, and in their communities. They also report greater stress, anxiety, and hopelessness, and lower levels of protective factors such as family and school connectedness.

Given these higher risks and lower protective factors, it is perhaps no surprise that they report higher rates of health-compromising behaviours and negative outcomes than their peers. Nevertheless, when LGB youth do have positive assets in their lives, they report reduced odds of poor health outcomes, even when they have the risk factors most strongly linked to those outcomes. These findings suggest we should promote more supportive family and school environments for LGB youth, helping families offer safer, more nurturing relationships with their LGB teens. School districts in several parts of the province have begun to develop supportive programs, like anti-bullying policies that specifically mention sexual orientation harassment, and gay-straight alliance student groups in secondary schools.

Some of the trends among LGB youth in BC are hopeful: declining rates of violence toward gay males, and similar declines in many of their risky behaviours. Other trends are worrisome, such as the increasing stress and abuse reported by lesbian and bisexual females, and their increased rates of suicide attempts, substance use, and other risks. Given these gender differences in health and risks, we need to focus more of our efforts toward improving the support and opportunities for lesbian and bisexual females.

It is encouraging to learn that LGB youth in rural and small town areas of BC generally report similar experiences and opportunities, risks and health behaviours, as LGB youth in the urban centres. Some differences still exist in risk behaviours such as substance use and injuries for rural youth, early sexual experience and STIs among rural females, and pregnancy involvement and suicide attempts among rural males. Rural and small town LGB youth have access to information via the Internet, but with this they are also exposed to strangers who make them feel unsafe. It is important to help LGB teens in rural and remote areas find safe ways of navigating their developing identity.

It is important to remember, too, that while LGB youth across the province report higher risks and health disparities compared to heterosexual peers, their risks are by no means universal. The majority of LGB youth, like their peers of other orientations, are coping with the challenges of growing up very well. They are connected to their families and their schools, they are involved in their communities, they have a strong sense of spirituality, and hope for the future. They are engaging in healthy behaviours, and avoiding those risks that can derail a promising life. The protective factors that promote healthy development for heterosexual youth—caring families, safe schools, supportive communities—also foster healthy development for LGB youth, when they are present. If we work to give LGB youth the same opportunities that all youth should have, we can eliminate their inequities in risks and health outcomes.

References for Further Reading

The following papers, published abstracts, conference posters, and fact sheets include detailed information from one or more of the BC AHS surveys related to some of the topics covered in this report. To request copies of these documents, please contact McCreary Centre Society at mccreary@mcs.bc.ca.

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Poon C, Saewyc E, Skay C, Homma Y, & Barney L. (2006). Stigma and substance use in Asian LGB youth. [Abstract]. Presented at the *17th International Conference on the Reduction of Drug Related Harm*, held May 2006 in Vancouver. [Poster handout available on request].

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Mccreary Centre Society Publications

Reports for AHS III

Healthy Youth Development: Highlights from the 2003 Adolescent Health Survey III (2004)

Adolescent Health Survey III Regional Reports for: Northwest; Northern Interior; Thompson Cariboo Shuswap; Okanagan; Coast Garibaldi/North Shore; Kootenay Boundary; East Kootenay; North Vancouver Island; Central Vancouver Island; South Vancouver Island; Vancouver; Richmond; Fraser; and Fraser North. (2004)

Reports for AHS II

Healthy Connections: Listening to BC Youth (1999)

Adolescent Health Survey II: Regional Reports for: Kootenays Region; Okanagan Region; Thompson/Cariboo Region; Upper Fraser Valley Region; South Fraser Region; Simon Fraser/Burnaby Region; Coast Garibaldi/North Shore Region; Central/Upper Island Region; North Region; Vancouver/Richmond Region; Capital Region; East Kootenay Region; Kootenay Boundary Region; North Okanagan Region; Okanagan Similkameen Region; Thompson Region; Cariboo Region; Coast Garibaldi Region; Central Vancouver Island Region; Upper Island/Central Coast Region; North West Region; Peace Liard Region (2000)

Reports for AHS I

Adolescent Health Survey: Province of British Columbia (1993)

Adolescent Health Survey: Regional Reports for: Greater Vancouver Region; Fraser Valley Region; Interior Region; Kootenay Region; Northeast Region; Northwest Region; Upper Island Region; and Capital Region (1993)

Special group surveys and topic reports

Against the Odds: A profile of street-involved and marginalized youth in BC (2007)

Building Resilience in Vulnerable Youth (2006)

Promoting Healthy Bodies: Physical activity, weight, and tobacco use among B.C. youth (2006)

Time Out II: A Profile of BC Youth in Custody (2005)

Raven's Children II: Aboriginal Youth Health in BC (2005)

British Columbia Youth Health Trends: A Retrospective, 1992-2003 (2005)

Healthy Youth Development: The Opportunity of Early Adolescence (2003)

Accenting the Positive: A developmental framework for reducing risk and promoting positive outcomes among BC youth (2002)

Violated Boundaries: A health profile of adolescents who have been abused (2002)

Violence in adolescence: Injury, suicide, and criminal violence in the lives of BC youth (2002)

Between the Cracks: Homeless youth in Vancouver (2002)

Homeless youth: An annotated bibliography (2002)

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The Girls' Report: The Health of Girls in BC (2001)

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Lighting Up: Tobacco use among BC youth (2000)

Silk Road to Health: A Journey to Understanding Chinese Youth in BC (2000)

Mirror Images: Weight Issues Among BC Youth (2000)

Being Out-Lesbian, Gay, Bisexual & Transgender Youth in BC: An Adolescent Health Survey (1999)

Our Kids Too-Sexually Exploited Youth in British Columbia: An Adolescent Health Survey (1999)

Adolescent Health Survey: AIDS-Related Risk Behaviour in BC Youth - A Multicultural Perspective (1997)

Adolescent Health Survey: Youth & AIDS in British Columbia (1994)

Adolescent Health Survey: Chronic Illness & Disability Among Youth in BC (1994)

Adolescent Health Survey: Street Youth in Vancouver (1994)

AHS III fact sheets

Harassment & Discrimination Among BC Youth

Safety & Violence Among BC Youth Injuries Among BC Youth

Emotional Health of BC Youth

Connections to School Among BC Youth

Sexual Activity Among BC Youth

Physical Fitness Among BC Youth

Body Weight Issues Among BC Youth

Alcohol Use Among BC Youth

Illegal Drug Use Among BC Youth

Marijuana Use Among BC Youth

Tobacco Use Among BC Youth

Survey Methodology for AHS III

Sexual orientation and HIV risk for Aboriginal youth

Sexual orientation and HIV risk for Asian youth

Sexual orientation and HIV risk for European-heritage youth

Stigma and Sexual orientation for Aboriginal youth

Stigma and Sexual orientation for Asian youth

Stigma and Sexual orientation for European-heritage youth

AHS III youth fact sheets

Facts About Mental Health

Facts About Physical Health

Facts About Substance Use

Facts About Sexual Health

Facts About Smoking

Next Step

Voices from the Inside: Next Steps with youth in Custody (2007)

The Next Steps: BC Youths' Response to the AHS III and Ideas for Action (2006)

The Next Steps: A Workshop Toolkit to Engage Youth in Community Action. A project of the Adolescent Health Survey III (2005)

The Aboriginal Next Step: Results from Community Youth Health Workshops (2001)