

Health and Safety of Lesbian, Gay, Bisexual, and Transgender Youth in SLO County



The California Healthy Kids Survey (CHKS) has collected health information from middle and high school students for over 20 years. The survey questions cover a wide range of health-related topics, including physical activity, nutrition, drug use, bullying, mental health, and protective factors at school. Information from the CHKS has been used to better understand the physical and mental health status of our youth, to design appropriate programs, and to track trends in adolescent health. Beginning with the 2013 administration of the survey, students were asked to self-identify as heterosexual, gay, lesbian, or bisexual. Students were also asked to self-identify as male, female, or transgender. These two questions allow for the comparison of health-related behaviors and experiences of lesbian, gay, bisexual, and transgender youth (LGBT) with those students who do not identify as LGBT.

The *Central Coast Coalition for Inclusive Schools (CCC4IS)*, in conjunction with the *Growing Together Initiative* has analyzed the data from the 2013 and 2015 administration of the CHKS to better understand the health-related status of LGBT youth in San Luis Obispo (SLO) County. Data for the 2013 and 2015 administration in SLO County has been compared with statewide samples in California. Below are some of the highlights of the results that speak to the health status of LGBT youth.

How Many LGBT Youth?

In 2013, 5.0% of California middle and high school students identified as lesbian, gay, or bisexual, with 95% of students identifying as heterosexual. In SLO County, the number of students identifying as LGB was 4.5% in 2013 and 6.1% in 2015. Based on enrollment for schools in SLO County for the 2014/2015 school year, this percentage translates to approximately 993 students identifying as LGB in this age group.

Also in 2013, the percentage of middle and high school students identifying as transgender was 0.8% in California. In SLO County, the number of students identifying as transgender was 1.2% in 2013 and 1.0% in 2015. Based on enrollment for schools in SLO County for the 2014/2015 school year, this percentage translates to approximately 163 students identifying as transgender in this age group.

2015 Health Data for SLO County

The following are some of the highlights from the SLO County CHKS 2015 administration. While there are some slight variations between the results here and the 2013

administration in SLO County and California as a whole, all of the data reinforce consistent trends for LGBT youth. For a more detailed summary of the data, go to <http://www.centralcoastinclusiveschools.org/>

Attendance

LGB Youth were almost 7 times more likely (8.2%) than their heterosexual peers (1.2%) to miss school in the previous 30 days because they did not feel safe at school. Transgender youth were 8 times more likely (12.3%) to miss school than non-transgender students for the same reason (1.5%).

SLO County Middle School and High School Youth
993 LGB 163 Transgender

Safety

Transgender youth were 4 times more likely than their non-transgender peers to report not feeling safe at school (20.0% versus 5.0%). For LGB youth, 11.7% admitted to not feeling safe at school compared with 4.7% for their heterosexual peers. Transgender youth (26.2%) were twice as likely to report being afraid of being beaten up than their non-transgender peers (12.5%). The same is true for LGB youth (25.1% versus 11.9%).

Bullying

Transgender youth were twice as likely (41.5%) to report having been pushed, shoved, slapped, hit, kicked by someone 1 or more times on a school campus than their non-transgender peers (20.6%). LGB youth were also more likely to report the same (31.3% versus 20.1%).

LGB youth were more likely to report having sexual jokes, comments, or gestures directed at them at school (55.3% versus 32.2%). Transgender youth reported similar experiences with 59.4% reporting being the target of sexual jokes, comments, or gestures at school versus 33.4% for non-transgender students.

Almost half (48.4%) of self-identified LGB youth report being bullied because they were lesbian, gay, bisexual or someone thought they were. Fewer heterosexual youth (4.6%) report being bullied because someone thought they were lesbian, gay or bisexual. Among transgender youth, 40.6% were bullied for the same reason versus 7.0% among non-transgender youth.

Alcohol and Drug Use

Looking at lifetime use of alcohol and other drugs across grades 7 through 12, there were noticeable differences. Lifetime use measures the number of youth who have ever used a particular drug. Lifetime use of alcohol was higher for LGB youth (47.0%) than for their heterosexual peers (30.1%). Transgender youth also showed a higher rate (46.2%) than non-transgender youth (31.0%).

Lifetime use of marijuana was 41.6% for LGB youth and 21.3% for youth identifying as heterosexual. A similar disparity was evident for transgender youth (40.0% versus 22.3%).

LGB youth reported a higher use of methamphetamine and cocaine during their lifetime than their heterosexual peers (13.2% versus 3.6%) with transgender youth reporting a similar disparity (15.4% versus 4.15%).

Mental Health

The 2015 data revealed indicators of mental health challenges for LGBT youth. When asked *Did you miss school because you felt very sad, hopeless, anxious, stressed, or angry during the past thirty days?* 37.5% of LGB responded in the affirmative, compared with 10.8% of their heterosexual peers. Transgender youth reported similar experiences with 39.1% having missed school because they felt very sad, hopeless, anxious, stressed, or angry versus 11.8% of non-transgender youth.

When asked *Did you seriously consider attempting suicide during the past 12 months?* 49.2% of LGB youth reported that they had seriously considered attempting suicide versus 14.4% of their heterosexual peers. Similar results were found for transgender youth, with 46.0% admitting to having seriously considered suicide versus 16.6% of non-transgender youth. When translated into real numbers, this indicates that in one year in SLO County approximately 570 middle school and high school LGBT youth seriously considered attempting suicide.

Protective Factors

Protective factors are the conditions and structures at a school that help to shield students from potential harmful outcomes. These are the human relationships and programs at a school site that “protect” against the risk factors already mentioned here.

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Youth Engagement and Connection to School

LGB youth were more likely to say that they *did not feel close to people at this school* than did their heterosexual peers (20.1% versus 12.2%). Transgender-identified students were even less likely to report feeling close to people at school (24.6%) in comparison to non-transgender students (12.6%).

In an average class of 30 students in SLO County, two of those students will identify as LGBT

When presented with the statement *I feel like I am a part of this school*, LGB youth were less likely to agree with the statement (26.5%) when compared with heterosexual peers (41.1%). Transgender youth were more than twice as likely to say that they did not feel like they were a part of their school (36.9%) as compared to non-transgender students (13.6%).

Responding to the statement *Teachers at my school treat students fairly*, 17.2% of LGB identified students were more likely to disagree with the statement compared to 13.4% of their heterosexual peers. Transgender students were even more likely to disagree with the statement than non-transgender students (24.6% versus 13.6%).

Moving Forward

The results of the CHKS survey responses highlight the importance of increasing positive connections and protective factors as a way to create safe and inclusive environments for our lesbian, gay, bisexual and transgender youth. These protective factors should:

- Guarantee that all youth—and especially LGBT identified youth—have caring and supportive adults to speak with and to mentor them.
- Create school environments that are safe, supportive, and inclusive of all.
- Implement policies, programs, and resources that promote health equity among LGBT youth.
- Create opportunities for LGBT youth to engage in meaningful participation in schools and communities.

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