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## Comparing Sexual Minority Risk Behaviors to School Programs and Policies

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# Comparing Sexual Minority Risk Behaviors to School Programs and Policies

by

Minerva Mendez

JULY 11, 2017

**INTRODUCTION:** The 2015 Youth Risk Behavior Surveillance System (YRBSS) added sexual minority questions to both the national and high school survey for the first time. The YRBSS conducted at the national level asked questions about health-related behaviors with potential negative outcomes. The 2014 School Health Policies and Practices Survey (SHPPS) is a similar dataset from an educator perspective that provides insight into academic training and support systems in place for social services provided to LGBTQ youth.

**AIM:** To assess the responses of sexual minority youth compared to educator responses regarding current practices their respective school systems. Using state and district data, trends seen among LGBTQ students can provide a glimpse into the state of school-administered health services.

**METHODS:** The 2015 YRBSS National, State and District data was processed to isolate answers from sexual minority youth. These answers were collapsed to highlight particular Responses of Interest (ROI) with a focus on risk behaviors. The mental and social health services were reviewed by analyzing the 2014 SHPPS to determine if student needs were adequately addressed.

**RESULTS:** The comparison of both data sets showed bisexual females and questioning males had higher incidence of risk-taking behaviors. Educator responses showed schools did have programs in place for LGBTQ youth but overall many services were not specific to sexual minority needs.

**DISCUSSION:** Research has shown LGBTQ youth encounter poorer health outcomes as adults but more research is needed to demonstrate effective outreach that improves those outcomes while they can be reached.

Comparing Sexual Minority Risk Behaviors to School Programs and Policies

by

Minerva Mendez

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Comparing Sexual Minority Risk Behaviors to School Programs and Policies

by

MINERVA MENDEZ

Approved:

Dr. Richard Rothenberg

Committee Chair

Dr. Emily Graybill

Committee Member

July 21, 2017

Date

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## Author's Statement Page

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Minerva Mendez

Signature of Author

## TABLE OF CONTENTS

ACKNOWLEDGMENTS .....	iv
LIST OF TABLES.....	vii
INTRODUCTION.....	1
1.1 Background.....	1
1.2 Research Questions.....	2
REVIEW OF THE LITERATURE.....	4
2.1 Legislation & sexual minorities.....	4
2.2 Health disparities reveal research gaps .....	5
2.3 Lack of services helping LGBTQ students .....	6
METHODS AND PROCEDURES.....	7
3.1 Context of Study.....	8
3.2 Determining variables for analysis.....	8
3.3 Integrated data sets.....	9
RESULTS.....	9
4.1 YRBSS & SHPPS Data sets.....	10
4.2 Violence.....	12
4.3 Lesbian, Gay and Bisexual Social Services .....	14
4.4 Mental Health Services.....	16
4.5 Alcohol and Drug use.....	18
4.6 Suicide.....	18
4.7 Health Behaviors.....	20
4.8 Health Services Staff.....	22
DISCUSSION AND CONCLUSION.....	24
5.1 Discussion of Research Questions.....	25
5.2 Limitations.....	25
5.3 Conclusions.....	26
REFERENCES.....	27
APPENDICES.....	30

## List of Tables

Table 3: YRBSS Responses of Interest

Table 3.1: SHPPS Variable Descriptions

Table 4: National-level data for responses of interest for sexual minority students

Table 4.1: District-level data from Duval County, Florida, for responses of interest for sexual minority students

Table 4.2: District-level data from Broward County, Florida, for responses of interest for sexual minority students

Table 4.3: District-level data from Miami-Dade County, Florida, for responses of interest for sexual minority students

Table 4.4: District-level data from New York City, New York, for responses of interest for sexual minority students

Table 4.5: District-level data from Borough of Bronx, New York, for responses of interest for sexual minority students

Table 4.6: District-level data from Borough of Brooklyn, New York, for responses of interest for sexual minority students

Table 4.7: District-level data from Borough of Manhattan, New York, for responses of interest for sexual minority students

Table 4.8: District-level data from Borough of Queens, New York, for responses of interest for sexual minority students

Table 4.9: District-level data from Borough of Staten Island, New York, for responses of interest for sexual minority students

Table 4.10: District-level data from Orange County, Florida, for responses of interest for sexual minority students

Table 4.11: District-level data from San Diego, California, for responses of interest for sexual minority students

Table 4.12: Florida SHPPS Responses Only

Table 4.13: Received professional development (Health Services)

Table 4.14: Wanted professional development (Health Services)

Table 4.15: Received professional development (Mental Health)

Table 4.16: Wanted professional development (Mental Health)

Table 4.17: Outside organizations providing LGB services

Table 4.18: Gay/straight alliance clubs

## **CHAPTER I - INTRODUCTION**

### **1.1 Background**

The Centers for Disease Control and Prevention (CDC) conduct annual surveys into the habits and lifestyles of adolescents attending school in the United States. One survey titled the Youth Risk Behavioral Surveillance System (YRBSS) captures an overview of the main health-risk behaviors that are linked to fatalities, poor health outcomes or other disabilities among the adolescent population (CDC, 2017). The survey has evolved each year it is administered as it adjusts to the changing conditions of the adolescent lifestyle and environmental factors in society. A significant evolution in the data collection for this survey is the incorporation of sexual identity questions as lesbian, gay, bisexual, transgender, questioning or queer (LGBTQ) individuals become more recognized in the mainstream consciousness of adolescent research. As science pursues the ways in which sexual identity has an impact on youth dynamics and development, researchers also investigate the significance of these identity questions on public health outcomes in a growing, changing population.

In consideration of these outcomes, a main aspect of this study is the data collected from the 2015 YRBSS. It was the 2015 YRBSS that began the incorporation of sexual minority identity questions into each state- and district-level questionnaire. This differed from previous years in which the questions addressing not only the respondent's sex but the sexual identity of the respondent's sexual partners were only present on particular editions of the survey (Kann et al., 2016). A growing body of research shows increasing disparities among the sexual minority populations with regard to health care, mental health, social services, and general support from peers and family beyond adolescence into adulthood (Gonzales & Smith, 2017). The CDC's standardized questionnaires and data collection methods can provide revealing insight into the impact of sexual identity issues on young people and begin to follow how these differences will shape their adult lives from a public health perspective.

Another CDC-administered survey called the School Health Policies and Practices Study (SHPPS) can be viewed as a complementary survey to the YRBSS. The SHPPS is given to faculty at high schools, middle schools and elementary schools to gather information about academic programs, teaching environments, and collaborative efforts from outside organizations and their respective impacts at the State, District, School, and Classroom levels (CDC, 2015). Because SHPPS collects data from academic faculty it can provide an assessment of the general support systems offered to students and the credentials of the faculty providing the support.

## 1.2 Research Question

What has yet to be revealed is how these two surveys together can demonstrate successes or failures of the nation's schools with respect to sexual minority students. The goal of this study is to coalesce the data from the two surveys and demonstrate not only the specific obstacles and challenges of the sexual minority student but also an overview of the level of support a school can offer that student. By utilizing the YRBSS 2015 survey responses from only the self-identified sexual minority students, a perspective from this population can emerge to be compared with educator responses from the most recent SHPPS survey. Contrasting data between the educator and student can expose struggles from either side of the academic landscape. For example, the YRBSS survey responses cover aspects of adolescent behaviors such as sexual risk taking, illegal drug use and depression that contribute to unintentional injuries. Using SHPPS data from the same region or state can offer a view of how area schools provide social services and health education to prevent unintentional injuries. It can simultaneously reveal educator support for specific initiatives and a lack of resources to adequately provide the initiatives to their students. A critical factor in this study is the ability to hone in on particular issues that have an impact on the student population of sexual minority students and investigate the extent to which their respective schools are not only equipped but also demonstrate the awareness to be sufficiently responsive.

## **CHAPTER II - LITERATURE REVIEW**

### **2.1 Legislation & Sexual Minorities**

An initial search for studies that relied on the 2015 YRBSS particularly with a focus on the sexual minority students returned very limited results. This was likely owing to the fact that the CDC's study results were published in the latter half of 2016 and previous sexual minority data from the YRBSS was only conducted on limited subsets of its study populations (Kann et al., 2016). A study conducted by Raifman used previous YRBSS sexual minority data to investigate the association between U.S. same-sex marriage policies by state and suicide attempts among sexual minority adolescents (Raifman, Moscoe, & Austin, 2017). The researchers did find a relationship between the two variables that demonstrated supportive state legislation for same-sex marriage coincided with reduced suicide attempts among the surveyed LGBTQ adolescents. For the purposes of this study, this finding is part of the larger picture in which sexual minority students attending school in the U.S. may encounter unique and significant struggles in their personal lives that are not represented among their heterosexual peer group. Adolescents facing sexual identity issues and having added familial issues can compound the typical difficulties a sexual minority teenager may have. Additionally, living in a state that has laws and regulations that may negatively affect this subpopulation may be overlooked by school staff who do not realize or consider the tangible effects of these larger issues on sexual minority teens. To emphasize this point, in 1993 a landmark gay rights bill passed in the Massachusetts legislature granting sexual minority students the right to not be discriminated against (Rimer, 1993). The students explained how the prolonged negative effects of bullying, physical harm, and isolation interfered with the pursuit of receiving an education.

