

The Health and Well-Being of Lesbian, Gay, Bisexual, and Questioning Youth in New Mexico



Data from the 2013

NM YRRS
YOUTH RISK & RESILIENCY SURVEY

The Health and Well-Being of Lesbian, Gay, Bisexual, and Questioning Youth in New Mexico: Data from the 2013 New Mexico Youth Risk & Resiliency Survey

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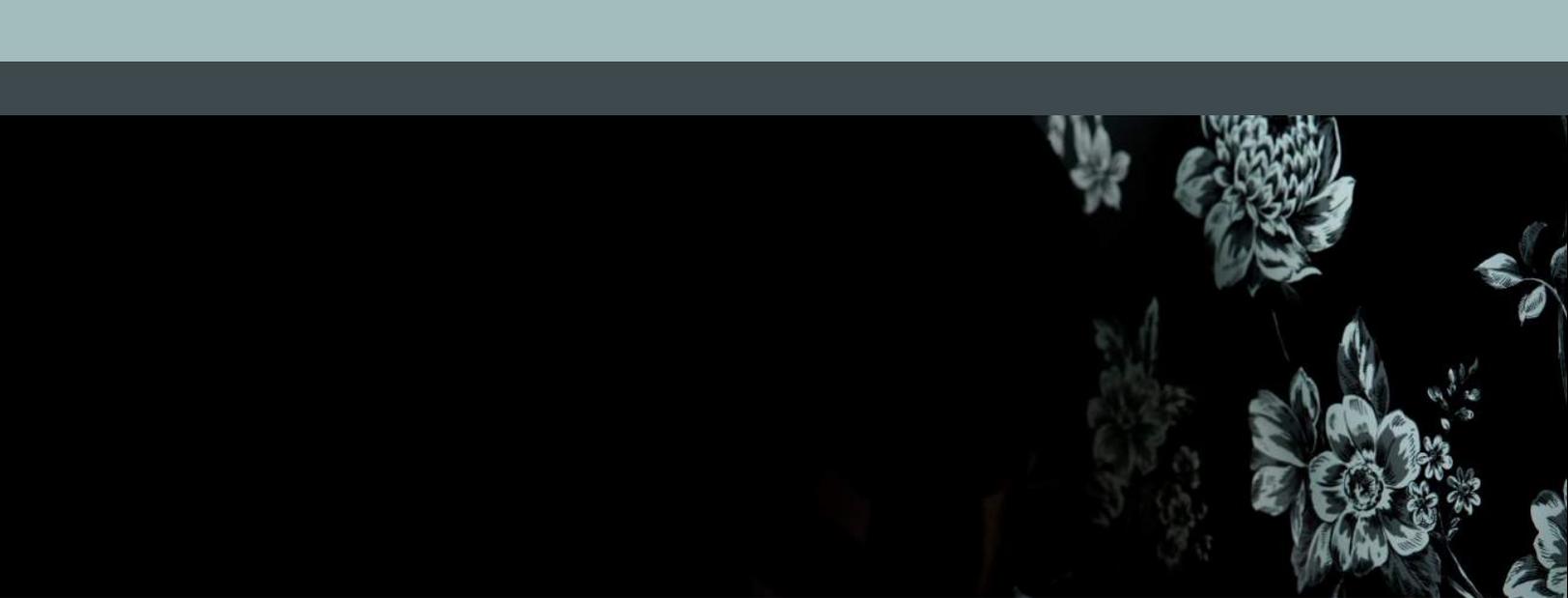
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“One in ten students identify as lesbian, gay, or bisexual.”

Nationally and in New Mexico, LGBTQ youth experience health disparities linked to systemic discrimination, stigma, and denial of civil human rights. Eliminating these health disparities and promoting health, well-being, and academic achievement among New Mexico’s sexual minority youth is an integral part of efforts to improve the health of all youth in New Mexico. Efforts to accurately describe and address inequities require high-quality, thorough, population-based estimates by sexual behavior and self-identification. Two questions were added to the 2013 New Mexico Youth Risk and Resiliency Survey (NM-YRRS) high school survey (grades 9–12): sexual identity and sex of sexual contact. See *Acronyms and Footnotes*, page 91, for definitions of terms.

In the 2013 NM-YRRS, one in 10 students identified as lesbian, gay, or bisexual (LGB). Of these, 3.0% of students identified as gay or lesbian and 7.5% as bisexual. Additionally, 3.4% reported that they were not sure of their sexual identity. Gender identity (whether a student identifies as transgender or gender non-conforming) was not asked.

A total of 46.6% of students reported that they have never had sex, 44.5% reported that they had sex with members of the opposite sex only, 2.9% reported that they had sex with members of the same sex only, and 6.0% reported that they had sex with members of both sexes.

Gay and lesbian students did not have exclusively same-sex sexual contact and straight students did not have exclusively opposite-sex sexual contact. For example, among students who identified as gay or lesbian and were sexually active, 21.4% had sex with members of the opposite sex and, among students who identified as straight and were sexually active,

1.9% had sex only with members of the same sex and 3.2% had sex with members of both sexes.

The health and resiliency of youth who were not sure of their sexual identity more closely resembles the health and resiliency of youth who identified as LGB rather than youth who identified as straight.

Girls were more likely to identify as LGB and have had same-sex sexual contact than boys (14.2% vs. 6.8% and 12.3% vs. 5.7%, respectively). Students in all grade levels (9th–12th) and every race/ethnicity were all equally likely to identify as LGB. However, Black or African-American students were more likely to report having same-sex sexual contact (19.0%) than Hispanic (8.9%), White (8.5%), or American Indian students (6.8%). Students whose parents had less than a high school education were more likely to identify as LGB and report same-sex sexual contact than students whose parents had a college or professional degree (13.6% vs. 7.8% and 10.9% vs. 7.5%, respectively). Foreign-born students and students whose primary language spoken at home is not English were equally likely to identify as LGB. Students who were born in a country other than the United States (5.0%) were more likely than those born in the U.S. (2.6%) to have had same-sex only sexual contact.

Sexual minority students were less likely than their peers to have a number of resiliency factors, including: a parent who believes that they will be a success, a parent who is interested in their school work, a teacher who believes they will be a success, a teacher who listens to them, an adult in the community who really cares about them, an adult in the community who tells them when they do a good job, a parent or guardian who knows where they are when they are

not at home. Sexual minority students were just as likely as their peers to have a friend their own age who really cares about them. Sexual minority students were less likely to plan to attend college or be involved in sports, clubs, or extra-curricular activities.

Sexual minority youth were more likely to use tobacco and begin cigarette smoking early. For example, nearly half of LGB students (49.8%) used tobacco in any form. Similarly, 42.5% of youth who were unsure of their sexual identity use tobacco. 25.6% of straight youth used any tobacco.

Alcohol and substance use were very common among sexual minority youth. For example, a third of LGB students binge drank, compared to 17.8% of straight-identified students. LGB students were nine times more likely to use heroin than straight students, nine times more likely to use methamphetamine, and four times more likely to use pain killers to get high.

LGB students were more likely than straight students to skip school due to safety concerns (17.3% vs. 5.6%). 35.5% of LGB students had been bullied on school property compared to 17.0% of straight students.

One in five LGB students had been forced to have sex at some point in his or her life.

Sexual minority students were more likely than their peers to engage in non-suicidal self-injury (burning, cutting, etc.), to have seriously considered suicide in the past year, to have attempted suicide in the past 12 months, and to have made a suicide attempt that resulted in an injury.

Among sexually active students, sexual minority students were just as likely to use both a condom and reliable birth control as their peers.

LGB students were less likely to be physically active (active five of the past seven days) and more likely to purge or use a laxative to lose weight than straight students (35.7% vs. 53.3% and 17.3% vs. 5.4%, respectively).

Sexual minority students were more likely to have a long-term physical, emotional, or learning disability than their peers.

Recommendations

The recommendations below are focused on steps that can be taken in public health and educational settings but are not meant to be all-encompassing. Although this report does not

include data on gender minority youth (e.g., transgender), these recommendations would also be expected to benefit this population.

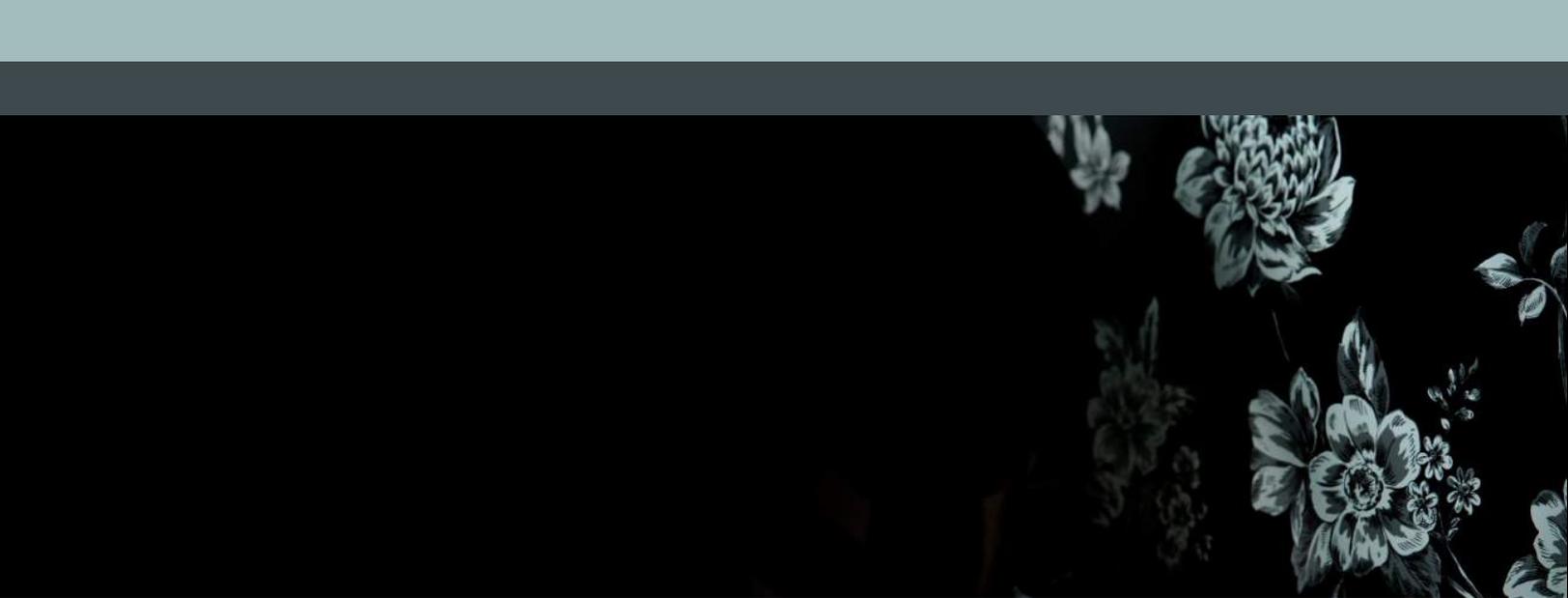
RECOMMENDATIONS FOR PUBLIC HEALTH

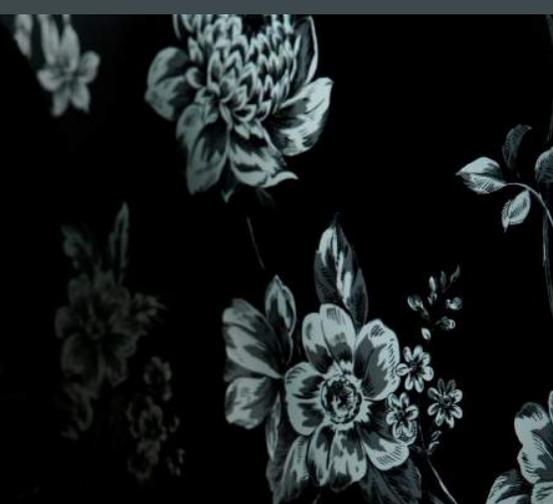
- Include LGBTQ as a priority population in health disparity and health equity discussions and reports (along with racial/ethnic minorities, people in poverty, etc.).
- Expand the discussion of LGBTQ health beyond sexual behavior, as there are significant disparities in behavioral health and substance abuse factors.
- Consider the data in this report to be a baseline of youth LGBTQ well-being in NM and monitor changes in health disparities.
- Examine and report bisexual health separately from the health of gays and lesbians because bisexuals have a different, and often poorer, health profile.
- Continue to pursue efforts to accurately collect and monitor health status information among LGBTQ New Mexicans.
- Encourage the creation, implementation and evaluation of evidence-based interventions to reduce inequities among LGBTQ youth.
- Seek funding that includes outreach and educational interventions for LGBTQ communities.
- Participate in and offer trainings on LGBTQ health issues to increase cultural competency among health providers and community health partners.

- Include sexual and gender identity demographic questions on forms, surveys, and registries; use inclusive language (e.g., partner, spouse) in communications and health forms.
- Encourage adoption of the above practices by other federal, state, local, and tribal public health agencies.

RECOMMENDATIONS FOR EDUCATIONAL SETTINGS

- Acknowledge that LGBTQ youth are at disproportionate risk of higher than average negative outcomes that may affect their current and lifelong health/behavioral health.
- Establish and enforce anti-harassment and anti-bullying policies that include and address sexual and gender identity.
- Provide training to school staff and students on how to intervene to prevent bullying and harassment of students based on sexual identity and how to respond when they hear slurs based on the sexual or gender identity or perceived identity of students.
- Train teachers and staff on LGBTQ cultural competency and how to create an inclusive and supportive classroom and school.
- Provide sexual and gender identity education, resources, and support to students, including any population-specific and affirmative youth development, health promotion and wellness activities that lead to positive youth outcomes.
- Provide evidence-based, comprehensive health and sexual health education to include up-to-date information on sexual and gender identity as well as inclusive healthy relationship skills development.
- Support establishment of Gay-Straight Alliances (GSAs) in middle and high schools, in order to create safe and supportive environments for sexual minority students and their straight allies.
- Engage members of the LGBTQ-supportive community or community-based organizations in supporting, providing and participating in training, policy, and technical assistance efforts for school staff, students and families.





“The reasons to study risk-related behavior and resiliency factors among sexual minority youth are myriad...”

New Mexico’s sexual minority youth are a diverse group of individuals who come from a wide variety of cultures and socioeconomic backgrounds, speak a number of different languages, and live in all regions of the state. The term *sexual minority youth* comprises a heterogeneous group of people who may identify as lesbian, gay, bisexual, or who may not be sure of their sexuality; and who may participate in same sex behavior, opposite sex behavior, or not have sex at all. Each of these groups represents a unique population and was thus examined individually for purposes of this report.

The New Mexico Department of Health (NM DOH), in collaboration with the New Mexico Public Education Department (NM PED) and the University of New Mexico Prevention Research Center (UNM PRC), began to identify prevalence and risk and resiliency factors among sexual minority youth in 2013. Two questions were added to the New Mexico Youth Risk and Resiliency Survey (NM-YRRS) that enabled this analysis: sexual identity and sex of sexual contact. The reasons to study risk-related behavior and resiliency factors among sexual minority youth are myriad, including developing a baseline to measure future health promotion efforts, producing data in support of health policy development, and publishing effective interventions in an effort to share effective modes of harm reduction and healthy behavior promotion.¹

In this report, the term *sexual minority* will be used in places instead of the popular initialism LGBTQ (lesbian, gay, bisexual, transgender, queer, or questioning) or other variations in this report for several reasons. First, the term *sexual minority* is often used to define this community in similar literature.² Second, the 2013 NM-YRRS did not measure the prevalence of transgender youth in the state,

only addressing lesbian, gay, bisexual, or unsure youth, so does not cover the spectrum of terms suggested in the acronym LGBTQ. The definition of *transgender* is a fluid term in and of itself, with some people preferring terms such as trans, gender non-conforming, genderqueer, or others.³ At the time the 2013 NM-YRRS questions were being compiled, there was poor consensus as to which term to use. Third, while providing invaluable information, the NM-YRRS may not be the optimal population-based survey with which to measure the prevalence of transgender youth in the state. Measurements among sexual minority youth may be highly sensitive and, without adequate sample size, lead to imprecise or erroneous conclusions of resiliency factors and health disparities.⁴

The need to improve the health outcomes of sexual minority youth has been recognized at the national level by the Centers for Disease Control and Prevention (CDC).⁵ One of the Healthy People 2020 goals is to improve health disparities among sexual and gender minorities in the United States.⁵ Scientists from the Institute of Medicine have made several recommendations designed to improve health outcomes of the sexual minority population. Their roadmap includes improved demographic research, greater understanding of social dynamics, identification of health care disparities, intervention-based research, and addressing the health needs specific to transgender individuals.^{6,7} The prevalence of health disparities among sexual minority youth was significantly higher compared to straight youth throughout numerous reports.^{8,9,10} A Morbidity and Mortality Weekly Report (MMWR) assessed nine states from January 2001 to June 2009 and found that risk behaviors occurred 63.8% more frequently among gay or

lesbian students, and 76.0% more frequently among bisexual students, than straight students.²

Concerns about the seriousness of risk-related behavior and the specific susceptibilities among a vulnerable population are necessary to elicit change according to the Health Belief Model, which has been demonstrated to show predictive validity for HIV testing among sexual minority youth.¹¹ The importance of research among youth underscores the need to assess risk factors in a population that has been previously under the radar to public health practitioners. This comes from a standpoint of equity, empowerment and social responsibility and aims to promote healthy behavior through principles such as providing open access to sexual minority youth data and trends in the future.¹²

There is additional promise in several evidence-based interventions to counterbalance the health disparities found among sexual minority youth. For example, positive school

climate and lack of homophobic victimization in a middle school setting moderated the risk related differences.¹³ Sexual minority youth who had accessible role models experienced fewer anxiety and depressive symptoms compared to those who those who have no access to role models.¹⁴ However, the positive effect of “outness” (the degree of openness in regards to sexual minority status) was associated with higher levels of self-esteem and lower rates of depression – but also higher levels of victimization – especially found among rural youth.¹⁵

While sexual minority rights have been increasing over the last decade (for instance, the United States Supreme Court upheld the legality of gay and lesbian couples to marry in 2015), the public health sequelae may still be poorly understood.¹⁶ Same sex couples are still experiencing adverse outcomes, unequal access to healthcare, and “minority stress” that may result in part from heterosexual prejudice.

The NM-YRRS is a survey used to assess the behavioral health risks and protective factors among New Mexico public high school students. The NM-YRRS collects data from students about factors that risk health or cause premature death (unintentional injury, violence, mental health, tobacco use, alcohol use, drug use, sexual activity, nutritional practice, and physical activity), and resiliency factors (assets or protective factors that mitigate risks, such as relationships with parents or guardians, peers, teachers, and adults in the community, student involvement in the school and community, and academic behaviors). Conducted in the fall of odd-numbered years, the survey is a collaborative product of the NM DOH and the NM PED, with assistance from the UNM PRC and the CDC, Division of Adolescent and School Health (CDC/DASH). Since 2003, data have been collected by the UNM PRC, under contract from NM DOH.

The NM-YRRS survey is overseen by a steering committee composed of representatives from the NM PED, NM DOH, UNM PRC, the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), and the New Mexico Human Services Department (HSD). The NM-YRRS questionnaire is comparable to the CDC/DASH Youth Risk Behavior Survey (YRBS) questionnaire, which most states administer to obtain relevant data about risk behaviors of public school students. CDC/DASH approved the use of the NM-YRRS as the New Mexico component of the YRBS, allowing the comparison of NM-YRRS data to national and other state YRBS results. The NM-YRRS adds a section about resiliency factors (assets or protective factors) to the core of risk factor questions originating from the YRBS.

As in previous years, the 2013 NM-YRRS was offered in both English and Spanish. The questionnaire can be found at www.youthrisk.org and www.nmhealth.org/go/youth.

Questionnaire Design

The core of the NM-YRRS questionnaire consists of questions about risk factors and other conditions or characteristics (e.g., height, weight, asthma) that were developed by the CDC for the YRBS. These risk factors are related to the leading causes of mortality, morbidity, and other social problems among youth. These questions have been cognitively tested by the CDC.

In New Mexico, these standard risk factor questions have been augmented with questions about resiliency factors. Resiliency factors are those characteristics that are thought to prevent young people from becoming involved in risk behaviors and to help them deal with related stressors that occur in their lives. These questions have to do with the relationships between youth and their parents or guardians, teachers, other adults, and peers; involvement in the school and the community; academic behaviors; and more. Most questions concerning resiliency or protective factors were drawn from other well-known youth surveys such as the California Healthy Kids Survey and Monitoring the Future. The NM-YRRS questionnaire is reviewed at the beginning of each survey cycle by the NM-YRRS steering committee. Deletions or additions to the survey are thoroughly reviewed and either accepted or rejected based on their relationship to state health priorities, prevention programs at the state or sub-state levels, the importance of the subject matter to the health of New Mexico youth, and the validity and reliability of each question.

Sampling Design, Weighting, and Response Rate

Two related but discrete sampling plans were employed to allow the NM-YRRS to respond to various requirements concerning the geographic level at which results can be presented. Further details about these two sampling plans can be found later in this report in the section titled **LGB Data and Other NM-YRRS Documents**.

SINGLE STATEWIDE SAMPLE (CDC-YRBS): This sample was drawn according to sampling criteria developed by CDC-DASH. This is the sampling plan followed by all states that participate in the YRBS. This sampling plan provides a sample that reflects the population of all public high school students in New Mexico. While results can be presented at the state level, smaller geographic levels are not represented. NM-YRRS results using this methodology are reported in many NM-YRRS reports, by CDC-DASH on its website (www.cdc.gov/healthyouth/yrbs), and in any CDC publication. In 2013, this sampling methodology produced data representing 5,451 New Mexico high school students.

SCHOOL DISTRICT STRATIFICATION (NM-YRRS): This sample was drawn according to modified criteria based

on the CDC/ DASH YRBS sampling plan. Data from this modified plan resulted in a larger sample size, and allowed for the production of results at the school district, county, regional, and state levels, and for specific populations that were not well represented in the smaller CDC/DASH sample. In 2013, this sampling methodology produced data representing 19,080 New Mexico high school students. The results presented in the current report came from the modified sampling plan. Because of this, some of the data presented do not exactly match data presented in national reports, or some other NM-YRRS reports.

The school district stratification sample was used for this report to ensure that there were sufficient sexual minority respondents. The modified sampling plan employed a stratified, two-stage, cluster sample design to produce representative samples of public school students in grades 9–12 from each school district. In the first stage, schools were selected from each school district with probability proportional to school enrollment size (i.e., larger schools were more likely to be selected than smaller schools). Classrooms were then selected systematically from each

school, and each student in selected classrooms was invited to participate.

Data were processed and weighted by NM DOH. Data were weighted for probability of selection, for response, and to reflect school enrollment totals for gender and grade level. 19,080 students from 136 high schools participated in the 2013 NM-YRRS. The final response rate was 71.5%.

Administration

The UNM PRC was contracted to administer the NM-YRRS. The UNM PRC recruited school district superintendents and school principals to participate in the school, and provided instruction, parental consent forms, and other survey materials to each participating school. On the survey administration day, the NM-YRRS questionnaire and a scannable answer sheet were distributed to each participating student. Completed answer sheets were collected by the UNM PRC. Data were scanned, cleaned, and quality checked. A final electronic dataset was returned to NM DOH for processing and weighting as described above.

There were two questions on the 2013 YRRS about sexual minority status. One question asked about sexual identity, and the other asked about sexual behavior or contact. The two questions were:

Sexual identity

Which of the following best describes you?

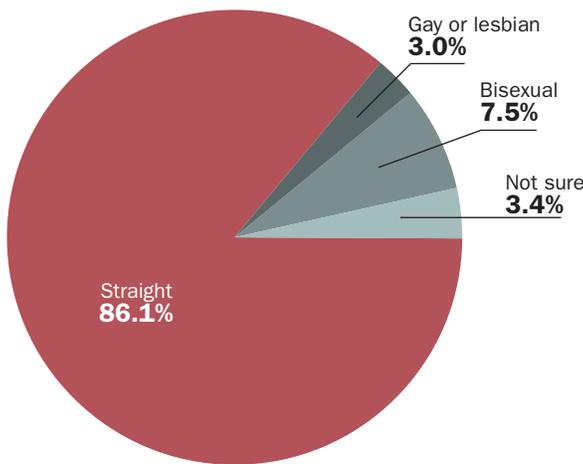
- A. Heterosexual (straight)
- B. Gay or lesbian
- C. Bisexual
- D. Not sure

Sexual behavior/sexual contact

During your life, with whom have you had sexual contact?

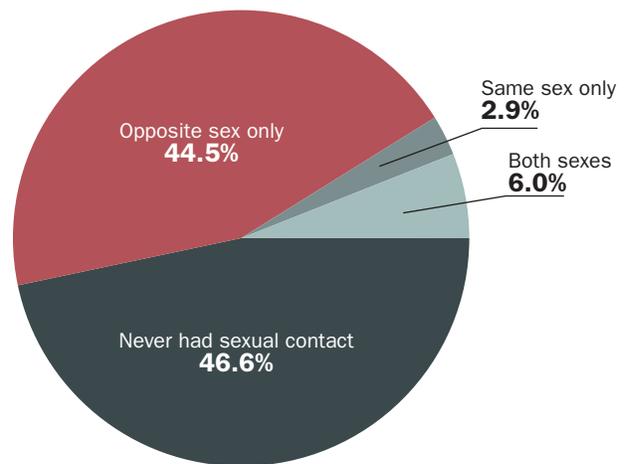
- A. I have never had sexual contact
- B. Females
- C. Males
- D. Females and males

Figure 1: Sexual Identity



For sexual identity, the majority of students identified as straight (86.1%), 7.5% were bisexual, 3.0% were lesbian or gay, and 3.4% were not sure. The combined percentage for all sexual minority students (“lesbian or gay” and “bisexual”) was 10.5% .

Figure 2: Sex of Sexual Contact



For sexual behavior or contact, 46.6% never had sexual contact, 44.5% had sexual contact with members of the opposite sex only, 2.9% had sexual contact with the members of the same sex only, and 6.0% had sexual contact with both sexes. The combined percentage for all sexual minority students (“same sex only” and “both sexes”) was 8.9%.

The concepts of sexual identity and sexual behavior/contact were distinct from each other in the survey results, as they are distinct in theory. In other words, gay or lesbian students did not have exclusively same-sex sexual contact, and straight students did not have exclusively opposite-sex sexual contact. While the sexual behavior of straight students was highly likely to be consistent with their sexual identity (i.e., they

were highly likely to have had sexual contact only with members of the opposite sex), the sexual behavior of sexual minority students was less likely to be consistent with their sexual identity (i.e., gay or lesbian students had a relatively high prevalence of opposite-sex only sexual contact).

