



LGBTQ Youth in Montana

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LGBTQ YOUTH IN MONTANA

Introduction

Brains are still physiologically developing during adolescence as young people adapt to their world in deep and long-lasting ways. Teenagers begin to distance themselves from their parents and other adults, and the importance of their peers increases. Fears and hopes for the future are brought into focus by increased pressure for educational attainment. Hormones are running rampant sometimes causing biological urges to overtake common sense. Put struggling with issues around sexual orientation into the context of teenage brain development and the complexities around being a sexual minority youth increase exponentially.

This paper will look at what it means to be such a youth in Montana to the extent that data and research will allow us. Much of the information is anecdotal and older research is biased as society struggled with its perceptions of sexual orientation. America has not treated the sexual minority community well. Despite enormous strides in acceptance and understanding there still remains much work to be done, so that these youth can stand tall in who they are without worrying about bullying, violence, job security and lack of legal protections.

Nomenclature is a tricky thing and its history among people with different sexual identities is long. Lesbian, gay and bisexual (LGB) was, and still is, one of the most commonly used terms to indicate sexual identity. However in the 1990s, transgender was included to create the LGBT acronym. The full acronym now used is LGBTQ. The “Q” which can stand for questioning and/or queer: Questioning refers to individuals who are unsure of their sexual orientation and/or gender identity. Queer is an umbrella term encompassing a variety of sexual orientations and gender identities excluding heterosexuality. The complexity of who should or should not be included in the umbrella term of LGBTQ is an on-going issue among differing sexual minority communities. LGBTQ will be used throughout this paper (unless data is more specific to any of the sub-groups) with the intent to be as inclusive as possible to all sexual minorities.

What are the issues for LGBTQ youth?

The question is not only, “What are the issues?” but also, “Why?” Why LGBTQ face the challenges discussed below is a political-social question and, despite progress, can be explained in part by the sad fact of religious intolerance, institutional homophobia, sexism, gender prejudice and antiquated views.¹ In the 2017 Montana Legislative session, a bill to add civil rights protections for LGBT people to the Montana Human Rights Act died in committee. Opponents argued the bill would fix a nonexistent problem, encourage immoral lifestyle choices, allow sexual predators into bathrooms and would become a weapon against conservative Christians. Claims that such protections would create a public danger or

¹ Stigma and Discrimination: Gay and Bisexual Men's Health. Centers for Disease Control and Prevention. 2016. <https://www.cdc.gov/msmhealth/stigma-and-discrimination.htm>

weaken existing protections for religious freedom are unsubstantiated by any evidence from other states enacting such legal protection.²

Sexual minority youth face challenges at many levels and they are subjected to high levels of peer bullying and violence at school. According to one meta-analysis comparing sexual minority youth to heterosexual youth, school-based victimization of LGBTQ students is associated with poor developmental, social, academic and health outcomes.³ In other words, the higher rates of abuse experienced by sexual minority youths may be one of the driving mechanisms underlying higher rates of mental health problems, suicide rates, substance use, risky sexual behavior and HIV reported by sexual minority adults.⁴ Multiple studies reveal health disparities between sexual minority and heterosexual individuals and a 2015 study tied these long-term health problems for the LGBTQ community to victimization as youth.⁵

Research on LGBTQ youth also includes how they fare in their families and communities. Nearly all their challenges are as a result of stigma and discrimination by those around them with the worst outcome being rejection by family. One study shows that up to 30 percent of youth who revealed their sexual identity to their family were victims of verbal and/or physical violence.⁶

Another research study shows a startling difference among LGBTQ youth from positive, accepting families compared to those completely rejected by their families. Rejected youth were:

- More than eight times likely to attempt suicide than those in accepting families.
- Almost six times likely to report high levels of depression than those in accepting families.
- More than three times likely to use illegal drugs than those in accepting families.
- More than three times likely to be at high risk for HIV and sexually transmitted diseases than those in accepting families.⁷

Additionally, LGBTQ youth are at a higher risk to experience homelessness due to running away from abusive families or for being kicked out of the house once self-identifying as LGBTQ.⁸ Although somewhat outdated data from the 1990s, the National Network of Runaway and Youth Services has estimated between 20 to 40 percent of youth who become homeless each year are LGBTQ and these youth often cycle through foster homes, group homes, and the streets.⁹ A 2017 OPI report on student homelessness shows that 23 percent of Montana students who reported being homeless had been teased or called names because someone thought they were gay, lesbian or bisexual. Whereas only 10 percent of students who have a home reported being bullied based on perceived sexual identify.¹⁰

²Frazier, Jamie "Committee Tables Bill to Ban LGBT Discrimination" Helena Independent Record (Helena, MT) February 2017.

