



# INJURY AND VIOLENCE DISPARITIES BETWEEN LGBTQ+ AND HETEROSEXUAL YOUTH

## INTRODUCTION

Youth who identify as lesbian, gay, bisexual, questioning, or other non-heterosexual identity (LGBQ+) are resilient<sup>1</sup> and diverse, representing every racial, ethnic, and socioeconomic group and are present in every community across the U.S.<sup>2</sup> They make up 24% of the high-school aged population.<sup>3</sup> While acceptance, affirmation, and inclusion of youth with these identities has increased, significant yet preventable disparities persist.<sup>4</sup> Data from the 2021 Youth Risk Behavior Surveillance System (YRBSS; a survey that is representative of 45 states)<sup>3</sup> show that LGBQ+ youth have disproportionately higher rates of experiencing injury and violence, compared to their heterosexual peers. These types of violence and injury include:

<b>Bullying</b>	Bullying is any unwanted aggressive behavior by another youth or group of youths, who are not siblings or current dating partners, that involves a perceived power imbalance, and is repeated multiple times or is highly likely to be repeated. Bullying can involve physical, verbal, and relational/social harm, as well as damage to property. It can occur in person or electronically. Bullying victimization (being a target of bullying) can contribute to physical injury, mental health problems, and academic problems. <sup>5</sup>
<b>Dating Violence</b>	Dating violence is a type of intimate partner violence that can involve physical or sexual aggression, psychological control, and stalking behaviors. It can also take place in person or electronically. Teen dating violence can have immediate consequences, as well as set the stage for future relationship problems. <sup>6</sup>
<b>Suicide Risk</b>	Suicide, a fatal self-inflicted act, is a leading cause of death among youth, and rates have increased in recent years. <sup>7</sup> Suicidal ideation, thoughts about suicide, and past non-fatal attempts are predictive of youth suicide. <sup>8</sup>
<b>Substance Use</b>	While substance (e.g., alcohol, tobacco, illicit drug) use can be dangerous at any age, use among youth can be especially problematic. Youth substance use can harm physical health, affect brain development, and is associated with academic and behavioral problems. Studies show early initiation predicts substance use disorder later in life. <sup>9</sup>



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## INJURY AND VIOLENCE DISPARITIES

The 2021 YRBSS shows that compared to heterosexual youth, LGBQ+ youth are:

- » Approximately twice as likely to report bullying victimization
- » Approximately 2.5 times as likely to report dating violence
- » About 3 to 4 times as likely to report suicide risk
- » About 1.2 to 3 times as likely to report substance use

	LGBQ+ Youth	Heterosexual Youth
<b>Bullying</b>		
Bullied electronically	27%	13%
Bullied on school property	23%	12%
<b>Dating Violence</b>		
Experienced sexual dating violence	19%	7%
Experienced physical dating violence	15%	6%
<b>Suicide Risk</b>		
Seriously considered attempting suicide	45%	15%
Attempted suicide	22%	6%
<b>Substance Use</b>		
Current alcohol use	26%	22%
Current electronic vapor product use	22%	16%
Current cigarette use	6%	3%
Current prescription opioid misuse	11%	4%

## RISK FACTORS

There are several risk factors that help us understand disparities experienced by sexual minority youth, including:

- » Stigma coming from peers, family, society, and even the self (internalized stigma).
  - Experiencing stigma and social exclusion can negatively affect mental health and increase risky behaviors, such as substance use.<sup>10</sup>
- » Discriminatory policies against sexual minority individuals.
  - Hearing about potential state or local laws banning people from discussing sexual minority people at school has a negative impact on mental health.<sup>11,12</sup>
- » Disproportionate access to quality mental and physical health care.
  - While many sexual minority youth want mental and physical health care, many feel that they cannot access it out of fear of discrimination from healthcare providers.<sup>11,13</sup>
  - There is a lack of education and training on healthcare for sexual minority youth among healthcare providers.<sup>14</sup>

## PROTECTIVE FACTORS

It is important to focus on protective factors to **prevent** disparities. Recommendations include:

- » Build resilience.
  - Too much focus on risk factors can inspire fear among youth, as well as suggest to the public that sexual identity is the cause of those risks. Instead, highlight the importance of diversity and celebrate positive experiences of being LGBTQ+.<sup>15,16</sup>
  - Utilize programs that help LGBTQ+ youth learn coping skills, such as [AFFIRM Youth](#).<sup>17,18</sup>
- » Form affirming, inclusive, welcoming, and supportive communities.
  - Access to affirming homes, schools, and online spaces is associated with lower rates of suicide among LGBTQ+ youth.<sup>19,20</sup>
  - Form [Genders & Sexualities Alliances](#)/Gay Straight Alliances (GSAs).<sup>21</sup>
  - Utilize programs and resources for adults to create safe and affirming environments, such as [Affirm Caregiver](#).<sup>22</sup>
- » Adapt school programs.
  - Adapt programs to include sexual minority youth, for example anti-bullying programs that mention targeting based on sexual orientation<sup>23</sup> and teen dating violence interventions that are culturally tailored to sexual minority youth.<sup>24</sup>
- » Inform and train healthcare providers.
  - Make use of evidence-based, culturally responsive programs that inform and train healthcare providers, such as the [SAMHSA LGBT Training Curricula for Behavioral Health and Primary Care Practitioners](#) and the [HRSA-supported National LGBTQIA+ Health Education Center](#).

CSN is committed to achieving health equity for all infants, children, and adolescents, and views the health disparities that lesbian, gay, bisexual, transgender, questioning, or other non-heterosexual identity (LGBTQ+) youth experience in the context of social determinants of health. Root causes related to LGBTQ+ youth disparities must be identified and addressed to achieve true health equity. Structural discrimination and inequitable access to health care has put LGBTQ+ youth at greater risk of negative health outcomes. Social stigma regarding sexual and romantic preferences and identities contribute to disparities experienced by LGBTQ+ youth. These youth often experience discrimination, harassment, family rejection, and social rejection, placing them at greater risk for violence and injury.

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