## 2.2 Health Disparities Reveal Research Gaps

Related adolescent health studies that were based on previous iterations of the YRBSS did reveal some initiatives to explore behaviors among sexual minority students. A study conducted by Olsen et al. (2014) discussed implications of bullying on sexual minority students using data captured between 2009 and 2011. This research used the two groupings of YRBSS data to show the prevalence and impact of bullying on LGBTQ students compared to heterosexual students. Furthermore, these data, which were pulled from ten states and ten districts, demonstrated the need for more research into the health disparities of sexual minority groups. With the recent integration of sexual minority questions into CDC data collection, these students can provide not only information specific to their health outcomes but also to any unique difficulties not previously or adequately assessed among them. To this point, Kann et al. (2015) summarized the new data captured by the CDC's 2015 YRBSS in the Morbidity and Mortality Weekly Report. Kann discussed the disparities that exist between this minority group of young people and how a lack of data on this group reveals a deficiency in the ability to provide a baseline level of adequate care and guidance for any needs sexual minority adolescents may have. This report showed that sexual minority students have a higher prevalence of negative outcomes in 16 of 18 health-risk behaviors compared to outcomes in heterosexual students (Kann, et al. 2015). This information speaks to the need for more research addressing the paucity of data on this previously overlooked group. Despite only recently incorporating LGBTQ questions into its surveys, the CDC has not been the only organizational body to conduct extensive surveillance on young adult sexual minorities. The Gay, Lesbian and Straight Education Network (GLSEN) has been active in its efforts to study and circulate best practices through evidence-based research. Their research provides insight into daily lives of LGBTQ students and how their environments shape their academic experiences (Kosciw et al., 2016). The exclusivity of the data makes it a strong resource in shaping future research and policy. The outcomes documented by Kann's and Olsen's research

further demonstrates the need for targeted focus on the differences in not only approach but solutions to victimization and risk-taking behaviors in the sexual minority adolescent community.

One way to address these behaviors is through an assessment of the school, district, and state policies that can directly affect LGBTQ students. The SHPPS is an assessment of those educational policies in a way that is standardized across participating institutions. This national survey administered by the CDC provides insight into practices over a variety of social support services ranging from facilities and infrastructure to counseling and education level of the staff and faculty (CDC, 2017). The most recent SHPPS survey was performed in 2014 with data from the 2012-2013 school year.

### 2.3 Lack of Services Helping LGBTQ Students

A search for studies utilizing the SHPPS as a way to find information on school practices surrounding sexual minority adolescents was not informative. As an alternative, a second search was conducted instead focusing on health risks and issues that affect LGBTQ students. The SHPPS is one way to see this information however other research studies also look at how well the needs of this minority student population are served. For example, a 2015 article by Rasberry et al. discussed strategies targeting young men who have sex with men (YMSM) and their higher risk for sexually transmitted infections. Rasberry addressed the significant impact of how students may feel unsure about staff perceptions of their sexual orientation and how that can influence successful or unsuccessful outreach toward the YMSM population. Another study by De Pedro et al. (2017) demonstrated that if schools enhance awareness of the specific struggles of sexual minority populations and also focus on specific needs of this population then they can improve health outcomes. Increasing awareness is a common thread among many studies that investigate disparities among the LGBTQ communities and it would seem evident that this would be relevant among students as well. Of the common problems adolescents encounter when in middle school or high school, these issues can be complicated by the added difficulties of questioning one's

sexual identity. For that reason, there should be a focus on how to provide the most effective outreach to all students in order to optimize their learning potential while in school and also to provide a safe environment that allows space for the sexual minority adolescent. Health disparities in sexual minorities are well documented in adults. Therefore, it is important to aggregate data on this group during their younger years to try to ameliorate some of the negative outcomes that occur so frequently among LGBTQ individuals (Gonzales & Henning-Smith, 2017). Utilizing the data directly from the education providers can inform what is working in the school to prevent harm and what may need to be adjusted or updated to produce better risk-behavior outcomes.

## CHAPTER III – METHODS AND PROCEDURES

### 3.1 Context of Study

I used the standardized YRBSS (2015) and SHPPS (2014). The YRBSS data were downloaded directly from CDC.gov using the ASCII .dat file format for each of the files to create the combined YRBSS dataset. The data were formatted using the SAS (SAS Institute, 2012) files provided by the CDC. District, National and State data were each in separate files and state data were further separated into two parts: states A-M and N-Z. There were only 20 states that submitted data for sexual identity questions; the resulting state-level analysis is only for students in those states. The district data were compiled from surveys distributed to 19 counties although not all counties submitted responses for every question set (e.g. questions regarding sexual activity). Consequently, not all counties were represented in the analysis of sexual minority responses. The district data in this analysis were from the following counties: Duval County, FL; Broward County FL; Miami-Dade County, FL; Orange County, FL; New York City, NY; Borough of Bronx, NY; Borough of Brooklyn, NY; Borough of Manhattan, NY; Borough of Queens, NY; Borough of Staten Island, NY; and San Diego, CA. New data subsets were created to only include survey year 2015 responses from individuals who answered any of the sexual identity questions. This meant that respondents must have either self-identified as heterosexual, LGBT, unsure of sexual identity, identified their sexual preference of same-sex sex partners, or another self-identifying non-heterosexual category. Heterosexual respondent data was kept within the dataset for comparison of participation. In the district and state data, the responses were stratified by location. In the national data, the responses were stratified by sex.

### 3.2 Determining Variables for Analysis

Sixteen responses were analyzed from the YRBSS data (Table 1). These responses were related to safety, risk behaviors and personal conduct (i.e. grades in school, hours of sleep on a

school night). The 2015 YRBS Data User's Guide designated these variables as part of their Response(s) of Interest (ROI) (CDC, 2017). A ROI is a behavior that a student answered he or she engaged in and may be indicative of a risk behavior with a negative outcome. If a student is asked how many times in the past 30 days he did not go to school for safety concerns, the ROI's would be the students who answered between "1 day" and "6 or more days." Kann et al. explained sexual minority students engage in proportionately more risk-taking behaviors and the extent of their risk taking is reflected in responses to some of the YRBSS questions (2016). Research in this area can contribute to identifying students with sexual identity issues that need help or guidance to avoid making risky health decisions in some or all of the health behaviors measured in the survey.

### 3.3 Integrated Data Sets

Analyzing educator responses against student responses required an overlap of the SHPPS data with the YRBSS data (Table 3). However, the SHPPS has School-level and Classroom-level data only. The schools and classrooms were aggregated to their respective regions and states but the overlap of the YRBSS with SHPPS data was not identical because the location variables used were different. District-level data was identified by state but not to a specific county such as what is used in the YRBSS district data.

The 2014 SHPPS consisted of eight questionnaires conducted over the 2012-2013 school year. These questionnaires were: Health Education; Physical Education and Activity; Health Services; Faculty and Staff Health Promotion; Nutrition Services; Mental Health and Social Services; Healthy and Safe School Environment; and Status (CDC, 2017). Unlike the other sections, the Health Education questionnaire and Status questionnaire included both Classroom and School levels. Each section's questionnaire was reviewed for risk behaviors relevant to sexual minority populations (Table 3.1) as opposed to sections that discussed nutrition or school infrastructure. Sections determined to be relevant to the analysis were: Health education (both

levels); Mental Health and Social Services; Health Services; Healthy and Safe School Environment; and Status (both levels).

Because the 2014 SHPPS did not have district data available, the information was analyzed by region and state. All data were analyzed using SAS 9.4.

## **CHAPTER IV - RESULTS**

### **4.1 YRBSS - DISTRICT**

The YRBSS district data had a total of 4772 students composed of 72% females and 28% males. Approximately 75% of the students were aged 15-17 years old and were distributed evenly between grades 9 through 12. In this district sample, 41% of students self-identified as bisexual, 15% as gay or homosexual, and 28% answered 'Not sure' which is also labeled here as 'questioning.' In Florida, the four counties responding to the survey showed that sexual minority students outnumbered self-identified heterosexual students. There were 858 sexual minority students compared to 220 heterosexual students surveyed from the Florida districts. New York students showed roughly the same ratio; 1630 students responded as a sexual minority while 478 students responded as heterosexual.

### **YRBSS - STATE**

The YRBSS State data had participation from 20 states; therefore, sexual identity demographics are limited to those states. The students were approximately evenly distributed between grades 9<sup>th</sup> through 12<sup>th</sup> but the distribution of males and females was 67% females to 33% males, similar to the district demographic. Overall, 43% of students that participated in the sexual identity portion of the survey identified as bisexual, 17% as gay or lesbian and 26% were unsure. The number of students who self-identified as bisexual was similar to the ratio of bisexuals in the district-level data. The state data show students identifying as bisexual outnumbered gay or lesbian, unsure, or heterosexual students who responded.

## YRBSS – NATIONAL

The YRBSS National data had a total of 1949 respondents with relatively even distribution in each of the grades 9<sup>th</sup> through 12<sup>th</sup>. But the composition of males and females was 70% and 30%, respectively – also similar to the proportions of the district population.

The Responses of Interest are grouped into the following categories: violence, LGB services, mental health services, alcohol and drug use, suicide and health behaviors. Respondent information from the administrative staff was also analyzed. The aggregated ROI's for students at both the national and district levels demonstrate a higher incidence of risk behaviors among students who self-identify as bisexual. The tables below depict the percentage of respondents who answered yes to the listed ROI's. The highlighted fields show the groups that had the top 10% of 'Yes' responses within the subpopulation surveyed in selected district data (Tables 4, 4.1, 4.9, 4.10). The 'Bisexual' female and 'Not Sure' male populations engaged in many of the behaviors associated with negative health outcomes (Strutz, Herring, & Halpern, 2015).

## SHPPS

The SHPPS did not have district data publicly available therefore the state-level information was used to look at educator responses and resources to specifically address the YRBSS student ROI's listed in the above tables (Tables 4-4.11). I selected 37 SHPPS survey items to evaluate 16 YRBSS ROIs (Table 3.1). For example, students were asked if they felt unsafe going to school or coming home from school. To evaluate how educators dealt with this student concern, SHPPS survey items were selected by reviewing their relevance to the concern. Then of the responses, the items were analyzed by geographic location and proportion of educators who answered the survey item. In this example, I examined responses to the survey item asking what happens if students were caught more than four times using a weapon or having possession of a weapon on school property. Another related item to gauge school attitudes toward

this student concern is evaluating how many educators that said their school prohibits bullying and cyberbullying on school property.

