

Violence Affecting LGBT Youth

DC Regional Public Health Case Challenge

2013 EDITION



GEORGETOWN UNIVERSITY

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Acknowledgements

The authors would like to thank Mohammed Ali, Assistant Professor at the Hubert Department of Global Health, Emory Rollins School of Public Health, and Evelyn Tomaszewski, Senior Policy Advisor at the National Association of Social Workers for their expert review and helpful comments on this case study.

Disclaimer

All characters, organizations, and plots described within the case are fictional and do not reflect the view of existing organizations or individuals presented. Though the case topic is a true representation of actual events, all personal identifying information has been omitted or changed to protect victims of LGBT youth violence. The case scenario is complex and does not necessarily have a correct or perfect solution, thus encouraging teams to develop a judicious balance of creative, interdisciplinary, evidence-based approaches.

The authors of this case study have provided facts and figures within the case as well as appendices with resources and references to help teams create their solutions. The data provided are derived from independent sources, may have been adapted for use in this case, and are clearly cited such that teams can verify or contest the findings within their recommendations wherever pertinent. Teams are responsible for justifying the accuracy and validity of all data and calculations that are used in their presentations, as well as defending their assertions in front of a panel of knowledgeable judges representing different stakeholders.

I. Funding Announcement

REDUCING VIOLENCE AGAINST DC-BASED LGBT YOUTH (AGES 15 - 24 YEARS)

Introduction

The John S. Whiteford Foundation(1) of the District of Columbia (JSWFDC), in partnership with the City Government of the District of Columbia (DC), is pleased to announce a grant funding opportunity for interdisciplinary teams of consultants from the local DC community to develop a plan to implement evidence-based community interventions focused on reducing violence against the lesbian, gay, bisexual and transgender (LGBT) youth community living in DC.

JSWFDC will award one three year grant in the amount of \$200,000 to the team of consultants who provides the most comprehensive, interdisciplinary justifiable, feasible, and affordable solution(s) to help combat the problem of targeted violence against LGBT youth living in DC. This grant elicits submissions through an open, competitive process to eligible consultant teams residing in DC, who will present their proposals to JSWFDC's panel of expert advisors on November 15, 2013. It is the Foundation's hope that this grant opportunity will have a meaningful impact on reducing violence against the LGBT youth population and ensure that these residents can lead peaceful lives while in DC, and can go on to achieve to their maximum potentials.

Background

The following are three examples of targeted violence against youth identifying as LGBT that have occurred in the DC over the past year. Each of these incidents affected individuals under the age of 25:

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Case one: A 19-year-old transgender woman was stopped in Southeast DC by two men asking for directions. After realizing she was trans-identifying, the men attempted to pull off her wig causing her scalp to bleed. Though she attempted to run away, the men stabbed her 11 times before she was able to flee the scene. A couple, out walking their dog, found the barely conscious woman lying on the sidewalk and immediately called the police. The victim was taken to a local hospital where she filed a police report stating the above information. When questioned, the couple reported that they saw two men fleeing the scene, but could provide no further details to help police identify the assailants. With only limited information to go on, local law enforcement officials have yet to find the perpetrators of this violent act. The individual is being treated for severe injuries and remains in critical care.

Case two: An 18-year old bisexual female took her own life last Monday afternoon in her Northwest DC home. The teen’s school psychologist reported she had been repeatedly bullied at school; noting that the girl frequently commented that other students had told her to “go kill herself” because she sometimes went on dates with other women. School attendance records showed the girl often missed school. Sources close to the family reported that the teen was thrown out of her house approximately one year ago after “coming out(2)” to her parents. Reports confirm that the girl was homeless for a period of approximately two weeks before being allowed to return home. The parents could not be reached for comment. Law enforcement authorities noted that, in similar cases, the emotional and mental abuse endured by LGBT-identifying teens contributes to their decision to commit suicide.

Case three: A 21-year-old gay male was hospitalized yesterday afternoon in Northeast DC with a range of injuries including bruises, cuts, and broken bones. A social worker in the Emergency Room (ER) questioned the young man due to the extent of his injuries. When questioned, the victim refused to divulge much information about the events leading up to his hospitalization, but did mention that his partner had threatened to “out(3)” him and expose his HIV-positive status to his coworkers if he tried to leave the relationship. The case is closed as the victim chose not to press formal charges against his partner.

Challenge

These cases underscore the need for action by the City Government of DC to address the issue of targeted violence against youth identifying as LGBT in the DC area. A successful applicant team will be one that develops an interdisciplinary, innovative, and evidence-based solution to combat this prevalent issue. A successful solution will also provide feasible interventions that The John S. Whiteford Foundation, in partnership with relevant government or community agencies within the DC area, can readily implement. Proposed plans should prioritize the issues, justify the choice of interventions, specify the implementation and evaluation strategy, and provide budget estimates within the time frame provided. Please see more detailed judging criteria (Appendix B).

This task, while not an easy one, is essential to ensuring DC is a safe environment for people of all ages, sexes, races, and persuasions. We look forward to hearing grant proposals from consultant teams interested in helping to solve this complex public health issue facing LGBT youth living in the District.

Applicant teams are challenged to develop a plan that will effectively target the complex problem of violence against LGBT youth in DC. As a multi-disciplinary consultant team competing for this grant, you must build an interdisciplinary, innovative, equitable, justifiable, and financially sound plan that the DC City Government, LGBT youth and their families, and the greater population of residents of DC will support.

II. DC at a Glance

Demographics⁴

- Population: 617,996
- Male: 292,221 (47.3%)
- Female: 325,775 (52.7%)
- Black: 313,106 (50.7%)
- White: 262,304 (42.4%)
- Median age: 33.7 years
- The most populated age group in 2011
- 25-29 year olds: 73,541 (11.9%)
- Individuals < 18 years: 105,334 (17.0%)

Figure 1: 2011 DC Population Age Pyramid



Geography⁵

Washington, D.C., is administratively divided into four geographical quadrants of unequal size, each delineated by their ordinal directions from the medallion located in the Crypt under the Rotunda of the Capitol.