³Russell B. Toomey, Stephen T. Russell. Youth & Society Volume: 48 issue: 2, page(s): 176-201. Article first published online: April 8, 2013; Issue published: March 1, 2016. <https://doi.org/10.1177/0044118X13483778>

⁴Friedman, M. S., Marshal, M.P., Guadamuz, T. E., Wei, C., Wong, C.F., Saewyc, E.M., & Stall, R. (2011). A Meta-Analysis of Disparities in Childhood Sexual Abuse, Parental Physical Abuse and Peer Victimization among Sexual Minority and Sexual Nonminority Individuals. *American Journal of Public Health*, 101, 1481-1494.

⁵Andersen J.P., Zou C., Blosnich J. (2015) Multiple Early Victimization Experiences as a Pathway to Explain Physical Health Disparities among Sexual Minority and Heterosexual Individuals. *Social Science and Medicine*. 133: 111-9. Epub 2015 Apr 2.

⁶Friedman, M. S., Marshal, M.P., Guadamuz, T. E., Wei, C., Wong, C.F., Saewyc, E.M., & Stall, R. (2011). A Meta-Analysis of Disparities in Childhood Sexual Abuse, Parental Physical Abuse and Peer Victimization among Sexual Minority and Sexual Nonminority Individuals. *American Journal of Public Health*, 101, 1481-1494.

⁷Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay and Bisexual Young Adults. *Pediatrics*, 123, 346-352.

⁸Burwick, A., Oddo, V., Durso, L., Friend, D., & Gates, G. (2014). Identifying and Serving LGBT Youth: Case Studies of Runaway and Homeless Youth Program Grantees. Washington, DC: U.S. Department of Health and Human Services, Administration for Children & Families, Office of Planning, Research and Evaluation.

⁹Tremblay, P.J. (1994). The Gay, Lesbian and Bisexual Factor in the Youth Suicide Problem. <http://www.youth-suicide.com/gay-bisexual/book.htm>

¹⁰Special Report: Homelessness Health Risk Behaviors of Students Not Living in a Parent's or Guardian's Home. Montana Youth Risk Behavior Survey. July 2017. Montana Office of Public Instruction.

Mental Health Issues

Suicide attempts, suicidal ideation and depression among LGBTQ youth is of grave concern as will be shown by the national and state Youth Risk Behavior Survey (YRBS) data later in this paper. Multiple research studies using YRBS data have shown higher suicidality rates and risks for LGBTQ youth.¹¹ Theories to explain suicide have been posited for many years and today's current research focuses on the work of Thomas Joiner Ph.D., who introduced the interpersonal-psychological theory of suicidal behavior in 2005.¹²

Joiner's theory states that three conditions have to be present for a person to want to kill themselves: someone perceives themselves to be a burden, they have no sense of belonging and they have acquired the ability to act lethally. The low sense of belonging or social alienation is when a person feels unconnected to his or her family or other social groups; they feel like they don't belong or are not attached to something important. This feeling like "an outsider" has often been associated with teenagers, minorities, older individuals and socially stigmatized groups. LGBTQ youth are particularly likely to be in this "outsider" group. Building resiliency among LGBTQ students by giving them a sense of group belonging, especially at school, has been shown to reduce their risk of suicide.¹³

School Climate

Every two years, since 2001, the Gay, Lesbian and Straight Education Network (GLSEN) has conducted a survey of LGBTQ youth about their experiences in school. Each year the survey covers issues such as school safety, anti-LGBTQ remarks, discriminatory school policies and practices, victimization, inclusive curricular resources, and supportive teachers and educators. The latest report was published in 2016: *The 2015 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools*.¹⁴ Some key findings included:

- 58 percent of LGBTQ students felt unsafe at school because of their sexual orientation.
- Between 35-40 percent of LGBTQ students commonly avoided school bathrooms, locker rooms and gym classes because they felt unsafe or uncomfortable in those spaces.
- 24 percent of LGBTQ students were verbally harassed in the past school year because of their sexual orientation.
- 96 percent of LGBTQ students heard homophobic remarks (e.g., "dyke" or "faggot").

Low academic performance in high school by LGBT youth has been tied by research to a hostile and stigmatizing environment. 60 percent of LGBTQ students in the GLSEN report doubted they would graduate high school because of the hostile climate in their school. Additionally, LGBTQ students who experienced high levels of in-school victimization had lower GPAs than other students and were three times as likely to have missed school in the past month because of safety concerns. On a positive note, almost all students could identify at least one school staff member whom they believed was supportive of LGBTQ students.