#### 4.2 Violence

Six YRBSS responses were related to violence; many students admitted they felt unsafe or bullied at school. Thirteen SHPPS survey items were selected to evaluate school responses and instructions surrounding sexual minority student concerns of school violence. Many individuals, but especially bisexual females, reported that they had been in physical fights and were bullied on school property. If any of these incidents resulted in injury, some schools advised they required an injury report. While 30% of the SHPPS respondents did not answer this question, 68% of respondents did answer that their school does submit an injury report when a student gets hurt. Another way a school may address violence on its campus is through peer counseling and mediation. Faculty were asked if their mental health staff or social service providers offered these services to its students. Georgia, Iowa, Kentucky, Nebraska, New Jersey and West Virginia offered peer counseling and mediation in higher numbers than other states. Most states responded as having this social service but it did appear to be more prevalent in the states mentioned. Again, it is possible more states offer these services but did not provide the data to indicate that they do. Faculty were also asked if they provide a violence prevention program with small group settings to discuss the prevention of violence like bullying or dating violence. Most states answered that they did but Florida, Nebraska, New Jersey, Tennessee and Wyoming had comparatively more schools answer affirmatively that school staff did provide violence prevention education. Comparing the YRBSS data to this particular question shows that LGBTQ students in the surveyed boroughs of New York had a relatively higher incidence of school violence. New York state data show that 15 of its 49 responding schools did have a violence prevention program. As with any cross sectional survey data, there are limitations on the ability to infer other

information. For instance, were New York's programs in response to violence or implemented and successfully preventing more violence from occurring?

The violence prevention question was also put to a different group of educational respondents. When asked if their school participated in dating violence prevention programs, fewer schools answered that they did. Perhaps this was also because this question asked only about programs offered outside of the health education curriculum. Violence prevention, to include bullying and dating violence prevention, is a required component of health education for 51% of the schools surveyed. Of note, schools in the South and the Midwest reported that violence prevention is not a required part of their health education. For the schools that adopted an additional violence prevention curriculum, Rhode Island presented the highest number of facilities to administer such a program. But only 13% of schools overall answered that they also had a *dating* violence prevention program. In fact, many students who participated in the YRBSS answered that they had experienced dating violence. Bisexual and Questioning students in Delaware and Florida, bisexual students in Illinois and in Wyoming, and LGB students in Arkansas reported they did not go to school because they felt unsafe going to or from school at a higher percentage than heterosexual students in the survey.

Educators were asked if they had caught students using or in possession of weapons more than four times during the 2012-13 school year. Of the respondents, Maine had the highest number of 'Yes' answers with 17%. Maryland was second with 14% of the time staff had caught students in possession or using a weapon. The majority of states reported that this did not happen often but the total percentage of missing answers was 30%. School faculty were also asked if there were more than 4 times students were caught physically fighting. The difficulty with this particular statistic is that it is difficult to interpret the causation of the fighting as well as the true prevalence of the fighting. Statistically, this number can represent a school that has a problem with its students fighting or it can indicate that the larger population of the school shows a higher

number of fights happening simply as a cross-sectional look at a large population of students. Also unreported data from schools that did not participate can skew the actual prevalence of fighting among all schools in a state.

Schools from five states in varying regions reported catching students bullying more than four times on school property. A similar question asked schools to report if they caught students engaging in cyberbullying more than four times during the school year. Less than 20% of reporting schools caught students engaged in cyberbullying and 92% of these schools stated they do prohibit cyberbullying on school property. Six states had at least one responding school who stated their school policy did not prohibit bullying on school property. This does not explain if there are related policies or if the school exclusively does not prohibit bullying. The majority of schools answered that they did have a policy to stop bullying on school campuses. It is important to measure bullying and cyberbullying in schools but these data present the inherent difficulty in measuring how much bullying occurs. The statistic relies on the act being officially reported or witnessed by an adult so it is likely that this statistic is underreporting the true amount of bullying happening at any given school.

Several states reported participating in a bullying prevention program but again, it is not clear how representative the data is. Four states reported they have bullying prevention programs defined as being separate from health education instruction. Maine, Rhode Island, Utah, and Wyoming reported having a bullying prevention program in over 80% of their schools. Idaho, Mississippi, Montana and Oklahoma were in the bottom 10% of the schools answering this survey question.

#### 4.3 Lesbian, Gay and Bisexual Social Services

As schools become more aware of their changing student population and incorporate sexual minority considerations into the educational system, educators are being asked to offer

LGB-specific services. Schools were asked to respond if they offer LGB services to their student populations but many schools responded that they did not have any services in place. For example, 12 states had no services while most states could only answer that less than 1/5 of their schools provided any kind of LGB services. The survey did not specify what is meant by LGB services and the responses were aggregated only from participating middle schools and high schools.

As other research has shown, sexual minority youth engage in more risk-taking behaviors than their heterosexual peers (Kann, 2016). Schools with programs in place to create a first-line intervention for risk mitigation could address negative outcomes from risky behaviors. Respondents were asked if they provide identification, treatment or referrals for sexually transmitted infections (STI). While less than half of the participating educators stated that their school did not provide this health service, most states had at least one school if not more that provided this service. Only three states did not offer any health treatment or referral services: Hawaii, Montana and North Dakota. Young men who have sex with men (YMSM), especially adolescents, are at increased risk of acquiring HIV and are one of the fastest growing groups acquiring HIV infections (Rasberry, 2015; CDC, 2015). Because of this, YMSM should receive outreach with regard to STIs and HIV especially at a critical point of their lives when interventions can prevent future disease. When asked if their health services or mental health staff members provide education about prevention of HIV, 2/3 of schools responded that they do not. The survey also asked respondents from middle schools and high schools if outside organizations provided STI treatment or referral services. California and Utah did have schools that offered this to their student populations more often than any other state. To underscore the need for these services, a study by Rose and Friedman (2017) also discussed how sexual gender minority (SGM) males view their experiences with school health services. The researchers explained that schools are “missing the opportunity to educate SGM youth about sexual health” (Rose & Friedman, 2017).

The students discussed school health educators' lack of knowledge surrounding health issues that affect SGM males and the lack of confidentiality encountered when seeking care through their schools. One student in the study explained that he wanted HIV testing and other information from his school clinic because an outside clinic was too far for him to travel to. However, the school clinic did not provide the information he was seeking. These observations highlight why educational institutions must prioritize the health needs of all student populations and ensure their staff are educated on current and ongoing challenges faced by the underserved groups in their schools.

#### 4.4 Mental Health Services

School staff are often the first to have the opportunity to be able to identify emotional or behavioral problems in students. If a school has the personnel in place to be able to provide this kind of intervention it can be essential to keeping a student from negative health outcomes (Rasberry, 2015; O'Connell, Atlas, Saunders & Philbrick, 2010). LGBTQ students have higher rates of anxiety and depression than their peers (Strutz et al., 2015) and their tendency to engage in risky health behaviors has been documented. It is in the best interest of a school, budget constraints aside, when an intervention guides a student away from harmful behaviors. Only half the schools surveyed offered some sort of program to identify emotional or behavioral problems but Maine, North Dakota and Utah each had a majority of their schools offer this opportunity for intervention.

Schools were also asked if their mental health staff provided individual counseling to students. A majority of states answered that their schools did provide individual counseling. While many schools answered 'Yes', it is difficult to accurately assess the degree to which it is offered. California schools had 36 respondents stating they did provide individual counseling out of a total of 40 schools that responded. However, 38 schools did not provide any additional data on their

individual counseling services. Of Wyoming's responding schools, all of them stated that staff provided individual counseling to students.

Providing individual counseling is important in schools, especially in underserved areas, but difficult in schools that are understaffed or operating with smaller budgets. There were many schools that advised their mental health or social services staff do not provide individual counseling to students. Conversely, states such as Florida and New York reported that they have schools that do provide counseling, but district YRBSS data reflect their sexual minority student populations expressed several behaviors linked to negative health outcomes. Some schools advised they offered crisis intervention for personal problems such as a catastrophic event. In fact, 86% of the schools surveyed indicated they provided this kind of counseling.

Educators were asked to report if their school notified parents when the school becomes aware of a mental health problem in their student. Of the 47 schools that provide screenings for mental health there were two schools that reported they did not notify parents. Fifteen of the 47 schools did not provide a referral to a community health provider when they became aware of a mental health problem.

Not all schools offer self-help or support groups but having groups specifically available for sexual minority populations can be important in establishing a safe place for individuals that may experience higher rates of bullying or violence. The survey asked respondents if their schools have self-help or support groups provided by the mental health or social services staff but the survey did not specify if the groups centered on specific issues – such as LGBTQ. Just over half the schools surveyed advised that they did have support groups but it was not indicated what populations these groups serve.

#### 4.5 Alcohol and Drug Use

Research by Kann et al. (2016) show that LGBTQ students engage in more risk taking behaviors like using alcohol and illegal drugs. Responses from the bisexual females and questioning males show an increased prevalence in using drugs or alcohol during sexual intercourse. Several states had few or no drug and alcohol use prevention services. When schools were asked if there were more than four incidents in which students were caught drinking alcohol on campus only 6% of educators answered this had occurred. Schools were also asked if there were more than four incidents in which students were caught using or in possession of illegal drugs. Most respondents answered that this had not occurred but four states had several schools in which it had occurred: Florida, Georgia, Maine and Nevada.

High school and middle school students are not immune to the dangers of abusing drugs and alcohol. Student responses on the YRBSS show that many already engage in drinking more than five drinks in a row in less than two hours, sometimes even more than 10 drinks in a row. Academic faculty are in a good position to provide outreach on drug abuse prevention to at-risk populations in the school environment, especially with underrepresented groups such as LGBTQ students. Less than 27% of respondents answered that they provide information to students on alcohol and drug treatment. The number of LGBTQ students who responded that they currently use illegal drugs and alcohol signals that teaching them about the treatments available to navigate out of substance abuse could be beneficial.