Figure 3: Sex of Sexual Contact Among Gays and Lesbians

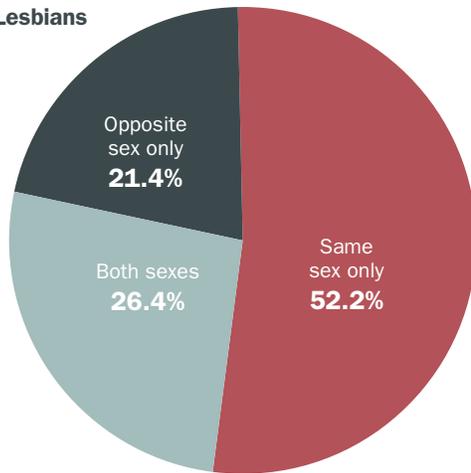


Figure 4: Sex of Sexual Contact Among Bisexuals

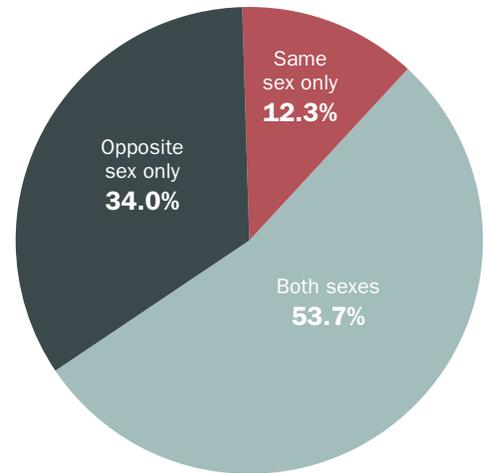


Figure 5: Sex of Sexual Contact Among Students Not Sure of Sexual Identity

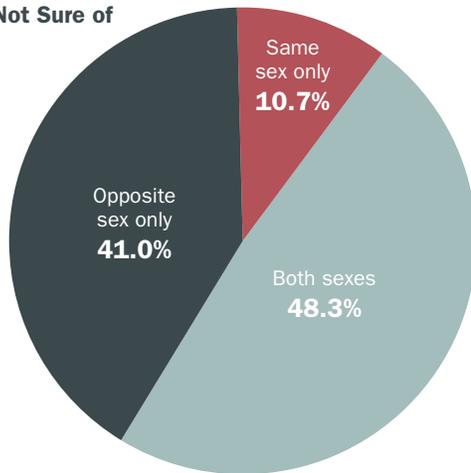
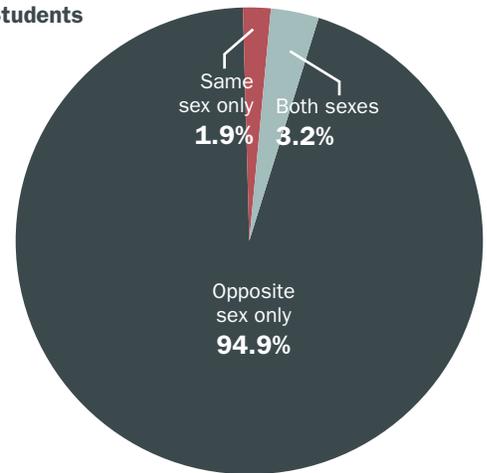


Figure 6: Sex of Sexual Contact Among Straight Students



- Among gay or lesbian students who ever had sexual contact, 52.2% had sexual contact only with members of the same sex, 26.4% had sexual contact with members of both sexes, and 21.4% had sexual contact with members of the opposite sex only.
- Among bisexual students who ever had sexual contact, 53.7% had sexual contact with members of both sexes, 34.0% had opposite-sex only sexual contact, and 12.3% had the same-sex only sexual contact.

- Among students who were not sure of their sexual identity, 48.3% had sexual contact with members of both sexes, 41.0% had opposite-sex only sexual contact, and 10.7% had same-sex only sexual contact.
- Among straight students who ever had sexual contact, 94.9% had sexual contact with members of the opposite sex only, 3.2% had sexual contact with both sexes, and 1.9% had same-sex only sexual contact.

There were important differences by demographic characteristics for both sexual identity and sex of sexual contact.

Sex

SEXUAL IDENTITY: Girls were more likely to identify as sexual minority than boys (14.2% vs. 6.8%). This was mainly due to the higher prevalence among girls (11.5%) than among boys (3.5%) of identifying as bisexual. There were no significant differences between girls and boys for identifying as gay or lesbian or as not sure. Boys were more likely to identify as straight than girls (90.2% vs. 81.9%).

SEX OF SEXUAL CONTACT: Girls were more likely to have had same-sex sexual contact than boys (12.3% vs. 5.7%). This is mainly due to the higher prevalence among girls (9.0%) than boys (3.1%) of having sexual contact with both sexes. Girls (3.3%) and boys (2.5%) had similar rates of having same-sex only sexual contact. Boys were more likely than girls to have had opposite-sex only sexual contact (49.7% vs 39.1%). Boys and girls had equal rates of never having had sexual contact.

Grade Level

SEXUAL IDENTITY: There were no statistically significant differences by grade level for sexual identity.

SEX OF SEXUAL CONTACT: The rate of ever having sexual contact with members of the same sex was higher among 11th graders (11.7%) than among 9th graders (6.7%). This was primarily due to the higher rate among 11th graders (8.8%) than among 9th graders (4.6%) for having sexual contact with members of both sexes. The rate of having sexual contact with the opposite sex only increased with grade level (9th = 29.3%; 10th = 45.0%; 11th = 50.7%; 12th = 58.8%). The rate of never having sexual contact decreased with grade level (9th = 64.0%; 10th = 46.7%; 11th = 37.6%; 12th = 31.4%).

Race/Ethnicity

SEXUAL IDENTITY: There were no statistically significant differences by race/ethnicity for sexual identity.

SEX OF SEXUAL CONTACT: The rate of ever having sexual contact with members of the same sex was higher among Black or African-Americans (19.0%) than among Hispanic (8.9%), White (8.5%), or American Indian students (6.8%). This was primarily due to the higher rate among Black or African-Americans (17.1%) than among White (6.0%), Hispanic (5.9%), or American Indian students (3.5%) for having sexual contact with members of both sexes. The rate of having sexual contact with the opposite sex only was higher among Hispanic (47.1%), American Indian (45.9%), and White (40.7%) students than among Asian or Pacific Islander students (23.8%). The rate of never having sexual contact was higher among Asian or Pacific Islanders (62.9%) than among Hispanic (44.1%) or Black or African-American students (37.3%).

Parent Education Level

SEXUAL IDENTITY: The rate of identifying as a member of a sexual minority group was higher among students whose parents had less than a high school education (13.6%) than among those whose parents had completed college or professional school (7.8%). The rate of identifying as bisexual was higher among students whose parents had less than a high school education (9.9%) or those whose parents graduated from high school (7.1%) than among those whose parents completed college or professional school (5.6%).

SEX OF SEXUAL CONTACT: The rate of having sexual contact only with members of the opposite sex was higher among students whose parents had less than a high school education (50.2%) than among those whose parents completed college or professional school (40.5%). The rate of never having sexual contact was higher among students whose parents completed college or professional school (52.0%) than among those whose parents had less than a high school education (38.9%).

Place of Birth

SEXUAL IDENTITY: There was no statistically significant difference in sexual identity between students born in the United States and those born in another country.

SEX OF SEXUAL CONTACT: Students who were born in a country other than the United States (5.0%) were more likely than those born in the U.S. (2.6%) to have had same-sex only sexual contact.

Language Spoken in the Home

SEXUAL IDENTITY: There was no statistically significant difference in sexual identity by what language was primarily spoken in the home (English or another language).

SEX OF SEXUAL CONTACT: There was no statistically significant difference for sex of sexual contact by language spoken in the home (English or other language).

Sexual Identity by Demographic Characteristics ■ Grades 9–12, New Mexico, 2013

Demographic Characteristic	Straight % (95% CI)	Gay or lesbian % (95% CI)	Bisexual % (95% CI)	Not sure % (95% CI)	Lesbian, gay, or bisexual % (95% CI)
All Students	86.1 (84.9–87.2)	3.0 (2.4–3.7)	7.5 (6.7–8.3)	3.4 (3.0–3.9)	10.5 (9.4–11.6)
Gender					
Female	81.9 (79.9–83.8)	2.7 (2.1–3.5)	11.5 (10.1–13.0)	3.8 (3.2–4.7)	14.2 (12.6–16.1)
Male	90.2 (88.7–91.6)	3.2 (2.4–4.3)	3.5 (2.9–4.3)	3.0 (2.5–3.7)	6.8 (5.7–8.1)
Grade level					
9th	86.1 (84.2–87.7)	2.3 (1.6–3.3)	7.7 (6.4–9.3)	3.9 (3.0–5.0)	10.0 (8.7–11.6)
10th	86.4 (83.6–88.8)	3.0 (2.1–4.2)	7.9 (6.2–10.1)	2.7 (2.1–3.5)	10.9 (8.6–13.7)
11th	84.2 (81.9–86.2)	3.7 (2.6–5.3)	7.9 (6.7–9.3)	4.3 (3.0–5.9)	11.6 (9.8–13.6)
12th	88.4 (85.7–90.5)	3.1 (2.2–4.5)	5.9 (4.6–7.5)	2.6 (1.8–3.7)	9.0 (7.2–11.3)
Race/Ethnicity					
American Indian or Alaska Native	85.9 (83.0–88.3)	2.8 (1.5–5.2)	8.1 (6.4–10.3)	3.2 (2.4–4.4)	10.9 (8.6–13.7)
Asian or Pacific Islander	81.5 (74.0–87.2)	2.7 (1.3–5.6)	8.1 (4.7–13.5)	7.7 (3.8–15.2)	10.8 (6.9–16.3)
Black or African American	82.5 (75.3–87.8)	1.9 (0.9–4.2)	8.9 (5.1–15.2)	6.7 (3.6–12.2)	10.9 (6.7–17.0)
Hispanic	86.1 (84.5–87.6)	3.3 (2.6–4.2)	7.4 (6.4–8.5)	3.2 (2.6–3.8)	10.7 (9.3–12.3)
White	87.0 (85.1–88.7)	2.6 (1.4–4.6)	7.1 (5.8–8.6)	3.4 (2.6–4.4)	9.6 (8.0–11.5)
Parent education level					
Less than high school	82.8 (80.4–85.0)	3.8 (2.8–5.1)	9.9 (8.1–12.0)	3.6 (2.6–4.9)	13.6 (11.5–16.1)
Completed high school	86.4 (84.6–88.0)	3.2 (2.5–4.2)	7.1 (6.1–8.2)	3.3 (2.7–4.0)	10.3 (9.0–11.8)
Completed college or professional school	88.6 (86.3–90.5)	2.3 (1.2–4.2)	5.6 (4.4–7.0)	3.6 (2.7–4.7)	7.8 (6.2–9.8)
Immigrant status					
Foreign born	83.6 (79.8–86.8)	3.9 (2.8–5.5)	7.2 (5.4–9.6)	5.3 (3.5–7.9)	11.2 (8.8–14.0)
USA born	86.3 (85.1–87.5)	2.9 (2.3–3.7)	7.5 (6.6–8.4)	3.3 (2.8–3.8)	10.4 (9.3–11.6)
Language spoken in home					
Predominantly English	86.1 (84.7–87.4)	3.0 (2.3–4.0)	7.4 (6.5–8.3)	3.5 (3.0–4.1)	10.4 (9.3–11.7)
Not predominantly English	86.1 (84.1–87.9)	3.1 (2.3–4.1)	7.4 (6.1–9.0)	3.4 (2.6–4.3)	10.5 (8.9–12.4)

Note: The total of “Straight,” “Gay or lesbian,” “Bisexual,” and “Not sure” = 100%. The single category “Lesbian, gay or bisexual” is the sum of “Gay or lesbian” and “Bisexual.”

Sex of Sexual Contact by Demographic Characteristics ■ Grades 9–12, New Mexico, 2013

Demographic Characteristic	Never had sexual contact % (95% CI)	Opposite sex only % (95% CI)	Same sex only % (95% CI)	Both sexes % (95% CI)	Ever had same sex contact % (95% CI)
All Students	46.6 (44.2–49.0)	44.5 (42.0–47.0)	2.9 (2.5–3.4)	6.0 (5.3–6.8)	8.9 (8.1–9.8)
Gender					
Female	48.6 (45.7–51.6)	39.1 (36.6–41.7)	3.3 (2.7–4.0)	9.0 (7.8–10.3)	12.3 (11.0–13.7)
Male	44.6 (41.6–47.7)	49.7 (46.0–53.5)	2.5 (1.9–3.2)	3.1 (2.4–4.2)	5.7 (4.5–7.0)
Grade level					
9th	64.0 (60.7–67.1)	29.3 (26.6–32.2)	2.1 (1.5–2.9)	4.6 (3.8–5.6)	6.7 (5.6–7.9)
10th	46.7 (44.1–49.3)	45.0 (42.7–47.3)	3.2 (2.2–4.7)	5.1 (3.7–6.8)	8.3 (6.8–10.1)
11th	37.6 (34.4–40.9)	50.7 (46.8–54.6)	2.9 (2.2–3.7)	8.8 (6.6–11.7)	11.7 (9.4–14.5)
12th	31.4 (28.3–34.7)	58.8 (55.5–62.0)	3.7 (2.7–5.0)	6.1 (4.7–7.8)	9.8 (7.7–12.3)
Race/Ethnicity					
American Indian or Alaska Native	47.3 (42.1–52.4)	45.9 (40.3–51.6)	3.3 (1.9–5.7)	3.5 (2.5–4.9)	6.8 (4.9–9.5)
Asian or Pacific Islander	62.9 (50.5–73.8)	23.8 (15.5–34.8)	4.4 (2.3–8.0)	8.9 (4.7–16.2)	13.3 (8.1–21.0)
Black or African American	37.3 (29.0–46.6)	43.6 (34.4–53.3)	1.9 (1.0–3.8)	17.1 (10.2–27.3)	19.0 (11.9–29.0)
Hispanic	44.1 (41.6–46.5)	47.1 (44.8–49.3)	3.0 (2.4–3.7)	5.9 (5.1–6.9)	8.9 (7.9–10.0)
White	50.8 (46.7–54.9)	40.7 (36.1–45.5)	2.5 (1.7–3.6)	6.0 (4.8–7.5)	8.5 (6.9–10.4)
Parent education level					
Less than high school	38.9 (35.6–42.3)	50.2 (46.8–53.6)	4.1 (2.9–5.7)	6.8 (5.3–8.8)	10.9 (9.0–13.1)
Completed high school	45.2 (41.8–48.7)	45.6 (42.0–49.2)	2.7 (2.2–3.5)	6.4 (5.4–7.5)	9.2 (8.0–10.5)
Completed college or professional school	52.0 (48.2–55.7)	40.5 (36.7–44.4)	2.4 (1.6–3.6)	5.1 (4.0–6.5)	7.5 (5.9–9.5)
Immigrant status					
Foreign born	49.4 (41.4–57.5)	39.6 (32.7–47.0)	5.0 (3.6–6.9)	5.9 (4.2–8.4)	10.9 (8.5–14.0)
USA born	46.6 (43.9–49.2)	44.7 (41.9–47.5)	2.6 (2.2–3.1)	6.1 (5.3–6.9)	8.7 (7.9–9.7)
Language spoken in home					
Predominantly English	46.5 (43.5–49.6)	44.4 (41.1–47.7)	2.6 (2.1–3.2)	6.5 (5.6–7.6)	9.1 (7.9–10.3)
Not predominantly English	47.5 (44.3–50.7)	44.0 (40.9–47.1)	3.5 (2.7–4.5)	5.0 (4.0–6.3)	8.5 (7.2–10.0)

Note: The total of “Never had sexual contact,” “Opposite sex only,” “Same sex only,” and “Both sexes” = 100%. “Ever had same sex contact” is the sum of the percent of “Same sex only” and “Both sexes.”

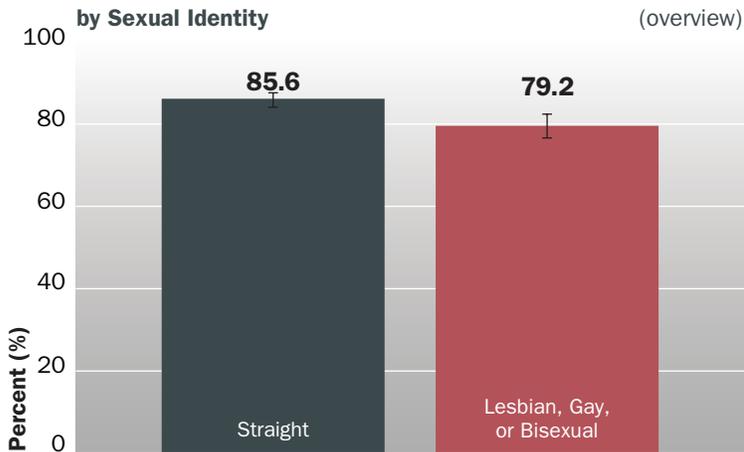
The NM-YRRS, unlike most other state YRBS, includes a section on protective factors. Protective factors are conditions or attributes of individuals, families, schools, communities, or the larger society that can mitigate or eliminate risk.¹ Examples of protective factors include positive relationships with caring adults, supportive environments, and social support from family, friends, and others. The NM-YRRS asks a number of questions about the presence of a caring friend, a caring adult, a parent interested in school work, clear rules at school, whether the student's parents know their whereabouts, and whether a student is involved in community activities.

Resilience is the “process of managing stress and functioning well even when faced with adversity and trauma.”² Stressors can present in different forms, including: typical life events and life changes; unexpected events; individual

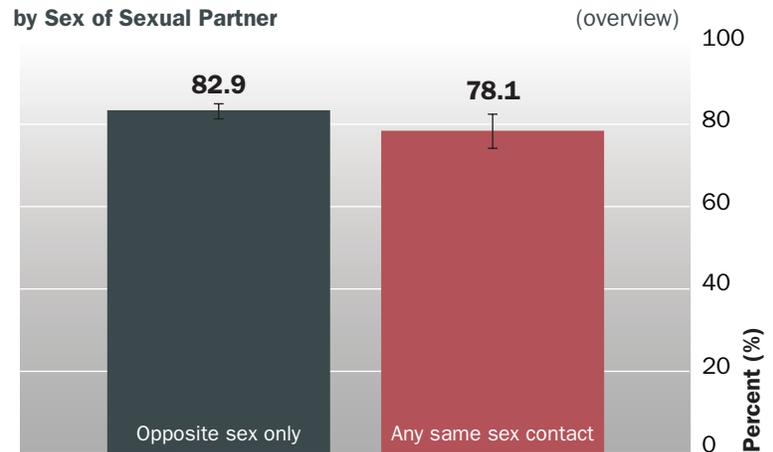
factors, interpersonal factors, and community, societal, or environmental conditions. Therefore, the unique and complex interaction of protective factors, resilience, and risk factors play a role in youths' ability to adapt, change, and succeed in their schools, homes, and communities.

Identifying protective and risk factors in youth may guide the prevention and intervention strategies to pursue in specific populations, including sexual minority youth. Strategies may include ways of decreasing risks and increasing protective factors (that is, creating resilience) in the lives, families, and environments of those at risk. School-level factors such as Gay-Straight Alliances, extracurricular involvement, nondiscrimination policies, and inclusive curriculum could promote resilience and protect sexual minority students from substance abuse, violence and poor mental health.

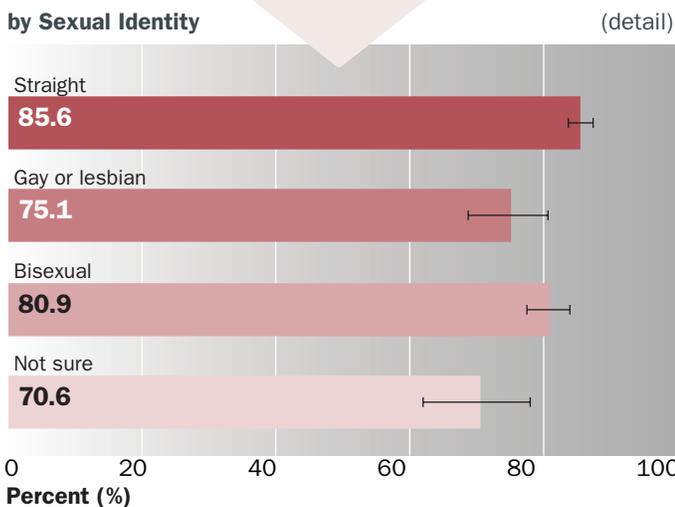
A Parent Believes I Will Be a Success



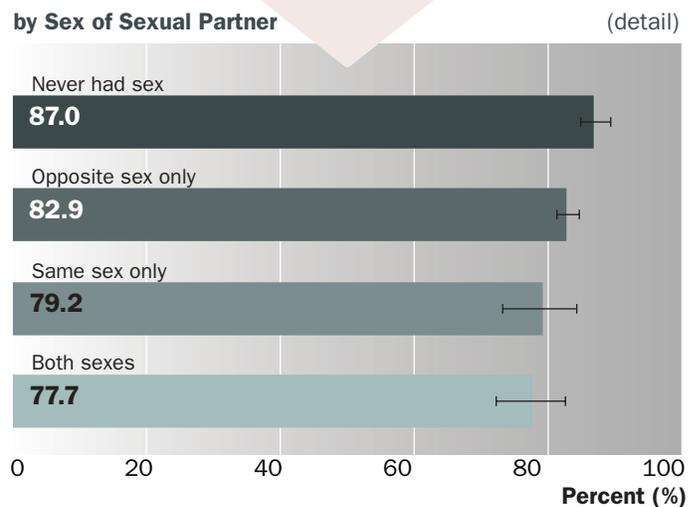
Lesbian, gay, or bisexual students were less likely to have a parent or other adult at home who believed they will be a success than straight students (79.2% vs. 85.6%).



There was no statistically significant difference between students who had any same sex sexual contact (78.1%) and those who had sexual contact with the opposite sex only (82.9%) for having a parent or other adult at home who believed they will be a success.



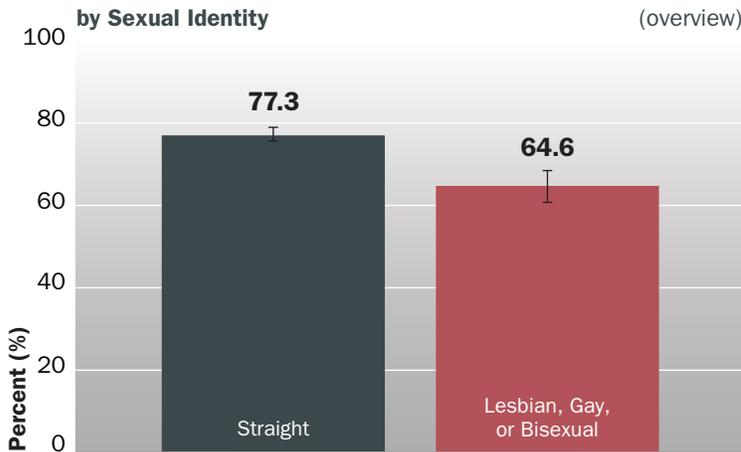
Gay or lesbian students (75.1%) and those who were not sure of their sexual identity (70.6%) were both less likely than straight students (85.6%) to have a parent or other adult at home who believed they will be a success.



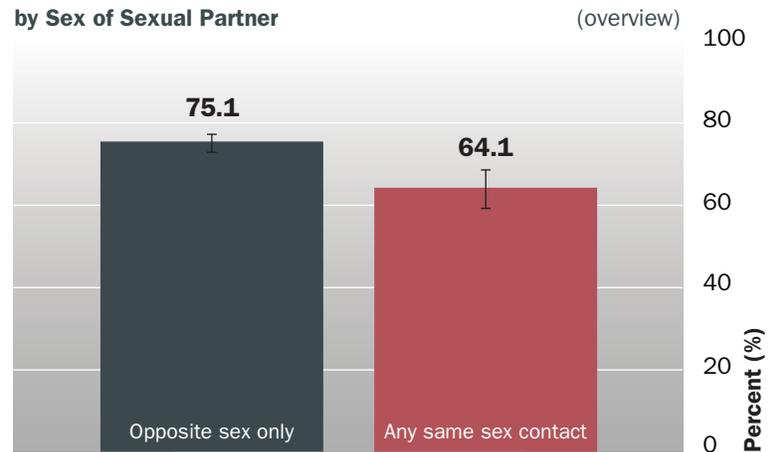
Students who never had sex (87.0%), were more likely to have a parent or other adult at home who believed they will be a success than any other group. There were no statistically significant differences between those who had sexual contact with the same sex only (79.2%) and those who sex with both sexes (77.7%) those who had sex with members of the opposite sex only (82.9%).

Question: In my home, there is a parent or other adult who believes I will be a success.

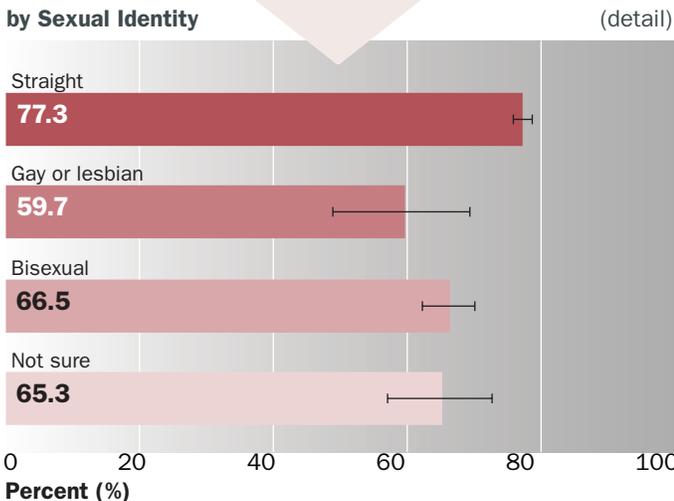
A Parent is Interested in my School Work



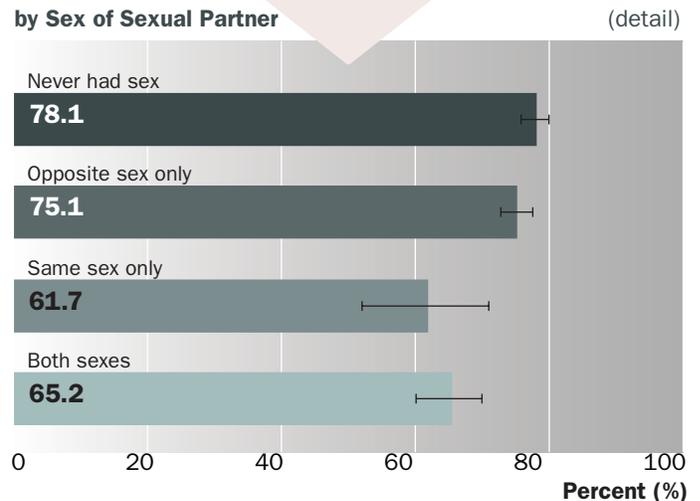
Lesbian, gay, or bisexual students were less likely to have a parent or other adult at home who was interested in their school work than straight students (64.6% vs. 77.3%).



Students who had any same sex sexual contact were less likely to have a parent or other adult at home who was interested in their school work than students who had sexual contact with the opposite sex only (64.1% vs. 75.1%).



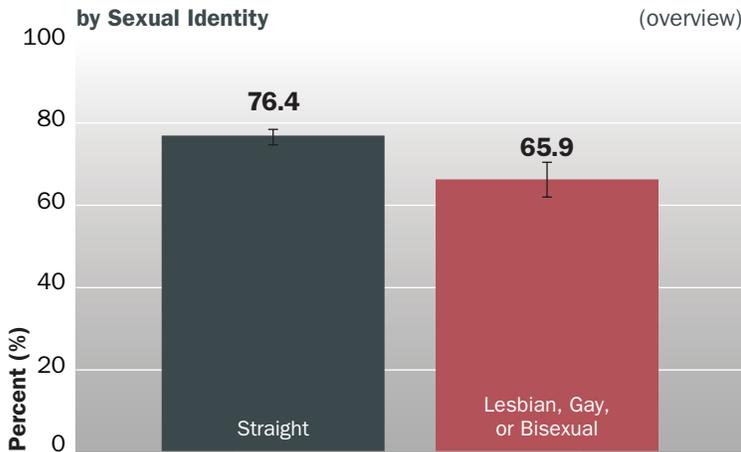
Gay or lesbian students (59.7%), bisexuals (66.5%), and those who were not sure of their sexual identity (65.3%) were all less likely than straight students (77.3%) to have a parent or other adult at home who was interested in their school work.



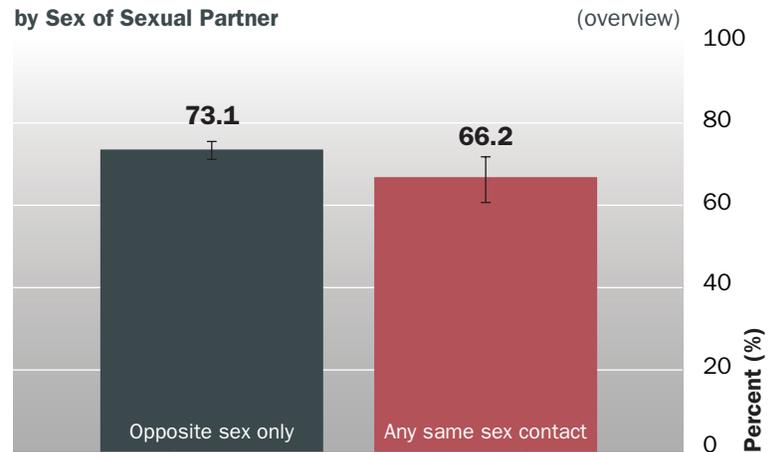
Students who never had sex (78.1%) and those who had sex with members of the opposite sex only (75.1%) were both more likely to have a parent or other adult at home who was interested in their school work than those who had sexual contact with the same sex only (61.7%) and those who sex with both sexes (65.2%).