¹¹ Heck, N. C., Flentje, A., & Cochran, B. N. (2011). Offsetting Risks: High School Gay-Straight Alliances and Lesbian, Gay, Bisexual and Transgender (LGBT) Youth. *School Psychology Quarterly*, 26(2), 161-174. <http://dx.doi.org/10.1037/a0023226>

¹² Joiner Thomas, Ph.D. The Interpersonal-Psychological Theory of Suicidal Behavior: Current Empirical Status. *Psychological Science Agenda*, June 2009. Science Briefs <http://www.apa.org/science/about/psa/2009/06/sci-brief.aspx>

¹³ Heck, N. C., Flentje, A., & Cochran, B. N. (2011). Offsetting Risks: High school Gay-Straight Alliances and Lesbian, Gay, Bisexual and Transgender (LGBT) Youth. *School Psychology Quarterly*, 26(2), 161-174. <http://dx.doi.org/10.1037/a0023226>

¹⁴ Kosciw, J. G., Greytak, E. A., Giga, N. M., Villenas, C. & Danischewski, D. J. (2016). *The 2015 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender and Queer Youth in our Nation's Schools*. New York: GLSEN.

LGBTQ youth who responded represented all 50 states with 27 percent coming from rural or small town schools. Although there is no state level data in the GLSEN report, all Montana schools would be classified as rural or small town. LGBTQ students in such schools:

- Heard anti-LGBT remarks more often than those in urban or suburban schools.
- Experienced the highest levels of victimization based on sexual orientation and based on gender expression.
- Were more likely to experience anti-LGBT discrimination at school than students in suburban and urban schools.
- Were least likely to have LGBT-related school resources or supports, particularly gay/straight alliances and supportive school personnel.¹⁵

Federal legislation that has been introduced, The Safe Schools Improvement Act, would require K-12th grade public schools receiving federal funding to implement policies prohibiting harassment and bullying based on gender identity and sexual.¹⁶ Additionally, the Student Non-Discrimination Act is proposed to ensure that all students in elementary and secondary schools across the country have equal access to public education, and equal educational opportunities, in an environment free from discrimination, including harassment, bullying, intimidation, and violence. It is modeled after Title IX of the Education Amendments of 1972, which addressed discrimination on the basis of sex.¹⁷

LGBTQ Youths in the Juvenile Justice System

A 2011 study reported 13 percent of incarcerated adolescent males were gay and about 23 percent of incarcerated females were lesbians. These estimates are greater than what is typically found in the general population. Another study shows that LGBTQ are twice as likely as their heterosexual peers to be held in detention for non-violent offenses (truancy, running away from home), but there is no difference between these two groups when looking at violent offenses (weapons charges, drugs).¹⁸ The Office of Juvenile Justice and Delinquency Prevention reviewed studies that made recommendations on needed reforms to ensure equitable treatment and effective responses to LGBTQ youth coming into the juvenile justice system. Other than broad recommendations to increase understanding of the particular needs of this population, to ensure education and training for system professionals and to guarantee the rights and safety of sexual minority youth, there are specific federal level policy and program recommendations:

- The Office of Juvenile Justice and Delinquency Prevention should prioritize collecting data to include breakdown by sexual minority status.
- Amend the Sex Offender Registration and Notification Act to exclude youth who are convicted of certain sex-based offenses from mandatory sex offender registration.
- Reauthorization of the Juvenile Justice and Delinquency Prevention Act with changes to ensure that at risk youth have a chance to make better life choices and that our communities are kept safe, especially for LGBTQ youth. And to strengthen the Disproportionate Minority Contact core protections.¹⁹

¹⁵ idib

¹⁶ <https://www.glsen.org/article/safe-schools-improvement-act-s-311hr-2902>

¹⁷ <https://www.glsen.org/article/safe-schools-improvement-act-s-311hr-2902>

¹⁸ LGBTQ Youths in the Juvenile Justice System. Literature Review. 2014 Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. <https://www.ojjdp.gov/mpg/litreviews/LGBTQYouthsInTheJuvenileJusticeSystem.pdf>

¹⁹ The Unfair Criminalization of Gay and Transgender Youth: An Overview of the Experiences of LGBT Youth in the Juvenile Justice System. Jerome Hunt and Aisha C. Moodie-Mills. Posted on June 29, 2012, 9:00 am. Center for American Progress. <https://www.americanprogress.org/issues/lgbt/reports/2012/06/29/11730/the-unfair-criminalization-of-gay-and-transgender-youth/>