#### 4.6 Suicide

As noted in research by Raifman, Mosco, Austin, and McConnell (2017), LGBTQ youth are at higher risk for suicide and suicide ideation. The outreach that a school could offer is at times the only baseline level of care that a student may encounter outside his or her home environment. An important way to introduce the idea of suicide prevention and to teach students

about the associated indicators of suicide is to include it in health instruction. However, this survey shows that few schools require suicide prevention instruction for their students. In fact, two Oregon schools reported that they did not require this instruction for their students. Several states such as California, Kansas, and Ohio also did not have schools provide this information to their student population. In all, less than half the participating schools provided suicide prevention education as a mandatory portion of students' health education. Educators were also asked if their school participates in a suicide prevention program outside of what is taught in Health Education instruction. Most schools reported that they did not offer an additional suicide prevention program, however, ten schools in Utah answered that they do have an additional program for students – the highest percentage of participation. School faculty were also asked if they provide suicide prevention services in small group settings. Hawaii, Kentucky, Maine and North Dakota reported that they do but many states such as Montana, Oregon, Washington and West Virginia all reported they had no such program in place. Another survey item asked educators about suicide prevention services provided from organizations outside the educational system. Four North Dakota schools reported that they do receive these services from an outside organization as did 42% of the respondents.

In the survey, educators were also asked about details of their school's suicide protocols. One question asked respondents if the school had an action plan for student suicide risk to which 94% of the respondents answered they did. The majority of schools had a plan but 37 schools from 21 states did not. Another survey item asked if educators inform a student's family if he or she is identified to be at risk for suicide. The majority of respondents answered that they do inform a student's family; however, 13 schools from 11 states said they do not inform a student's family. There is no follow-up information provided with the data to get clarification for other actions the school may take if not informing a student's family. If a school identifies a student as being at risk for suicide, the school can require the student to document a visit to a mental health professional.

Several schools in Arkansas, Hawaii, Kentucky, New Jersey, North Dakota and Rhode Island had this policy in place; the most number of schools for this survey item.

#### 4.7 Health Behaviors

Stress factors experienced by middle school and high school students can be compounded when individuals are also dealing with issues related to sexual identity. As evidenced in studies published by the CDC and others, LGBTQ students may have higher incidence of depression, suicide attempts, and engaging in risky behaviors. To manage some of the added pressures of being a sexual minority individual, some schools offer stress management. The survey asked educators if they provided stress management services to students and 58% said they do offer these services. All states except for Montana offered some sort of stress management to its middle school and high school students. Again, the extent of what qualifies as stress management services is not clarified in the survey and may differ from school to school.

Healthy behavior practices, including risk reduction, are taught generally as a part of health education. Schools were surveyed to determine if they required this instruction as part of their health education curriculum. While 97% of schools answered it was, 12 schools indicated this health topic was not included. Many of these schools were in the South to include Florida. Florida's YRBSS district data would indicate that bisexual female and questioning male populations in four Florida counties are engaging in many risk taking behaviors. These states may offer other types of healthy behavior education, the questionnaire does not provide a way for the respondent to elaborate. But the sampled sexual minority populations in Florida are exhibiting risky behaviors that could lead to negative health outcomes if no educational guidance is offered. To highlight the educator responses linked to increased negative outcome ROIs specifically from Florida, refer to the information in Table 4.12. This table shows seven responses from Florida's participating educators that indicated they provide violence prevention, suicide prevention or

participate in a suicide prevention program – ultimately less than half the schools surveyed had these programs. Furthermore, these programs are not specifically geared towards a particular minority student such as an LGBTQ individual. The added consideration of sexual minority struggles would provide greater support that is clearly needed, particularly in the bisexual female and questioning male subsets.

Table 4.12: Florida-only SHPPS Responses

		No respondent	Not answered	Yes	No	Total	%
ENL34 (During 2012-13 - 4+ times students caught physical fighting)	9	0	2	16	8	35	46%
ENL54a (Participated in dating violence prevention program)	9	0	2	7	17	35	20%
HSL94d (HSV/MHSS staff provide - HIV prevention)	4	2	1	10	5	13	77%
HSL96q (HSV/MHSS staff provide - Mental Health/Health Services/LGB services)	4	2	2	10	5	12	83%
HSL94f (HSV/MHSS staff provide - Suicide prevention)	4	2	1	16	12	35	46%
HSL96i (HSV/MHSS staff provide - Stress management)	4	2	2	14	13	35	40%
MHL25g (MH/SS staff provide self help/support group)	10	0	0	13	12	35	37%
ENL54d (Participate in suicide prevention program)	9	0	2	10	14	35	29%
ENL56c (Suicide plan - Require documented visit to Mental Health provider)	9	0	2	0	12	12	0%

As part of the health education offered to students, 89% of schools did provide instruction described as “advocating for personal, family, and community health.” There were no specifics provided and therefore it remains unclear if these health standards provide targeted sexual minority health education in the standard instruction. LGBTQ students are generally overlooked

in regards to specific health concerns they face as young adults (Gonzales & Henning, 2017). But schools can offer an introduction into health topics to set a baseline of expectations for health concerns specific to sexual minority needs as individuals and within their communities. The previously mentioned study by Rose and Friedman (2017) showed that the study participants believed that their sexual health education was not comprehensive. Many students felt that the information portrayed their sexual orientation in a negative way (i.e. acquiring HIV because you are gay) and did not talk about the health topics over which they had concerns. As of 2011, 30 states had abstinence education requirements in their sexual health curriculum and according to the SHPPS, did not provide education on HIV prevention (Stanger-Hall & Hall, 2011). This illustrates a significant shortfall in the type of education schools are willing to provide their students.

#### 4.8 Health Services Staff

According to the SHPPS handout (CDC, 2015), health services are defined as a service that addresses “actual and potential health problems among students.” Examples are health interventions, such as immunizations or medication administration, which provide students with access to services that may otherwise be difficult to obtain (CDC, 2015). Responses from other sections show the differences in health services offered, even within the same state. Having a health services coordinator could present congruity in the level of health services offered in a school. A question on the SHPPS asked respondents if there is an individual that oversees these

Table 4.13: Received professional development (Health Services)			
Region	Yes	Total Responses	%
Northeast	15	74	20%
Midwest	3	86	3%
South	11	110	10%
West	12	62	19%

Table 4.13: Received Professional Development

Table 4.14: Wanted professional development (Health Services)			
Region	Yes	Total Responses	%
Northeast	4	74	5%
Midwest	6	86	7%
South	10	110	9%
West	7	63	11%

Table 4.14: Wanted Professional Development

services at their school. Kentucky, Ohio, Washington and West Virginia had 26 schools total that did not have a health services coordinator as did many other states in each region.

Health services educators, 68% nurses for this portion of the survey, were also asked about the requirements placed on mental health or social services staff. Specifically, are these professionals required to have continuing education in mental health or social services? Hawaii indicated that their staff is not required to have continuing education credits but 77% of the remaining respondents did have that requirement. Tables 4.13 and 4.14 show the number of health services professionals, by region, that indicated they received training or wanted training.

The same question was given to individuals taking the Mental Health and Social Services section of the survey in which respondents were school counselors, social workers and some administrative faculty. The respondents were asked if they had received any professional development for services specifically targeting LGB youth (Table 4.15). In three regions it appeared that roughly half received LGB-specific training while in the Midwest the responses totaled just over half at 59%. The survey also asked the respondents if they wanted professional development for LGB services (Table 4.16). In each region the majority of respondents did not want professional development in this area.

Table 4.15: Received professional development (Mental Health)			
Region	Yes	Total Responses	%
Northeast	19	36	53%
Midwest	32	54	59%
South	29	60	48%
West	30	56	54%

Table 4.15: Received Professional Development

Table 4.16: Wanted professional development (Mental Health)			
Region	Yes	Total Responses	%
Northeast	2	34	6%
Midwest	10	87	11%
South	12	89	13%
West	13	56	23%

Table 4.16: Wanted Professional Development (Mental Health)

When educators were asked if they received professional development for services specifically targeting LGB students within the past two years, the Midwest had the fewest

individuals who received that type of training. A follow-up question asked this same group if they wanted professional development in this area and the majority of respondents answered they did not. Middle schools and high schools were asked specifically if an outside organization provided

Region	Yes	Total Responses	%
Northeast	8	26	31%
Midwest	24	42	57%
South	13	51	25%
West	14	29	48%

Table 4.17: By region, number of schools that use an outside organizations to provide LGB services

Region	Yes	Total Responses	%
Northeast	29	99	29%
Midwest	24	158	15%
South	35	186	19%
West	29	127	23%

Table 4.18: By region, number of schools that have a Gay/Straight Alliance club

LGB-focused social services for students or families. Table 4.17 below indicates that this type of arrangement is more prevalent in the Midwest and West. In an effort to create a safe environment for sexual minority students there are schools with Gay/Straight Alliance clubs (Table 4.18). The survey asked if their schools provided this type of club to promote a welcoming environment for all individuals regardless of their sexual identity or orientation. The number of respondents who answered that their schools did have this club was low across all regions.

## **CHAPTER V - DISCUSSION**

### **5.1 Discussion of Research Questions**

LGBTQ students are a growing demographic in the student population. As seen from a majority of these data, that demographic seems to be consistently underserved by the lack of targeted guidance programs, counseling, personnel, and services that should be available to help students through an already difficult transition point. The data emerging to show negative health outcomes in this vulnerable population should cause educators to give a second look at how sexual minority students are served in their schools. It is apparent that schools are struggling with a lack of qualified educators, budget constraints, environmental constraints, and many other problems that impact learning on a daily basis (Goldbach, Tanner-Smith, Bagwell & Dunlap, 2014). Those problems cannot be ignored either. However, decisions such as starting an LGBTQ support group can have lasting impacts on this at-risk community. As sexual minority issues gain more attention, school administrators must begin to incorporate outreach to these students through programs that speak to their particular problems. Education and student support should not be seen as a one size fits all approach.