- **“Northwest” (NW)** is located north of the National Mall and west of North Capitol Street. It is the largest of the four quadrants of the city, and it includes the central business district, the Federal Triangle, The National Smithsonian Zoo, and the museums along the northern side of the National Mall, as well a diverse range of neighborhoods such as Petworth, Dupont Circle, Logan Circle, LeDroit Park, Georgetown, Adams Morgan, Embassy Row, Glover Park, Tenleytown, Foggy Bottom, Cleveland Park, Columbia Heights, Mount Pleasant, the Palisades, Shepherd Park, Crestwood, Bloomingdale, and Friendship Heights.
- **“Northeast” (NE)** is located north of East Capitol Street and east of North Capitol Street. Northeast neighborhoods include Brentwood, Brookland, Ivy City, Marshall Heights, NOMA (North of Massachusetts) Pleasant Hill, Stanton Park, Trinidad, Michigan Park, Riggs Park, Fort Totten, Fort Lincoln, Edgewood, and Woodridge, as well as much of Capitol Hill.
- **“Southwest” (SW)** is located south of the National Mall and west of South Capitol Street and is the smallest quadrant of the city. Although roughly half of the quadrant is located south of the Anacostia River in Anacostia, references to “Southwest” generally allude to the area near downtown, within about a mile of the Capitol. South of the River is almost entirely devoted to Joint Base Anacostia-Bolling, the U.S. Naval Research Laboratory, and a Blue Plains wastewater treatment plant for the District of Columbia Water and Sewer Authority.

⁴ DC Office of Planning. Available at: <http://dc.gov/DC/Planning/DC+Data+and+Maps/DC+Data/Tables/Data+by+Topic/Population/2011+DC+Population+Estimates+Fact+Sheet>

⁵ Ibid.

- **“Southeast” (SE)** is located south of East Capitol Street and east of South Capitol Street. Southeast DC is noted for its high crime rate, the highest in the District. It has a rich cultural history, including the historic Capitol Hill and Anacostia neighborhoods, the Navy Yard, the Marine Barracks, the Anacostia River waterfront, historic Eastern Market, the remains of several Civil War-era forts, historic St. Elizabeth’s Hospital, RFK Stadium, Nationals Park, and the Congressional Cemetery. The quadrant is bisected by the Anacostia River, with the portion that is west of the river sometimes referred to as “Near Southeast” and the portion east of the river is known as “River East”.

Washington, D.C., is administratively divided into four geographical quadrants of unequal size, each delineated by their ordinal directions from the medallion located in the Crypt under the Rotunda of the Capitol.

- **Ward 1**⁶ is centrally located in the city and has the highest population density of any of the wards in DC. Additionally, many of the neighborhoods in Ward 1 have historical significance for local Latino and African-American communities such as the Adams Morgan, Columbia Heights, and Mount Pleasant neighborhoods. Howard University is located in Ward 1.
- **Ward 2** contains landmarks including the White House and the National Mall, and is also home to what is considered to be “Downtown DC”-- a 138-block area of approximately 520 residential and commercial properties from Massachusetts Avenue on the north to Constitution Avenue on the south, and from Louisiana Avenue on the east to 16th Street on the west. Ward 2 also contains both Georgetown University and The George Washington University.

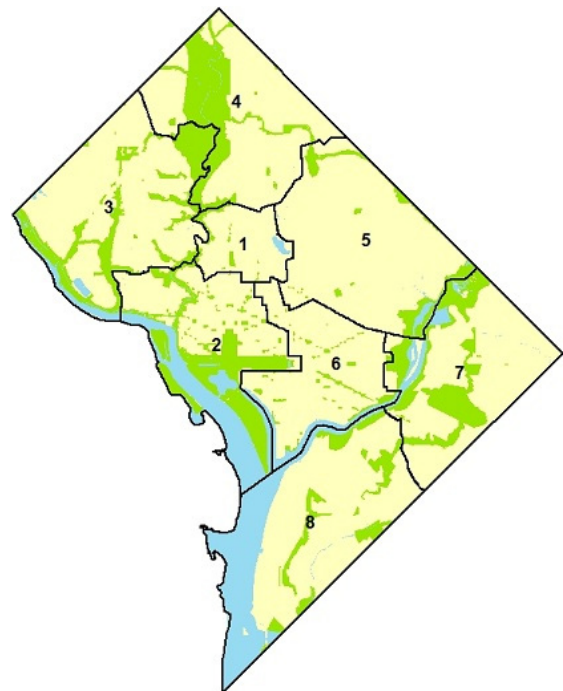


Figure 2: DC Wards⁶

- **Ward 3** is one of the largest residential areas in DC. According to the DC Ward Profile, Ward 3 is home to 78% of residents who identify as white (non-Hispanic) compared to an overall population average of 35% white (non-Hispanic). American University is in Ward 3.
- **Ward 4** is a residential neighborhood including neighborhoods such as Petworth, Takoma, and Sixteenth Street Heights. Ward 4 represents the northernmost neighborhood in DC and is dominated by single-family detached homes.
- **Ward 5** is perhaps the most diverse ward in DC in terms of use, containing residential streets and shopping areas, as well as high-rise condominiums and industrial parks. The Bloomingdale neighborhood is located in this Ward.

⁶ DC Ward Map, 2012. Available at: <http://www.neighborhoodinfodc.org/wards/wards.html>.

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- **Ward 6** contains the Capitol Building complex and is home to Navy Yard, the site of the 2013 mass killings, as well as many of the developing areas near Navy Yard.
- **Ward 7** is located east of the Anacostia River. It is home to a number of residential neighborhoods that have a distinct sense of pride and culture in DC such as the Deanwood neighborhood. Ward 7 is also home to green spaces such as Kenilworth Aquatic Gardens, Watts Branch Park, Anacostia River Park and Kingman Island.
- **Ward 8** is also located east of the Anacostia River. Its 2010 population was composed of 94% black, non-Hispanic residents as compared to an overall median of 51% of black, non-Hispanic DC residents in the rest of the wards combined. Wards 7 and 8 contain some of the poorest areas in all of DC.

Crime Statistics

- Homicides
2011: 108
2012: 88
2013 (to date): 83⁷
- Sexual Orientation-Related
2010: 35
2011: 43
2013: 46
- Gender Expression/Identity-Related
2010: 10
2011: 11
2012: 9