Question: In my home, there is a parent or some other adult who is interested in my school work.

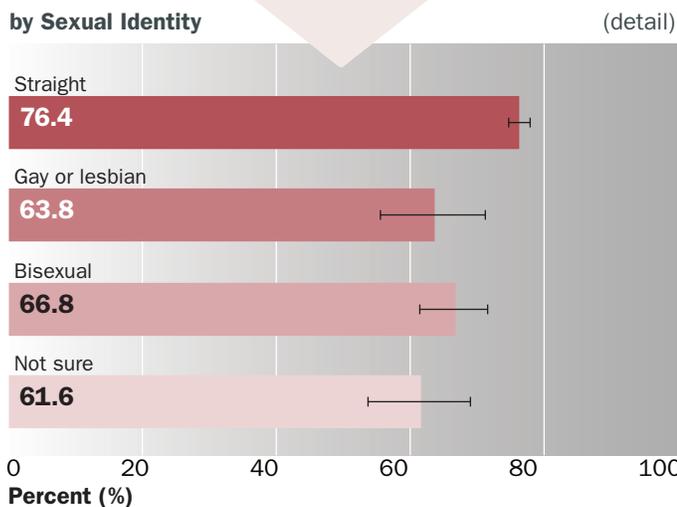
A Teacher Believes I Will Be a Success



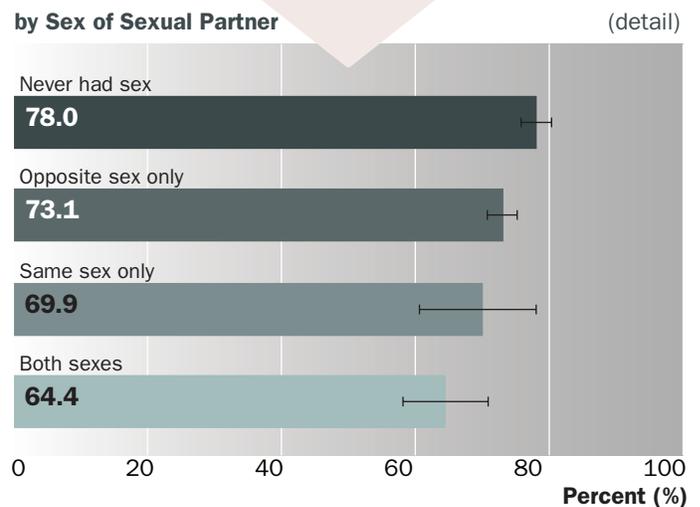
Lesbian, gay, or bisexual students were less likely to have a teacher who believed they will be a success than straight students (65.9% vs. 76.4%).



There was no statistically significant difference between students who had any same sex sexual contact (66.2%) and those who had sexual contact with the opposite sex only (73.1%) for having a teacher who believed they will be a success.

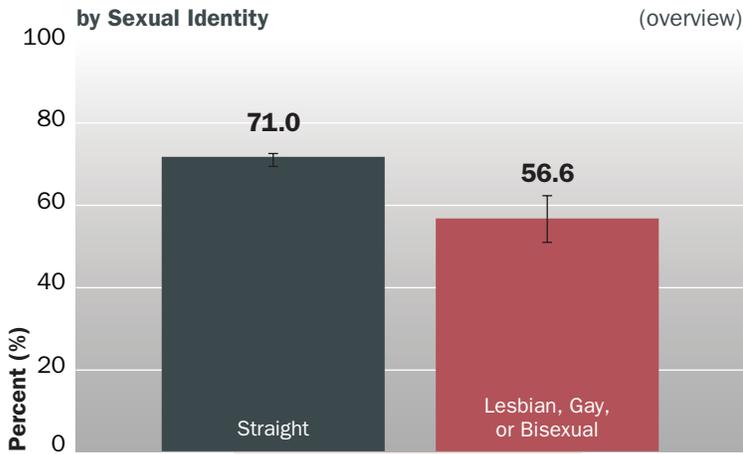


Gay or lesbian students (63.8%), bisexuals (66.8%), and those who were not sure of their sexual identity (61.6%) were all less likely than straight students (76.4%) to have a teacher who believed they will be a success.



Students who never had sex (78.0%) were more likely to have a teacher who believed they will be a success than students who had sexual contact with the opposite sex only (73.1%) and those who had sex with both sexes (64.4%). Students who had sexual contact with the opposite sex only were more likely than those who had sex with both sexes to have a teacher who believed in their success (73.1% vs. 64.4%).

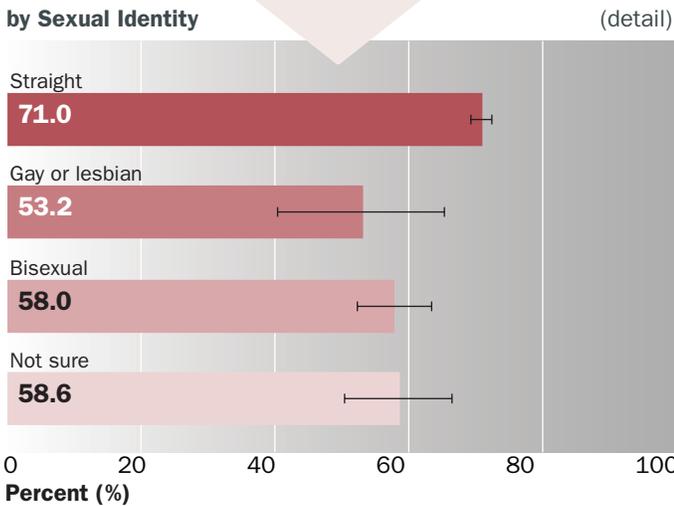
Question: At my school, there is a teacher or some other adult who believes that I will be a success.



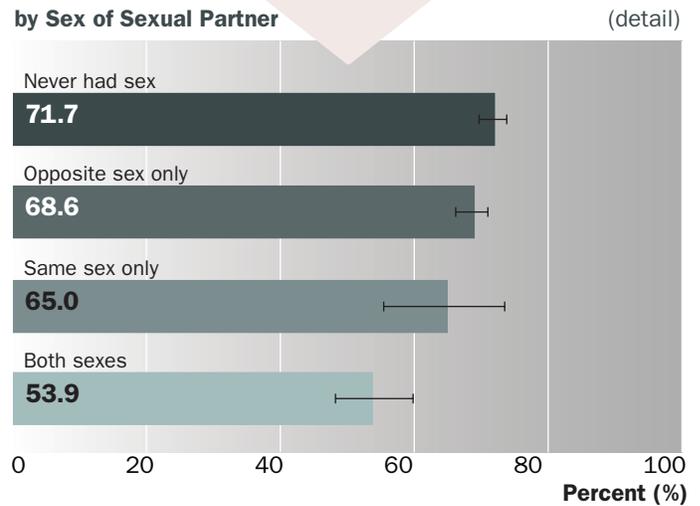
Lesbian, gay, or bisexual students were less likely to have a teacher or other adult at school who listened to them than straight students (56.6% vs. 71.0%).



Students who had any same sex sexual contact were less likely to have a teacher or other adult at school who listened to them than students who had sexual contact with the opposite sex only (57.5% vs. 68.6%).



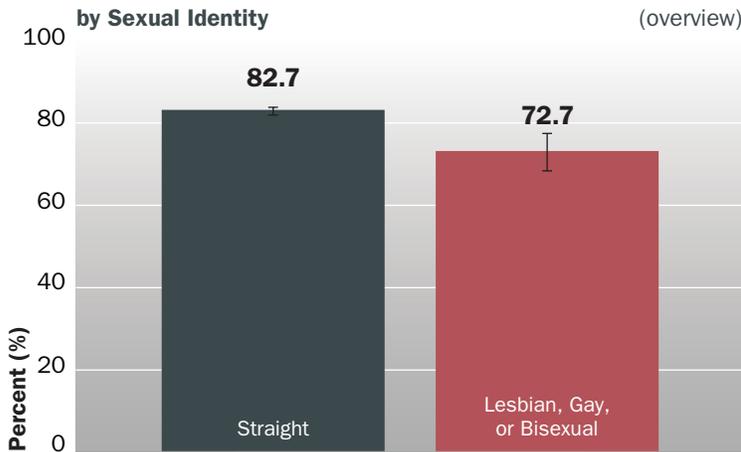
Gay or lesbian students (53.2%), bisexuals (58.0%), and those who were not sure of their sexual identity (58.6%) were all less likely than straight students (71.0%) to have a teacher or other adult at school who listened to them.



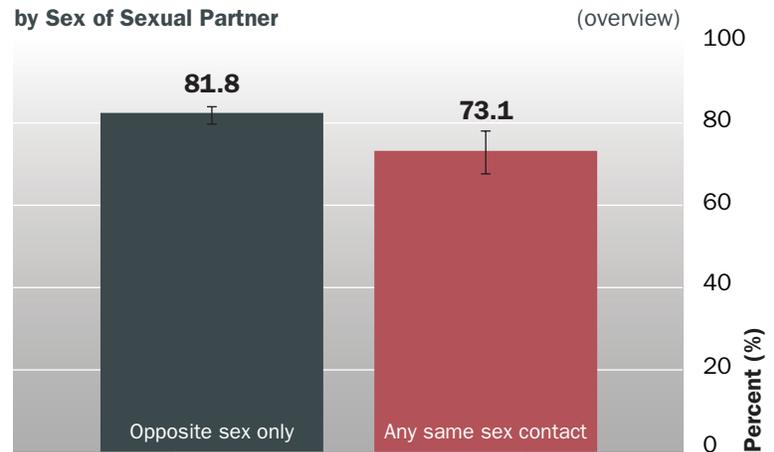
Students who never had sex (71.7%) and those who had sex with the opposite sex only (68.6%) were more likely to have a teacher or other adult at school who listened to them than those who had sex with both sexes (53.9%).

Question: At my school, there is a teacher or some other adult who listens to me when I have something to say.

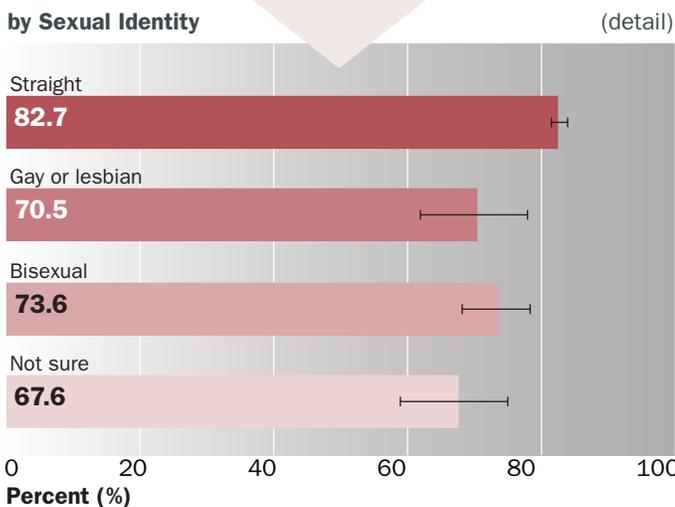
An Adult in the Community Cares About Me



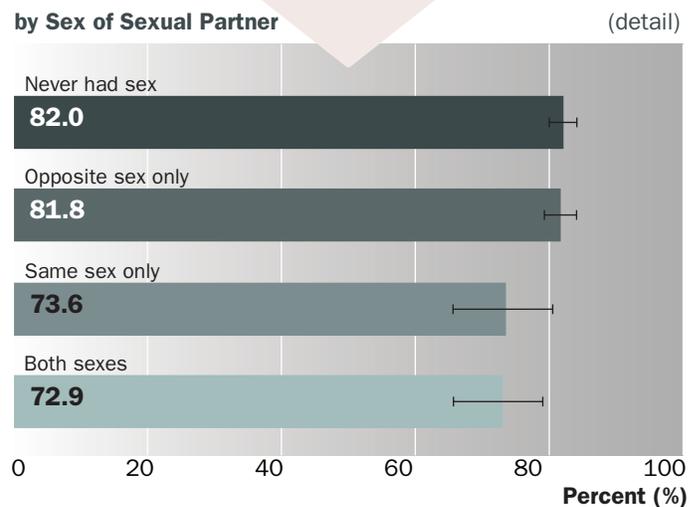
Lesbian, gay, or bisexual students were less likely to have an adult in the community who really cared about them than straight students (72.7% vs. 82.7%).



Students who had any same sex sexual contact were less likely to have an adult in the community who really cared about them than students who had sexual contact with the opposite sex only (73.1% vs. 81.8%).



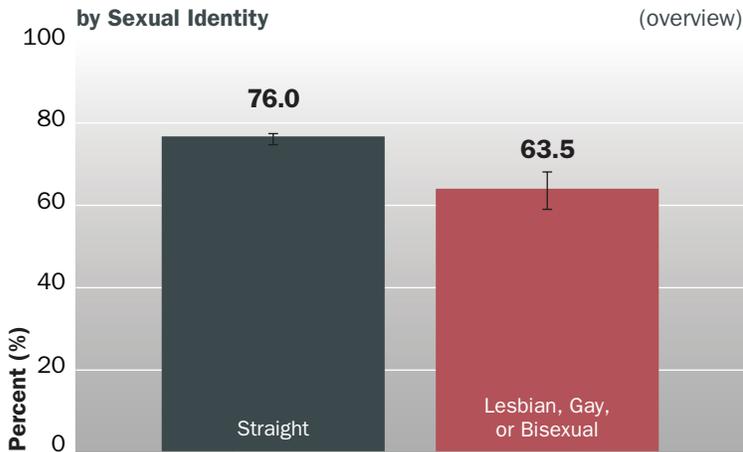
Gay or lesbian students (70.5%), bisexuals (73.6%), and those who were not sure of their sexual identity (67.6%) were all less likely than straight students (82.7%) to have an adult in the community who really cared about them.



Students who never had sex (82.0%), were more likely to have an adult in the community who really cared about them than students who had sexual contact with the same sex only (73.6%) and those who sex with both sexes (72.9%). Students who had sexual contact with both sexes were less likely than those who had sex with members of the opposite sex only (81.8%) to have an adult in the community who really cared about them.

Question: Outside of my home and school, there is an adult who really cares about me.

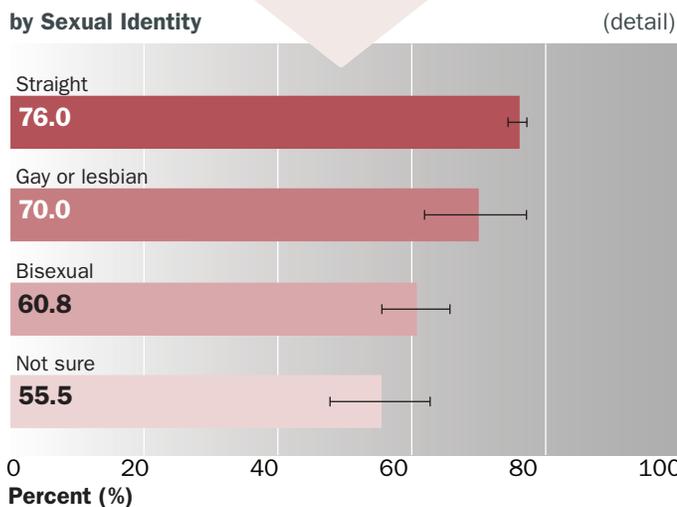
An Adult in the Community Tells Me When I Do a Good Job



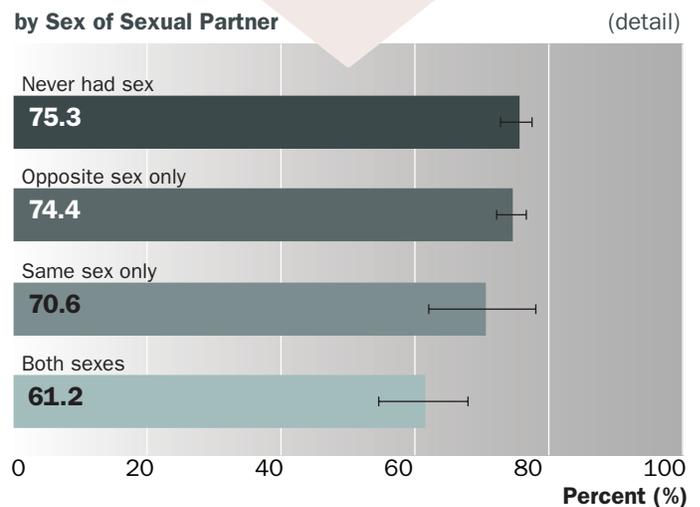
Lesbian, gay, or bisexual students were less likely to have an adult in the community who told them when they did a good job than straight students (63.5% vs. 76.0%).



Students who had any same sex sexual contact were less likely to have an adult in the community who told them when they did a good job than students who had sexual contact with the opposite sex only (64.2% vs. 74.4%).

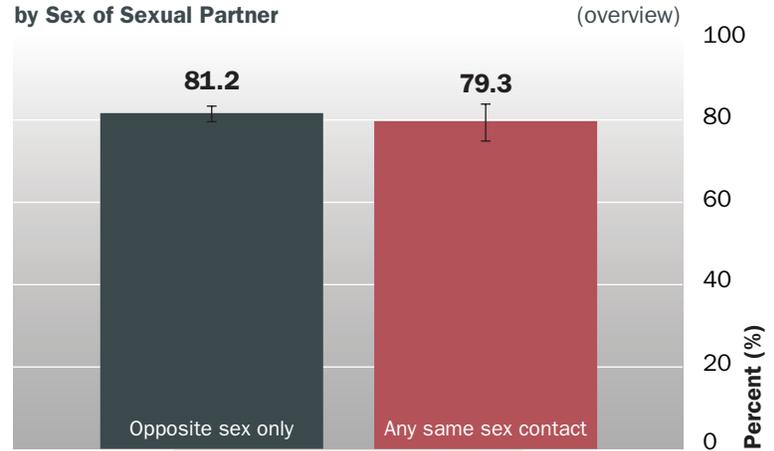
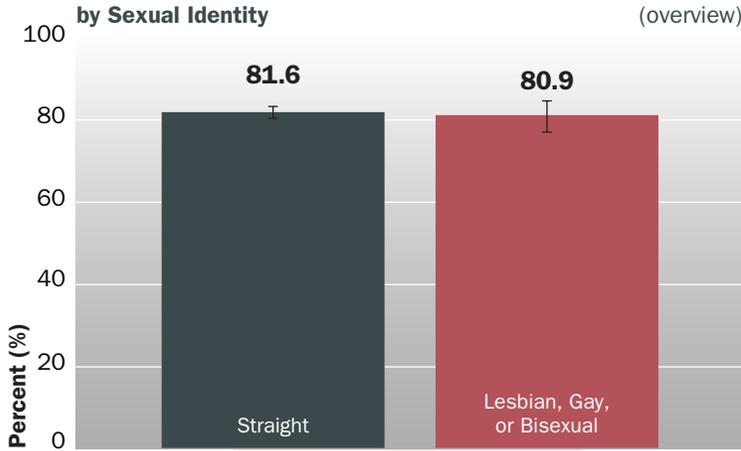


Bisexual students (60.8%), and those who were not sure of their sexual identity (55.5%) were less likely than straight students (76.0%) to have an adult in the community who told them when they did a good job.



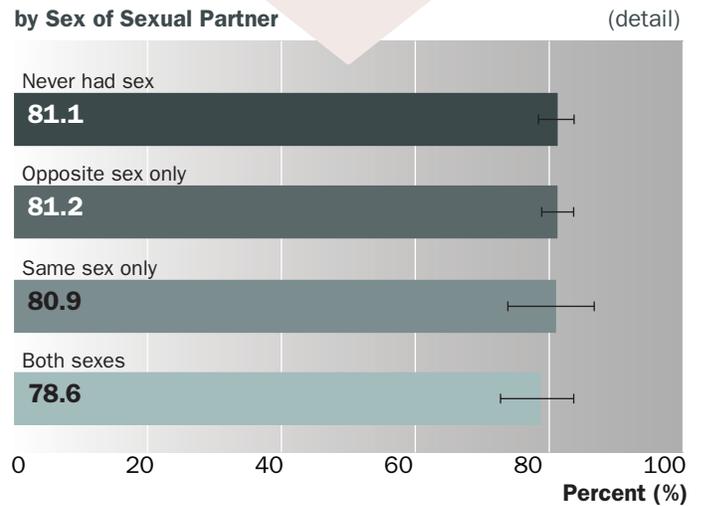
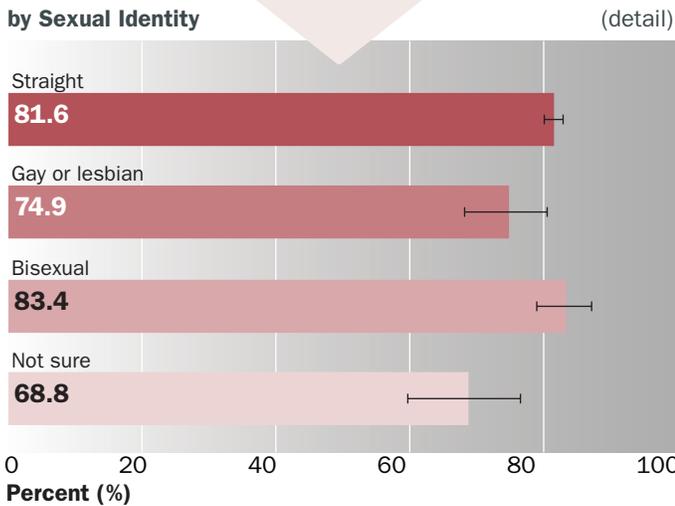
Students who had sex with both sexes (61.2%) were less likely to have an adult in the community who told them when they did a good job than students who never had sex (75.3%) or those who had sexual contact with the opposite sex only (74.4%).

Question: Outside of my home and school, there is an adult who tells me when I do a good job.



There was no statistically significant difference between lesbian, gay, or bisexual students (80.9%) and straight students (81.6%) for having a friend who really cared about them.

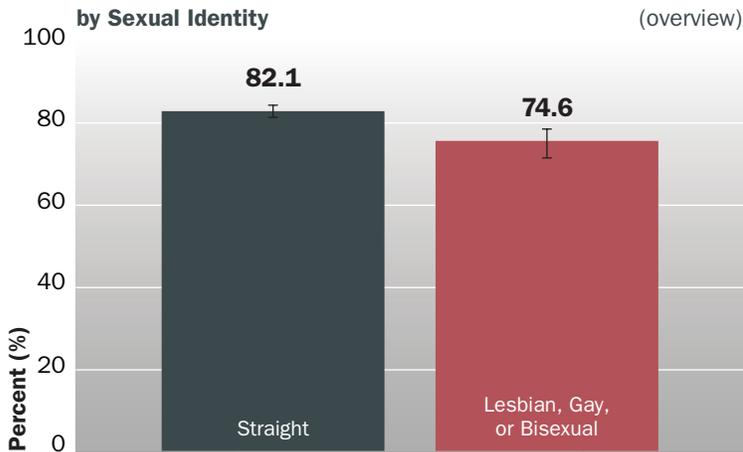
There was no statistically significant difference between students who had any same sex sexual contact (79.3%) and students who had sexual contact with the opposite sex only (81.2%) for having a friend who really cared about them.



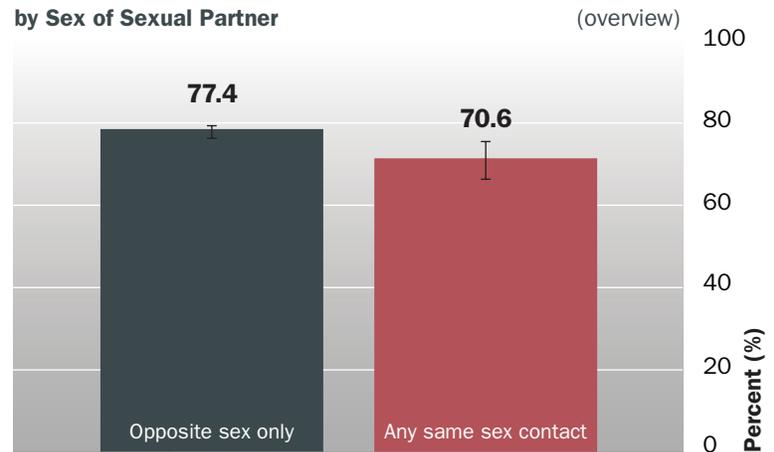
Students who were not sure of their sexual identity (68.8%) were less likely than bisexuals (83.4%) and straight students (81.6%) to have a friend who really cared about them.

There were no statistically significant differences by sex of sexual partners for having a friend who really cared.

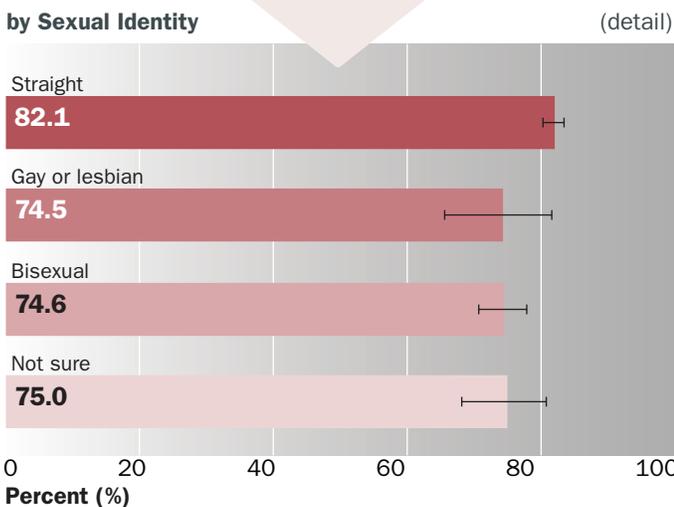
Question: I have a friend about my own age who really cares about me.



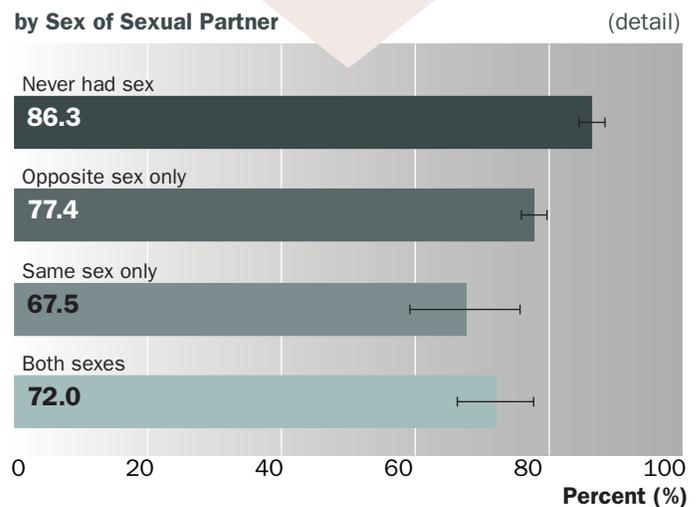
Lesbian, gay, or bisexual students were less likely to have a parent who knew where they were when they were not at home than straight students (74.6% vs. 82.1%).



Students who had any same sex sexual contact were less likely to have a parent who knew where they were when they were not at home than students who had sexual contact with the opposite sex only (70.6% vs. 77.4%).



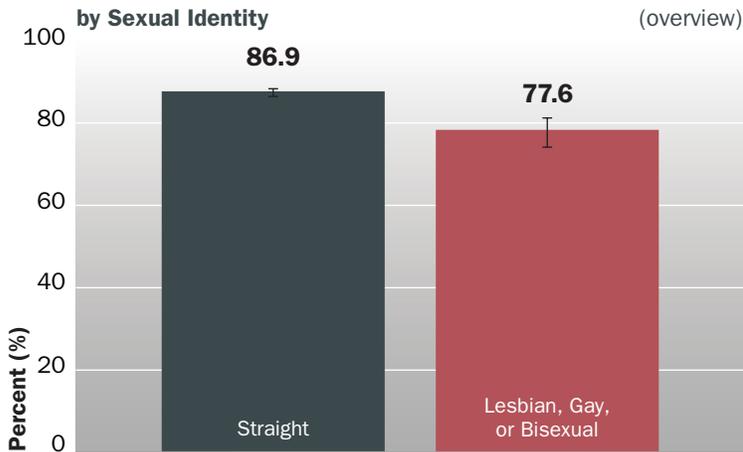
Bisexuals (74.6%) were less likely than straight students (82.1%) to have a parent who knew where they were when they were not at home.