### **5.2 Limitations**

Limitations of this research begin with the cross-sectional data set. Cross-sectional data do not allow inferences to be made about causation or temporal relationships. Also, the SHPPS data is derived from the school year 2012-2013 while the YRBSS data is from 2015 creating a slight gap in the coverage. In previous years, the SHPPS was conducted at the state and district level but the 2014 version of the study used classroom and school data. This limited the amount of overlap between the YRBSS data that was conducted at the district, state, and national level. Schools can also opt out of the YRBSS survey for various reasons like low participation or objection to the collection of sexual activity data for students. The CDC can also choose to not

publish results for particular subsets of data which affects the comprehensive nature of the information. Though, analyzing the data at the state-level still afforded insight into student behaviors and their related academic programs. An additional limitation is that of the exclusion of race in this analysis. This research focused on disparities experienced by the LGBTQ community stratified by sex, however, many researchers have documented how racial minorities that are also LGBTQ have significantly poorer outcomes with regard to education. Wilson et al. (2015) documented an increased incidence of violence, substance abuse, and risky sexual behaviors among racial minority transgender female youths. In a another study, Rosario et al. (2014) found that peer violence victimization was linked to sexual risk and substance use at a higher ratio among sexual minority Pacific Islander females compared to heterosexuals. Violence committed against youths has documented consequences on educational outcomes and the extent to which violence is experienced by a racial and sexual minority cannot be overstated.

### 5.3 Conclusion

The overarching topics addressed in this research, like school violence, drug and alcohol use, and sexual violence, show evidence of influencing a student's learning environment. Students are choosing to not go to school out of fear of violence and, in turn, sacrificing their education. Cyberbullying remains a prevalent and ongoing threat but schools do not yet have comprehensive policies to address the serious effects it has on students. Young gay males are at higher risk of acquiring HIV but they are not getting the education to provide them with the tools to protect themselves against it. All these issues are present in schools around the country but there is only a piecemeal system in place to address them. The responses shown here, from student and educator, emphasize the need to focus on the vulnerable, sexual minority students to bring them standardized educational experiences that incorporate basic human safety. Additionally, researchers can continue to explore the barriers faced by this subpopulation as more studies show increased intolerance, violence, and suicide due to the compounding effect of being

marginalized for race and sexual identity (Wilson et al., 2015; Shadick, Dagirmanjian, & Barbot, 2015). The results from this study show the disproportionately high number of bisexual females that experience depression and violence at school, regionally and nationally. Sexual minority questioning students, specifically in Florida, showed concerning rates of depression, violence and risk behaviors. Why are these students experiencing these negative outcomes more often? Future research can scrutinize the similarities in policies among analogous groups and investigate the elements affecting these teens. There is a pronounced need for equity in education that is assumed to be established but has not been wholly enacted by policymakers. In an effort to provide all students with the essential components of a decent education, we must increase our research efforts around sexual minorities, specifically young adults, to allay documented negative effects that occur from disregarding an underserved population. Supporting evidence-based policy and practices to protect populations like LGBTQ youth will provide them with the opportunity to achieve the education they want in a safe, supportive environment all students deserve.

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## APPENDIX

Table 3: YRBSS Responses of Interest

	ROI	Table 3: YRBSS Variable Label	Corresponding SHPPS variable
1	QN16	Did not go to school because they felt unsafe at school or on their way to or from school	MHL25d
2	QN17	Were threatened or injured with a weapon on school property	ENL37
3	QN18	Were in a physical fight	HSL74, MHL25f, ENL34, ENL43
4	QN22	Experienced physical dating violence	HSL94i, ENL54a, HEL5k
5	QN23	Experienced sexual dating violence	HSL96q
6	QN24	Were bullied on school property	ENL45, ENL54c
7	QN25	Were electronically bullied	ENL51, ENL48
8	QN26	Felt sad or hopeless	HSL34e_1, HSL34E_3
9	QN27	Seriously considered attempting suicide	HSL94f, HSL96f, HSL96g, HSL96i, ENL56a
10	QN29	Attempted suicide	HSL101f, ENL54d, ENL55, ENL56c, HEL5j
11	QN44	Drank five or more drinks of alcohol in a row	HSL94h
12	QN45	Reported that the largest number of drinks they had in a row was 10 or more	HSL94h, ENL86
13	QN62	Had sexual intercourse with four or more persons	HSL85p
14	QN64	Drank alcohol or used drugs before last sexual intercourse	HSL94d, HSL96d, HSL100o, ENL91
15	QN88	Had 8 or more hours of sleep	HEL4g, HEL4h
16	QN89	Made mostly A's or B's in school	MHL17, MHL25g

Table 3: List of the YRBSS collapsed variables with SHPPS variables matched for content.

Table 3.1 SHPPS Variable Descriptions

	SHPPS Variable	Table 3.1: SHPPS Variable Description
1	HEL4g	Do your school's standards for health education specifically address practicing health-enhancing behaviors to avoid or reduce health risks?
2	HEL4h	Advocating for personal, family, and community health?
3	HEL5j	Are students required to receive instruction suicide prevention?
4	HEL5k	Are students required to receive instruction on violence prevention, for example bullying, fighting, or dating violence prevention?

5	ENL34	During the 2012–13 school year, were there four or more times that students at your school were caught physically fighting?
6	ENL37	During the 2012–13 school year, were there four or more times that students at your school were caught using or possessing a weapon?
7	ENL43	Has this school adopted a policy prohibiting bullying on school property?
8	ENL45	During the 2012–13 school year, were there four or more times that students at your school were caught bullying?
9	ENL48	Has your school adopted a policy prohibiting electronic aggression or cyber-bullying on school property?
10	ENL51	During the 2012–13 school year, were there four or more times that students at your school were caught engaging in electronic aggression or cyber-bullying?
11	ENL54a	Does your school have or participate in (a) program to prevent dating violence?
12	ENL54c	Does your school have or participate in (a) program to prevent bullying?
13	ENL54d	Does your school have or participate in (a) program to prevent suicide?
14	ENL55	Does this school have a plan for the actions to be taken when a student at risk for suicide is identified?
15	ENL56a	Does this plan require that the student's family be informed?
16	ENL56c	Does this plan require that a visit with a mental health provider be documented before the student returns to school?
17	ENL86	During the 2012–13 school year, were there four or more times that students at your school were caught drinking alcohol?
18	ENL91	During the 2012–13 school year, were there four or more times that students at your school were caught possessing or using illegal drugs? Please do not include positive drug tests
19	HSL34e_1	Parents notified when there is a mental health problem?
20	HSL34E_3	Referral provided when there is a mental health problem?
21	HSL74	After a student is seriously injured on school property, does a school staff member services. complete a report?
22	HSL85p	Does your school provide identification, treatment of, or referral for STDs?
23	HSL94d	Does the school provide the following services to students at the school in one-on-one or small group sessions: HIV prevention?
24	HSL94f	Does the school provide the following services to students at the school in one-on-one or small group sessions: suicide prevention?
25	HSL94h	Does the school provide the following services to students at the school in one-on-one or small group sessions: alcohol or other drug use prevention?
26	HSL94i	Does the school provide the following services to students at the school in one-on-one or small group sessions: Violence prevention, for example bullying, fighting, or dating violence prevention?
27	HSL96d	Does the school provide alcohol or other drug use treatment?
28	HSL96f	Does the school provide crisis intervention for personal problems?
29	HSL96g	Does the school provide Identification of emotional or behavioral disorders, such as anxiety, depression, or ADHD?

30	HSL96i	Does the school provide stress management?
31	HSL96q	Does the school provide services specifically for gay, lesbian, or bisexual students?
32	HSL100o	Are there arrangements to provide identification, treatment of, or referral for STDs?
33	HSL101f	Are there arrangements to provide suicide prevention?
34	MHL17	Are all school mental health or social services staff required to earn continuing education credits on mental health or social services topics?
35	MHL25d	Do mental health or social services staff provide individual counseling?
36	MHL25f	Do mental health or social services staff provide peer counseling or mediation?
37	MHL25g	Do mental health or social services staff provide self-help or support groups?
Table 3.1: List of SHPPS survey items selected to address response of interests from YRBSS survey answers.		

Table 4: National-level data responses of interest for sexual minority students

			Percentage of students who answered 'Yes'							
Table 4: National			Hetero-sexual		Lesbian or Gay		Bisexual		Not Sure	
ROI	Variable Label		M	F	M	F	M	F	M	F
1	QN16	Did not go to school because they felt unsafe at school or on their way to or from school	0.9	1.3	5.4	1.5	3.2	5.8	3.9	2.6
2	QN17	Were threatened or injured with a weapon on school property	1.5	1.4	4.6	1.0	3.5	4.7	5.5	1.6
3	QN18	Were in a physical fight	4.6	4.1	5.5	3.0	9.9	16.5	12.1	5.3
4	QN22	Experienced physical dating violence	1.5	3.3	5.4	1.7	6.0	11.8	8.1	3.4
5	QN23	Experienced sexual dating violence	2.1	3.9	5.2	1.7	4.6	13.8	6.4	3.6
6	QN24	Were bullied on school property	3.3	4.2	7.0	3.2	8.5	20.1	10.3	4.9
7	QN25	Were electronically bullied	3.6	3.6	6.2	2.4	6.0	17.6	6.9	4.7
8	QN26	Felt sad or hopeless	5.4	6.6	10.5	7.0	13.5	36.5	12.1	11.3
9	QN27	Seriously considered attempting suicide	3.6	4.9	6.4	4.3	11.2	26.7	10.5	8.2
10	QN29	Attempted suicide	1.6	2.9	3.9	2.6	6.4	19.5	5.9	3.7
11	QN44	Drank five or more drinks of alcohol in a row	2.9	4.4	5.9	2.4	7.6	13.1	5.7	3.5

12	QN45	Reported that the largest number of drinks they had in a row was 10 or more	1.6	1.4	0.8	1.0	1.3	2.2	3.6	0.6
13	QN62	Had sexual intercourse with four or more persons	2.6	3.3	5.1	1.0	5.7	8.9	7.3	2.0
14	QN64	Drank alcohol or used drugs before last sexual intercourse	5.9	5.8	3.3	1.9	9.7	14.5	14.9	5.2
15	QN88	Had 8 or more hours of sleep	2.1	2.5	4.9	2.5	7.9	10.7	9.9	4.2
16	QN89	Made mostly A's or B's in school	7.0	8.5	16.1	7.5	16.4	34.0	18.7	13.5