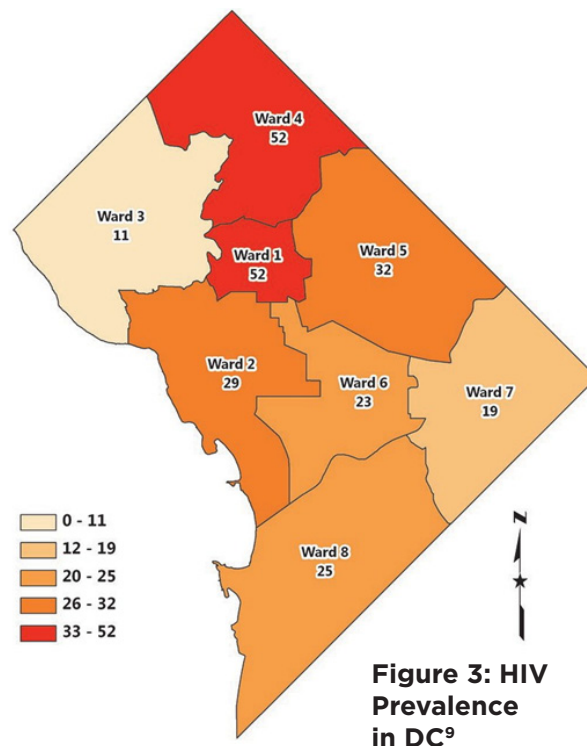


Figure 3: HIV Prevalence in DC⁹

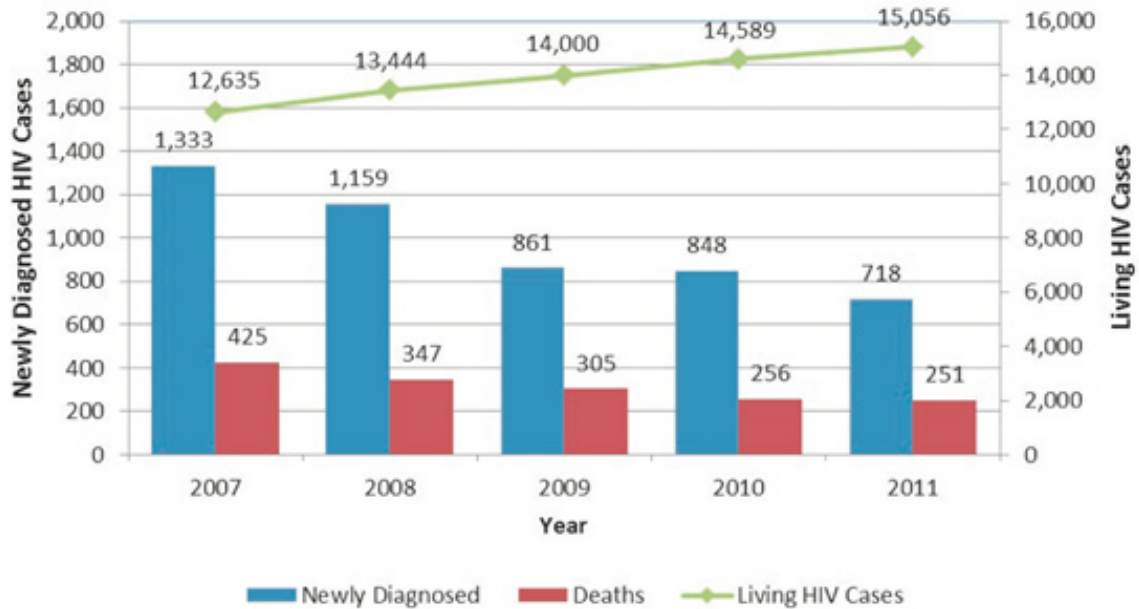
HIV Prevalence in DC

- DC has one of the highest HIV incidence rates in the United States. Approximately 3% of adults in DC ages 15-49 are HIV positive, with 15,056 (2.4%) of total population of DC residents were living with HIV in 2011.
- Black people represent 3.7% of total DC residents living with HIV.
- Approximately 1/4 (25%) diagnosed with HIV living in the District and were alive in December 2011 were black men who have sex with men (MSM).
- **Note:** The DC Department of Health (DOH) budget FY 2010 was \$72.6 million.⁸

⁷ This number includes the 12 victims of the Navy Yard shooting that occurred on September 16, 2013.

⁸ DC Operating Expenditures. Available at: <http://cfo.dc.gov/node/289982>

⁹ HIV Cases Diagnosed in the District and Alive as of 2011, Rates by 100,000 people by Ward. Available at: <http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2012AESRFINAL.pdf>

Figure 4: DC HIV Statistics by Year¹⁰

LGBT Statistics¹¹

- According to a Gallup Poll conducted from June-December 2012, 10% of residents in DC identified as LGBT as compared to the nationwide average of 3.5% (Gallup Politics, 2012).
- LGBT youth nationwide are particularly vulnerable to emotional and sometimes physical harassment as a result of being perceived as LGBT (The DC Center, 2013).
- According to the 2010 Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS), administered to high school students, grades 9-12, nationwide:
 - Five percent (5%) of DC high school students identify as lesbian or gay (LG), 7% as bisexual, 3% as questioning or unsure, and 1% as transgender.
 - Twenty-two percent (22%) of lesbian and gay and 29% of bisexual DC students whose peers perceived them as LGBT were harassed at least once in 2009.
 - Twenty-four percent (24%) of lesbian and gay, 26% bisexual, and 23% of transgender identifying DC students were more likely to have seriously considered a suicide attempt in 2009 (as compared to 9% of their heterosexual peers).
 - At least ¾ of DC LGBT students (81% lesbian and gay students and 75% bisexual students) report being taught about HIV infection/AIDS in school.
 - Sixty-eight percent (68%) of gay and lesbian, 62% of bisexual, and 39% of transgender DC students have been tested for sexually transmitted diseases (STDs).
- An estimated 14%-19% of MSM in DC are living with HIV (The DC Center, 2013).

¹⁰ Newly Diagnosed HIV Cases, Deaths, and Living HIV Cases by Year in DC, 2007-2011. <http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2012AESRFINAL.pdf>

¹¹ Please refer to Appendix A for a complete list of acronym definitions.

LBGT Rights

- DC recognizes marriage of same-sex couples (CNN, 2013).
- DC laws prohibit discrimination based on gender identity and expression in the areas of employment, school, housing, and public accommodations (HRC, 2007).
- DC laws prohibit discrimination based on sexual orientation in the areas of employment, school, housing, and public accommodations (HRC, 2007).
- DC allows minors, including LGBT minors, to consent to access and treat sexually transmitted infections (STI) and contraceptive services.

III. Drivers of Targeted Violence Against the LGBT Community

While the total number of hate crime incidents nationwide have decreased by approximately 30% since 1996 (Business Insider, 2012), hate crimes against the LGBT population have seen a rise in recent years. “In 2011, the FBI reported 1,572 hate crime victims who were targeted based on a sexual orientation bias, making up 20.4% of the total hate crimes for that year. Of the total victims, 56.7% were targeted based on anti-male homosexual bias, 29.6% were targeted based on anti-homosexual bias, and 11.1% were targeted based on anti-female homosexual bias” (FBI, 2011) making sexual orientation bias the second most common hate crime in the US in 2011 (See Figure 5) (Metro Weekly, 2012). In 2012, the total number of homicides against LGBTQ individuals decreased by 16.7% compared to 2011 (From 30 in 2011 to 25 in 2012); however, the total number of anti LGBT homicides in the US remains the fourth highest recorded by the National Coalition of Anti-Violence Programs (NCAVP, 2013).

Some of the drivers of violence towards the LGBT community include, but are not limited to: anti-gay legislation, homophobia, ignorance, anger against a perceived gain in rights and political power in the LGBT community, and increases in the numbers of individuals “coming out (10).”