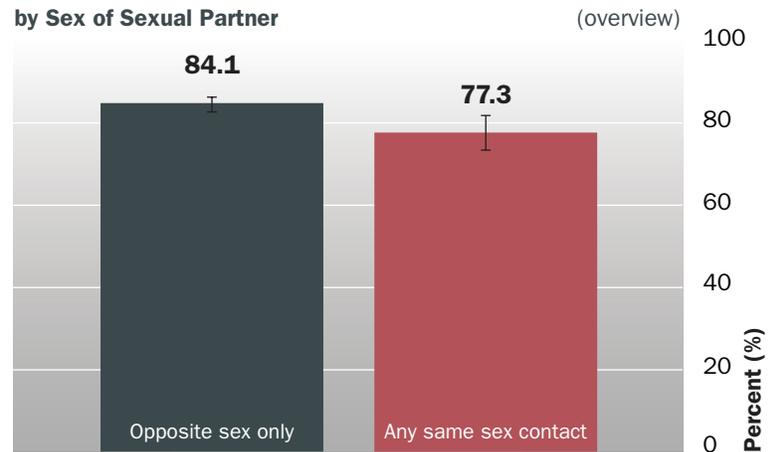
Students who never had sex (86.3%), were more likely to have a parent who knew where they were when they were not at home than any other group. Those who had sexual contact with the same sex only (67.5%) were less likely to have a parent who knew where they were when they were not at home than those who had sex with members of the opposite sex only (77.4%).

Question: When I am not at home, one of my parents/guardians knows where I am and who I am with.

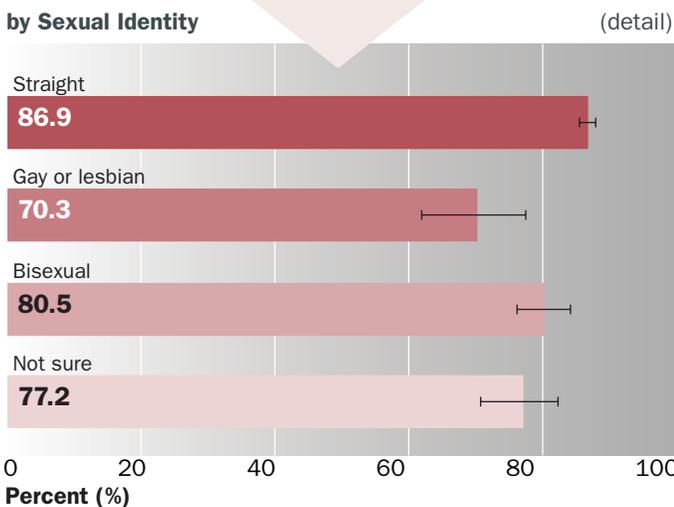
I Plan for More School After High School



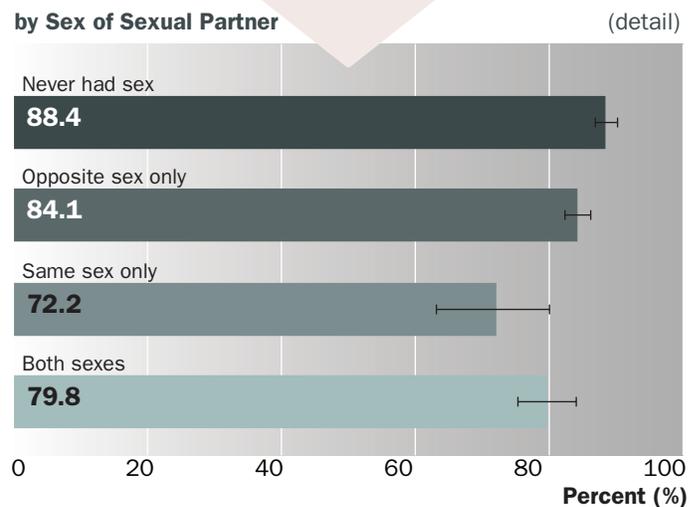
Lesbian, gay, or bisexual students were less likely to plan to attend college or another school after high school than straight students (77.6% vs. 86.9%).



Students who had any same sex sexual contact were less likely to plan to attend college or another school after high school than students who had sexual contact with the opposite sex only (77.3% vs. 84.1%).



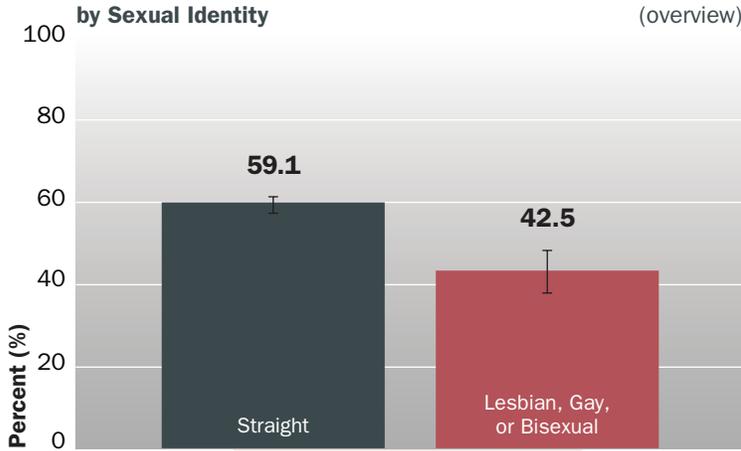
Gay or lesbian students (70.3%), bisexuals (80.5%), and those who were not sure of their sexual identity (77.2%) were all less likely than straight students (86.9%) to plan to attend college or another school after high school.



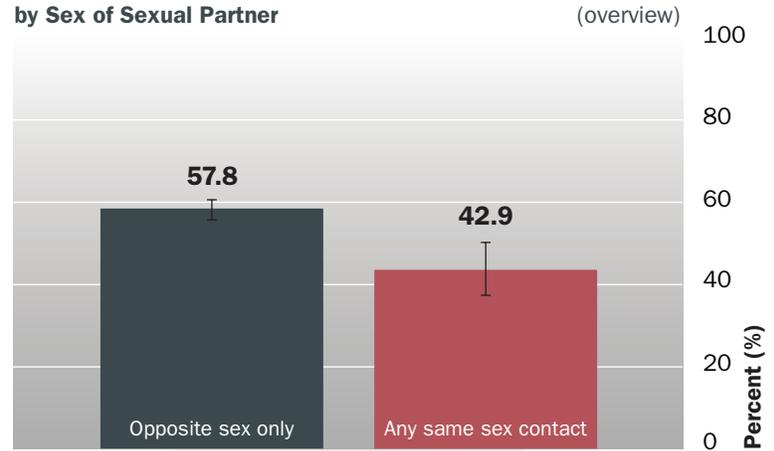
Students who never had sex (88.4%), were more likely to plan to attend college or another school after high school than any other group. Those who had sexual contact with the same sex only (72.2%) were less likely to plan to attend college or another school after high school than those who had sex with members of the opposite sex only (84.1%).

Question: I plan to go to college or some other school after high school.

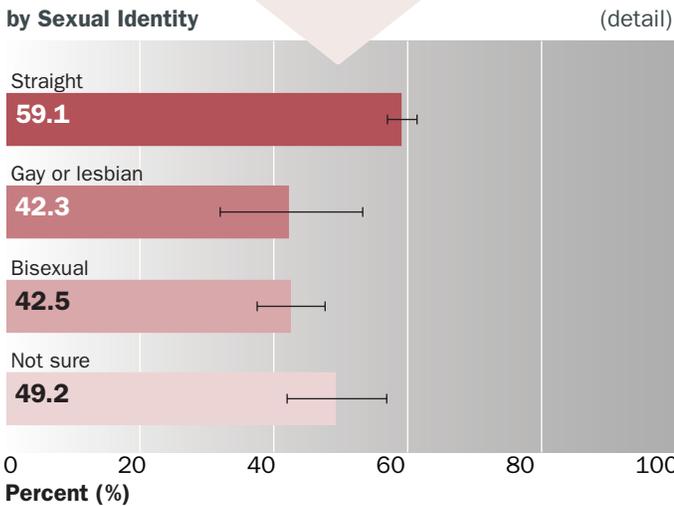
Sports, Clubs, or Other Extra-Curricular Activities at School



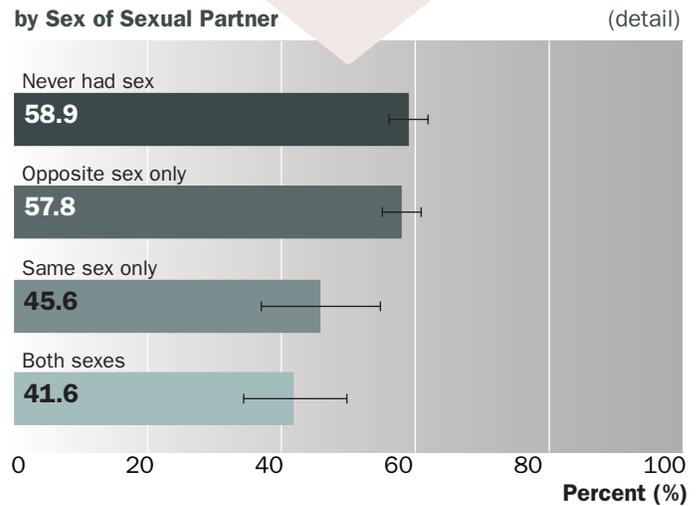
Lesbian, gay, or bisexual students were less likely to be involved in sports or other extra-curricular activities at school than straight students (42.5% vs. 59.1%).



Students who had any same sex sexual contact were less likely to be involved in sports or other extra-curricular activities at school than students who had sexual contact with the opposite sex only (42.9% vs. 57.8%).



Gay or lesbian students (42.3%), bisexuals (42.5%), and those who were not sure of their sexual identity (49.2%) were all less likely than straight students (59.1%) to be involved in sports or other extra-curricular activities at school.



Students who never had sex (58.9%) and students who had sex with members of the opposite sex only (57.8%) were both more likely to be involved in sports or other extra-curricular activities at school than students who had sexual contact with the same sex only (45.6%) and those who sex with both sexes (41.6%).

Question: At school I am involved in sports, clubs, or other extra-curricular activities (such as band, cheerleading, or student council).

Risk factors include both student behaviors and situations in which they find themselves that put them at risk for premature death, injury, disease, or academic failure. Prevention interventions targeting risk factors among youth have benefits in both the short and long term. Risk factors such as failure to wear a seatbelt, drinking and driving, drug or alcohol use, or violent behaviors are associated with the

three leading causes of death among New Mexico youth aged 15–24: injury, suicide, and homicide¹. Risk factors such as tobacco use, alcohol use, lack of physical activity, poor nutrition, or obesity, put students at risk of developing chronic diseases later in life. Sexual minority students are at increased risk of engaging in many of the risk behaviors measured by the NM-YRRS.

Cigarette smoking is the leading preventable cause of death in the United States.¹ Smoking is initiated and established primarily during adolescence, with nearly 90% of adult smokers trying their first cigarette before age 18. About half of all lifetime smokers will die early because of their tobacco use. Cigarette smoking has a harmful impact on nearly every organ in the human body and is linked to conditions such as chronic bronchitis, heart disease, emphysema, stroke, pneumonia, and cancers of the lung, stomach, pancreas, cervix, and kidney. In New Mexico, about 2,600 people die from tobacco use annually and over 42,000 are living with tobacco-related diseases.²

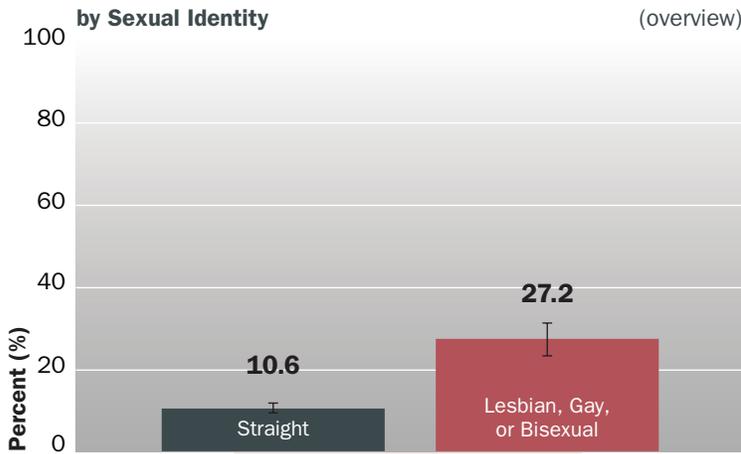
Although cigarette smoking has declined significantly in the past decade, one in five US adults and one in seven youth still smoke cigarettes. Each day in the US, more than 3,200 youth smoke their first cigarette and another 2,100 youth and young adults who are occasional smokers progress to become daily smokers.¹ Every year in New Mexico, about 1,900 youth under age 18 become new daily smokers.³

Other addictive tobacco products, including spit tobacco, cigars, and hookah also pose health risks, especially since they are often used in combination with cigarettes. There

are new public health concerns about a variety of emerging nicotine-delivery products, such as e-cigarettes, vape pens, and e-hookahs, with unknown health risks. These products come in a variety of flavors that appeal to youth. The 2015 NM-YRRS included new questions about these emerging products.

Lesbian, gay, bisexual, and transgender adults and youth smoke tobacco at much higher rates than their straight counterparts. One of the factors affecting these disparities in tobacco use is stress due to social stigma and discrimination. Actual or perceived stigma causes stress, with research showing that smoking rates and other risk behaviors are higher in groups that experience higher levels of stress.⁴ Among sexual minority youth, stress may come from being homeless, coming out at an early age, rejection by family and peers, and discrimination, which have been cited as reasons for smoking.⁵ Other factors contributing to higher smoking rates among sexual minority youth may include peer pressure, aggressive marketing by the tobacco industry, and limited access to effective tobacco treatment.⁶ There is some evidence that positive or affirming social conditions, such as supportive social policies and families can protect sexual minority youth against smoking.^{7,8}

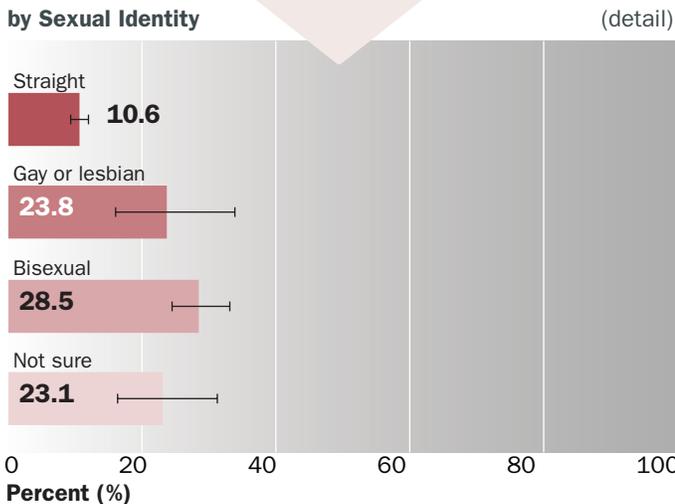
Cigarette Smoking Before Age 13



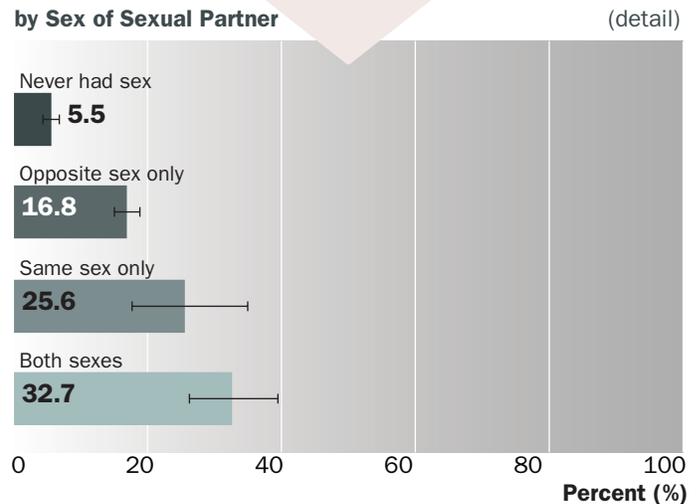
Lesbian, gay, or bisexual students were more than twice as likely to have smoked a cigarette before age 13 compared to straight students (27.2% vs. 10.6%).



Students who had any same sex sexual contact were more likely to have smoked a cigarette before age 13 than students who had sexual contact with the opposite sex only (30.4% vs. 16.8%).

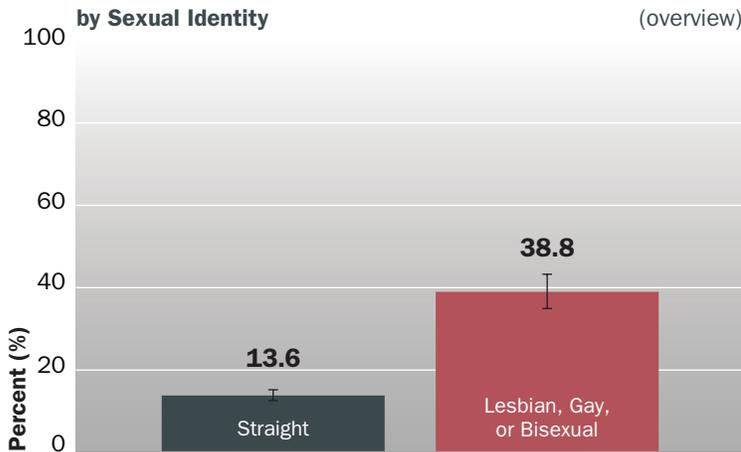


Students who were gay or lesbian (23.8%), bisexual (28.5%), or not sure (23.1%) of their sexual identity were all more likely than straight (10.6%) students to have smoked a cigarette before age 13.

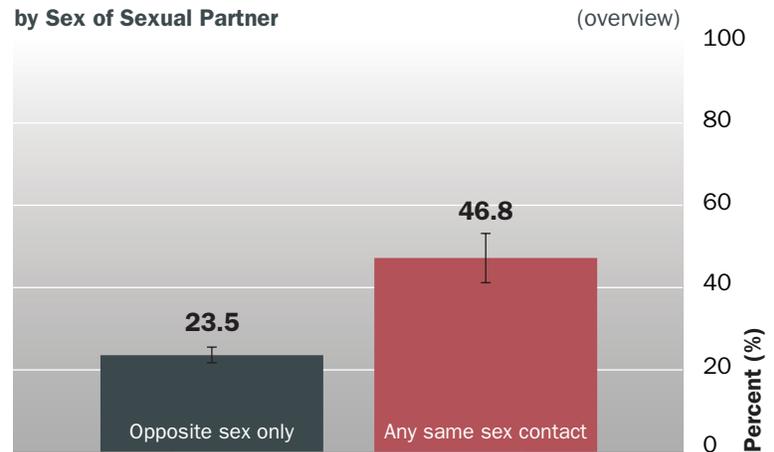


Students who have never had sex (5.5%) were less likely to smoke a cigarette before age 13 than any other group of students. Also, students who had sexual contact with both sexes (32.7%) were more likely to smoke their first cigarette before age 13 than students who had opposite sex only (16.8%).

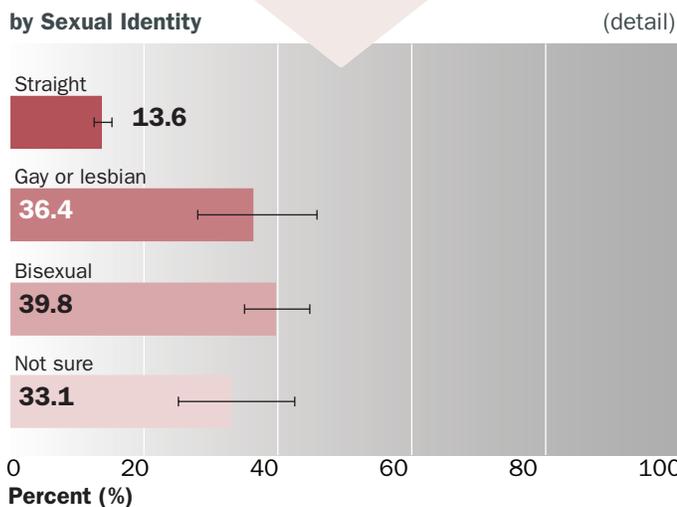
Question: How old were you when you smoked a whole cigarette for the first time?



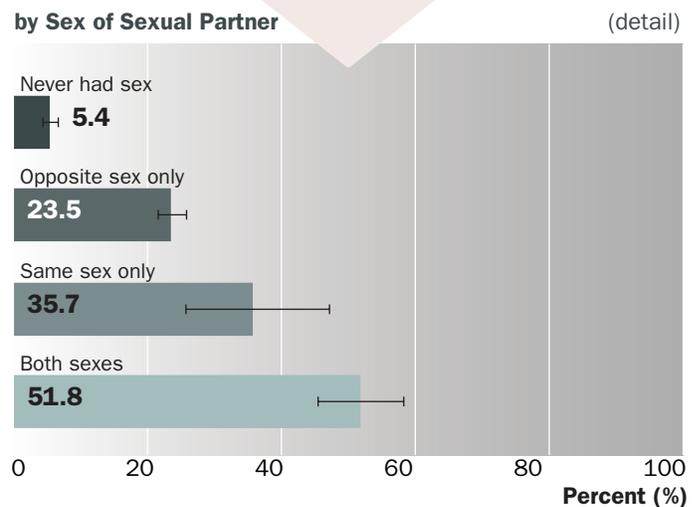
Lesbian, gay, or bisexual students were more likely to currently smoke cigarettes compared to straight students (38.8% vs. 13.6%).



Students who had any same sex sexual contact were more likely to currently smoke cigarettes than students who had sexual contact with the opposite sex only (46.8% vs. 23.5%).

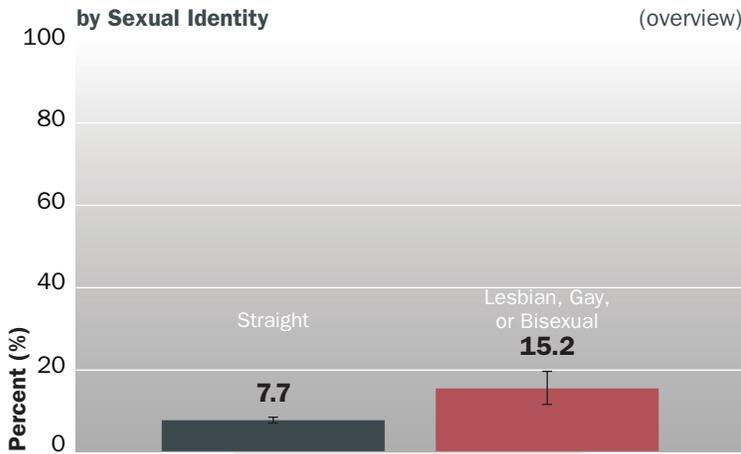


Students who were gay or lesbian (36.4%), bisexual (39.8%), or not sure (33.1%) of their sexual identity were all more likely than straight (13.6%) students to currently smoke cigarettes.



Students who have never had sex (5.4%) were less likely to currently smoke cigarettes than any other group. Also, students who had sexual contact with the same sex only (35.7%) or both sexes (51.8%) were more likely to currently smoke cigarettes than students who had opposite sex only (23.5%).

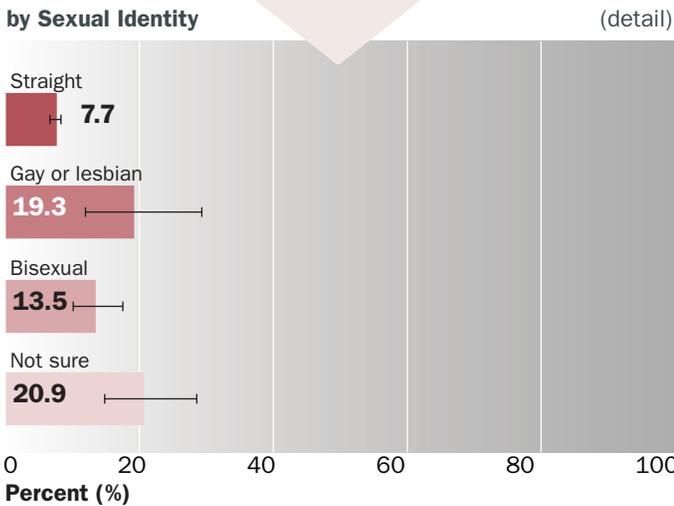
Question: During the past 30 days, on how many days did you smoke cigarettes?



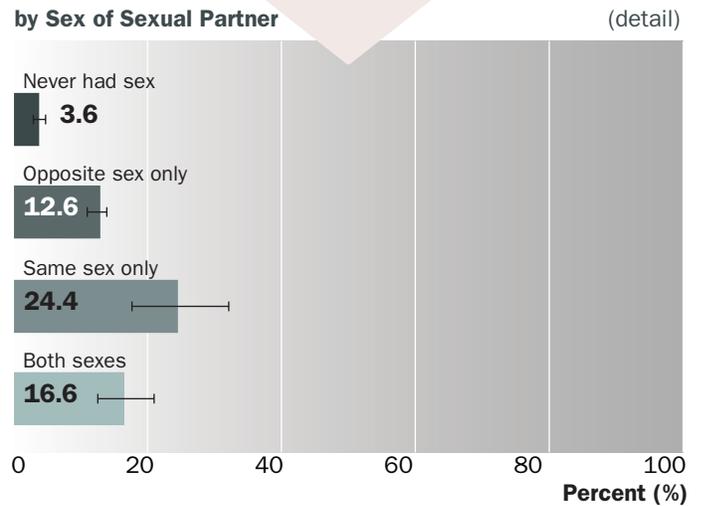
Lesbian, gay, or bisexual students were more likely to currently use spit tobacco compared to straight students (15.2% vs. 7.7%).



Students who had any same sex sexual contact were more likely to currently use spit tobacco than students who had sexual contact with the opposite sex only (19.1% vs. 12.6%).

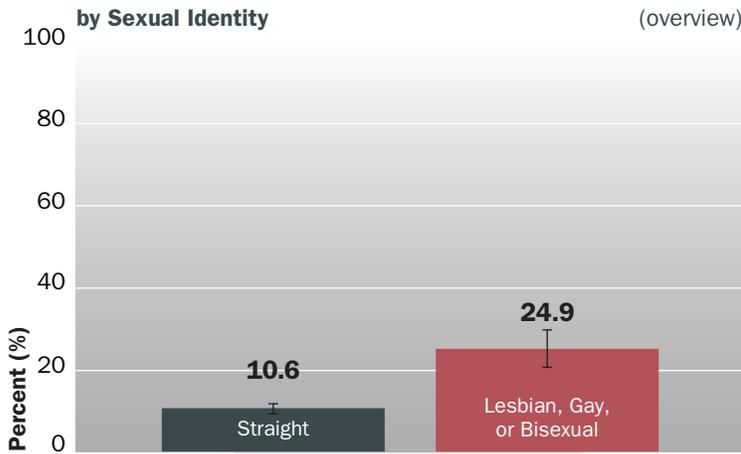


Students who were gay or lesbian (19.3%), bisexual (13.5%), or not sure (20.9%) of their sexual identity were all more likely than straight (7.7%) students to currently use spit tobacco.



Students who have never had sex (3.6%) were less likely to currently use spit tobacco than any other group of students. Also, students who had sexual contact with the same sex only (24.4%) were more likely to currently use spit tobacco than students who had opposite sex only (12.6%).

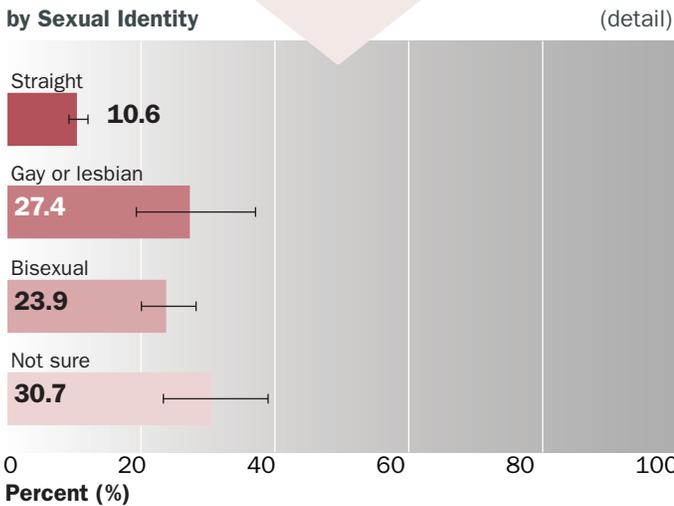
Question: During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?