Table 4.1: National-level data for responses of interest for sexual minority students

Table 4.1: District-level data for Duval County, Florida, with responses of interest for sexual minority students

			Percentage of students who answered 'Yes'							
Table 4.1: District - DUVAL COUNTY, FL			Hetero-sexual		Lesbian or Gay		Bisexual		Not Sure	
ROI	Variable Label		M	F	M	F	M	F	M	F
1	QN16	Did not go to school because they felt unsafe at school or on their way to or from school	3.9	3.0	7.7	2.4	8.7	7.3	4.8	3.4
2	QN17	Were threatened or injured with a weapon on school property	2.5	2.8	5.9	3.7	9.8	6.1	7.4	3.5
3	QN18	Were in a physical fight	7.1	5.3	11.5	6.0	9.8	16.5	8.7	5.0
4	QN22	Experienced physical dating violence	4.4	4.0	5.2	3.4	7.4	11.9	4.4	3.4
5	QN23	Experienced sexual dating violence	2.2	4.6	6.0	3.7	7.5	12.9	5.2	4.3
6	QN24	Were bullied on school property	3.3	4.7	13.3	4.9	7.2	18.6	6.1	4.7
7	QN25	Were electronically bullied	2.7	4.0	8.2	2.9	7.1	16.7	4.9	4.2
8	QN26	Felt sad or hopeless	5.2	8.6	12.0	7.1	13.5	27.9	9.4	11.7
9	QN27	Seriously considered attempting suicide	4.9	5.5	9.8	4.7	12.6	22.0	7.1	7.3
10	QN29	Attempted suicide	5.7	4.1	9.6	4.1	11.5	13.6	6.7	4.8
11	QN44	Drank five or more drinks of alcohol in a row	5.1	3.7	4.6	6.4	6.3	8.7	4.0	2.8

12	QN45	Reported that the largest number of drinks they had in a row was 10 or more	*	*	*	*	*	*	*	*
13	QN62	Had sexual intercourse with four or more persons	3.4	4.5	2.5	2.0	4.2	7.6	1.7	1.7
14	QN64	Drank alcohol or used drugs before last sexual intercourse	3.6	10.4	10.7	3.5	14.3	10.4	3.6	2.6
15	QN88	Had 8 or more hours of sleep	3.1	2.5	3.6	2.1	2.6	6.9	4.1	2.5
16	QN89	Made mostly A's or B's in school	11.1	13.4	20.1	9.2	16.4	29.7	16.4	16.0
Table 4.1: District-level data with responses of interest for sexual minority students										
*No data submitted										

Table 4.2: District-level data for Broward County, Florida, with responses of interest for sexual minority students

			Percentage of students who answered 'Yes'							
Table 4.2: District - BROWARD COUNTY, FL			Hetero-sexual		Lesbian or Gay		Bisexual		Not Sure	
ROI	Variable Label		M	F	M	F	M	F	M	F
1	QN16	Did not go to school because they felt unsafe at school or on their way to or from school	3.8	2.9	7.5	1.2	3.8	5.3	3.8	4.1
2	QN17	Were threatened or injured with a weapon on school property	0.0	2.9	9.4	0.6	7.1	5.3	1.2	1.2
3	QN18	Were in a physical fight	6.7	6.6	12.0	2.4	9.3	13.3	14.7	6.0
4	QN22	Experienced physical dating violence	4.2	6.3	8.3	1.8	8.3	7.2	0.0	2.7
5	QN23	Experienced sexual dating violence	2.1	4.4	14.6	3.5	8.3	8.0	2.1	3.5
6	QN24	Were bullied on school property	2.7	5.4	13.3	6.0	7.2	10.2	6.1	9.6
7	QN25	Were electronically bullied	3.9	4.7	5.1	4.7	5.1	11.8	5.1	7.7
8	QN26	Felt sad or hopeless	4.0	7.9	15.8	6.7	10.5	26.1	10.5	15.8
9	QN27	Seriously considered attempting suicide	2.6	4.8	13.2	5.4	11.8	16.7	5.3	13.7
10	QN29	Attempted suicide	1.5	4.2	7.6	3.5	10.6	10.5	0.0	6.3
11	QN44	Drank five or more drinks of alcohol in a row	1.4	3.7	1.4	3.7	2.7	10.6	4.1	2.5

12	QN45	Reported that the largest number of drinks they had in a row was 10 or more	1.6	0.0	0.0	0.7	0.0	3.3	1.6	0.7
13	QN62	Had sexual intercourse with four or more persons	2.2	4.8	6.5	0.7	2.2	4.8	2.2	2.1
14	QN64	Drank alcohol or used drugs before last sexual intercourse	9.1	133.3	9.1	4.4	9.1	6.7	0.0	2.2
15	QN88	Had 8 or more hours of sleep	1.2	0.6	1.2	0.6	3.7	6.7	6.2	3.6
16	QN89	Made mostly A's or B's in school	11.3	11.0	23.8	6.8	15.0	23.9	10.0	17.8

Table 4.2: District-level data for responses of interest for sexual minority students

Table 4.3: District-level data for Miami-Dade County, Florida, with responses of interest for sexual minority students

			Percentage of students who answered 'Yes'							
Table 4.3: District - MIAMI-DADE COUNTY, FL			Hetero-sexual		Lesbian or Gay		Bisexual		Not Sure	
ROI	Variable Label		M	F	M	F	M	F	M	F
1	QN16	Did not go to school because they felt unsafe at school or on their way to or from school	1.9	4.1	5.8	0.9	1.0	3.2	11.5	3.6
2	QN17	Were threatened or injured with a weapon on school property	2.9	2.3	9.6	0.9	1.0	4.5	10.6	3.2
3	QN18	Were in a physical fight	7.5	4.8	10.6	2.9	7.5	11.0	17.0	5.7
4	QN22	Experienced physical dating violence	4.9	5.1	4.9	1.3	1.6	8.2	11.5	7.0
5	QN23	Experienced sexual dating violence	1.7	4.4	10.0	3.2	0.0	8.9	11.7	10.1
6	QN24	Were bullied on school property	1.9	3.6	4.9	0.9	7.8	10.8	8.7	3.6
7	QN25	Were electronically bullied	4.9	5.4	4.9	1.8	3.9	6.8	8.8	6.3
8	QN26	Felt sad or hopeless	2.9	7.3	5.9	4.6	11.8	22.4	12.8	10.5
9	QN27	Seriously considered attempting suicide	3.9	5.5	8.8	2.7	10.8	15.9	10.8	5.0
10	QN29	Attempted suicide	3.6	4.4	7.1	3.9	6.0	13.7	14.3	4.4
11	QN44	Drank five or more drinks of alcohol in a row	6.4	6.2	6.4	3.3	4.3	14.2	17.0	3.3

12	QN45	Reported that the largest number of drinks they had in a row was 10 or more	1.2	1.0	3.5	0.5	3.5	1.6	10.3	1.0
13	QN62	Had sexual intercourse with four or more persons	0.0	4.2	6.8	1.1	5.4	4.7	13.5	3.2
14	QN64	Drank alcohol or used drugs before last sexual intercourse	0.0	4.4	13.3	1.5	6.7	7.4	23.3	4.4
15	QN88	Had 8 or more hours of sleep	2.0	1.4	4.9	2.8	3.9	5.5	13.7	4.1
16	QN89	Made mostly A's or B's in school	5.0	8.3	13.9	9.3	7.9	26.9	27.7	15.7

Table 4.3: District-level data for responses of interest for sexual minority students

Table 4.4: District-level data for New York City, New York, with responses of interest for sexual minority students

			Percentage of students who answered 'Yes'							
Table 4.4: District - NEW YORK CITY, NY			Hetero-sexual		Lesbian or Gay		Bisexual		Not Sure	
ROI	Variable Label		M	F	M	F	M	F	M	F
1	QN16	Did not go to school because they felt unsafe at school or on their way to or from school	5.5	2.0	3.6	1.1	3.9	4.3	6.3	2.4
2	QN17	Were threatened or injured with a weapon on school property	6.6	1.3	4.2	0.8	2.7	3.3	6.6	1.6
3	QN18	Were in a physical fight	10.9	3.7	4.8	3.7	7.5	16.1	12.8	4.9
4	QN22	Experienced physical dating violence	10.1	3.0	2.3	2.7	5.6	10.8	11.2	2.4
5	QN23	Experienced sexual dating violence	11.0	3.0	3.9	1.3	4.4	9.5	9.3	2.7
6	QN24	Were bullied on school property	3.4	2.4	5.1	2.1	7.1	10.3	10.7	6.1
7	QN25	Were electronically bullied	4.1	2.5	3.5	1.5	7.1	10.1	5.9	5.3
8	QN26	Felt sad or hopeless	7.2	6.1	7.7	4.9	10.0	27.9	14.0	13.5
9	QN27	Seriously considered attempting suicide	5.5	2.9	6.4	2.7	7.8	18.1	6.7	6.9
10	QN29	Attempted suicide	8.0	1.9	3.2	2.3	5.6	11.9	8.4	3.5
11	QN44	Drank five or more drinks of alcohol in a row	8.4	2.8	2.2	1.4	2.5	7.5	3.7	2.6

12	QN45	Reported that the largest number of drinks they had in a row was 10 or more	1.0	0.5	0.0	0.2	0.3	1.0	1.4	0.1
13	QN62	Had sexual intercourse with four or more persons	5.8	2.2	1.3	1.0	4.4	5.3	4.4	0.8
14	QN64	Drank alcohol or used drugs before last sexual intercourse	15.3	2.1	3.4	2.5	3.4	15.5	11.9	0.8
15	QN88	Had 8 or more hours of sleep	4.0	3.4	5.2	1.9	4.4	7.4	5.5	6.0
16	QN89	Made mostly A's or B's in school	*	*	*	*	*	*	*	*
Table 4.4: District-level data for responses of interest for sexual minority students										
*No data submitted										

Table 4.5: District-level data for Borough of Bronx, New York, with responses of interest for sexual minority students