LGBT identifying youth face enormous adversity in society as a result of biases against sexual identities and expressions that are perceived as abnormal (Advocates for Youth, 2013). Youth who identify as LGBT experience greater levels of violence, sexual violence, victimization, electronic bullying, and harassment compared to their heterosexual and non-transgender peers (IOM, 2011; The DC Center, 2013).

Various societal drivers of violence outlined in the following pages.

Figure 5: Bias Breakdown of Hate Crimes in DC¹²

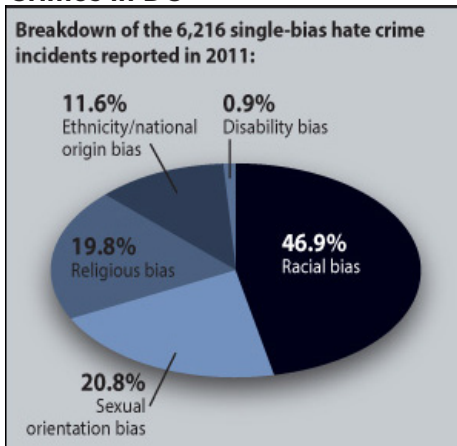
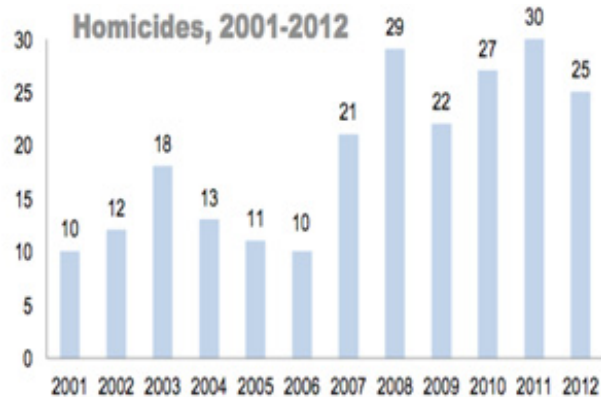


Figure 6: Anti-LGBTQ and HIV-affected Homicides¹³



School Climate

Schools nationwide remain hostile environments for LGBT youth. Issues such as verbal and physical harassment, lower levels of educational attainment and decreased academic achievement, poorer psychological well being, and higher rates of absenteeism are but a few examples of realities faced by LGBT identifying youth (GLSEN, 2011). Stigmatized remarks are frequently heard at school: 84.9% of students heard “gay” used in a negative way; of those 91.4% reported feeling distressed as a result (GLSEN, 2011). Furthermore, 56.9% reported hearing homophobic or negative remarks about gender expression from teachers or school staff (GLSEN, 2011).

LGBT identifying youth report experiencing both school victimization and a fear for their own safety. One nationwide survey reported that 63.5% of LGBT identifying individuals felt unsafe as a result of their sexual orientation; 18.3% were physically assaulted (punched, kicked, or injured with a weapon) in the past year because of their sexual orientation (GLSEN, 2011). Additionally, 81.9% of LGBT identifying individuals were verbally abused (called names or threatened), 38.3% were physically abused (pushed or shoved), and 55.2% of individuals were electronically harassed (via text messages or social media postings) in the past year. This harassment often goes unreported to school administrators, as most students reported a belief that little to no action would be taken to discipline the perpetrators or to protect the victims (GLSEN, 2011). According to a recent national survey, when a student did report a bullying incident, one third of the school staff did not take action to resolve the issue (GLSEN, 2011).

Harassment also contributes to lower educational attainment and lower rates of academic achievement among LGBT identifying youth. For example, LGBT identifying youth who

¹² Bias Breakdown of Hate Crimes in the US in 2011 <http://www.metroweekly.com/poliglot/2012/12/hate-crimes-against-gays-and-lesbians-increase-in.html>

¹³ Anti-LGBTQ and HIV-affected Homicides in the US from 2001-2012 http://www.avp.org/storage/documents/ncavp_2012_hvreport_final.pdf

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experienced more frequent harassment had lower grade point averages than individuals who were harassed less frequently (2.9 vs. 3.2) (GLSEN, 2011; Advocates for Youth, 2013). LGBT identifying youth also report higher levels of depression and lower levels of self esteem when compared to individuals who reported lower levels of harassment and victimization based on sexual orientation or identity (GLSEN, 2011).

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Absenteeism

Approximately thirty percent (26.3%) of LGBT-identifying students attending public high school within DC reported staying home at some point during their four years because they felt unsafe in school or on their way to school. In addition, nearly thirty percent (29.8%) of students skipped a class at least once in the past month because they felt unsafe or uncomfortable, while 31.8% of students missed at least one entire day of school in the past month because they felt unsafe or uncomfortable (GLSEN, 2011; Advocates for Youth, 2013).

Bullying

There are significant differences in reports of bullying victimization and perpetration between heterosexual and sexual minority youth populations (Berlan, 2010). A recent study on sexual orientation and bullying in adolescents conducted on approximately 8000 adolescents aged 14-22 years old, those who identified either as “mostly” heterosexual males, homosexual males, “mostly” heterosexual females, bisexual females, or homosexual females were each more likely to report being bullied than were their heterosexual counterparts (Berlan, 2010). Cross-sectional studies have found that being bullied is also associated with many negative health indicators such as: violent behavior, depression, suicidal ideation and behavior, and physical health problems (Berlan, 2010). Additionally, bullying increases the likelihood that LGBT-identifying individuals will engage in substance abuse including tobacco, alcohol, or illicit drug use (CDC, 2011).

Cyber-Bullying

Cyber bullying is a form of bullying that is done over any type of electronic medium. Examples include: email, text-messages, pictures sent via email or text-message, websites, blogs, message boards, chat-rooms, and instant messaging. Unlike other forms of bullying, the magnitude of cyber-bullying can be far reaching: when someone sends a hurtful online comment, it can be instantly disseminated to hundreds of people. LGBT youth experience nearly three times as much bullying and harassment online as non-LGBT youth (GLSEN, 2011). In one national survey of almost 6,000 students in 6th to 12th grade, 42% of LGBT-identifying youth reported being bullied or harassed online, compared to only 15% in the non-LGBT-identifying 6th to 12th graders (GLSEN, 2011). Online victimization contributes to lower self-esteem and higher rates of depression (GLSEN, 2011). Furthermore, one in four LGBT-identifying youth said they had been sexually harassed via text message in the past year (GLSEN, 2011). In 2010, Tyler Clementi, an 18-year old student at Rutgers University, committed suicide by jumping off the George Washington Bridge. His actions were thought to be a direct result of cyber-bullying, as his suicide came after his roommate taped and posted a video of Clementi engaging in same-sex activities within his dorm room (Eliason, 2011).