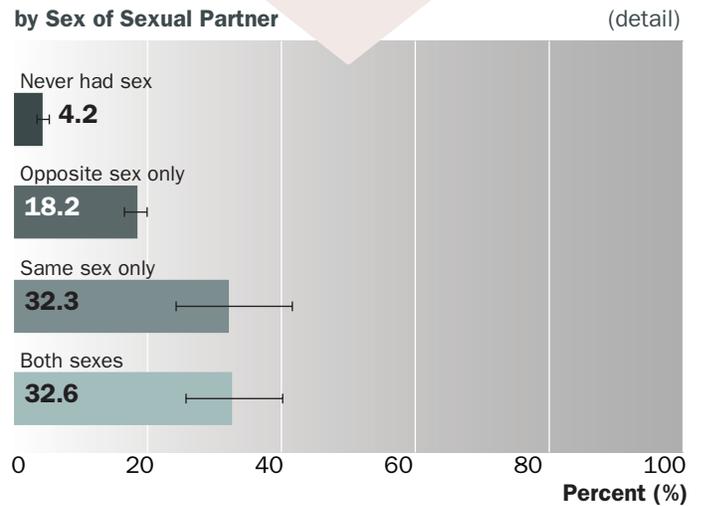
Lesbian, gay, or bisexual students were more likely to currently smoke cigars compared to straight students (24.9% vs. 10.6%).



Students who had any same sex sexual contact were more likely to currently smoke cigars than students who had sexual contact with the opposite sex only (32.5% vs. 18.2%).

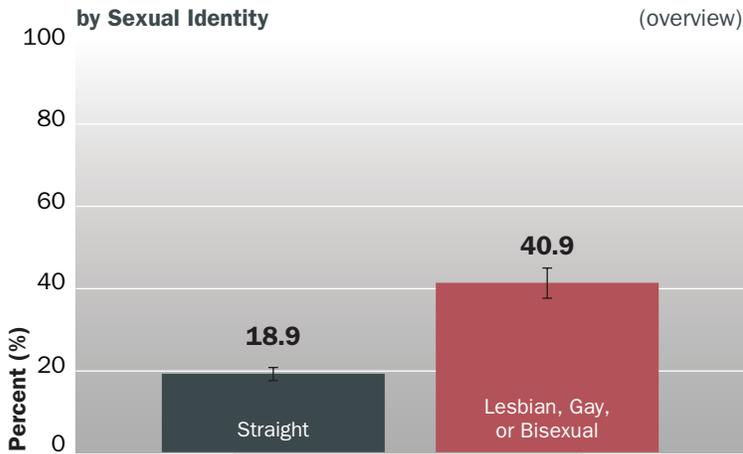


Students who were gay or lesbian (27.4%), bisexual (23.9%), or not sure (30.7%) of their sexual identity were all more likely than straight (10.6%) students to currently smoke cigars.

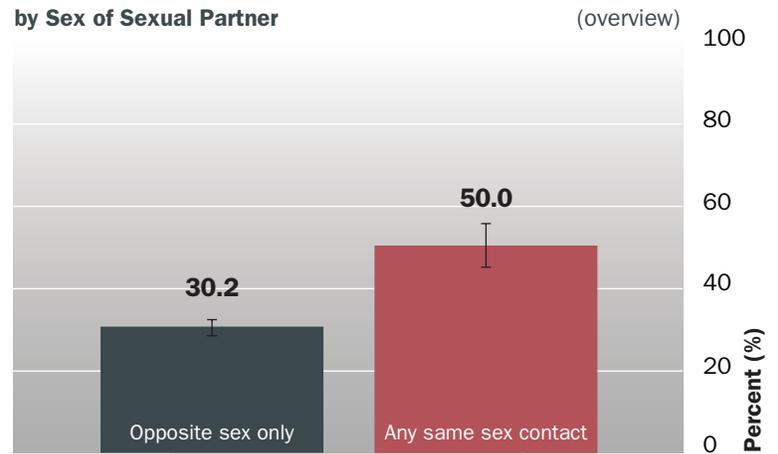


Students who have never had sex (4.2%) were less likely to currently smoke cigars than any other group of students. Also, students who had sexual contact with the same sex only (32.3%) or both sexes (32.6%) were more likely to currently smoke cigars than students who had opposite sex only (18.2%).

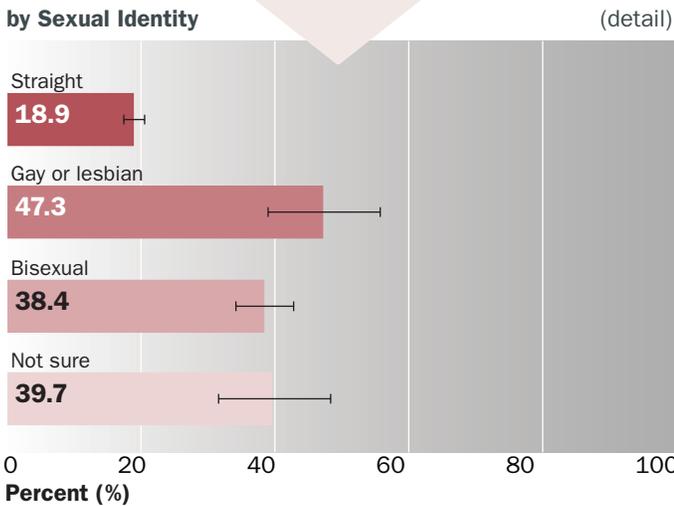
Question: During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?



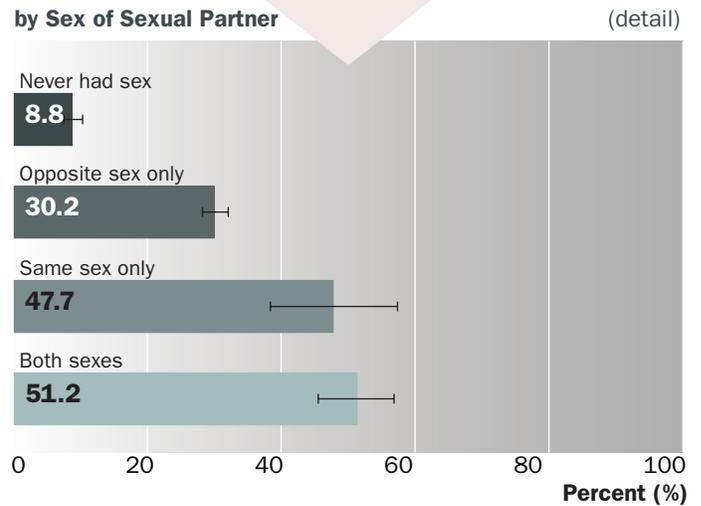
Lesbian, gay, or bisexual students were more than twice as likely to smoke tobacco in a hookah compared to straight students (40.9% vs. 18.9%).



Students who had any same sex sexual contact were more likely to smoke tobacco in a hookah than students who had sexual contact with the opposite sex only (50.0% vs. 30.2%).

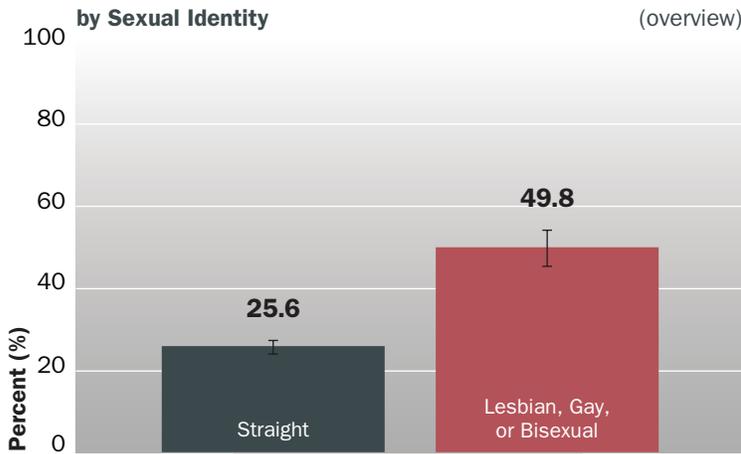


Students who were gay or lesbian (47.3%), bisexual (38.4%), or not sure (39.7%) of their sexual identity were all more likely than straight (18.9%) students to smoke tobacco in a hookah.



Students who have never had sex (8.8%) were less likely to smoke tobacco in a hookah than any other group of students. Also, students who had sexual contact with the same sex only (47.7%) or both sexes (51.2%) were more likely to smoke tobacco in a hookah than students who had opposite sex only (30.2%).

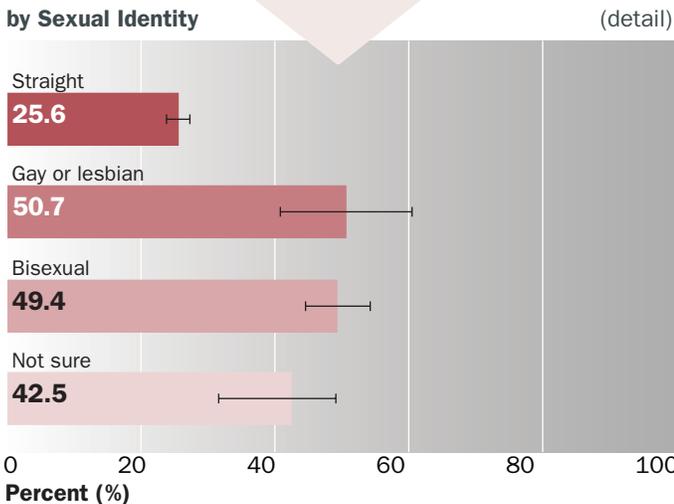
Question: During the past 30 days, on how many days did you smoke tobacco or flavored tobacco in a hookah, even just a puff?



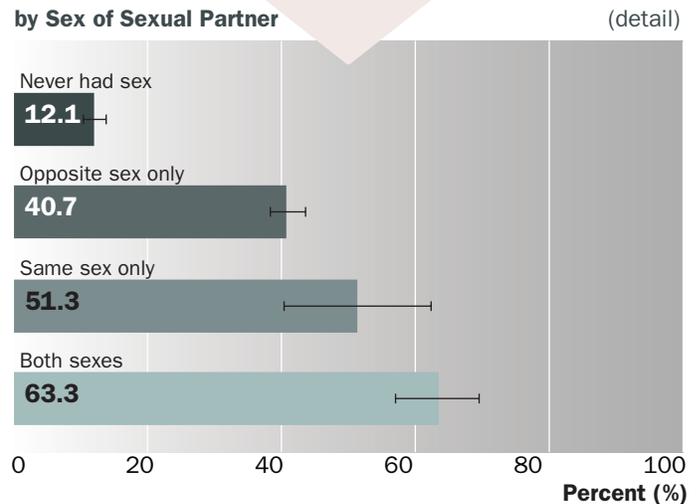
Lesbian, gay, or bisexual students were about twice as likely to currently use any tobacco product compared to straight students (49.8% vs. 25.6%).



Students who had any same sex sexual contact were more likely to use any tobacco product than students who had sexual contact with the opposite sex only (59.6% vs. 40.7%).



Students who were gay or lesbian (50.7%), bisexual (49.4%), or not sure (42.5%) of their sexual identity were all more likely than straight (25.6%) students to currently use any tobacco product.



Students who have never had sex (12.1%) were less likely to currently use any tobacco product than any other group of students. Also, students who had sexual contact both sexes (63.3%) were more likely to currently use any tobacco product than students who had opposite sex only (40.7%).

Questions: During the past 30 days, on how many days did you smoke cigarettes?

During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

During the past 30 days, on how many days did you smoke tobacco or flavored tobacco in a hookah, even just a puff?

Excessive alcohol use is the third leading preventable cause of death in the United States¹ and New Mexico has the highest alcohol attributable death rate in the country.² Alcohol use by youth is a major public health problem. Alcohol is the most commonly used drug among youth in the United States, more than tobacco and illicit drugs.³ Youth who start drinking before age 15 are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21.⁴

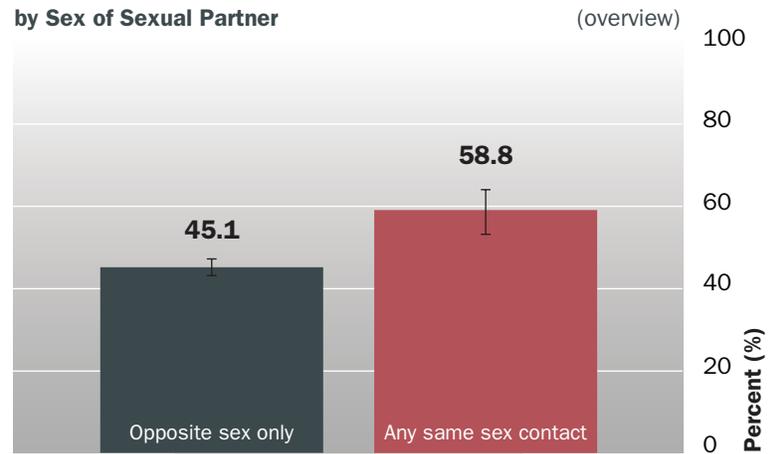
Binge drinking among youth (defined as having 5 or more drinks of alcohol within a couple of hours) is a major risk factor for the three leading causes of death among youth (unintentional injury, suicide, and homicide), as well as being associated with poor academic performance and risk behaviors such as physical fighting, unplanned and unprotected sexual activity, and other substance use.⁵ When youth drink alcohol, they are more likely to drink excessively; although youth aged 12–20 years drink 11% of all alcohol

consumed in the United States, more than 90% of this alcohol is consumed in the form of binge drinks.⁵

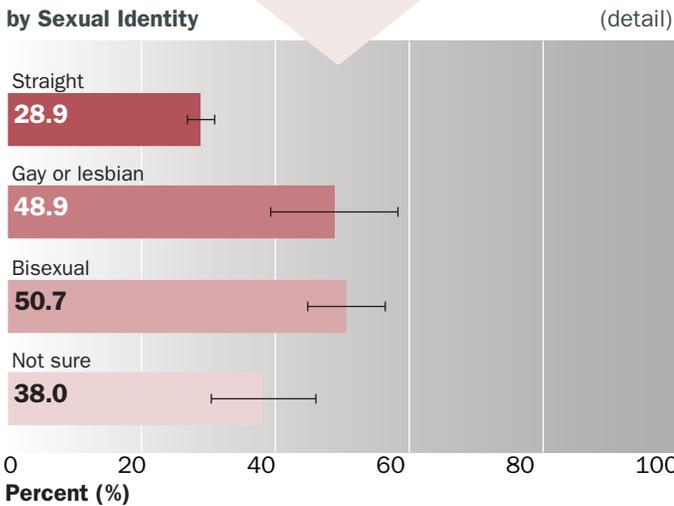
Nationally, sexual minority youth are more likely to consume alcohol than heterosexual youth.⁶ Receiving a rejecting reaction to disclosure of sexual orientation may increase the risk of alcohol abuse among sexual minority youth.⁶ Conversely, Gay-Straight Alliances and anti-homophobic policies in schools may decrease the risk of excessive alcohol consumption among youth at the school, especially if the policies have been in place for more than three years.⁷ Although indicators of alcohol use (current alcohol use, binge drinking, alcohol use before age 13, and drinking and driving) have been decreasing among youth in general in New Mexico,⁸ binge drinking has been increasing among lesbian and gay adults in the state.⁹ Additional years of data will be needed to determine if alcohol use among sexual minority students in New Mexico is decreasing or increasing.



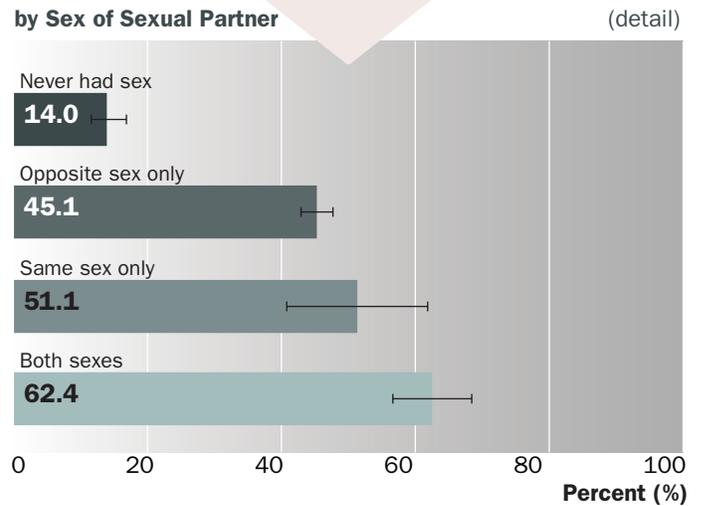
Approximately half of lesbian, gay, or bisexual students drank alcohol compared to less than a third of straight students (50.2% vs. 28.9%).



Students who had any same sex sexual contact were more likely to currently drink alcohol than students who had sexual contact with the opposite sex only (58.8% vs. 45.1%).

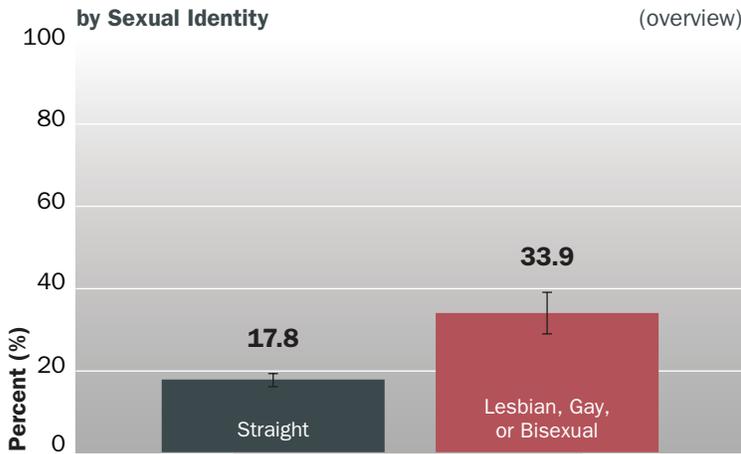


Students who were gay or lesbian (48.9%), bisexual (50.7%), or not sure (38.0%) of their sexual identity were all more likely than straight students (28.9%) to currently drink alcohol.

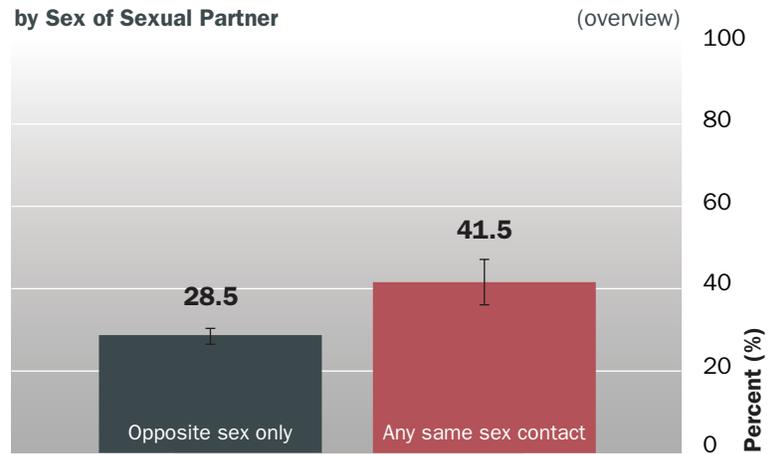


Students who have never had sex (14.0%) were less likely to currently drink alcohol than any other group of students. Also, students who had sexual contact with both sexes (62.4%) were more likely to drink alcohol than students who had opposite sex only (45.1%).

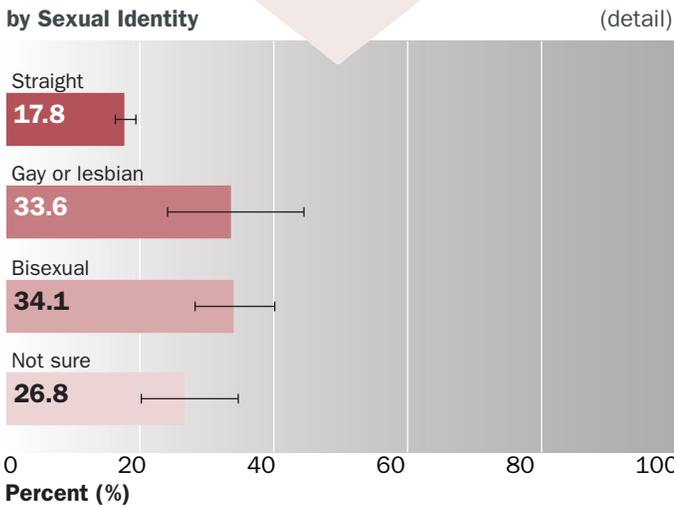
Question: During the past 30 days, on how many days did you have at least one drink of alcohol?



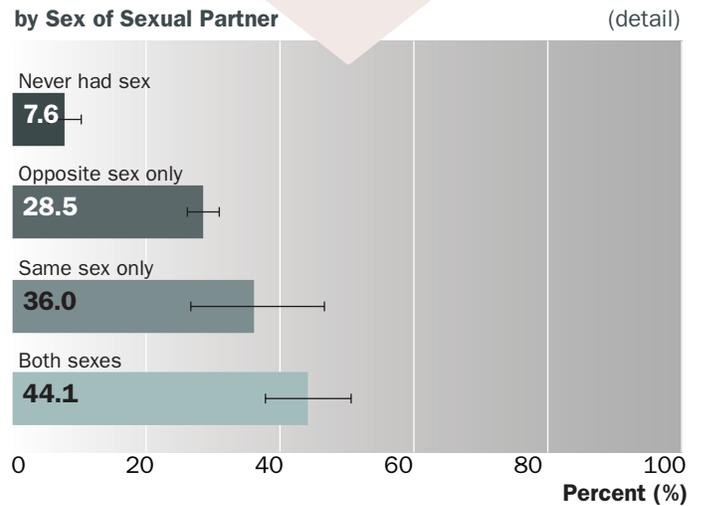
More than a third of lesbian, gay, or bisexual students were binge drinkers compared to less than a fifth of straight students (33.9% vs. 17.8%).



Students who had any same sex sexual contact were more likely to binge drink than students who had sexual contact with the opposite sex only (41.5% vs. 28.5%).

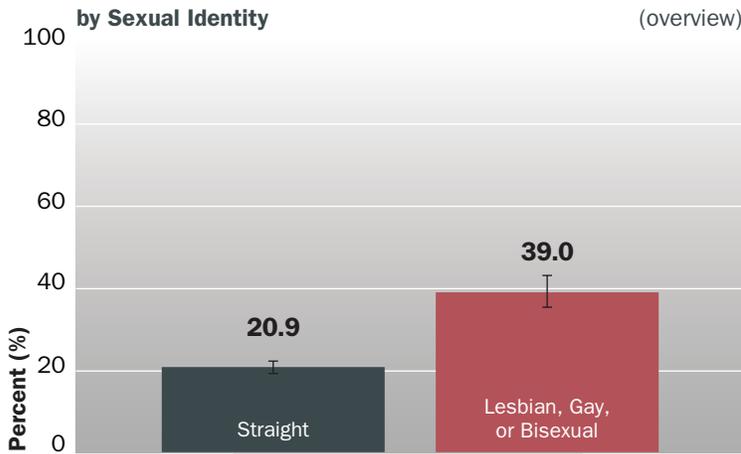


Students who were gay or lesbian (33.6%), bisexual (34.1%), or not sure (26.8%) of their sexual identity were all more likely than straight (17.8%) students to binge drink.

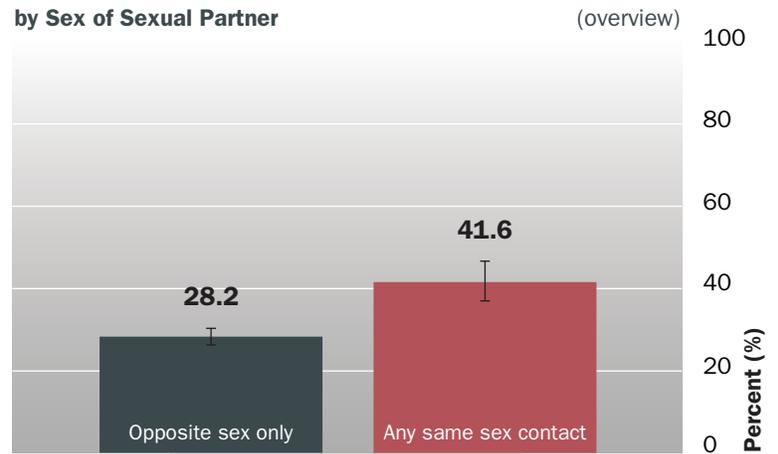


Students who have never had sex (7.6%) were less likely to binge drink than any other group. Also, students who had sexual contact with both sexes (44.1%) were more likely to binge drink than students who had opposite sex only (28.5%).

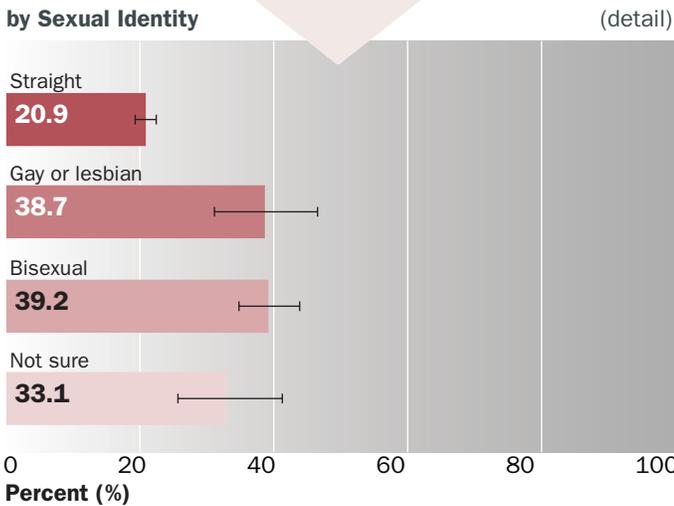
Question: During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?



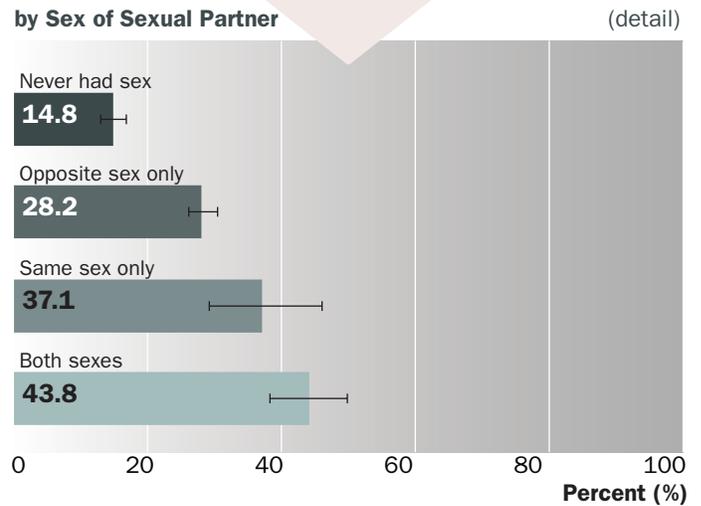
Lesbian, gay, or bisexual students were more likely to use alcohol before age 13 compared to straight students (39.0% vs. 20.9%).



Students who had any same sex sexual contact were more likely to use alcohol before age 13 than students who had sexual contact with the opposite sex only (28.2% vs. 41.6%).

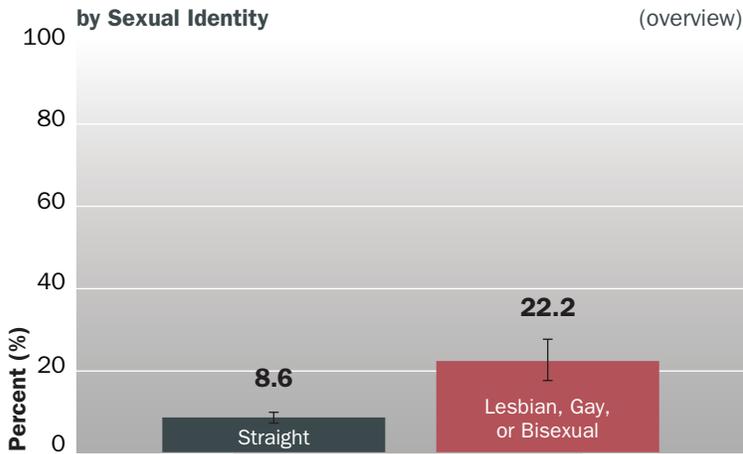


Students who were gay or lesbian (38.7%), bisexual (39.2%), or not sure (33.1%) of their sexual identity were all more likely than straight (20.9%) students to use alcohol before age 13.