LGBTQ Youth in the Foster Care/Child Protective Services Systems

Little is known about LGBTQ youth involvement with child welfare systems despite the fact that these youth are highly likely to intersect with foster care and/or child protective services due to parental or family conflicts. One study used data on LGBTQ youth reporting parental maltreatment during childhood or adolescence in correlation with their involvement with child welfare systems. Approximately 32 percent of the LGBTQ youth surveyed had been involved with child protective services. Of these, 27 percent were investigated resulting in 17 percent being removed from home and 16 percent being placed into out-of-home care. However, there are few programs specifically geared to help families of LGBTQ youth resolve violence and abusive situations.²⁰ A 2016 literature review conducted by the Annie E. Casey Foundation looked to provide best policies and practices for child welfare services. LGBTQ youth were less likely to be placed in a permanent home and were more likely to face abuse and harassment by their families and in group homes. The findings showed the need for basic staff training on cultural competence, confidentiality and awareness about the needs of LGBTQ youth. Likewise parents and caregivers need to be educated on accepting and supporting LGBTQ youth.²¹

Data on LGBTQ Youth

One of the underlying principles of KIDS COUNT is using good, reliable data to inform decision-makers and help create policies that support children and their families. But in some cases, such as when reporting on LGBTQ youth, good, reliable data might be non-existent. Much of the data is based on national research and it is hard to find strong data for Montana youth.

However, two sources have provided data for robust peer-reviewed research on LGBTQ youth and the resulting policy recommendations have been solidly supported.

The National Longitudinal Study of Adolescent to Adult Health (Add Health) is used in research on LGBTQ and other youth. It is a longitudinal study of a nationally representative sample of adolescents in grades 7-12. This cohort has been tracked since the 1994-95 school year; most recently in 2008. This survey data combines respondents' social, economic, psychological and physical well-being with data on the family, neighborhood, community, school, friendships, peer groups and romantic relationships. Thus, providing opportunities to study how social environments and behaviors in adolescence are linked to health and achievement outcomes in young adulthood. A rich body of research on LGBTQ youth has resulted from this source and is used throughout this paper.²²

Youth Risk Behavior Survey (YRBS)

One of Montana KIDS COUNT's go-to data sources is the Youth Risk Behavior Survey (YRBS) conducted by the Centers for Disease Control (CDC) and administered by Montana's Office of Public Instruction (OPI). YRBS has monitored the risk behaviors of youth since 1991. Every two years, YRBS conducts school-based surveys of 9th through 12th grade students.

Questions on sexual identity have been optional for states since 1997, but in 2015 they were added to the standard component of the YRBS questionnaire. 25 states and 19 large urban school districts included these questions and the CDC reported the results in 2016.²³ Montana was not one of the states that choose to include the sexual identity questions, but it did include a key question on whether youth

²⁰ Poster Paper: Child Maltreatment and Protective Service Involvement Among Sexual Minority Youth: An Exploration of Prevalence and Risk Factors. The Role of Research in Making Government More Efficient. 2016. June C. Paul and Emma Kahle, University of Wisconsin – Madison.

²¹ LGBTQ in Child Welfare: A Systematic Review of the Literature. 2016. The Annie E. Casey Foundation. <http://www.aecf.org>

²² <http://www.cpc.unc.edu/projects/addhealth>

²³ Sexual Identity, Sex of Sexual Contacts and Health-Related Behaviors among Students in Grades 9–12 – United States and Selected Sites, 2015. Centers for Disease Control and Prevention; Morbidity and Mortality Weekly Report Surveillance Summaries, Vol. 65 (No. 9), August 12, 2016.

felt they had been bullied by someone who thought they were gay, lesbian or bisexual. The national report is helpful but not definitive to understanding what is going on in Montana.

The YRBS national report on sexual identity showed that 2 percent of students identified as gay or lesbian, 6 percent identified as bisexual and 3 percent were not sure of their sexual identity. The question on gender of sexual contacts showed that 48 percent of students had sexual contact with only the opposite sex, 2 percent had sexual contact with only the same sex and just under 5 percent had sexual contact with both sexes. 46 percent had no sexual contact. Of those who had sexual contact with only the opposite sex, 3 percent identified as gay, lesbian, or bisexual and 2 percent were not sure of their sexual identity. The confusion some youth experience around sexual identity is a theme throughout much of the research on LGBTQ youth.

The YRBS report illustrates that students identifying as gay, lesbian or bisexual and students who report having sexual contact with same sex partners or with both sexes are at very high risk of harm and shows a definite need for school protocols and policies to protect them.

- 10 percent were threatened or injured with a weapon on school property.
- 34 percent were bullied on school property.
- 28 percent were bullied electronically.
- 23 percent of LGB students who had dated or went out with someone during the 12 months before the survey had experienced sexual dating violence in the prior year.
- 18 percent of LGB students had experienced physical dating violence.
- 18 percent of LGB students had been forced to have sexual intercourse at some point in their lives.