Bullying has gained media attention nationally in the last few years. For example, in September 2010, Dan Savage, along with his partner Terry Miller, produced a YouTube video to inspire hope for young people facing harassment titled the “It Gets Better” campaign (www.itgetsbetter.org, 2010-2013). Their video was created in response to the number of LGBT-identifying youths taking their own lives after being bullied at school and was intended to be used as a personal mode of communication for supporters everywhere to tell LGBT-identifying youth that, “yes, it does indeed get better” (It Gets Better Project, 2010-2013).

Parental Rejection

For many LGBT youth, the process of coming out to family, friends, and peers is a stressful event. According to a nationwide study, 50% of gay teens experienced a negative parental reaction as a result of coming out to their parents (Advocates for Youth, 2013). Family rejection during adolescence has been linked to negative mental and physical health outcomes for LGBT youth.

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According to the Centers for Disease Control and Prevention (CDC), LGBT youth who experience high levels of parental rejection were nearly 6 times as likely to have depression, more than 8 times as likely to have attempted suicide, over 3 times as likely to use illegal drugs, and more than 3 times as likely to engage in unprotected sexual behaviors that put them at increased risk for HIV and other sexually transmitted infections as compared to LGBT young adults who experienced very little or no parental rejection (CDC, 2011). Family rejection due to sexual orientation has also been found to have a compounding effect with other social drivers of violence amongst LGBT youth. For example, studies have found that a lack of parental acceptance can be a driver for homelessness and poses an increased risk of suicidal ideation among LGBT youth (IOM, 2011).

Homelessness

According to findings from the Institute of Medicine (IOM), the homeless youth population comprises a disproportionate number of LGBT youth (IOM, 2011). Service providers estimate that 20-40% of homeless youth may be LGBT (Advocates for Youth, 2013). Twenty-six percent of LGBT individuals were kicked out of their homes as a result of coming out to their parents (Advocates for Youth, 2013). Homeless LGBT youth also experience higher rates of sexual victimization: 58.7 % of LGBT homeless youth have been sexually victimized as compared to 33.4% of their heterosexual homeless youth counterparts (National Coalition for the Homeless, 2012).

LGBT youth may also face housing discrimination as they transition to adulthood. For example, a recent study conducted by the US Department of Housing and Urban Development found that same-sex couples experience less favorable treatment than heterosexual couples in the online rental housing market (US HUD, 2013). Heterosexual couples were more likely to receive a favorable response regarding a prospective rental over gay male couples and over lesbian couples 15.9% and 15.6% of the time respectively (US HUD, 2013). Same sex couples have also been subjected to forms of housing insurance discrimination. Some same sex couples have been denied the right to include both partners' names on a homeowner's insurance policy; while insurance companies have attempted to refuse claims or cancel policies on the grounds that the owners are "unrelated" (Human Rights Commission, 2011-2013). The Fair Housing Act (Title VIII of the Civil Rights Act of 1968) prohibits discrimination "in the sale, rental, financing of or other housing-related transactions based on race, color, national origin, religion, sex, family status or disability"; however, it does not explicitly protect people against discrimination based on sexual orientation or gender identity (Human Rights Commission, 2011-2013).¹⁴

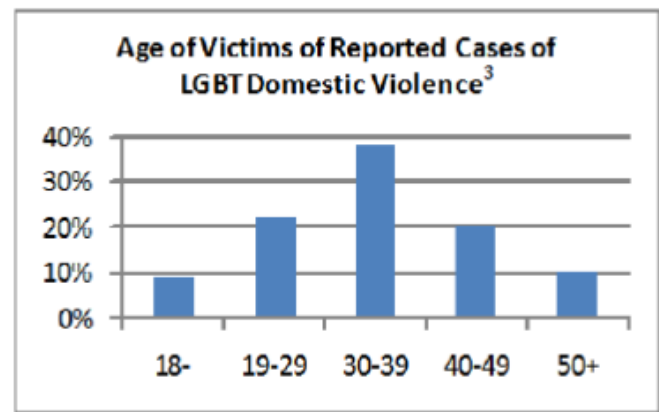
¹⁴ However, the District of Columbia (DC) explicitly prohibits housing discrimination based on sexual orientation and gender identity. See: Human Rights Campaign (2012). "Statewide Housing Laws and Policies." Available at: http://www.hrc.org/files/assets/resources/housing_laws_062013.pdf

IV. Health Issues Affecting LGBT Youth

Lesbian, gay, bisexual, and transgender individuals have unique health experiences and needs which can be influenced by factors of race, ethnicity, socioeconomic status (SES), geographical location, and age—each of which can impact health related outcomes and needs (IOM, 2011). Stigmas surrounding sexual orientation, homophobia, transphobia, and heterosexism can also contribute negatively to LGBT youth’s health outcomes (Advocates for Youth, 2013). For example, a study conducted by the IOM in 2011 on the health of LGBT populations found that LGBT youth in general may have an elevated risk for negative mental health outcomes such as attempted suicide and depression. Sexual minority youth may also have higher rates of substance use than heterosexual youth (IOM, 2011). Some additional factors that may adversely affect the health of LGBT youth include, but are not limited to, higher rates of intimate partner violence (IPV), victimization and harassment, unprotected sex and HIV/AIDS, and eating disorders and obesity.

Intimate Partner Violence (IPV)¹⁵

LGBT individuals are also victims of domestic violence (intimate partner violence, IPV), defined as a pattern of behaviors utilized by one partner (the abuser) to exert or maintain control over another person (the victim) where there exists an intimate and/or dependent relationship (NCADV, 2013). Yet, LGBT IPV is often underreported, unacknowledged, or reported as something other than domestic violence (NCADV, 2013). Studies have shown, however, that LGBT



couples face comparable rates of abuse in intimate partner relationships as compared to rates of domestic violence experienced by heterosexual women (NCADV, 2013). Approximately 44% of gay and bisexual men and 50% of the lesbian population report having experienced abuse from an intimate partner in their lifetimes (NCADV, 2013). Transgender individuals also often experience specific forms of verbal abuse from their partners. Examples of this abuse include ridiculing the transgender partner’s body, and using offensive pronouns, such as “it,” to refer to the transgender partner (NCADV, 2013). The age breakdown of victims reporting cases of LGBT domestic violence nationally in 2013 is shown in Figure 7.

Hate Violence Homicides

Hate violence homicides remain high in the LGBT community. In 2012, the total number of homicides in this community was the fourth highest recorded by the National Coalition of Anti-Violence Programs (NCAVP, 2012). In 2012, 45.3% of survivors and victims identified as gay, 20.6%

¹⁵ NCADV_LGBT Fact Sheet. www.uncfsp.org/projects/userfiles/.../NCADV_LGBT_Fact_Sheet.pdf

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of survivors and victims identified as lesbian, and bisexual survivors represented 8.7% (NCAVP, 2012). While hate violence affects all members of the LGBT community, transgender individuals are disproportionately affected (NCAVP, 2012). Transgender victims represent 50% of the total victims of homicide, however, transgender survivors only represent 10.5% of the total number of overall homicides reported to the NCAVP in 2012 (NCAVP, 2012).