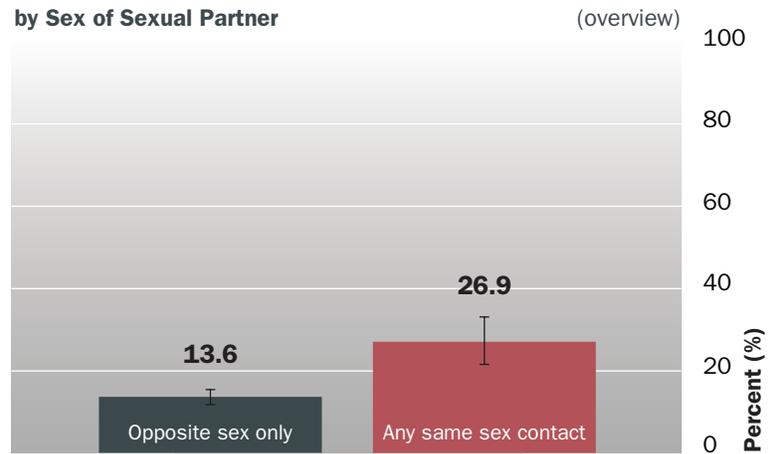


Students who have never had sex (14.8%) were less likely to use alcohol before age 13 than any other group of students. Also, students who had sexual contact with both sexes (43.8%) were more likely to use alcohol before age 13 than students who had opposite sex only (28.2%).

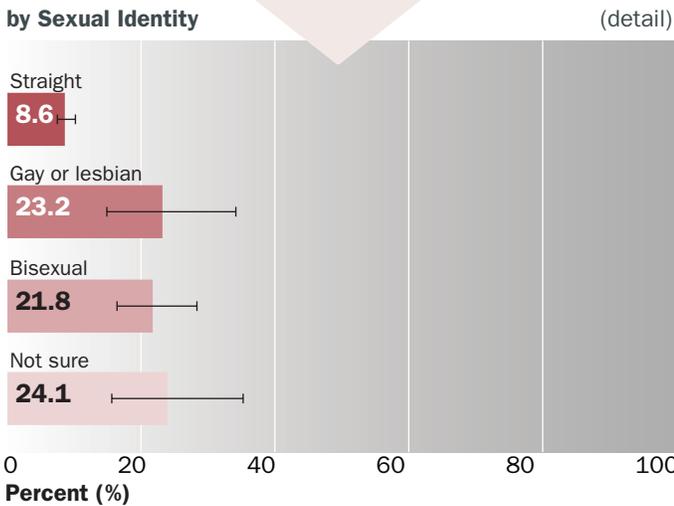
Question: How old were you when you had your first drink of alcohol other than a few sips?



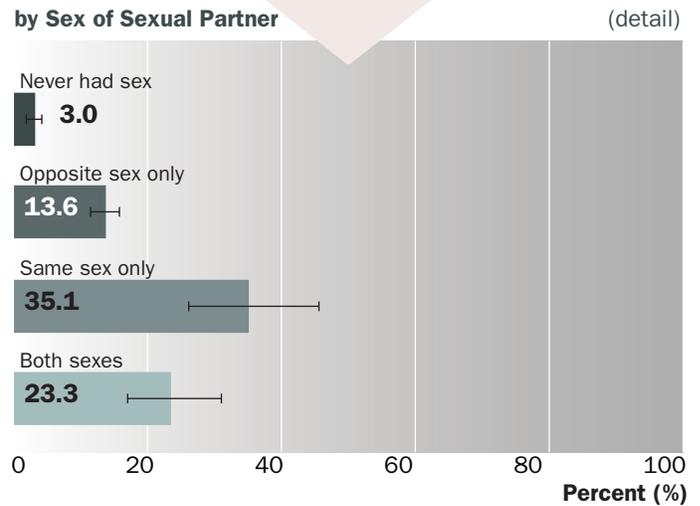
Lesbian, gay, or bisexual students were more likely to drink and drive compared to straight students (22.2% vs. 8.6%).



Students who had any same sex sexual contact were more likely to drink and drive than students who had sexual contact with the opposite sex only (26.9% vs. 13.6%).



Students who were gay or lesbian (23.2%), bisexual (21.8%), or not sure (24.1%) of their sexual identity were all more likely than straight (8.6%) students to drink and drive.



Students who have never had sex (3.0%) were less likely to drink and drive than any other group of students. Also, students who had sexual contact with the same sex only (35.1%) or both sexes (23.3%) were more likely to drink and drive than students who had opposite sex only (13.6%).

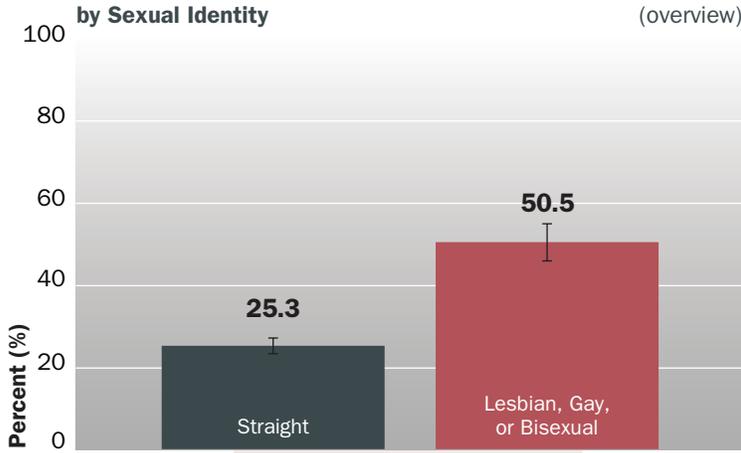
Question: During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

Substance abuse is a major public health concern in New Mexico. In 2013, New Mexico had the third highest drug overdose rate in the nation¹ and New Mexico youth have consistently reported higher prevalence of current cocaine use, lifetime heroin use, and lifetime methamphetamine use than youth nationally.² The NM-YRRS asks a number of substance use questions of use including: current marijuana use, current synthetic marijuana (also known as spice, K2, fake weed), current cocaine use, current inhalant use (i.e. “huffing”), current heroin use, current methamphetamine use, current ecstasy use, and current use of prescription painkillers to get high. Current use is defined as any use in the past 30 days. The NM-YRRS also asks if students have ever used injection drugs, if they have ever been offered drugs on school property, and if they know an adult who uses drugs.

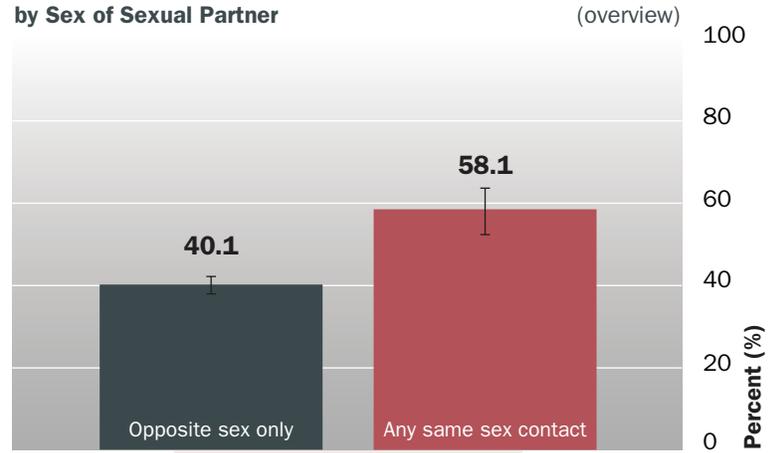
Nationally, sexual minority youth are more likely to report increased substance use and earlier initiation of use than

their straight peers. Rejection by a youth’s family members, coaches, teachers, and friends can predict later substance use.³ Conversely, national research suggests that accepting family reactions to a youth’s sexual identities, such as advocating for the youth when they were discriminated against or welcoming their sexual minority friends and partners to family activities, can be protective against substance abuse.³

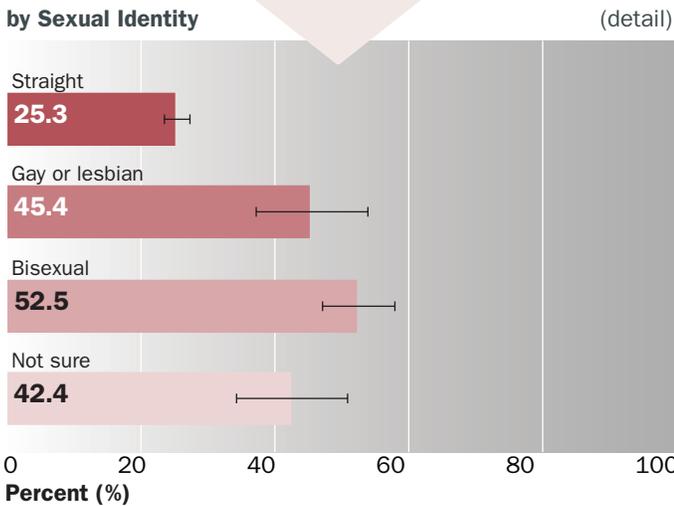
There is evidence that gay-straight alliances at schools may reduce substance abuse among sexual minority youth. For example, in one study, lesbian, gay, bisexual and transgender youth attending high schools without gay-straight alliances were approximately three times as likely to use cocaine, three times as likely to use hallucinogens, and twice as likely to misuse prescription pain medication compared to lesbian, gay, bisexual and transgender youth attending high schools with gay-straight alliances.⁴



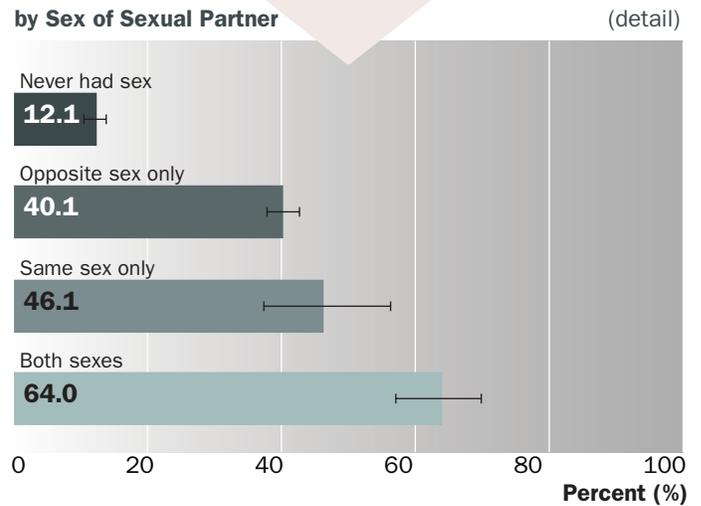
Lesbian, gay, or bisexual students were nearly twice as likely to currently use marijuana compared to straight students (50.5% vs. 25.3%).



Students who had any same sex sexual contact were more likely to currently use marijuana than students who had sexual contact with the opposite sex only (58.1% vs. 40.1%).

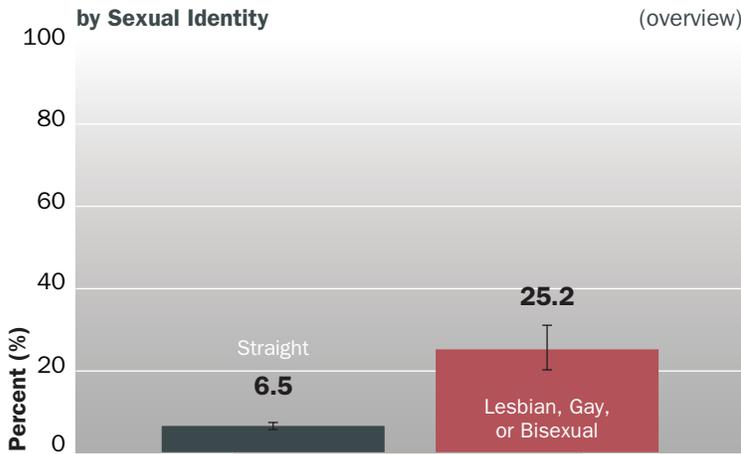


Students who were gay or lesbian (45.4%), bisexual (52.5%), or not sure (42.4%) of their sexual identity were all more likely than straight (25.3%) students to currently use marijuana.



Students who have never had sex (12.1%) were less likely to currently use marijuana than any other group of students. Students who had sexual contact with both sexes (64.0%) were more likely to currently use marijuana than then students who have same sex only (46.1%) and students who have had opposite sex only (40.1%).

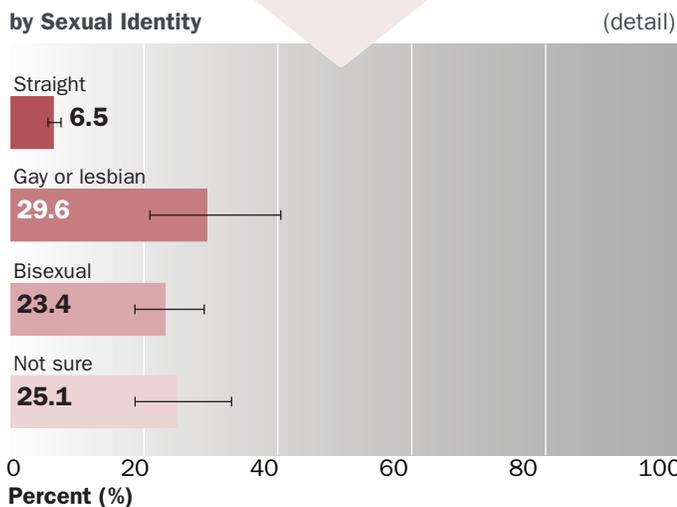
Question: During the past 30 days, how many times did you use marijuana?



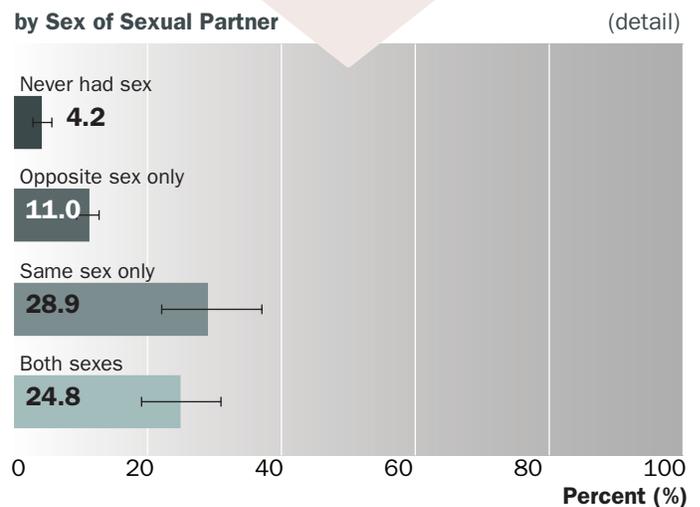
Lesbian, gay, or bisexual students were nearly four times as likely to currently use synthetic marijuana compared to straight students (25.2% vs. 6.5%).



Students who had any same sex sexual contact were more likely to currently use synthetic marijuana than students who had sexual contact with the opposite sex only (26.1% vs. 11.0%).

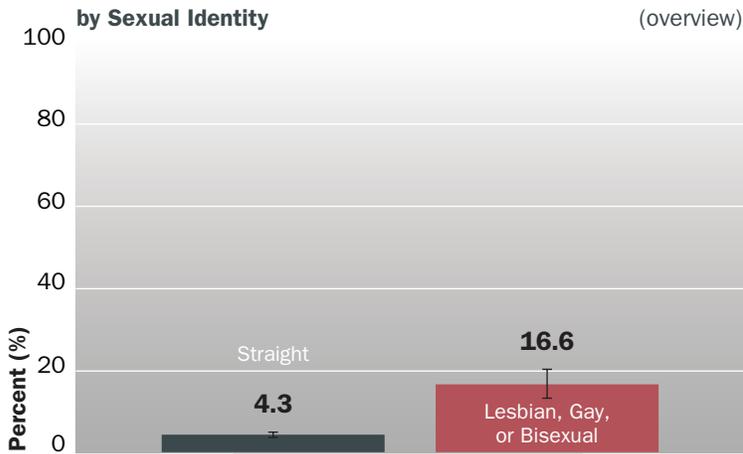


Students who were gay or lesbian (29.6%), bisexual (23.4%), or not sure (25.1%) of their sexual identity were all more likely than straight (6.5%) students to currently use synthetic marijuana.



Students who have never had sex (4.2%) were less likely to currently use synthetic marijuana than any other group of students. Students who had sexual contact with both sexes (24.8%) or with the same sex only (28.9%) were more likely to currently use synthetic marijuana than students who have had opposite sex only (11.0%).

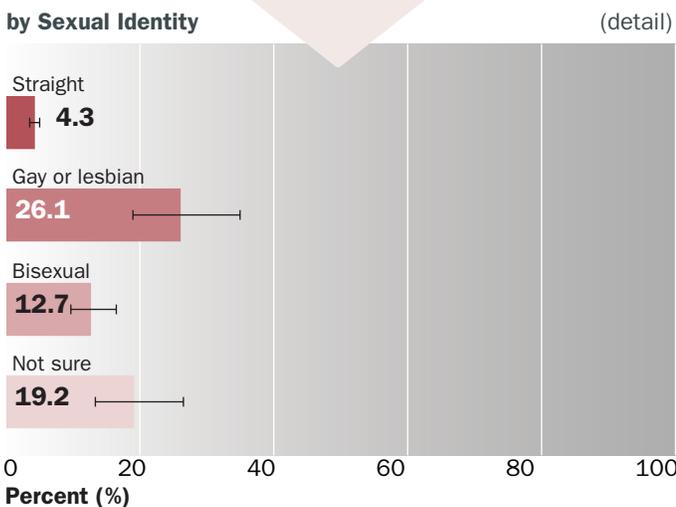
Question: During the past 30 days, how many times did you use synthetic marijuana (also called K2 or Spice)?



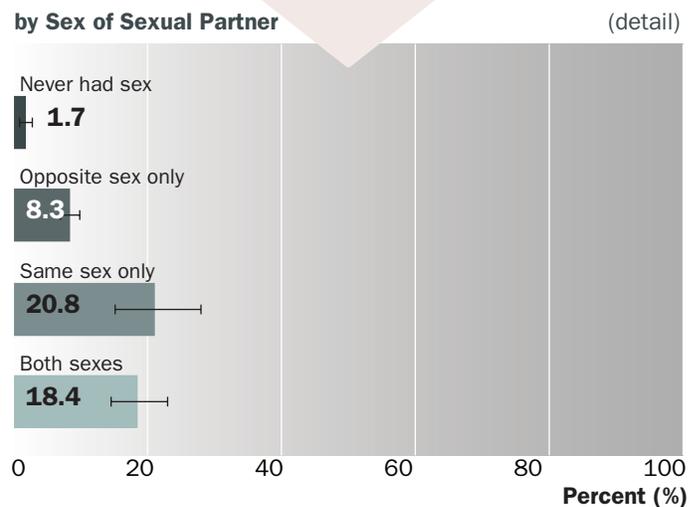
Lesbian, gay, or bisexual students were more likely to currently use cocaine than straight students (16.6% vs. 4.3%).



Students who had any same sex sexual contact were more likely to currently use cocaine than students who had sexual contact with the opposite sex only (19.1% vs. 8.3%).

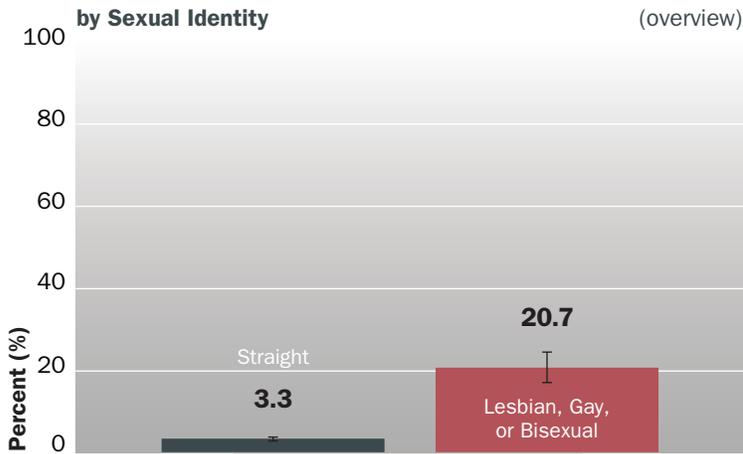


Gay or lesbian students (26.1%), bisexual students (12.7%), and students who were not sure of their sexual identity (19.2%) were more likely to currently use cocaine than straight students (4.3%). Gay or lesbian students were also more likely to currently use cocaine than students who identify as bisexual.

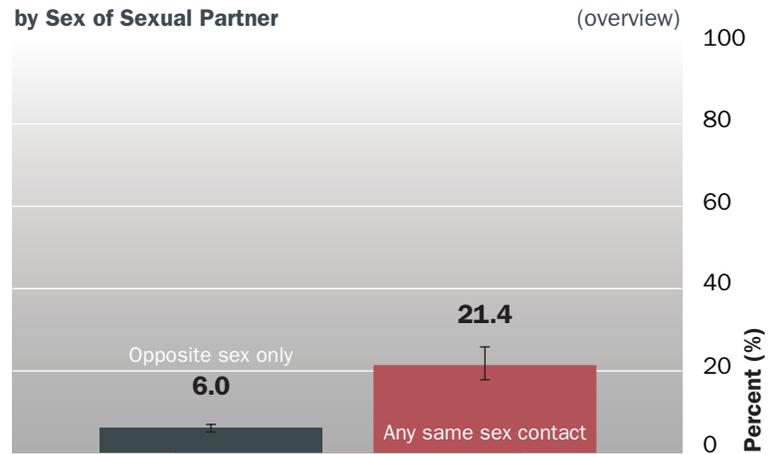


Students who have never had sex (1.7%) were less likely to currently use cocaine than any other group of students. Students who had sexual contact with both sexes (18.4%) or with the same sex only (20.8%) were more likely to currently use cocaine than students who have had opposite sex only (8.3%).

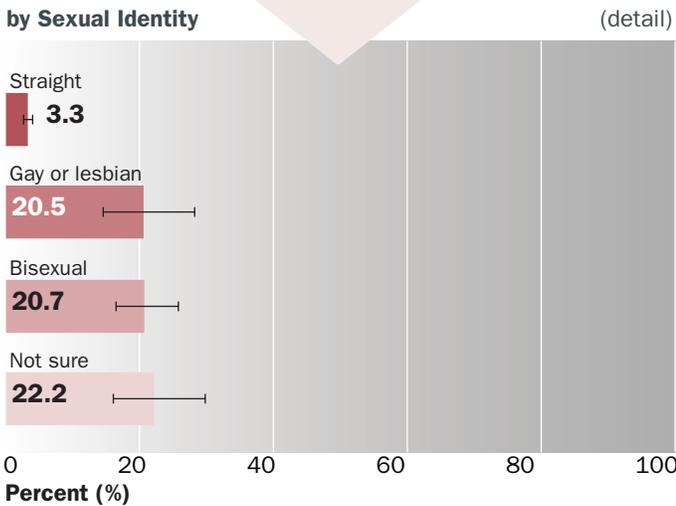
Questions: During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?



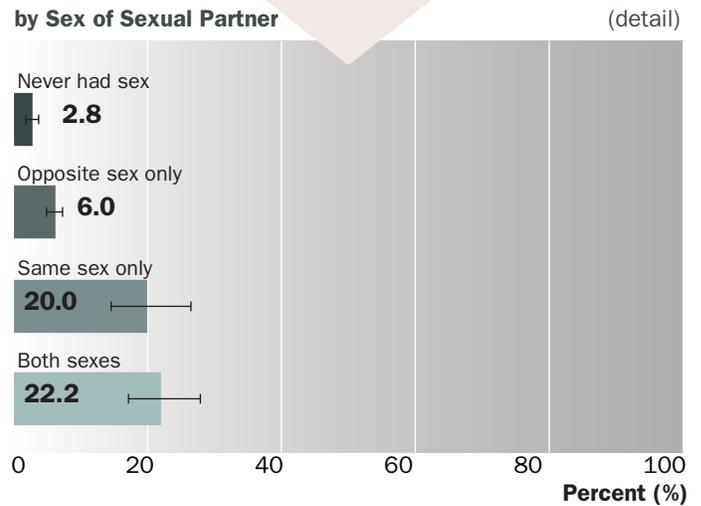
Lesbian, gay, or bisexual students were more than six times as likely to currently use inhalants than straight students (20.7% vs. 3.3%).



Students who had any same sex sexual contact were more likely to currently use inhalants than students who had sexual contact with the opposite sex only (21.4% vs. 6.0%).

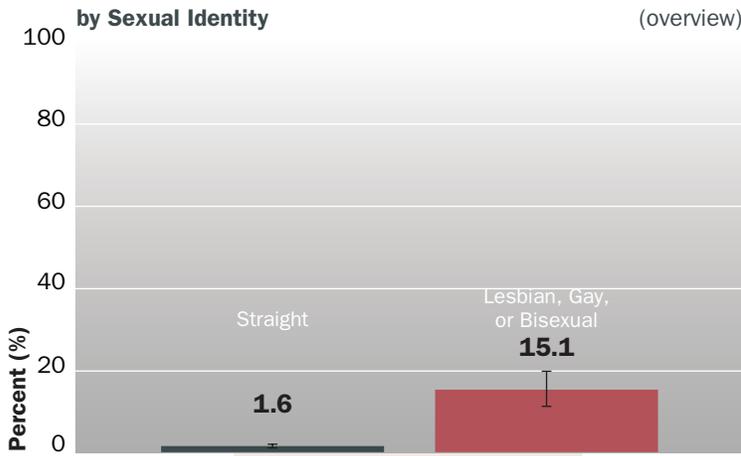


Students who were gay or lesbian (20.5%), bisexual (20.7%), or not sure of their sexual identity (22.2%) were more likely than straight (3.3%) students to currently use inhalants.



Students who have never had sex (2.8%) were less likely to currently use inhalants than any other group of students. Students who had sexual contact with both sexes (22.2%) or with the same sex only (20.0%) were more likely to currently use inhalants than students who have had opposite sex only (6.0%).

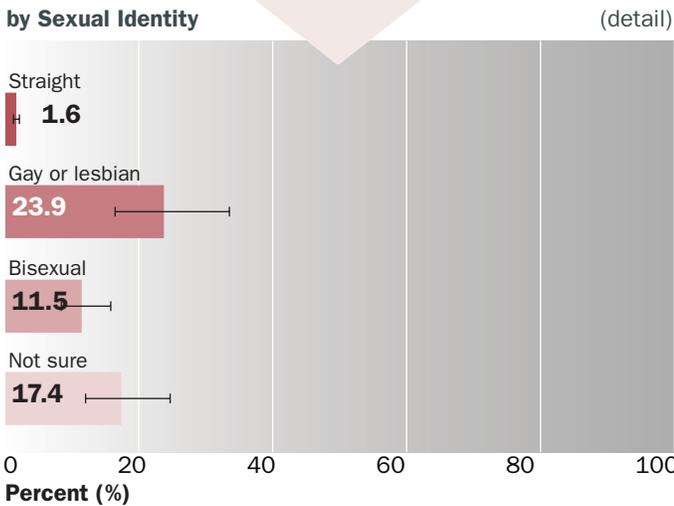
Question: During the past 30 days, how many times did you sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?