			Percentage of students who answered 'Yes'							
Table 4.5: District - BOROUGH OF BRONX, NY			Hetero-sexual		Lesbian or Gay		Bisexual		Not Sure	
ROI	Variable Label		M	F	M	F	M	F	M	F
1	QN16	Did not go to school because they felt unsafe at school or on their way to or from school	3.5	2.1	3.5	2.1	3.5	3.4	7.1	2.6
2	QN17	Were threatened or injured with a weapon on school property	6.0	1.3	4.8	0.8	3.6	1.7	6.0	0.0
3	QN18	Were in a physical fight	7.1	4.2	5.9	5.5	4.7	15.6	15.3	4.2
4	QN22	Experienced physical dating violence	11.1	2.9	4.4	2.2	6.7	7.9	11.1	0.7
5	QN23	Experienced sexual dating violence	8.9	5.7	4.4	1.4	2.2	6.4	8.9	4.3
6	QN24	Were bullied on school property	0.0	2.1	4.0	2.5	7.9	9.3	9.2	3.0
7	QN25	Were electronically bullied	1.3	3.4	1.3	2.5	9.0	8.9	9.0	3.4
8	QN26	Felt sad or hopeless	5.3	7.3	1.5	4.7	11.8	26.6	15.8	12.9
9	QN27	Seriously considered attempting suicide	6.2	2.6	9.9	2.6	11.1	15.7	8.6	7.0
10	QN29	Attempted suicide	5.1	2.0	3.4	2.5	5.1	12.1	5.1	4.0

11	QN44	Drank five or more drinks of alcohol in a row	2.7	1.4	2.7	1.4	2.7	7.9	4.1	1.9
12	QN45	Reported that the largest number of drinks they had in a row was 10 or more	0.0	0.5	0.0	0.5	1.5	0.5	3.0	0.0
13	QN62	Had sexual intercourse with four or more persons	5.6	1.6	1.9	1.1	5.6	3.7	7.4	1.1
14	QN64	Drank alcohol or used drugs before last sexual intercourse	22.2	0.0	0.0	2.3	0.0	15.9	16.7	2.3
15	QN88	Had 8 or more hours of sleep	3.8	3.6	3.8	2.4	1.9	10.9	1.9	7.9
16	QN89	Made mostly A's or B's in school	*	*	*	*	*	*	*	*

Table 4.5: District-level data for responses of interest for sexual minority students

\*No data submitted

Table 4.6: District-level data for Borough of Brooklyn, New York, with responses of interest for sexual minority students

			Percentage of students who answered 'Yes'							
Table 4.6: District - BOROUGH OF BROOKLYN, NY			Hetero- sexual		Lesbian or Gay		Bisexual		Not Sure	
ROI	Variable Label		M	F	M	F	M	F	M	F
1	QN16	Did not go to school because they felt unsafe at school or on their way to or from school	5.1	1.9	3.8	0.3	3.8	5.5	3.8	1.5
2	QN17	Were threatened or injured with a weapon on school property	6.0	0.6	6.0	0.3	3.6	3.3	2.4	1.2
3	QN18	Were in a physical fight	14.5	3.7	7.2	2.1	9.6	17.6	8.4	4.9
4	QN22	Experienced physical dating violence	7.9	3.9	2.6	2.8	2.6	11.6	5.3	1.7
5	QN23	Experienced sexual dating violence	10.0	3.2	5.0	1.1	7.5	13.0	5.0	1.6
6	QN24	Were bullied on school property	1.2	2.5	7.4	1.5	11.1	12.2	9.9	7.0
7	QN25	Were electronically bullied	5.4	2.1	6.8	1.2	10.8	9.5	2.7	4.6
8	QN26	Felt sad or hopeless	6.5	6.1	6.5	3.7	13.0	31.0	13.0	12.9
9	QN27	Seriously considered attempting suicide	4.0	2.8	8.0	2.5	6.7	19.0	4.0	7.0

10	QN29	Attempted suicide	9.7	2.1	3.2	1.4	3.2	11.4	1.6	1.8
11	QN44	Drank five or more drinks of alcohol in a row	10.1	3.3	0.0	1.3	1.5	5.9	0.0	2.6
12	QN45	Reported that the largest number of drinks they had in a row was 10 or more	0.0	0.7	0.0	0.4	0.0	1.0	0.0	0.0
13	QN62	Had sexual intercourse with four or more persons	5.6	2.6	1.9	0.4	3.7	4.9	0.0	0.8
14	QN64	Drank alcohol or used drugs before last sexual intercourse	14.3	1.4	7.1	2.7	7.1	13.7	7.1	0.0
15	QN88	Had 8 or more hours of sleep	3.2	4.7	11.1	1.2	1.6	6.6	1.6	5.5
16	QN89	Made mostly A's or B's in school	*	*	*	*	*	*	*	*

Table 4.6: District-level data for responses of interest for sexual minority students

\*No data submitted

Table 4.7: District-level data for Borough of Manhattan, New York, with responses of interest for sexual minority students

			Percentage of students who answered 'Yes'							
Table 4.7: District - BOROUGH OF MANHATTAN, NY			Hetero-sexual		Lesbian or Gay		Bisexual		Not Sure	
ROI	Variable Label		M	F	M	F	M	F	M	F
1	QN16	Did not go to school because they felt unsafe at school or on their way to or from school	8.6	1.0	5.2	1.0	1.7	3.6	1.7	2.0
2	QN17	Were threatened or injured with a weapon on school property	9.4	0.5	4.7	0.0	0.0	2.5	6.3	2.5
3	QN18	Were in a physical fight	9.4	3.0	1.6	3.0	4.7	21.7	10.9	5.1
4	QN22	Experienced physical dating violence	8.0	1.6	0.0	2.4	4.0	12.1	20.0	1.6
5	QN23	Experienced sexual dating violence	11.5	0.8	0.0	0.8	0.0	8.1	11.5	0.8
6	QN24	Were bullied on school property	3.3	1.5	1.6	2.0	6.6	8.6	9.8	6.1
7	QN25	Were electronically bullied	1.7	0.5	0.0	0.5	3.5	9.2	3.5	7.2
8	QN26	Felt sad or hopeless	6.5	4.1	8.1	4.6	8.1	30.6	8.1	12.2
9	QN27	Seriously considered attempting suicide	3.4	0.0	1.7	1.6	6.8	20.3	6.8	5.2
10	QN29	Attempted suicide	8.3	1.2	4.2	3.0	4.2	7.8	14.6	3.6

11	QN44	Drank five or more drinks of alcohol in a row	5.4	1.6	3.6	1.6	3.6	10.3	5.4	1.6
12	QN45	Reported that the largest number of drinks they had in a row was 10 or more	0.0	0.0	0.0	0.0	0.0	0.6	2.0	0.0
13	QN62	Had sexual intercourse with four or more persons	0.0	2.6	0.0	1.9	4.9	8.4	4.9	0.0
14	QN64	Drank alcohol or used drugs before last sexual intercourse	0.0	2.3	0.0	2.3	9.1	25.0	0.0	0.0
15	QN88	Had 8 or more hours of sleep	2.3	2.9	4.7	2.1	11.6	7.9	4.7	5.7
16	QN89	Made mostly A's or B's in school	*	*	*	*	*	*	*	*

Table 4.7: District-level data for responses of interest for sexual minority students

\*No data submitted

Table 4.8: District-level data for Borough of Queens, New York, with responses of interest for sexual minority students

			Percentage of students who answered 'Yes'							
Table 4.8: District - BOROUGH OF QUEENS, NY			Hetero-sexual		Lesbian or Gay		Bisexual		Not Sure	
ROI	Variable Label		M	F	M	F	M	F	M	F
1	QN16	Did not go to school because they felt unsafe at school or on their way to or from school	6.1	3.5	1.5	1.2	4.6	3.5	7.6	1.2
2	QN17	Were threatened or injured with a weapon on school property	10.5	2.8	0.0	2.2	3.0	3.9	9.0	1.7
3	QN18	Were in a physical fight	16.2	5.6	2.9	3.9	8.8	12.2	14.7	3.3
4	QN22	Experienced physical dating violence	18.2	2.8	0.0	4.6	9.1	11.0	9.1	5.5
5	QN23	Experienced sexual dating violence	20.6	1.8	2.9	1.8	2.9	8.9	11.8	4.5
6	QN24	Were bullied on school property	9.4	2.8	3.1	1.7	4.7	10.2	10.9	8.5
7	QN25	Were electronically bullied	10.2	3.5	1.7	1.2	3.4	12.7	5.1	7.5
8	QN26	Felt sad or hopeless	10.9	6.3	4.7	6.3	9.4	25.6	17.2	17.6
9	QN27	Seriously considered attempting suicide	8.3	5.2	5.0	3.5	8.3	18.5	8.3	7.5
10	QN29	Attempted suicide	14.3	1.3	3.6	2.6	8.9	13.2	7.1	4.0

11	QN44	Drank five or more drinks of alcohol in a row	16.7	3.6	3.3	0.6	0.0	7.2	5.0	3.0
12	QN45	Reported that the largest number of drinks they had in a row was 10 or more	1.9	1.3	0.0	0.0	0.0	0.7	0.0	0.0
13	QN62	Had sexual intercourse with four or more persons	12.8	2.8	0.0	0.7	5.1	5.5	5.1	2.1
14	QN64	Drank alcohol or used drugs before last sexual intercourse	12.5	4.2	0.0	0.0	0.0	6.3	12.5	0.0
15	QN88	Had 8 or more hours of sleep	7.0	3.3	5.3	1.3	3.5	6.0	12.3	6.7
16	QN89	Made mostly A's or B's in school	*	*	*	*	*	*	*	*

Table 4.8: District-level data for responses of interest for sexual minority students

\*No data submitted

Table 4.9: District-level data for Borough of Staten Island, New York, with responses of interest for sexual minority students