Police misconduct is also reported by survivors and victims of LGBT hate crime violence (NCAVP, 2012). Of LGBT identifying survivors and victims who reported incidents to the police nationwide in 2012, 48% of these individuals reported incidents of police misconduct—an increase from 32% in 2011 (NCAVP, 2012). Victims of hate crimes who are transgender are also more likely to experience discrimination and violence from law enforcement officials. For example, nationwide statistics from 2012 indicate that transgender individuals were 3.32 times as likely to experience police violence as compared to cisgender(13) survivors and victims, and almost three times as likely to experience police violence compared to overall survivors and victims (NCAVP, 2012).

Mental Health

While many LGBT identifying youth are well-adjusted and mentally healthy, the range of social pressures and environments faced by a number of LGBT identifying youth may lead to the development of mental health problems such as mood or anxiety disorders (IOM, 2011). A study conducted by Fergusson et al. in 1999, reported that youth who identified as LGBT were between 1.8 and 2.9 times more likely to experience generalized anxiety disorder, major depression, and conduct disorder as compared to heterosexual youth (Fergusson, 1999; IOM, 2011). In DC, 40.3% of LGBT identified youth reported feeling sad and hopeless every day for two weeks in a row to the extent that they stopped doing normal activities as compared with the 25.7% of DCPS youth that identified as heterosexual (DC Office of the State Superintendent of Education, 2010).

Substance Abuse

Sexual minority youth report increased substance use, and initiation of use at younger ages when compared to their heterosexual peers (Corliss et al., 2010; Marshal et al., 2009; IOM, 2011). The trajectory of substance use was also found to increase more rapidly for LGBT youth as compared with their heterosexual peers (IOM, 2011).

Both sexual minority males and females were found to have a higher prevalence of tobacco use than their heterosexual counterparts (Easton et al., 2008; IOM, 2011). LGBT youth may also be at a greater risk for alcohol consumption than their heterosexual peers (IOM, 2011). Adolescent males and females who indicated attraction to “both sexes” were more likely to drink alcohol than their heterosexual counterparts (Russell et al., 2002; Ziyadeh et al., 2007; IOM, 2011).

Differences in drug use and abuse exist among LGBT¹⁶ youth (IOM, 2011). This effect appears to be most pronounced among bisexual females who were found to be more likely than either lesbian, gay, or heterosexual youth to report drug use (Eisenberg and Wechsler, 2003; Russell et al., 2002; IOM, 2011). Additionally, according to the 2010 Youth Risk Behavior Survey, thirty-eight percent

(38%) of transgender identifying individuals have reported using illegal drugs as compared to only 19% of non-transgender identifying students. (DC Center, 2013).

Suicide/Suicidal Ideation

Several studies have found that LGBT youth and youth who report same-sex romantic attraction are at increased risk for suicidal ideation and attempts, as well as depressive symptoms, in comparison to their heterosexual counterparts (IOM, 2011). In DC, approximately thirty percent (30.6%) of LGBT-identifying youth reported seriously considering attempting suicide, as compared with 13.8% of heterosexual identified youth (DC Office of the State Superintendent of Education, 2010). Of these 30%, 28.9% of LGBT-identified youth reported that they had made a plan about suicide, compared with only 10.3% of the heterosexual youth (DC Office of the State Superintendent of Education, 2010). General risk factors for suicidal behavior tend to be high among LGBT identifying youth. These include: depression, substance use, early sexual initiation, feeling unsafe at school, and inadequate social support. Homophobic victimization and associated stress are also associated with an increased risk of suicidal behavior in this population (IOM, 2011).

Sexual Health

HIV/AIDS remains one of the most critical health issues faced by youth LGBT-identifying populations in the United States with particular regards to gay and bisexual men and transgender women (IOM, 2011). Young men who have sex with men (MSM) account for almost 60% of HIV diagnoses among all young people (CDC, 2009; IOM, 2011). In fact, while rates of new HIV infections have decreased among other populations since the 1990s, rates of new HIV infections in young MSM have increased steadily in this same period (CDC, 2008; Advocates for Youth, 2013). Research suggests that male-to-female transgender youth may face an HIV risk similar to – or even higher than – that faced by young MSM (IOM, 2011). Further, the HIV burden falls disproportionately on young men, particularly young black MSM (IOM, 2011). More than twice as many black young MSM were diagnosed with HIV as compared to white MSM (CDC, 2008; IOM, 2011).

Certain sexual practices, such as engaging in anal intercourse, or engaging in high risk sexual behaviors, such as engaging in unprotected anal intercourse (UAI), contributes to the increased prevalence of HIV found in young MSM. For example, according to the National HIV Behavioral Surveillance System, 89% of young MSM reported anal intercourse with a male partner in the past year; 46% of those 89%, reported having had UAI (Advocates for Youth, 2013). Additionally, 17% of young MSM in the study reported having had UAI with more than one partner (Advocates for Youth, 2013). Men who had UAI with multiple partners were more likely to have engaged in UAI with a casual partner as compared to those who reported having UAI with only one partner—77% as compared to 16% (Advocates for Youth, 2013).

¹⁶ These statistics refer solely to the LGB population.

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LGBT identifying individuals are also vulnerable to an increased risk of exposure to, and infection from, other sexually transmitted infections/diseases (STIs/STDs). For example, approximately sixty percent (63%) of primary and secondary syphilis cases in the United States in 2008 were among MSM (CDC, 2010). Homosexual and bisexual men are also often diagnosed with other bacterial sexually transmitted diseases (STDs) such as chlamydia and gonorrhea infections, as well as viral infections such as HPV (Human Papillomavirus) (CDC, 2010). MSM accounted for 63% of primary and secondary syphilis cases in the United States in 2008 (CDC, 2010).

Young women who have sex with women (WSW) are often regarded as “safe” from negative sexual outcomes; studies have found that over their lifetimes, WSW experience STIs at similar rates as women who have sex with men (McNair, 2005; Advocates for Youth, 2013). However, both bacterial vaginosis and chlamydia are common STIs that can be passed between women (Women’s Health, 2011), and young lesbians are less likely to use protection during heterosexual intercourse than women who primarily have sex with men (McNair, 2005; Advocates for Youth, 2013).

Eating Disorders, Body Image, and Obesity

There is some evidence for gender specific patterns of eating disorders among LGBT youth. One study examining the prevalence of eating disorders among LGBT youth found that gay and bisexual boys were more likely than heterosexual boys to report trying to look like images of men in the media (Austin, 2004). However, this same study found that such issues with body image were not reported among lesbian and bisexual girls. Lesbian and bisexual girls reported to be more content with their bodies and less concerned with trying to look like images of women in the media as compared to heterosexual girls (Austin, 2004). Additionally, youth who described themselves as lesbian/gay, bisexual, and “mostly” heterosexual had higher rates of binge eating than their heterosexual peers, and all sexual minority subgroups, with the exception of lesbians, had higher rates of purging (vomiting and/or using laxatives to control weight) throughout adolescence (Austin, 2009a).