The report gives a compilation of risk behavior components: violence, tobacco use, alcohol and drug use, and risky sexual behaviors. Table 1 shows that overall these students identifying as gay, lesbian or bisexual and students who reported having sexual contact with same or both sexes, took part in many risk behaviors. Not shown in Table 1 is the finding that the prevalence rate among LGBTQ students for most of these risk behaviors was almost twofold or higher when compared to heterosexual students.

Table 1: Higher prevalence among LGB students of health risk components. Source: CDC. Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors among Students in Grades 9–12 – United States and Selected Sites, 2015.

Health risk behavior components	Number with higher prevalence among students identifying as gay, lesbian and bisexual.	Number with higher prevalence among students who reported having sexual contact with same or both sexes.
18 Violence related	16	15
13 Tobacco use	11	10
19 Alcohol and drug use	18	17
6 Sexual risk	5	4

Montana

YRBS results on Montana’s sexual minority students are limited to one question included in the Montana YRBS. An OPI 2017 report on victimization and sexual orientation is based on the question that within the past 12 months, students reported being teased or called names because someone thought they were gay, lesbian, or bisexual (GLB). Almost 11 percent of Montana high school students reported being teased or called names because someone thought they were gay, lesbian or bisexual. This is down from the previous 2015 YRBS report when just under 15 percent of students reported being teased; although not a trend per se, at least a positive direction. Table 2 shows that these students are at greater risk than those who were not called names or teased for being GLB. This does not show that all the students who felt victimized would self-identify as GLB, but rather the stigma of being perceived to be GLB was associated with these risky behaviors.

Table 2: Health risk indicators based on victimization due to perception of being GLB. Source: OPI, Montana YRBS. Victimization and Sexual Orientation Report, August 2017.

Health risk behavior - percentage of students	Students who were teased or called names for perception of being gay, lesbian or bisexual.	Students who were not teased or called names for perception of being gay, lesbian or bisexual.
Did not go to school because they felt unsafe at school or on their way to or from school during the past 30 days.	20%	6%
Felt sad or hopeless almost every day for two or more weeks in a row during the past 12 months.	58%	28%
Reported that the largest number of drinks they had in a row was 10 or more (within a couple of hours, during the past 30 days).	12%	6%
Ever took prescription pain medicine without a doctor’s prescription or differently than how a doctor told them to use it (such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet).	24%	12%
Were offered, sold or given an illegal drug on school property during the past 12 months.	38%	29%
Described their grades in school as mostly A’s or B’s during the past 12 months.	68%	79%
Received help from a resource teacher, speech therapist or other special education teacher at school during the past 12 months.	23%	14%

Policy and Programmatic Solutions

It is imperative that our schools and communities address the serious issues faced by LGBTQ youth. Policies and programs do exist that have shown improved outcomes in health, safety and academic achievement for sexual minority youth; however, it is important to note that the research on services and treatment for LGBTQ youths, including adaptations of evidence-based programs, is still being developed. Despite anecdotal reports of success, there are few rigorous evaluation studies that have been conducted to determine the efficacy of interventions specifically targeting LGBTQ youths.²⁴

The CDC found substantial differences (from 25 percent or more) in how sexual minority students fared across the 25 states and 19 large urban districts included in their YRBS report on sexual identity. It was posited that these reflect differences in state and local laws and policies, enforcement practices, access to drugs, availability of effective school and community interventions, prevailing behavioral and social norms (including attitudes toward sexual minorities), the amount of stigma and discrimination, demographic characteristics of the population, and adult practices and health-related behaviors. The differences also highlight how changes in one or more of these factors might contribute to reductions in health-risk behaviors.²⁵

School Policies

Schools are in a unique position to make a difference in students' lives, especially those students from vulnerable groups, such as sexual minority youth. How schools do or do not support LGBTQ students have potential lifelong ramifications as behaviors and attitudes formulated as youth often carry forward into adulthood.

Two sources of school health policies are: the School Health Profiles, which assesses school health policies and practices in states, large urban school districts, and territories and the School Health Policies and Practices Study (SHPPS), a survey periodically conducted to assess school health policies and practices at the state, district, school and classroom levels. Both surveys ask questions about policies and practices that have been identified as being important by the CDC and other reliable studies to the overall well-being of students.²⁶ Thus, schools and states responses to LGBTQ questions indicate levels of commitment to supporting sexual minority students. Both surveys have multiple questions about instruction, information dissemination etc. on sexual health issues, however Tables 3 and 4 highlight only the responses as they relate to specific questions on LGBTQ.