			Percentage of students who answered 'Yes'							
Table 4.9: District - BOROUGH OF STATEN ISLAND, NY			Hetero-sexual		Lesbian or Gay		Bisexual		Not Sure	
ROI	Variable Label		M	F	M	F	M	F	M	F
1	QN16	Did not go to school because they felt unsafe at school or on their way to or from school	5.3	1.5	4.0	1.5	5.3	5.2	10.7	6.0
2	QN17	Were threatened or injured with a weapon on school property	2.6	2.2	5.1	1.4	2.6	6.5	10.3	3.6
3	QN18	Were in a physical fight	8.0	1.4	5.3	5.0	9.3	10.8	14.7	7.9
4	QN22	Experienced physical dating violence	5.4	4.0	2.7	1.3	5.4	11.8	13.5	4.0
5	QN23	Experienced sexual dating violence	5.4	2.6	5.4	1.3	8.1	10.3	10.8	2.6
6	QN24	Were bullied on school property	4.2	3.7	8.3	3.0	4.2	9.6	13.9	5.9
7	QN25	Were electronically bullied	2.9	3.7	7.1	2.2	7.1	11.8	8.6	4.4
8	QN26	Felt sad or hopeless	7.1	6.5	8.6	6.5	7.1	21.7	15.7	12.3
9	QN27	Seriously considered attempting suicide	5.7	5.2	5.7	3.7	5.7	16.3	5.7	8.2
10	QN29	Attempted suicide	3.3	2.5	1.6	2.5	6.6	16.4	14.8	5.7

11	QN44	Drank five or more drinks of alcohol in a row	7.8	4.7	1.6	2.4	4.7	7.1	4.7	4.7
12	QN45	Reported that the largest number of drinks they had in a row was 10 or more	3.5	0.0	0.0	0.0	0.0	2.6	1.7	0.9
13	QN62	Had sexual intercourse with four or more persons	5.4	1.0	2.7	1.9	2.7	4.8	5.4	0.0
14	QN64	Drank alcohol or used drugs before last sexual intercourse	25.0	3.3	12.5	6.7	0.0	20.0	25.0	3.3
15	QN88	Had 8 or more hours of sleep	3.6	1.0	0.0	3.0	5.4	5.0	7.1	4.0
16	QN89	Made mostly A's or B's in school	*	*	*	*	*	*	*	*

Table 4.9: District-level data for responses of interest for sexual minority students

\* No data submitted

Table 4.10: District-level data for Orange County, Florida, with responses of interest for sexual minority students

			Percentage of students who answered 'Yes'							
Table 4.10: District - ORANGE COUNTY, FL			Hetero-sexual		Lesbian or Gay		Bisexual		Not Sure	
ROI	Variable Label		M	F	M	F	M	F	M	F
1	QN16	Did not go to school because they felt unsafe at school or on their way to or from school	1.9	1.8	1.9	3.6	7.6	8.9	18.9	3.6
2	QN17	Were threatened or injured with a weapon on school property	0.0	1.8	1.9	1.8	9.6	2.4	23.1	1.2
3	QN18	Were in a physical fight	2.1	1.9	2.1	3.8	6.3	13.9	22.9	6.3
4	QN22	Experienced physical dating violence	0.0	1.8	3.5	2.7	13.8	11.8	27.6	1.8
5	QN23	Experienced sexual dating violence	0.0	4.6	6.9	4.6	13.8	13.6	27.6	4.6
6	QN24	Were bullied on school property	1.9	4.1	3.8	3.0	7.6	14.2	20.8	7.7
7	QN25	Were electronically bullied	1.9	3.0	3.8	3.6	3.8	14.2	17.0	5.9
8	QN26	Felt sad or hopeless	1.9	4.1	9.4	##	13.2	31.4	22.6	14.2
9	QN27	Seriously considered attempting suicide	0.0	3.0	3.9	8.9	5.9	20.8	23.5	6.6
10	QN29	Attempted suicide	0.0	2.6	2.2	6.5	6.5	15.5	19.6	1.9

11	QN44	Drank five or more drinks of alcohol in a row	0.0	2.5	2.0	3.7	10.0	8.6	22.0	1.9
12	QN45	Reported that the largest number of drinks they had in a row was 10 or more	0.0	0.0	2.1	2.0	2.1	0.7	14.9	0.0
13	QN62	Had sexual intercourse with four or more persons	0.0	1.3	9.8	1.9	9.8	6.4	14.6	0.6
14	QN64	Drank alcohol or used drugs before last sexual intercourse	0.0	1.7	0.0	6.8	25.0	15.3	50.0	1.7
15	QN88	Had 8 or more hours of sleep	2.0	3.0	2.0	4.2	3.9	6.6	9.8	3.6
16	QN89	Made mostly A's or B's in school	1.9	6.1	7.7	9.7	7.7	32.3	26.9	17.1

Table 4.10: District-level data for responses of interest for sexual minority students

Table 4.11: District-level data for San Diego, California, with responses of interest for sexual minority students

			Percentage of students who answered 'Yes'							
Table 4.11: District - SAN DIEGO, CA			Hetero-sexual		Lesbian or Gay		Bisexual		Not Sure	
ROI	Variable Label		M	F	M	F	M	F	M	F
1	QN16	Did not go to school because they felt unsafe at school or on their way to or from school	2.6	1.8	3.4	0.0	3.4	4.0	4.3	3.6
2	QN17	Were threatened or injured with a weapon on school property	2.6	1.8	0.9	0.4	5.1	3.1	4.3	0.9
3	QN18	Were in a physical fight	7.1	4.5	6.3	0.0	8.9	11.6	8.0	5.4
4	QN22	Experienced physical dating violence	1.9	6.2	3.7	1.6	1.9	12.4	3.7	2.3
5	QN23	Experienced sexual dating violence	3.7	6.2	7.4	0.0	3.7	17.8	7.4	3.9
6	QN24	Were bullied on school property	5.4	4.5	7.1	0.9	4.5	14.4	7.1	5.9
7	QN25	Were electronically bullied	4.4	4.9	5.3	0.0	5.3	12.8	3.5	7.1
8	QN26	Felt sad or hopeless	7.0	8.0	12.3	3.1	13.2	34.4	7.9	14.7
9	QN27	Seriously considered attempting suicide	5.2	7.1	5.2	0.4	8.7	20.4	8.7	8.4
10	QN29	Attempted suicide	2.9	3.9	3.9	0.0	7.8	11.2	4.9	5.3
11	QN44	Drank five or more drinks of alcohol in a row	7.3	5.6	3.6	0.9	6.4	6.9	2.7	3.2

12	QN45	Reported that the largest number of drinks they had in a row was 10 or more	1.9	1.4	1.0	0.5	1.9	0.5	1.9	0.0
13	QN62	Had sexual intercourse with four or more persons	3.2	2.0	1.1	0.0	4.3	4.4	2.1	3.0
14	QN64	Drank alcohol or used drugs before last sexual intercourse	8.3	10.2	8.3	2.0	4.2	8.2	4.2	6.1
15	QN88	Had 8 or more hours of sleep	2.7	1.8	1.8	1.4	6.2	5.5	12.4	7.3
16	QN89	Made mostly A's or B's in school	8.9	11.9	17.0	4.7	13.4	32.0	21.4	19.6

Table 4.11: District-level data for responses of interest for sexual minority students

Table 4.12: Florida-only SHPPS responses

Table 4.12: Florida-only SHPPS Responses							
	.	No respondent	Not answered	Yes	No	Total	%
ENL34 (During 2012-13 - 4+ times students caught physical fighting)	9	0	2	16	8	35	46%
ENL54a (Participated in dating violence prevention program)	9	0	2	7	17	35	20%
HSL94d (HSV/MHSS staff provide - HIV prevention)	4	2	1	10	5	13	77%
HSL96q (HSV/MHSS staff provide - Mental Health/Health Services/LGB services)	4	2	2	10	5	12	83%
HSL94f (HSV/MHSS staff provide - Suicide prevention)	4	2	1	16	12	35	46%
HSL96i (HSV/MHSS staff provide - Stress management)	4	2	2	14	13	35	40%
MHL25g (MH/SS staff provide self help/support group)	10	0	0	13	12	35	37%
ENL54d (Participate in suicide prevention program)	9	0	2	10	14	35	29%
ENL56c (Suicide plan - Require documented visit to Mental Health provider)	9	0	2	0	12	12	0%

Table 4.13: Received professional development (Health Services)

Table 4.13: Received professional development (Health Services)			
Region	Yes	Total Responses	%
Northeast	15	74	20%
Midwest	3	86	3%
South	11	110	10%
West	12	62	19%

Table 4.13: Received Professional Development (Health Services)

Table 4.14: Wanted professional development (Health Services)

Table 4.14: Wanted professional development (Health Services)			
Region	Yes	Total Responses	%
Northeast	4	74	5%
Midwest	6	86	7%
South	10	110	9%
West	7	63	11%

Table 4.14: Wanted Professional Development (Health Services)

Table 4.15: Received professional development (Mental Health)

Table 4.15: Received professional development (Mental Health)			
Region	Yes	Total Responses	%
Northeast	19	36	53%
Midwest	32	54	59%
South	29	60	48%
West	30	56	54%

Table 4.15: Received Professional Development (Mental Health)

Table 4.16: Wanted professional development (Mental Health)

Table 4.16: Wanted professional development (Mental Health)			
Region	Yes	Total Responses	%
Northeast	2	34	6%
Midwest	10	87	11%
South	12	89	13%
West	13	56	23%

Table 4.16: Wanted Professional Development (Mental Health)

Table 4.17: Outside organizations providing LGB services

Table 4.17: Outside organizations providing LGB services			
Region	Yes	Total Responses	%
Northeast	8	26	31%
Midwest	24	42	57%
South	13	51	25%
West	14	29	48%

Table 4.17: By region, number of schools that use an outside organizations to provide LGB services

Table 4.18: Gay/straight alliance clubs

Table 4.18: Gay/straight alliance clubs			
Region	Yes	Total Responses	%
Northeast	29	99	29%
Midwest	24	158	15%
South	35	186	19%
West	29	127	23%

Table 4.18: By region, number of schools that have a Gay/Straight Alliance club