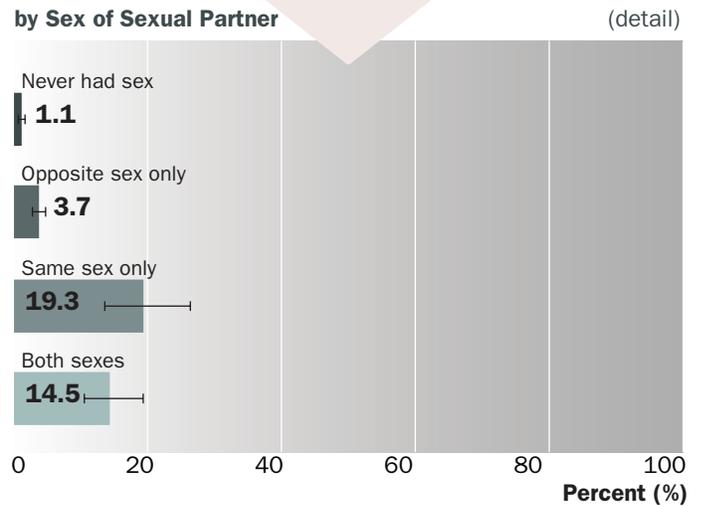
Lesbian, gay, or bisexual students were more likely to currently use heroin compared to straight students (15.1% vs. 1.6%).



Students who had any same sex sexual contact were more likely to currently use heroin than students who had sexual contact with the opposite sex only (16.1% vs. 3.7%).

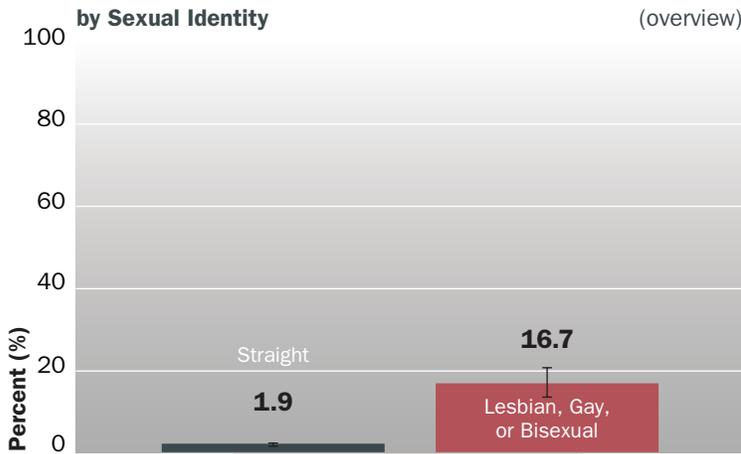


Gay or lesbian students (23.9%) were nearly 15 times as likely to currently use heroin than straight students (1.6%). Students who are bisexual (11.5%) or not sure (17.4%) of their sexual identity were also more likely than straight students to currently use heroin.



Students who have never had sex (1.1%) were less likely to currently use heroin than any other group of students. Students who had sexual contact with both sexes (14.5%) or with the same sex only (19.3%) were more likely to currently use heroin than students who have had opposite sex only (3.7%).

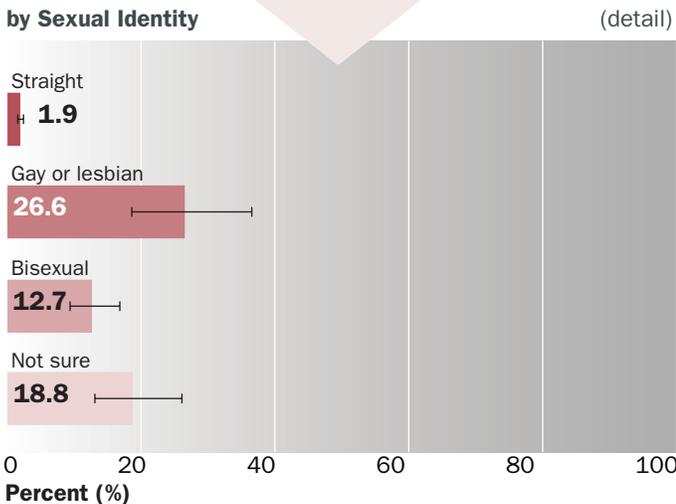
Question: During the past 30 days, how many times did you use heroin (also called smack, junk, or China White)?



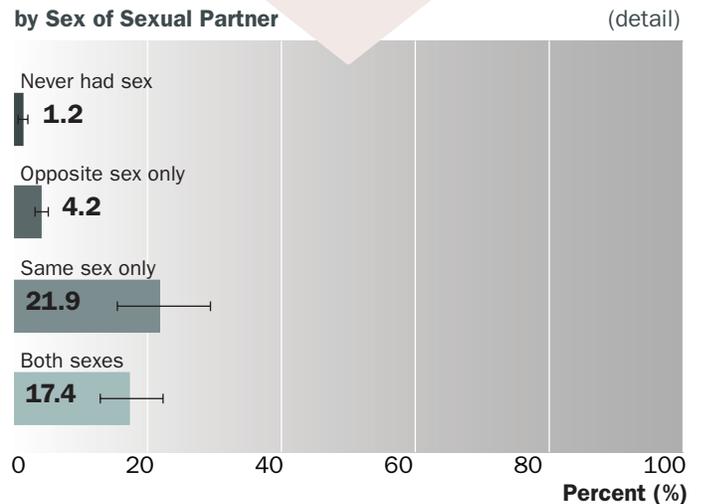
Lesbian, gay, or bisexual students were more likely to currently use methamphetamine compared to straight students (16.7% vs. 1.9%).



Students who had any same sex sexual contact were 4.5 times more likely to currently use methamphetamine than students who had sexual contact with the opposite sex only (18.9% vs. 4.2%).



Gay or lesbian students (26.6%) were 14 times more likely to currently use methamphetamine than straight students (1.9%) and were two times more likely to currently use methamphetamine than bisexual students (12.7%). Students who are bisexual or not sure (18.8%) of their sexual identity were also more likely than straight students to currently use methamphetamine.

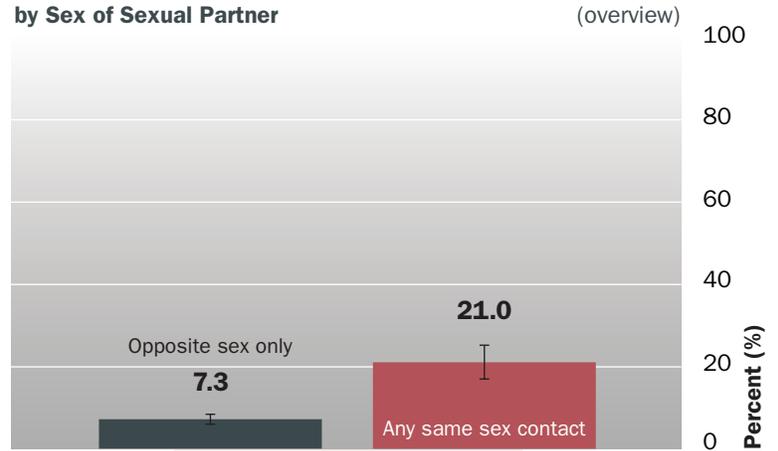


Students who had sexual contact with both sexes (17.4%) or with the same sex only (21.9%) were more likely to currently use methamphetamine than students who have never had sex (1.2%) and students who have had opposite sex only (4.2%).

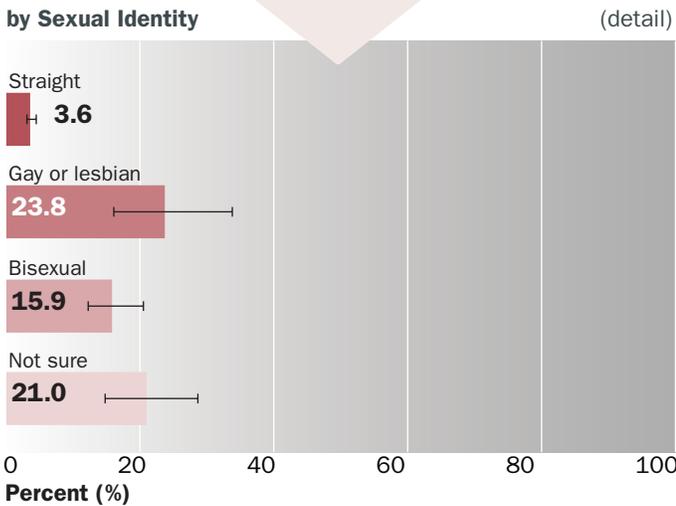
Question: During the past 30 days, how many times did you use methamphetamines (also called speed, crystal, crank, or ice)?



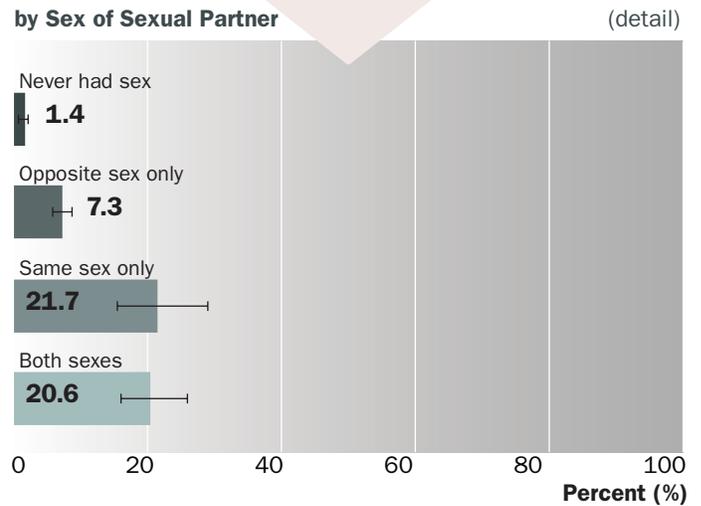
Lesbian, gay, or bisexual students were more likely to currently use ecstasy compared to straight students (18.2% vs. 3.6%).



Students who had any same sex sexual contact were more likely to currently use ecstasy than students who had sexual contact with the opposite sex only (21.0% vs. 7.3%).

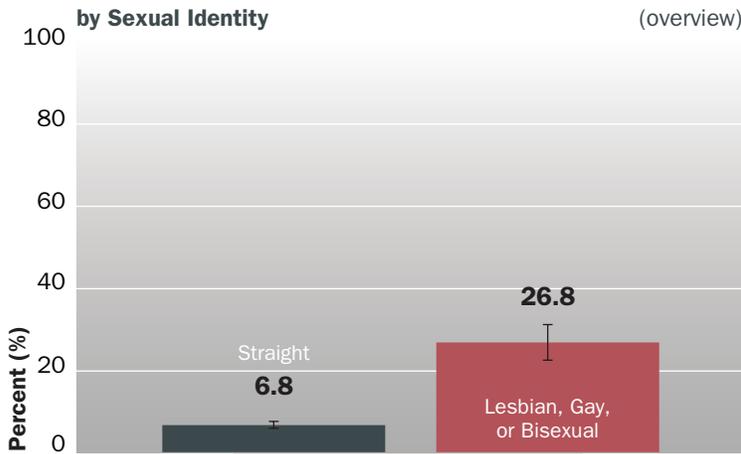


Students who were gay or lesbian (23.8%), bisexual (15.9%), or not sure of their sexual identity (21.0%) were more likely than straight (3.6%) students to currently use ecstasy.

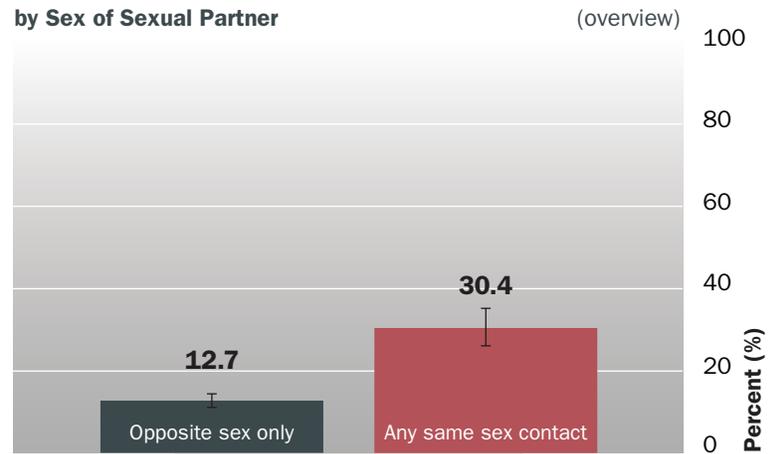


Students who had sexual contact with both sexes (20.6%) or with the same sex only (21.7%) were more likely to currently use ecstasy than students who have never had sex (1.4%) and students who have had opposite sex only (7.3%).

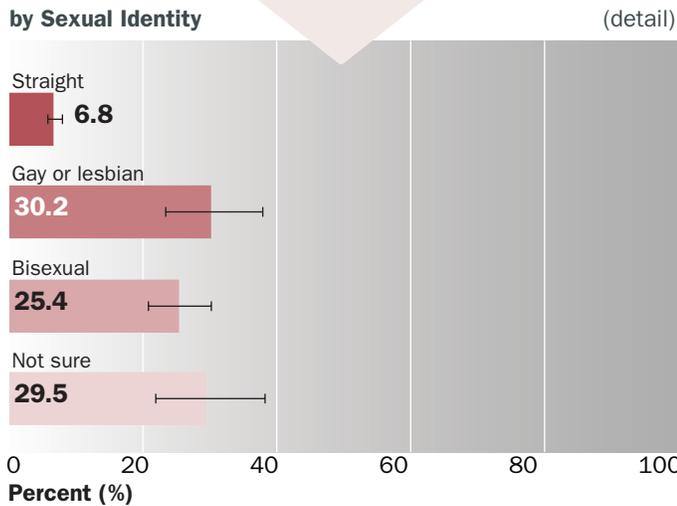
Question: During the past 30 days, how many times did you use ecstasy (also called MDMA)?



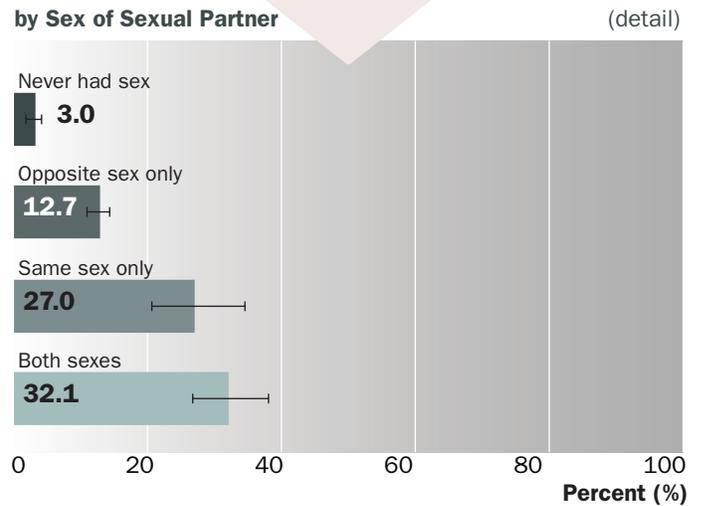
Lesbian, gay, or bisexual students were more likely to currently use pain killers to get high compared to straight students (26.8% vs. 6.8%).



Students who had any same sex sexual contact were more likely to currently use pain killers to get high than students who had sexual contact with the opposite sex only (30.4% vs. 12.7%).



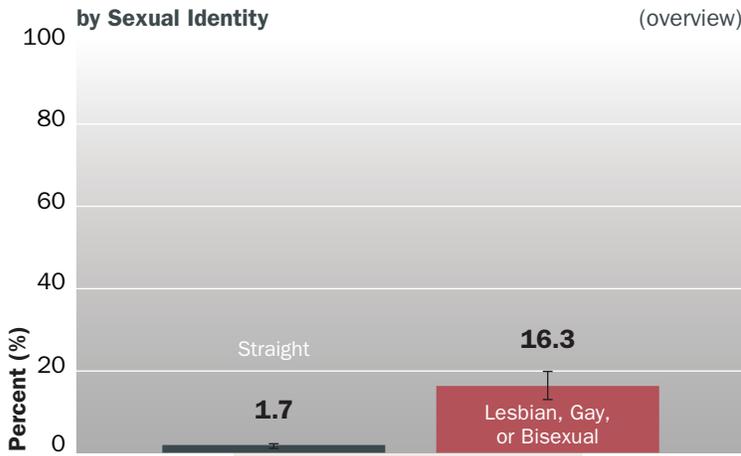
Students who were gay or lesbian (30.2%), bisexual (25.4%), or not sure (29.5%) of their sexual identity were all more likely than straight (6.8%) students to currently use pain killers to get high.



Students who have never had sex (3.0%) were less likely to currently use pain killers to get high than any other group of students. Students who had sexual contact with both sexes (32.1%) or with the same sex only (27.0%) were more likely to currently use pain killers to get high than students who have had opposite sex only (12.7%).

Question: During the past 30 days, how many times did you use a pain killer to get high, like Vicodin, OxyContin (also called Oxy or OC), or Percocet (also called Percs)?

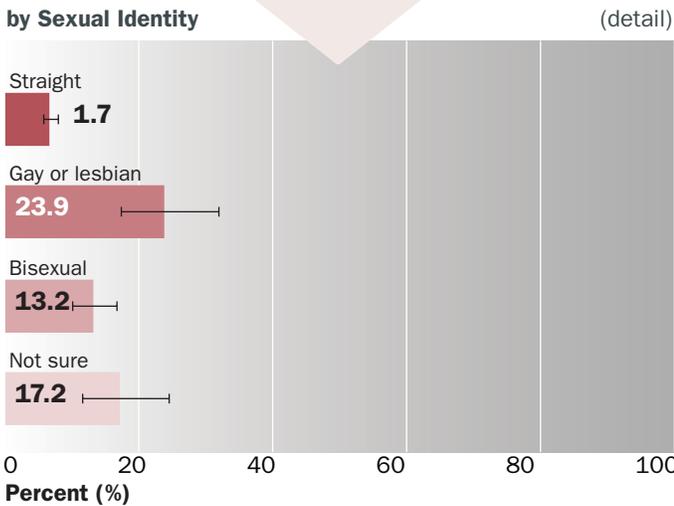
Ever Injected Illegal Drugs



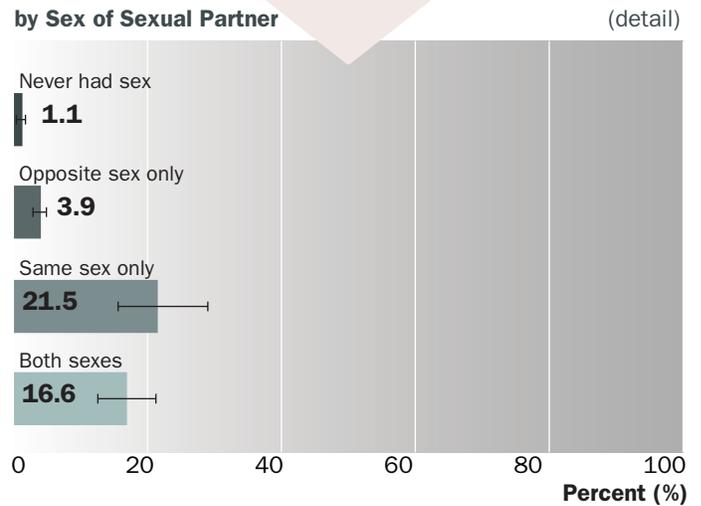
Lesbian, gay, or bisexual students were nearly 10 times more likely to have ever injected drugs than straight students (16.3% vs. 1.7%).



Students who had any same sex sexual contact were more likely to have ever injected drugs than students who had sexual contact with the opposite sex only (18.2% vs. 3.9%).

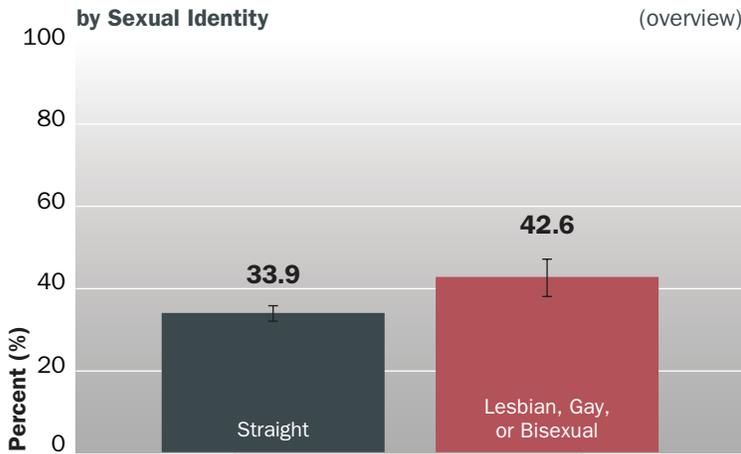


Gay or lesbian students (23.9%), bisexual students (13.2%), and students who were not sure of their sexual identity (17.2%) were more likely to have ever injected drugs than straight students (1.7%). Gay or lesbian students were also more likely to have ever injected drugs than students who identify as bisexual.

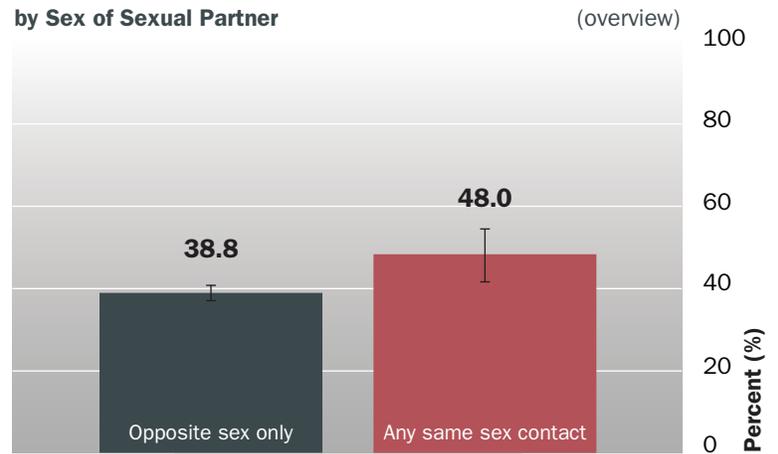


Students who had sexual contact with both sexes (16.6%) or with the same sex only (21.5%) were more likely to have ever injected drugs than students who have never had sex (1.1%) and students who have had opposite sex only (3.9%).

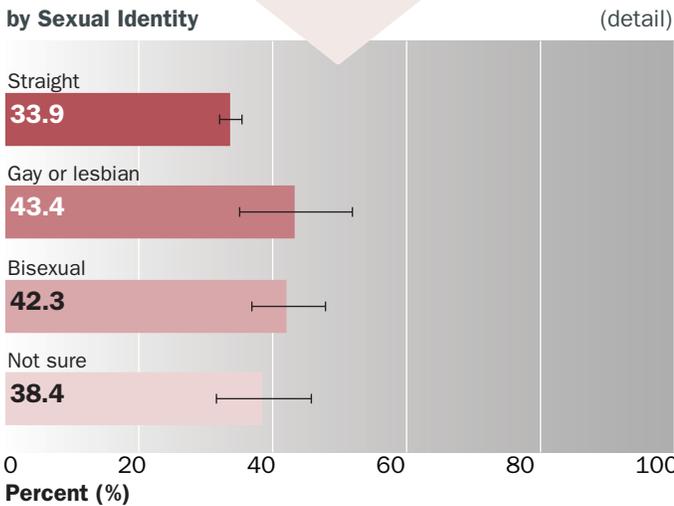
Question: During your life, how many times have you used a needle to inject any illegal drug into your body?



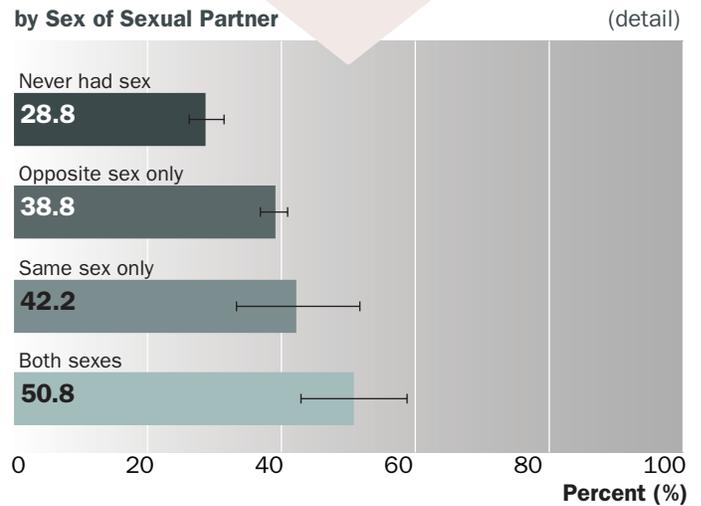
Lesbian, gay, or bisexual students were more likely to have been offered or sold drugs at school compared to straight students (42.6% vs. 33.9%).



Students who had any same sex sexual contact were more likely to have been offered or sold drugs at school than students who had sexual contact with the opposite sex only (48.0% vs. 38.8%).

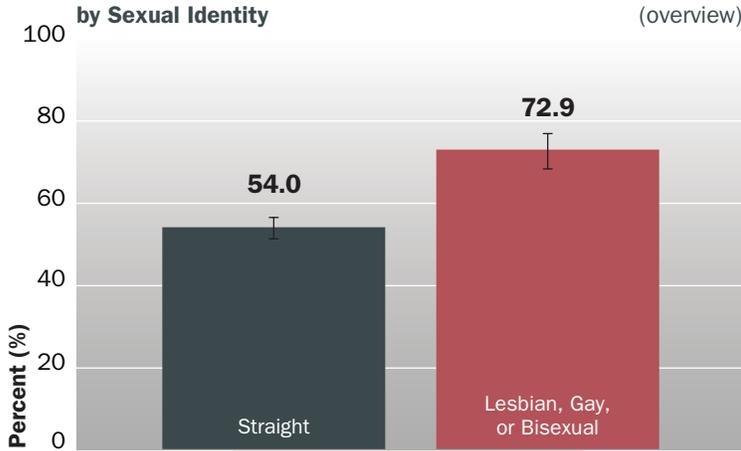


Students who were bisexual (42.3%) were more likely than straight (33.9%) students to have been offered or sold drugs at school. Gay or lesbian students (43.4%) and students who were not sure of their sexual identity (38.4%) were as likely to have been offered or sold drugs at school as straight students.



Students who have never had sex (28.8%) were less likely to have been offered or sold drugs at school than any other group of students. Students who had sexual contact with both sexes (50.8%) were more likely to have been offered or sold drugs at school than students who have had opposite sex only (38.8%).

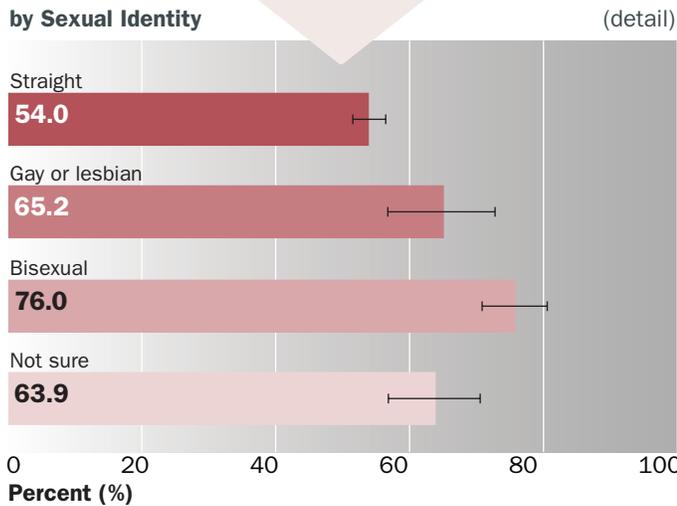
Question: During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?



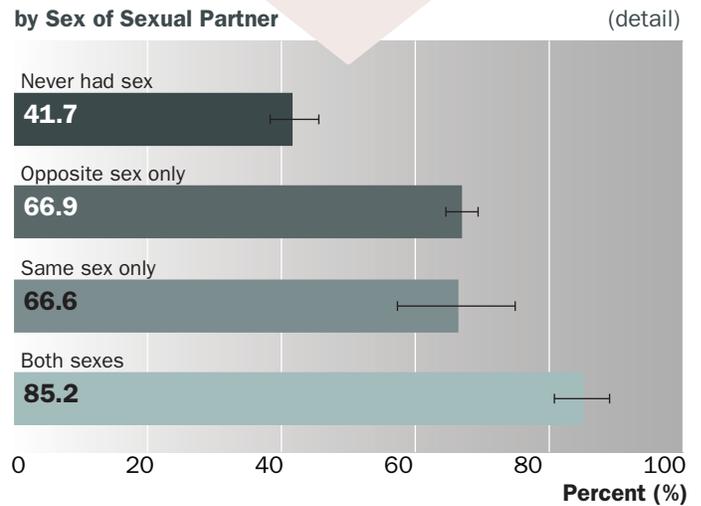
Lesbian, gay, or bisexual students were more likely to know one or more adults who used drugs compared to straight students (72.9% vs. 54.0%).