²⁴ Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence Based Programs and Practices (NREPP) Learning Center Literature Review: LGBT Youths. 2015.

²⁵ Sexual Identity, Sex of Sexual Contacts and Health-Related Behaviors among Students in Grades 9–12 – United States and Selected Sites, 2015. Centers for Disease Control and Prevention; Morbidity and Mortality Weekly Report Surveillance Summaries, Vol. 65 (No. 9), August 12, 2016

²⁶ Division of Adolescent and School Health, Centers for Disease Control and Prevention. 2015. School Health Profiles 2014; Characteristics of Health Programs among Secondary Schools.

Table 3: Percentage of elementary, middle and high schools (nationally), which have enacted Policies to support and protect LGBTQ Students. Source: CDC 2014 School Health Policies and Practices Study (SHPPS).

Instruction, services and professional development policy enacted	Elementary schools	Middle schools	High schools
Taught about sexual identity and sexual orientation as part of required instruction.	-	22%	52%
Provided health services specifically for gay, lesbian, and bisexual students.	-	20%	35%
Provided services specifically for gay, lesbian, and bisexual students through providers not on school property.	-	18%	14%
School health services coordinators receiving professional development on services specifically for gay, lesbian and bisexual students during the two years before the study.	12%	10%	17%
Mental health and social services coordinators receiving professional development on services specifically for gay, lesbian and bisexual students during the 2 years before the study.	22%	21%	30%
Bullying policies and/or programs enacted	Elementary schools	Middle schools	High schools
Prohibiting bullying on school property.	99%	99%	99%
Prohibiting bullying at off-campus, school-sponsored events.	91%	-	-
Prohibiting electronic aggression or cyberbullying on school property.	91%	-	-
Prohibiting electronic aggression or cyberbullying at off-campus, school-sponsored events.	85%	-	-
Participated in a program to prevent bullying.	82%	87%	66%

In addition to the LGBTQ-related policies reported by SHPPS, Table 4 shows the 2014 School Health Profiles LGBTQ-related data. The School Health Profiles report data by state. Thus, Table 4 shows the national average and the Montana average. Montana data was gathered from 241 principal surveys (83 percent response rate) and 242 teacher surveys (84 percent response rate).

Table 4: Percentage of secondary schools with professional development and practices related to LGBTQ youth in Montana and the U.S. Source: CDC School Health Profiles 2014.

Professional development related to LGBTQ youth - percentage of secondary schools in which:		
	Montana	National
Lead health education teacher received professional development on teaching students of different sexual orientations or gender identities.	5%	14%
Lead health education teacher wanted to receive professional development on teaching students of different sexual orientations or gender identities.	52%	56%
Practices related to LGBTQ youth - percentage of secondary schools which:		
	Montana	National
Provide curricula or supplementary materials related to LGBTQ youth.	21%	24%
Identify safe spaces (such as a counselor's office, designated classroom or student organization where LGBTQ youth can receive support from administration, teachers, or other school staff).	51%	61%
Prohibit harassment based on student's perceived or actual sexual orientation or gender identity.	85%	89%
Encourage staff to attend professional development on safe and supportive school environments for all students regardless of sexual orientation or gender identity.	61%	59%
Facilitate access to providers not on school property who have experience in providing health services to LGBTQ youth.	46%	46%
Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth.	45%	49%
Schools that engage in all five practices related to LGBTQ youth.	5%	8%
Schools that had a gay/straight alliance or similar club.	16%	27%

Because bullying of students who are perceived by others as being gay, lesbian or bisexual is such a problem in Montana, it is important to note responses specific to bullying in the School Health Profiles even though the survey collects data on bullying of all students and not specific to LGBTQ students. Four important school practices were identified that would help educate staff and support bullied students. They are shown along with the Montana results compared to the national average in Table 5.

Table 5: Percentage of secondary schools with professional development and practices related to bullied youth in Montana and the U.S. Source: CDC School Health Profiles 2014.

Percentage of secondary schools in which:		
	Montana	National
All school staff received professional development on preventing, identifying, and responding to student bullying and sexual harassment.	72%	87%
Has a designated staff member to whom students can confidentially report student bullying and sexual harassment.	96%	95%
Uses electronic, paper or oral communication to publicize and disseminate policies, rules or regulations on bullying and sexual harassment.	92%	94%
Provide parents and families with health information on preventing student bullying and sexual harassment.	64%	65%
All four practices.	40%	50%

Policy Potential

Although better than it used to be, the results from both the SHPPS and the School Health Profiles show there is still significant work that schools could be doing, both nationally and in Montana. On most measures Montana is close to the national average, although on several results Montana falls well behind by 10 percentage points or more. These are:

- Teachers receiving professional development on how to teach students about different sexual orientations or gender identities (Montana 5 percent versus national of 14 percent).
- The number of schools with a gay/straight alliance or similar club (Montana 16 percent versus national 27 percent).
- Identifying safe spaces (Montana 51 percent versus national 61 percent). Although Montana did slightly better than the national average in having a designated staff member to whom students can confidentially report bullying or harassment by other students (Montana 96 percent versus national 95 percent).
- All school staff received professional development on preventing, identifying, and responding to student bullying and sexual harassment (Montana 72 percent versus national 87 percent).

