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CDC mulls sexual behavior question

Biennial youth survey would ask about activity of adolescents

by Peter Freiberg

For the first time, officials at the U.S. Centers for Disease Control and Prevention (CDC) are considering including a question about same-sex behavior in a youth survey taken every two years nationally and by many states and some cities.

Laura Kann, chief of the CDC's surveillance research in the Division of Adolescent and School Health, said same-sex behavior is among the proposed new questions on the 1999 Youth Risk Behavior Survey (YRBS) that the CDC sent to state officials for feedback.

The states' responses are still being evaluated, Kann said.

"We have not made a final decision yet," she said. "We're about a month from doing so." A question about same-sex behavior, Kann noted, is "a real sensitive topic, particularly in a school setting."

For years, social service providers who work with Gay youth have bemoaned the lack of data about these teenagers. Reliable information is considered essential, they say, to devising effective health education, HIV prevention, recreational and support programs for Gay youth.

"The less we know about Lesbian and Gay youth, the harder it is to help them," explained Joyce Hunter, a researcher at the HIV Center for Clinical and Behavior

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by Clint Steib

Rea Carey said such data "would be one of the single most important steps" to understanding young Gays.

Youth advocates laud step toward new question

CDC considers surveying young people on same-sex behavior, but not orientation

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Studies at the New York State Psychiatric Institute. "You need to know what the issues are and what programs should be focused on. The only way you can get that is with national and statewide studies."

Rea Carey, head of the National Youth Advocacy Coalition, which includes social service agencies that work with Gay youth, said data from such a question "would be one of the single most important steps in moving toward our understanding of the health behaviors and health risks faced by Gay, Lesbian and bisexual youths."

"We would be able to use that data in looking at program development, in addressing specific health needs, and also in educating different branches of the government, funders, and researchers about the issues faced by Gay youth," said Carey.

Gary Remafedi, an associate professor of pediatrics at the University of Minnesota who has done research on Gay adolescent behavior, noted that there is organized opposition from the religious right to including Gay-related questions on government surveys.

"The argument they use," he said, "is that by asking young people these questions we're somehow causing them to become Gay or Lesbian. I don't think these questions can awaken any desires that were not there."

Ironically, just this week a study, reported in the May 20 *Journal of the American Medical Association*, indicated that a sex education program focusing on condom use and safe-sex information for 659 African American adolescents in Philadelphia was significantly more effective in getting youth to abstain from sex than a program that focused on abstinence. Another recent study indicated many more male teenagers may be engaging in same-sex behavior than previously thought.

The national youth survey was started in 1990, with the aim of monitoring health-risk behaviors that contribute to deaths and social problems among young Americans. Every two years, the CDC conducts the school-based survey of a representative sample of 9th through 12th grade students. In addition, many states (39 of 50 in 1997) plus the District of Columbia conduct the high school surveys, with technical assistance from the CDC. Some cities with high rates of HIV infection also administer the youth survey in their schools.

Students participate in the survey on a voluntary and anonymous basis, answering a wide range of questions on such topics as nutrition, weapon-carrying, drug and alcohol use, sexual behavior, school attendance, and smoking.

States, as well as the District, are permitted to add or delete some of the "core questions" the CDC draws up. About half administer the CDC "core" questionnaire as is, while the remainder modify it.

But so far, only three states (Massachusetts, Vermont and Maine) and two cities (Seattle and San Francisco) are known to have added questions to the survey relating to same-sex behavior or orientation.

Massachusetts's 1995 survey, which for the first time also included a question about sexual orientation as well as same-sex behavior, attracted widespread attention earlier this month when a study of the data from the orientation question was published in the medical journal *Pediatrics*.

The study, which reinforced similar findings in previous, less rigorous research, reported that self-identified Gay and bisexual teens are far more likely to be the targets of harassment and assaults and more likely to engage in health-endangering behaviors, including suicide attempts, drug use, and sexual risks.

The Massachusetts survey's lead author, Robert Garofalo, a physician in Boston who deals with many Gay youth, says that "if it wasn't for the politics involved," questions about same-sex behavior and orientation would undoubtedly already be in the national youth survey.

"From the public health perspective," Garofalo said, "these would all be very...pertinent questions to ask. ... It's important because these [self-identified Gay high school students] are a group of at-risk kids, just like any ethnic or racial or religious group might be at risk because of being marginalized and stigmatized."

Garofalo's study focused on the question about sexual orientation, rather than on the question about same-sex behavior, because he felt there were Gay youth who identified as Gay but have not yet engaged in same-sex behavior. But the CDC's proposed question would be on same-sex behavior only, says Kann, in part because that information has "more public health implications," which is the purpose of the national youth survey.

"It's not the label," said Kann, "it's what you do from a public health point of view that matters."

Although Carey and other Gay youth advocates say it would be useful to include questions about both behavior and orientation, Kann says, "There's not room for both,"



SMYAL's Craig Bowman: "It's always easier to defend having [Gay-related questions] remain than it is fighting to have them included."

given the number of questions that compete for inclusion.