Almost no research exists examining weight-related patterns among LGBT youth. However, one study that investigated the question of sexual orientation disparities in weight status in adolescence found that self-identified sexual minority adolescent females, aged 12-23, had elevated body mass indexes (BMIs) as compared to their heterosexual peers (Austin, 2009b; IOM, 2011).

V. Appendices

APPENDIX A: DEFINITIONS¹⁷

Terms Related to Sexual Identity and Expression

- **Bisexual (B):** A person who self-identifies as having an emotional, sexual, and/or relational attraction to men and women.
- **Coming Out:** The process through which a person identifies, acknowledges, and decides to share information about their sexual orientation and/or gender identity with others.
- **Gay (G):** A man who self-identifies as having an emotional, sexual, and/or relational attraction to other men. Note: the term gay may be used by some women who prefer it over the term lesbian.
- **Lesbian (L):** A woman who self-identifies as having an emotional, sexual, and/or relational attraction to other women.
- **MSM:** An acronym used to identify men who have sex with men. MSM is a term used to identify and describe a behavior among males and is not the same as a sexual identity or sexual orientation.
- **Outing:** The act of exposing information about a person's sexual orientation and/or gender identity without their consent.
- **Queer (Q):** A term usually used to refer to specific sexual orientations (e.g., lesbian, gay, bisexual). Note: Some individuals use queer as an alternative to gay in an effort to be more inclusive, since the term queer does not convey a sense of gender. However, depending on the user, the term can have either a derogatory or an affirming connotation.
- **Questioning (Q):** A term used to describe individuals that may be questioning their gender or sexual identity.
- **Sexual Orientation:** A person's emotional, sexual, and/or relational attraction to others. Sexual orientation is usually classified as heterosexual, bisexual, and homosexual (i.e., lesbian and gay).
- **WSW:** An acronym used to identify women who have sex with women. WSW is a term used to identify and describe a behavior among females and is not the same as a sexual identity or sexual orientation.

¹⁷ Definitions taken from SAMHSA. (2012) "Top Health Issues for LGBT Populations Information & Resource Kit." Available at: <http://store.samhsa.gov/shin/content/SMA12-4684/SMA12-4684.pdf>

Terms Related to Gender Identity

- **Cisgender:** Cisgender and cissexual describe related types of gender identity where an individual's self-perception of their gender matches the sex they were assigned at birth.
- **FTM:** A person who transitions from female-to-male, meaning a person who was assigned the female sex at birth but identifies and lives as a male. Also known as a transgender man.
- **Gender Identity:** A person's internal sense of being male, female, or something else. Since gender identity is internal, one's gender identity is not necessarily visible to others.
- **Gender Nonconforming:** A person whose gender expression is different from societal expectations related to their perceived gender.
- **Genderqueer:** A term used by persons who may not entirely identify as either male or female.
- **Intersex (I):** A person whose gender identity encompasses both male and female genders. Some may feel that one identity is stronger, but both are present.
- **MTF:** A person who transitions from male-to-female, meaning a person who was assigned the male sex at birth but identifies and lives as a female. Also known as a transgender woman.
- **Transgender (T):** A person whose gender identity and/or expression is different from that typically associated with their assigned sex at birth. Note: The term transgender has been used to describe a number of gender minorities including, but not limited to, transsexuals, cross-dressers, androgynous people, genderqueers, and gender non-conforming people. "Trans" is shorthand for "transgender."
- **Transgender Man:** A transgender person who identifies as a male (see also "FTM").
- **Transgender Woman:** A transgender person who identifies as a female (see also "MTF").
- **Transsexual:** A person whose gender identity differs from their assigned sex at birth.
- **Two-Spirit:** A contemporary term that references historical multiple-gender traditions in many Native/First Nations cultures. Many Native/First Nations people who are lesbian, gay, bisexual, transgender, or gender non-conforming identify as Two-Spirit. In many Nations, Two-Spirit status carries great respect and leads to additional commitments and responsibilities to one's community.

Terms Related to Gender Expression

- **Cross-Dresser:** A person who dresses in clothing typically worn by people of the opposite gender, but who generally has no intent to live full-time as the other gender.
- **Drag King:** A woman who dresses as a man for the purpose of entertaining others at bars, clubs, or other events.
- **Drag Queen:** A man who dresses as a woman (often celebrity women) for the purpose of entertaining others at bars, clubs, or other events. Note: The term drag queen is also used as slang, sometimes in a derogatory manner, to refer to all transgender women.

- **Gender Expression:** The manner in which a person represents or expresses their gender identity to others. Note: Gender expression may be conveyed through behavior, clothing, hairstyles, voice, and/or body characteristics.
- **Passing:** A term used by transgender people to mean that they are seen as the gender with which they self-identify. For example, a transgender man (assigned the female sex at birth) who most people see as a man might say that he is passing as a man.
- **Transition:** A term used to describe the period during which a transgender person begins to express their gender identity. Note: During transition, a person may change their name, take hormones, have surgery, and/or change legal documents (e.g., driver's license, Social Security record, birth certificate) to reflect their gender identity.

APPENDIX B: FEDERAL LEGAL RIGHTS FOR THE LGBT COMMUNITY

LGBT identifying individuals living in the US have historically been discriminated against by the legal and justice systems. However, recent legal victories have created new federal legislation(s) that expand legal rights for the LGBT community; LGBT youth will be afforded certain legal protections as they transition to adulthood that were not formerly available to members of the LGBT community. Some examples of recent federal legislation that advances LGBT rights are outlined below.

Defense of Marriage Act (DOMA)

One salient form of discrimination has been in terms of marriage equality. However, a recent ruling by the US Supreme Court has not only paved the way for increased federal legal rights for married LGBT identifying individuals, but also represents a changing shift in US attitudes towards guaranteeing marriage equality for our nation's LGBT identifying community (HRC, 2013). In June 2013, the Supreme Court struck down section 3 of the Defense of Marriage Act (DOMA) that defined marriage as a legal union between one man and one woman. This decision now guarantees that legally married same sex couples, regardless of a state's decision authorizing same sex marriages,¹⁸ will begin to receive over 1000 federal benefits, laws, and protections (HRC, 2013). For example, the overturn of Section 3 of the DOMA guarantees that legally married same sex couples may now file taxes jointly, same sex widows and widowers may now receive Social Security survivor benefits, and the US Department of State will consider visa applications from legally married same sex couples in the same manner as opposite sex couples (HRC, 2013). Before the 2013 ruling by the US Supreme Court, however, these federal legal benefits, laws, and protections were only available to legally married heterosexual individuals (HRC, 2013).