Professional Development

The need for more professional development related to LGBTQ youth can be seen in the School Health Profiles. This need is also highlighted in the GLSEN school climate survey. According to this latter report, 44 percent of LGBTQ students reported hearing negative remarks from teachers or other school staff and that 48 percent of the time neither school staff nor other students ever intervened upon hearing homophobic remarks. 57 percent of LGBTQ students never reported incidents of harassment and assault to either their families or to school staff with 76 percent of these students saying they doubted that effective intervention would occur. Of those students who did report harassment or assault, 64 percent reported that staff did nothing/took no action and/or told the student to ignore it. **27 percent of students were told to change their own behavior.** The recent GLSEN survey reported a decrease from 2013 to 2015 in school staff intervening when they heard homophobic remarks or negative remarks about gender expression.²⁷

Peer Support Groups

Establishing peer support groups in schools, such as gay/straight alliances (GSA), would go far to help LGBTQ students navigate school successfully. A 2011 study examined the resiliency of LGBTQ youth to withstand victimization with social support from peers being found to have the strongest protective factor for LGBTQ youth. While family acceptance and support also decreased the emotional and psychological distress among these youth, it was not as strong as peers.²⁸ To support this finding multiple studies show that LGBTQ students do better on many levels in schools with GSA's. A meta-analysis of 15 studies showed a significantly strong correlation between the presence of a GSA and the reduction of LGBTQ youth's self-reports of homophobic victimization, fear for safety and hearing homophobic remarks.²⁹

The level of evidence showing that peer support groups are such a strong protective factor for LGBTQ youth raises concern that only 16 percent of Montana schools responding to the School Health Profiles had any type of LGBTQ support group. Nationally this number is also disappointingly low at 27 percent. Multiple websites give advice and concrete steps to establish a gay/straight alliance at high schools and some are listed below. Even Wikipedia has a page on starting a gay/straight alliance in schools.

- The Gay Straight Alliance Network (GSANetwork) www.gsanetwork.org/
- The Gay, Lesbian and Straight Education Network (GLSEN) www.glsen.org
- Parents and Friends of Lesbians and Gays (PFLAG) www.pflag.org)
- American Civil Liberties (ACLU) www.aclu.org

Why don't more schools have GSA's both nationally and in Montana? Well-researched answers to this question were hard to find. The American Civil Liberties Union (ACLU) has laid out some of the arguments both for and against establishing GSA's in public schools. The responses against establishing such alliances rely heavily on outdated homophobic attitudes that are somewhat unhelpful.³⁰ Schools

²⁷ Kosciw, J. G., Greytak, E. A., Giga, N. M., Villenas, C. & Danischewski, D. J. (2016). The 2015 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender and Queer Youth in our Nation's Schools. New York: GLSEN.

²⁸ Mustanski, Brian. Future Directions in Research on Sexual Minority Adolescent Mental, Behavioral and Sexual Health. *Journal of Clinical Child and Adolescent Psychology: The Official Journal for the Society of Clinical Child and Adolescent Psychology*, American Psychological Association, Division 53 44.1 (2015): 204–219. PMC. Web. 14 Sept. 2017.

²⁹ Robert A. Marx, Heather Hensman Kettrey. Gay-Straight Alliances are Associated with Lower Levels of School-Based Victimization of LGBTQ+ Youth: A Systematic Review and Meta-analysis. *Journal of Youth and Adolescence*. July 2016, Volume 45, Issue 7, pp 1269–1282.