Kann says the CDC decided to propose asking about same-sex behavior because of the "valuable information" generated by the New England questionnaires. Even if the proposed question on same-sex behavior does not get included on CDC's "core" questionnaire, it will go to states as a recommended optional question, she says.

"Most of the questions that don't make the cut will be picked up by some of the states," says Kann. She encouraged people who are interested in data on same-sex behavior, like those concerned about other areas, to let their state and local education agencies know.

"It's hard for a state to perceive a need out there if they don't hear from anybody on a topic," Kann said. States are always concerned, she said, that schools will refuse to participate in the survey because of sensitive topics, jeopardizing the entire survey.

If the CDC does decide to include a same-sex behavior question in 1999, that could encourage states to do so in their own surveys as well.

Paul Kabarec, a health education specialist with the Oregon Education Department, says his state is considering such a question, but no decision has been made.

"If the CDC did it," says Kabarec, "it would politically help us a lot. ... It's kind of a political hot potato, to be very candid with you."

Among states and localities that have simply taken the survey as written by the CDC, at least some would likely do the same if a same-sex question is added.

Beverly Lofton, a spokesperson for the Washington, D.C., schools, cited cost and efficiency: "We administer [the survey] just as it's given to us by the CDC, with no questions added." If a same-sex question was included, she says, "We would take it as they gave it to us."

Craig Bowman, executive director of the Sexual Minority Youth Assistance League, which works with young people in the D.C. area says, "If the questions are included in the 'core,' it's always easier to defend having them remain than it is fighting to have them included."

Like Washington, D.C., California also does not modify

the CDC questionnaire. When the CDC asks about same-sex behavior, says Jana Kay Slater, a consultant to the state Education Department, "then it will become an issue for our state to decide whether or not...to go ahead with that question." California parents must give written consent before their children can participate in the survey.

New York also takes the CDC survey "lock, stock, and barrel," says state Education Department spokesperson Bill Hirschen. Asking questions about same-sex behavior or orientation "never really came up," he said, "and apparently it wasn't thought about." (New York City, which has given the survey sporadically, has also never asked Gay-related questions; Board of Education spokespersons did not return calls for comment.)

In Massachusetts, where former Gov. William Weld (R) began an extensive, state-funded Safe Schools Program for Gay and Lesbian Students, most principals and superintendents have been "very accommodating and ... willing" to do the survey, according to Tim Hack, a supervisor in the Safe Schools Program. About 60 schools across the state participate in the random sampling for the YRBS.

In Vermont, Shaun Donahue, an HIV/AIDS health education consultant in the state Education Department, says the decision to ask the same-sex behavior question in 1995 reflects the growing interest among Vermont officials, including Gov. Howard Dean (D), in "raising awareness about issues" facing Gay and bisexual youth. Donahue was recently assigned to spend 40 percent of his time working with schools and school boards on Gay issues.

Information obtained from the state's surveys, Donahue says, helps fuel awareness. "It's hard for people to argue with hard data," he said. Vermont surveys, for example, have found that, of the five percent of youth who acknowledge engaging in same-sex behavior, 36 percent say they have attempted suicide — four times as many as among youth who report only opposite-gender sex.

"Then I can say to somebody, 'If you're doing suicide prevention and you're not focusing on sexual orientation as an issue, you're missing [many kids] who attempt suicide,'" Donahue said.

An HIV education coordinator in Maine's Education Department, Joni Foster, says the information gained from asking about same-sex behavior in 1995 and 1997 has been valuable for designing public health programs.

"I feel very strongly they should be in [the CDC's] core questions," said Foster.

The importance of data in providing ammunition for developing support and protective measures for Gay youth was also demonstrated in Seattle.

In 1995, Seattle's school system asked in its survey about sexual orientation and whether students had been the target of offensive comments or attacks due to their "actual or perceived sexual orientation."

"What we found," says Tracy Flynn, a health curriculum specialist, "was that 34 percent of kids who identified as Gay or Lesbian had [been the target of offensive] comments or attacks. Of kids who identified as heterosexual, 6 percent had also been targeted."

That information, she says, pointed out the need for measures to deal with the harassment. "The survey showed significant numbers of kids suffering in our schools," said Flynn. "When we know the data, it would be unconscionable not to respond."

Schools were urged to support and encourage the creation of support groups for Gay students as well as Gay/straight student alliances. Some schools have set up "safe staff lists"—faculty who students can come to with questions or problems.

SMYAL's Bowman said he understands that, in making its decision about including a question on same-sex behavior, the CDC is "operating in a political environment."

"At the same time," he said, "if they're serious about understanding the risks adolescents are facing, they have an obligation to collect the data necessary to determine ... approaches to solving these problems."

"If [the CDC doesn't] do it," says Bowman, "I can't imagine what other government agency would be able to." ▼