¹⁸ Marriage and relationship recognition laws are complex and vary from state to state. For example, the state of Texas prohibits same sex marriage, however, the District of Columbia authorizes it. For a complete list of marriage laws by state, refer to the Human Rights Campaign (2013). "Marriage Center." Available at: <http://www.hrc.org/campaigns/marriage-center>.

¹⁹ For more information please refer to: <http://www.irs.gov/pub/irs-drop/rr-13-17.pdf>.

Internal Revenue Service and Tax Regulations (IRS,2013)¹⁹

The DOMA ruling has also changed tax policy in the US. The Internal Revenue Service (IRS) now concludes that gender neutral terms in the Tax Code that refer to marital status, such as “spouse” and “marriage” include an individual married to a person of the same sex if the couple is lawfully married under state law and that such a marriage includes individuals of the same sex. The IRS also concludes that the terms “husband and wife,” “husband,” and “wife” should be interpreted to include same sex spouses.

The Affordable Care Act (ACA)²⁰

For years, LGBT individuals have faced discrimination in the health care system. LGBT individuals face a diverse range of social, economic, political, environmental, and physical challenges. Each unique circumstance can lead to a negative health outcome; numerous studies have demonstrated that LGBT individuals are less healthy than their heterosexual counterparts leading them to be underinsured and underemployed (Huffington Post, 2013). For example, 24% of lesbians and bisexual women and 13% of gay men currently live in poverty and cannot afford health insurance (Huffington Post, 2013). Transgender individuals are four times more likely to have a household income under \$10,000 than the average person, and twice as likely to be unemployed without health insurance coverage (Huffington Post, 2013). LGBT individuals are affected by chronic disease at a higher rate than other Americans (Huffington Post, 2013).

However, the ACA gives LGBT Americans greater protections and control over their health care and includes provisions to ensure that LGBT individuals will have access to health care. For example, the expansion of Medicaid to more Americans will increase access to low income adults (The White House, 2013). Provisions ending insurance discrimination will aid LGBT individuals as insurance companies may no longer deny individual benefits or health coverage based on an individual’s sexual orientation; under the ACA, insurance companies may no longer deny coverage for Americans who are transitioning or have HIV/AIDS—a condition that, as previously discussed, disproportionately affects the LGBT community (The White House, 2013). Government health insurance search engines will include search options to ensure same sex partners are included in plans (The White House, 2013).

Additionally, the ACA ends lifetime dollar limits for benefits and prohibits discrimination due to preexisting conditions. Being LGBT identifying is no longer considered a risk factor that leaves many LGBT individuals without access to affordable health care.

The Department of Health and Human Services is also working with community centers serving the LGBT community to employ proven prevention strategies to address concerns regarding health issues that impact the LGBT community such as tobacco use and HIV-related health disparities (Huffington Post, 2013), as well as ensuring cultural competency training to health care providers on LGBT issues (The White House, 2013).

APPENDIX C: DC-BASED RESOURCES FOR LGBT YOUTH

Advocates for Youth	National Coalition for LGBT Health
AIDS Alliance for Children, Youth	National Sexual Assault Hotline
American University	National Youth Pride Services
Andromeda Transcultural Health	NoH8 Campaign
Capital Pride Alliance	PFLAG
Covenant House	Rainbow History Project
DC's Different Drummers	Safe Place
Family Acceptance Project	Safe Spaces Project
Family Equality Council	SMYAL
Gay and Lesbian Liaison (GLLU)	Stand Up For Kids
Gay Near Me	The DC Center
Gay, Lesbian, and Straight Education Network (GLSEN)	The District of Columbia Office of Gay, Lesbian, Bisexual, and Transgender Affairs
George Mason University	The Forty to None Project
Georgetown University	The George Washington University
Healthy Lesbian, Gay, and Bisexual (American Psychological Association)	The Matthew Shepard Foundation
HIPS	The Trevor Project
IM Alive	Transgender Health Empowerment
La Clinica Del Pueblo	Triangle Club
Latino GLBT History Project	True Colors Fund
Lyric.org	Washington DC, Department of Health
MetroTeenAIDS	Whitman Walker Clinic
National Association of Social Workers	Youth Pride Alliance of the DC Metro Area
National Clearinghouse on Families & Youth	
National Association of Social Workers	

²⁰ For more information on the ACA, please refer to: http://www.whitehouse.gov/sites/default/files/rss_viewer/health_reform_for_lgbt_communities.pdf.

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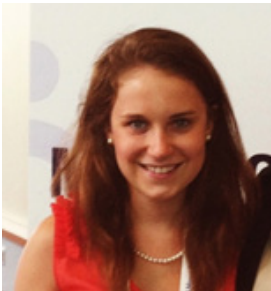
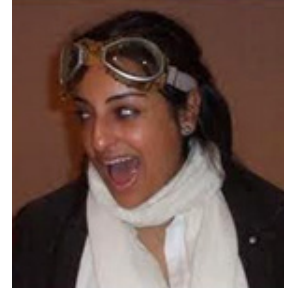
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Meet the Case Writing Team

Sweta Batni is currently a 4th year PhD candidate in the Global Infectious Diseases program at Georgetown University. Her thesis research focuses on incorporating interdisciplinary approaches to controlling transmission and treatment of *Giardia lamblia*, a protozoan intestinal parasite that is one of the major causes of diarrheal disease worldwide. Ms. Batni has a joint Masters in Health Science in Infectious Disease Epidemiology (MHS '05) from the Johns Hopkins Bloomberg School of Public Health and a Master of Arts (MA '09) in International Health Policy from the Johns Hopkins Paul H. Nitze School of Advanced International Studies (SAIS).



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Blake Johnson is a senior at Georgetown majoring in the Biology of Global Health and minoring in Science, Technology & International Affairs with a concentration in Biotechnology and Global Health. Blake's research focuses on the epidemiology of HIV/AIDS among gay men and women of color in DC, and its co-infection with hepatitis. He is also working on a thesis in which he teaches 10th grade biology and investigates the use of language among minorities in DC public school science classrooms. Outside of class, Blake plays clarinet in an LGBT community orchestra in DC, and volunteers as a tour guide for Georgetown's Office of Admissions. Blake is in the process of applying for an MPH.



Michelle White is a second year medical student at Georgetown, originally from Tulsa, Oklahoma. She graduated from Georgetown in 2011 with a BA in Spanish and minors in Chemistry and Science, Technology, & International Affairs. She currently volunteers at a primary care clinic in Columbia Heights serving a predominantly Spanish speaking population. In addition, she worked for the National Hispanic Medical Association. Apart from academics, Michelle enjoys the outdoors and dogs!