³⁰ Should Public Schools Allow Gay-Straight Alliances? 2011. ProCon.org: The Leading Source for Pros & Cons of Controversial Issues. <http://www.aclu.procon.org>

may feel the need to balance concerns from other groups with strong religious or conservative views about homosexuality. The importance here is to focus on equal treatment and respect for all students regardless of their beliefs. Students are free to hold any beliefs they choose regarding homosexuality and gender, so long as they do not harass or threaten other students.³¹

The federal Equal Access Act (EAA) guarantees that students at public schools have a right to form GSAs and schools must treat all clubs equally. GSA's have prevailed in 17 federal lawsuits bought under the EAA and the U.S. Department of Education has affirmed students' right to form a GSA. Lambda Legal, a non-profit working to protect the rights of the LGBTQ community, lists things that schools may not do to discourage GSA's. It might be safe to assume that these are things that have and are being tried to prevent students from forming alliances. They are:

- Singling out GSAs for parental permission requirements, requiring students to get their guardians' consent before they can join.
- Denying GSAs permission to form because they would create "controversy."
- Requiring a GSA to "tone down" its name (e.g., change it to the "Diversity Club" or "Tolerance Club," rather than incorporating words or phrases like "gay" or "LGBTQ").
- Denying a GSA access to bulletin boards, the public address system and other privileges.³²

Data Collection

Collection is lacking on basic demographic data about sexual minorities in America, on systematically including sexual orientation questions on LGBTQ youth in programs serving at risk youth and on clinical intake forms. Confidentiality issues and nomenclature are of primary concern but can be addressed through education of program administrators and data collectors. A fact reported in 2016 illustrates the depth of the problem: "Currently, no major federally supported survey routinely allows respondents to share both their sexual orientation and gender identity."³³

Additionally as stated throughout this paper, data specific to LGBTQ youth in Montana is scarce and concentrated website searches of state agencies were not helpful in providing information about services for sexual minority youth. The fact that some agencies, schools and non-profits are doing a good job in serving these youth is undeniable, however, it is based on anecdotal evidence and isolated service-specific numbers. Other than the one question on the YRBS and the School Health Profiles, reliable, usable data at the state level seems nonexistent. Without such data collection, evidence based policies cannot be enacted. As shown by the issues facing LGBTQ youth, foster care, child protective services, juvenile justice and health care are all undoubtedly seeing and serving LGBTQ youth, but sufficient data is not being collected to track them.

³¹ School Safety and Violence Prevention for Lesbian, Gay, Bisexual, Transgender Students: A Question and Answer Guide for California School Officials and Administrators. National Center for Lesbian Rights. <http://www.nclrights.org/>

³² <https://www.lambdalegal.org/know-your-rights/article/youth-gay-straight-alliances>

³³ Kellan E. Baker, Laura E. Durso, and Aaron Ridings. 2016. Center for American Progress, Fact Sheet: How to Collect Data about LGBT Communities.

Conclusion

There is much to celebrate as American attitudes around sexual identity evolve. The legal debate over federal same-sex marriage was resolved by the U.S. Supreme Court in its 2015 decision; in 2017, 62 percent of Americans supported same-sex marriage compared to 35 percent in 2001;³⁴ politicians and/or other public figures no longer feel obligated to hide their sexual identity; 92 percent of LGBTQ Americans say society has become more accepting of them in the past decade and an equal number expect it to grow even more accepting in the decade ahead.³⁵ As shown in the 2015 GLSEN school climate report, things are improving with a decrease in homophobic remarks made by other students dropping from over 80 percent in 2001 to less than 60 percent in 2015 and the incidence of verbal, and physical and assault regarding sexual orientation was lower than in all prior years. Also LGBTQ students reported that positive representations of LGBT people, history or events in their curriculum was significantly higher in 2015 than in all prior survey years.³⁶

Undeniably most LGBTQ youth cope well with their challenges and become healthy and productive – indeed highly successful – adults. However, despite our progress, many LGBTQ youth struggle from the effects of stigma, discrimination and homophobia. The lack of data specific to LGBTQ youth makes progress hard. Programs and policies need to be based on facts and robust evaluations need to be conducted on programs geared to help sexual minority youth. Policymakers can do more to protect these vulnerable young people. The research is there to support courageous actions in Congress, in state and local governments and within all systems that provide services to LGBTQ youth. Political will is still lacking to do so and until leaders with outdated homophobic attitudes make way for the younger generation who support inclusivity and acceptance, this will remain the case.

³⁴ Changing Attitudes on Gay Marriage; Public Opinion on Same-Sex Marriage. June 26, 2017. Pew Research Center, Religion & Public Life. <http://www.pewforum.org/fact-sheet/changing-attitudes-on-gay-marriage/>

³⁵ A Survey of LGBT Americans: Attitudes, Experiences and Values in Changing Times. June 13, 2013. Pew Research Center, Social & Demographic Trends. <http://www.pewsocialtrends.org/2013/06/13/a-survey-of-lgbt-americans/>

³⁶ Kosciw, J. G., Greytak, E. A., Giga, N. M., Villenas, C. & Danischewski, D. J. (2016). The 2015 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender and Queer Youth in our Nation's Schools. New York: GLSEN.