Students who had any same sex sexual contact were more likely to know one or more adults who used drugs than students who had sexual contact with the opposite sex only (79.2% vs. 66.9%).



Students who were gay or lesbian (65.2%), bisexual (76.0%), or not sure of their sexual identity (63.9%) were more likely than straight (54.0%) students to know one or more adults who used drugs. Bisexual students were also more likely to know one or more adults who used drugs than students who were not sure of their sexual identity.



Students who have never had sex (41.7%) were less likely to know one or more adults who used drugs than any other group of students. Students who had sexual contact with both sexes (85.2%) were more likely to know one or more adults who used drugs than students who had same sex only (66.6%) and students who have had opposite sex only (66.9%).

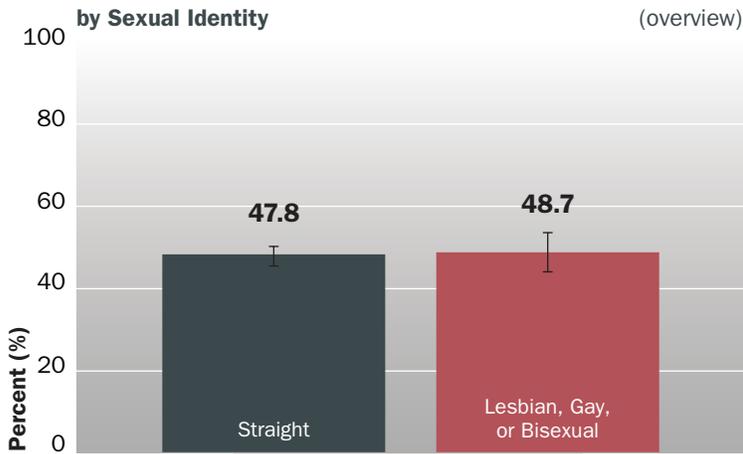
Question: How many adults have you known personally who, in the past year, have used marijuana, cocaine, or other drugs?

Sexual minority youth in the United States and New Mexico report higher rates of violence victimization than their straight peers. National data indicate that 55.5% of sexual minority students feel unsafe at school; 74.1% were harassed at school, 16.5% were physically assaulted, and 49.0% were electronically bullied because of their sexual orientation or gender identity. Sexual minority students who experienced these types of victimization were more likely to miss school, have lower GPAs, and experience higher rates of depression than their peers who did not experience this type of victimization.¹

Sexual minority students also report disproportionately high rates of dating violence and sexual violence. New Mexico sexual minority youth report having experienced forced sexual intercourse during their lifetime at a rate 3.3 times higher than that of their straight peers. Research has consistently demonstrated links between experiencing violence as a child and suicide risk, mental health, and substance abuse. For example, sexual assault has been found to be associated with suicide ideation and attempts, and with

stress, depression, post-traumatic stress disorder, anxiety disorders, and chronic major depression.² Youth with a history of forced sex report lower emotional well-being and self-esteem and feelings of sadness or hopelessness, and higher rates of alcohol abuse, cigarette use, and drug abuse.³ It has been theorized that the stress, anxiety, and depression associated with sexual assault increase the likelihood of substance abuse.⁴

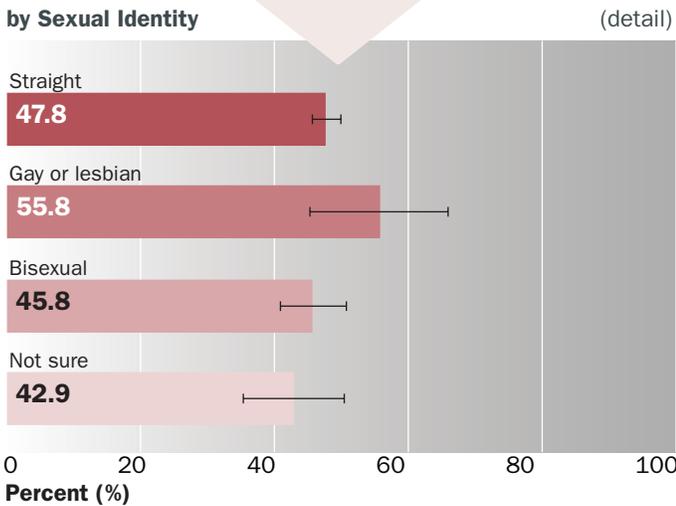
Violence victimization may contribute to the persistent high suicide rate for sexual minority students, which continues to be 3–4 times higher than that of straight students in the United States and in New Mexico, and in the high number of sexual minority runaways, who may comprise up to 40% of the entire teen homeless population.⁵ School-based supports, including the presence of supportive educators, LGBTQ-inclusive anti-harassment policies, and the presence of a curriculum that included positive representation of LGBTQ people, are recommended strategies to reduce violence and improve outcomes for sexual minority youth.⁵



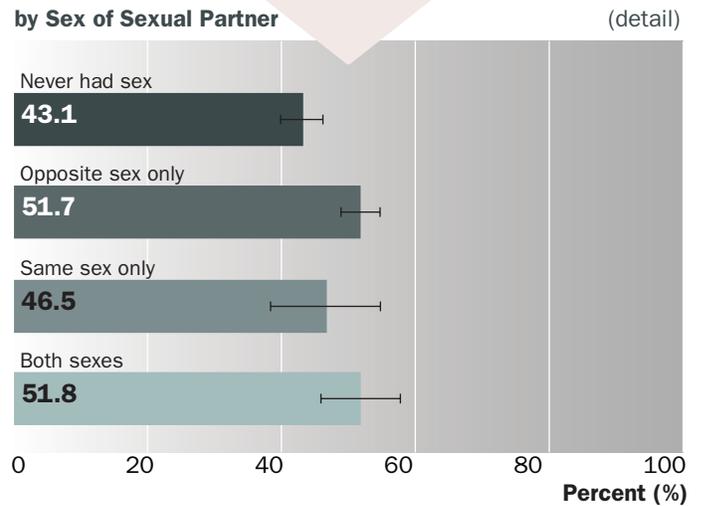
Lesbian, gay, or bisexual students were no more likely to have a gun in the home than straight students (48.7% vs. 47.8%).



Students who had opposite sex sexual contact only were no more likely to have a gun in the home than those who had any same sex sexual contact (51.7% vs. 50.1%).

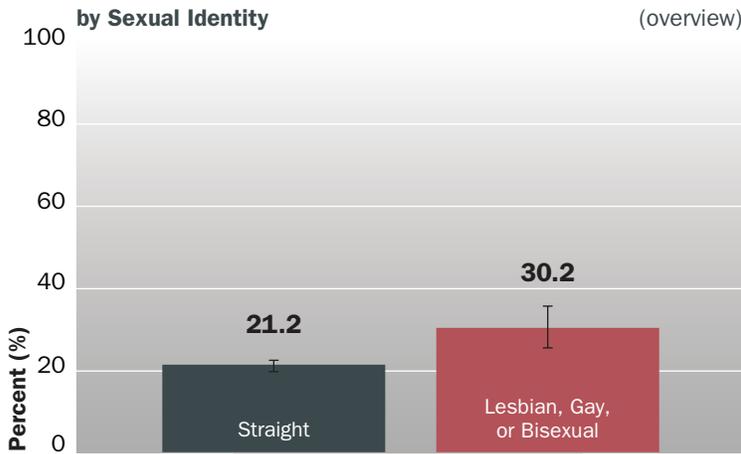


Gay or lesbian (55.8%), bisexual (45.8%), and students not sure of their sexual identity (42.9%), were no more likely than straight students (47.8%) to have a gun in the home.



Students who had sexual contact with the opposite sex only (51.7%) were more likely to have a gun in the home than students who never had sexual contact (43.1%).

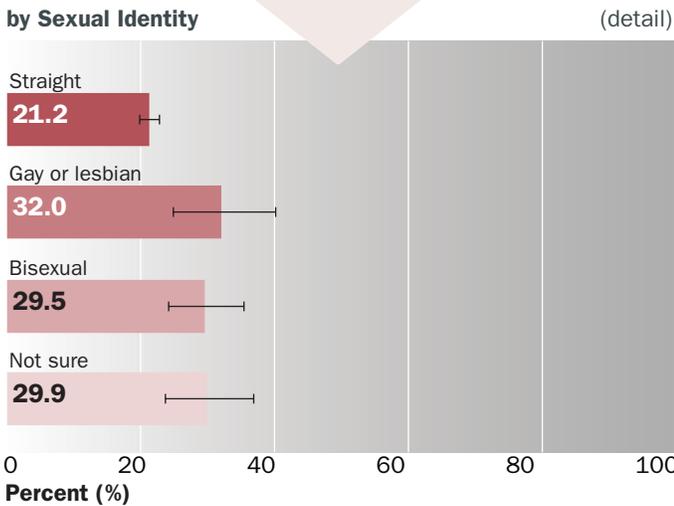
Question: Is there a gun in your home?



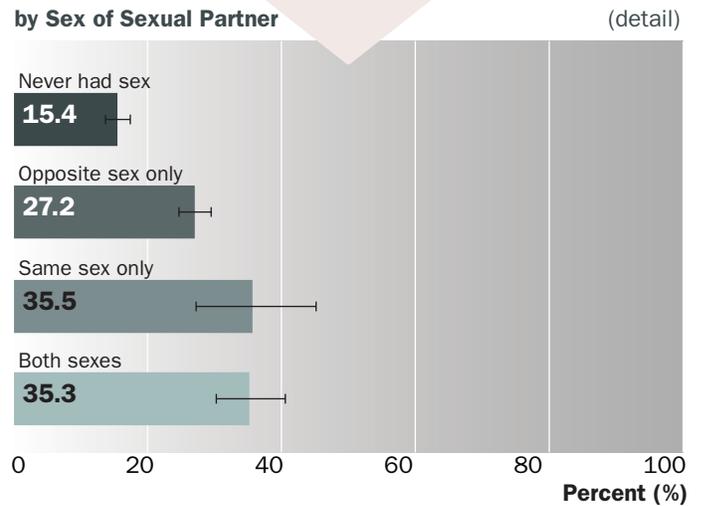
Lesbian, gay, or bisexual students were more likely to carry a weapon than straight students (30.2% vs. 21.2%).



Students who had any same sex sexual contact were more likely to carry a weapon than those who had sexual contact with the opposite sex only (35.4% vs. 27.2%).

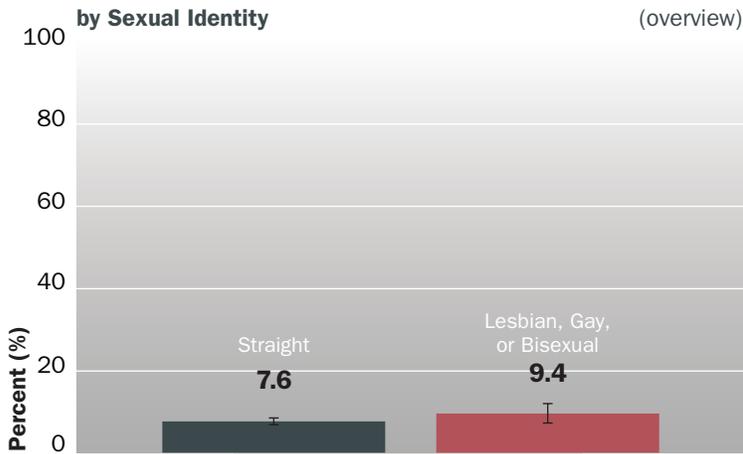


Gay or lesbian (32.0%), bisexual (29.5%), and students not sure of their sexual identity (29.9%), were all more likely than straight students (21.2%) to carry a weapon.



Students who had sexual contact with the same sex only (35.5%), both sexes (35.3%), or the opposite sex only (27.2%) were more likely to carry a weapon than students who never had sexual contact (15.4%). Students who had sex with both sexes (35.3%) were more likely to carry a weapon than students who had sex with the opposite sex only (27.2%).

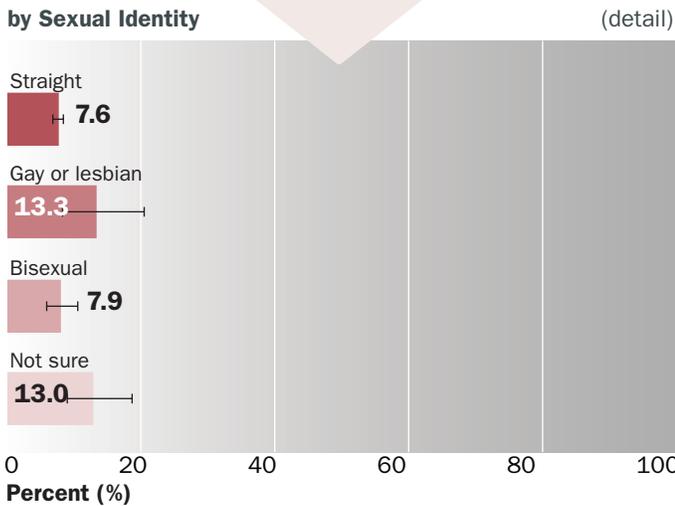
Question: During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?



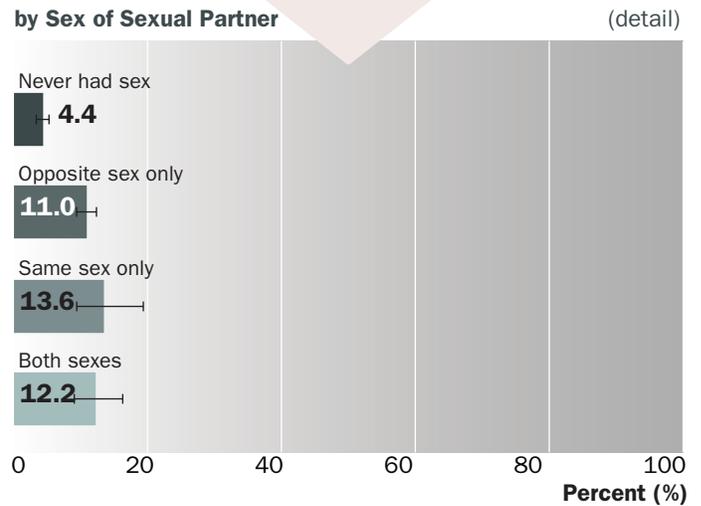
Lesbian, gay, or bisexual students were no more likely to carry a gun than straight students (9.4% vs. 7.6%).



Students who had any same sex sexual contact were no more likely to carry a gun than those who had sexual contact with the opposite sex only (12.6% vs. 11.0%).



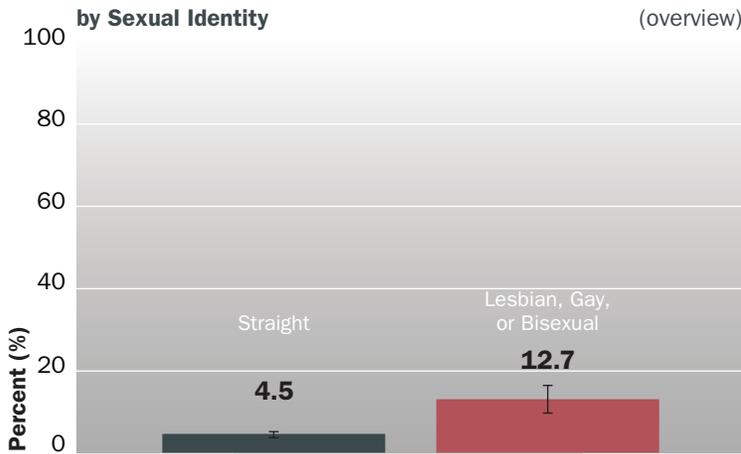
Students not sure of their sexual identity (13.3%) were more likely than straight students (7.6%) to carry a gun.



Students who had sexual contact with the same sex only (13.6%), both sexes (12.2%), or the opposite sex only (11.0%) were more likely to carry a gun than students who never had sexual contact (4.4%).

Question: During the past 30 days, on how many days did you carry a gun?

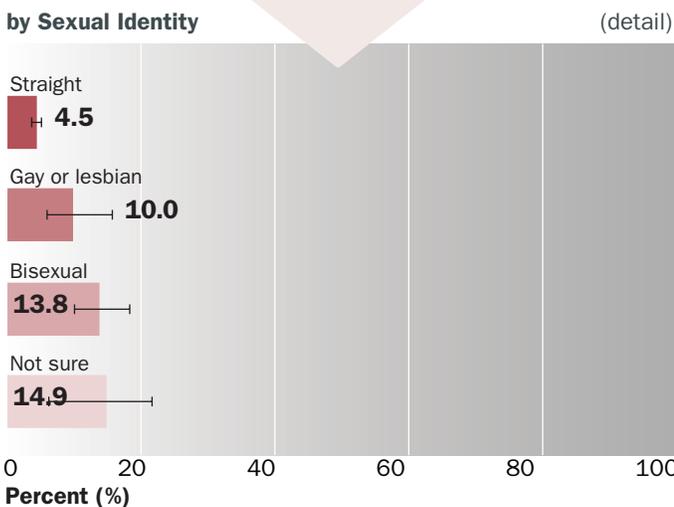
Carried a Weapon at School



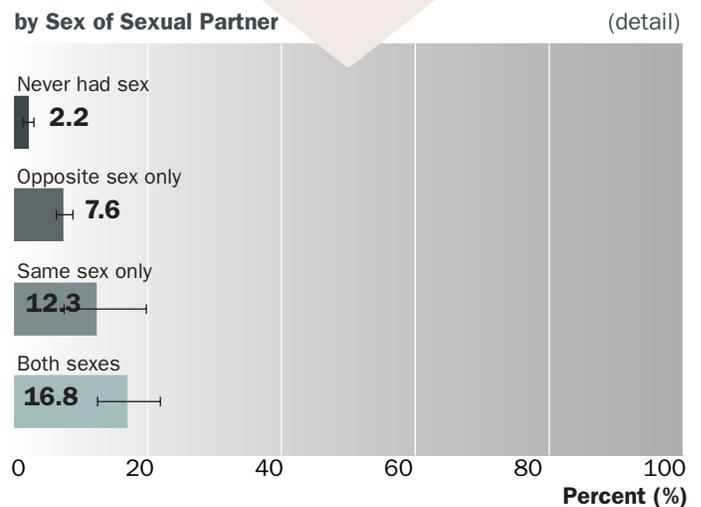
Lesbian, gay, or bisexual students were more likely to carry a weapon at school than straight students (12.7% vs. 4.5%).



Students who had any same sex sexual contact were more likely to carry a weapon at school than those who had sexual contact with the opposite sex only (15.3% vs. 7.6%).



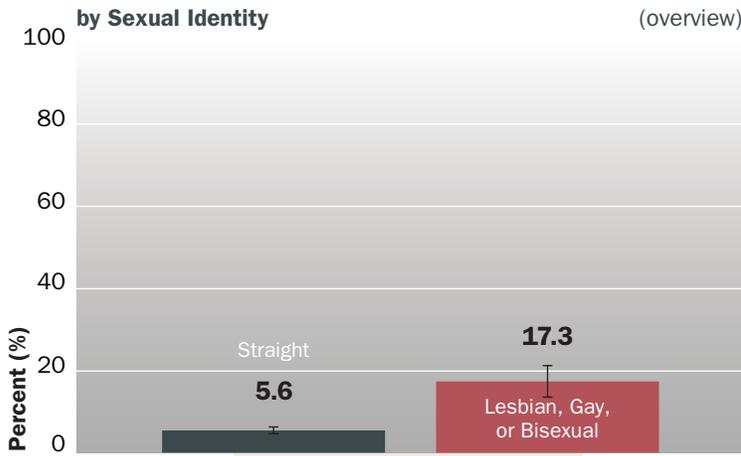
Gay or lesbian (10.0%), bisexual (13.8%), and students not sure of their sexual identity (14.9%) were all more likely than straight students (4.5%) to carry a weapon at school.



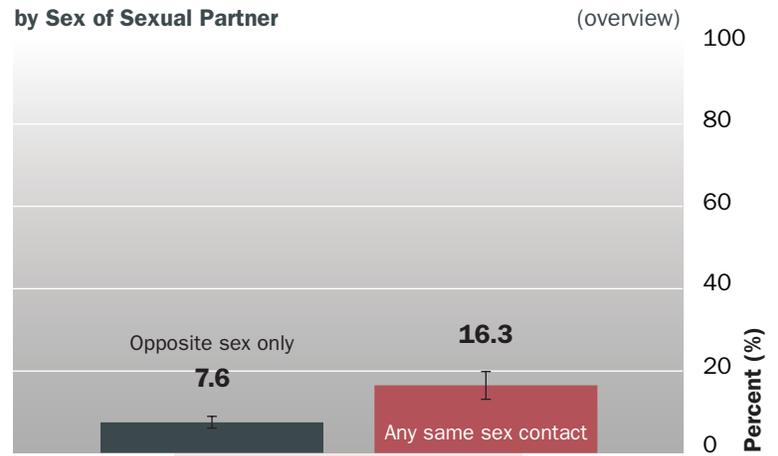
Students who had sexual contact with the same sex only (12.3%), both sexes (16.8%), or the opposite sex only (7.6%) were more likely to carry a weapon at school than students who never had sexual contact (2.2%). Students who had sex with both sexes (16.8%) were more likely to carry a weapon at school than students who had sex with the opposite sex only (7.6%).

Question: During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?

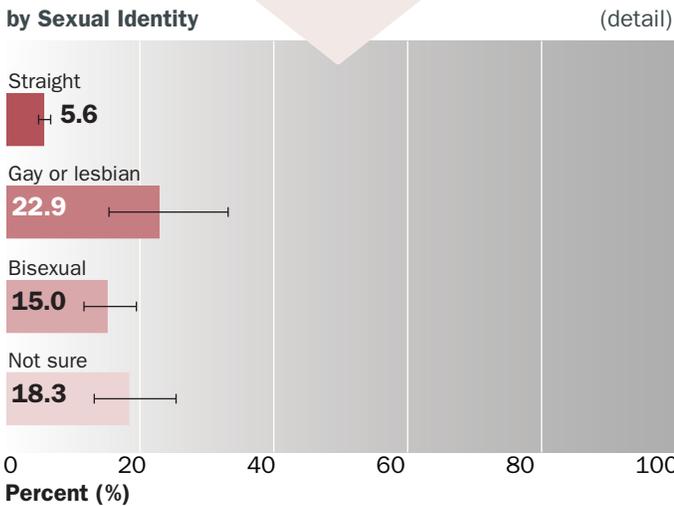
Skipped School Because of Safety Concerns



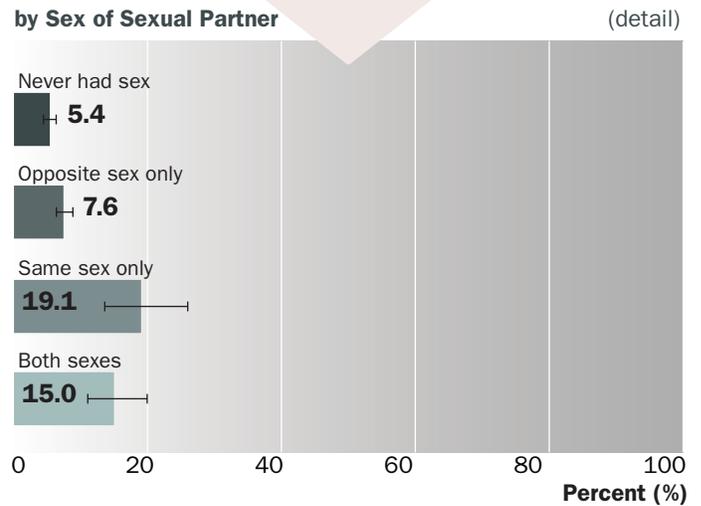
Lesbian, gay, or bisexual students were more likely to skip school because of safety concerns than straight students (17.3% vs. 5.6%).



Students who had any same sex sexual contact were more likely to skip school because of safety concerns than those who had sexual contact with the opposite sex only (16.3% vs. 7.6%).

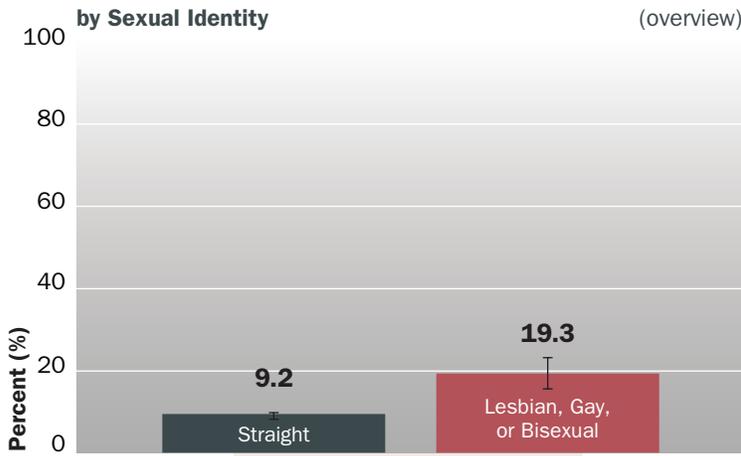


Gay or lesbian (22.9%), bisexual (15.0%), and students not sure of their sexual identity (18.3%) were all more likely than straight students (5.6%) to skip school because of safety concerns.



Students who had sexual contact with the same sex only (19.1%), both sexes (15.0%), or the opposite sex only (7.6%) were more likely to skip school because of safety concerns than students who never had sexual contact (5.4%). Students who had sex with both sexes (15.0%), and the same sex only (19.1%) were more likely to skip school because of safety concerns than students who had sex with the opposite sex only (7.6%).

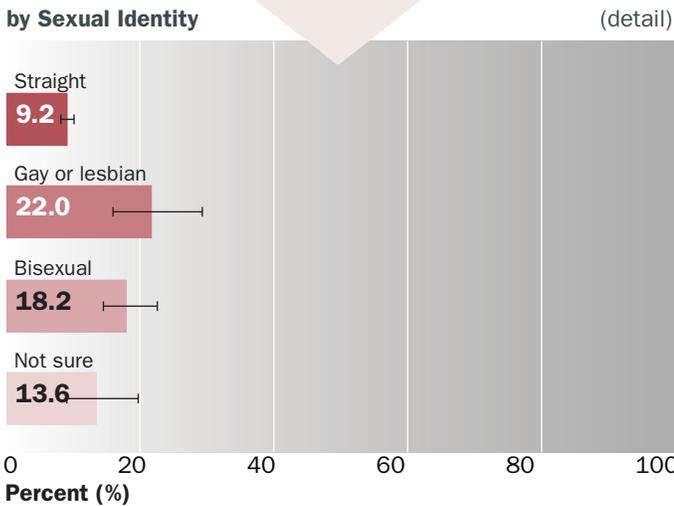
Question: During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?



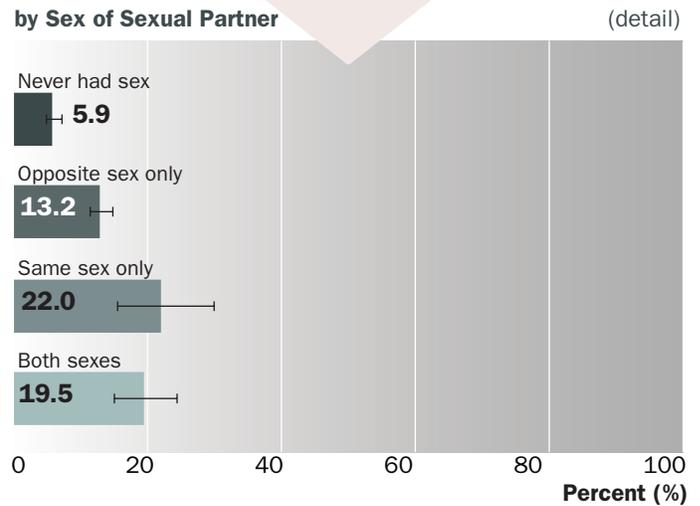
Lesbian, gay, or bisexual students were more likely to fight at school than straight students (19.3% vs. 9.2%).



Students who had any same sex sexual contact were more likely to fight at school than those who had sexual contact with the opposite sex only (20.3% vs. 13.2%).



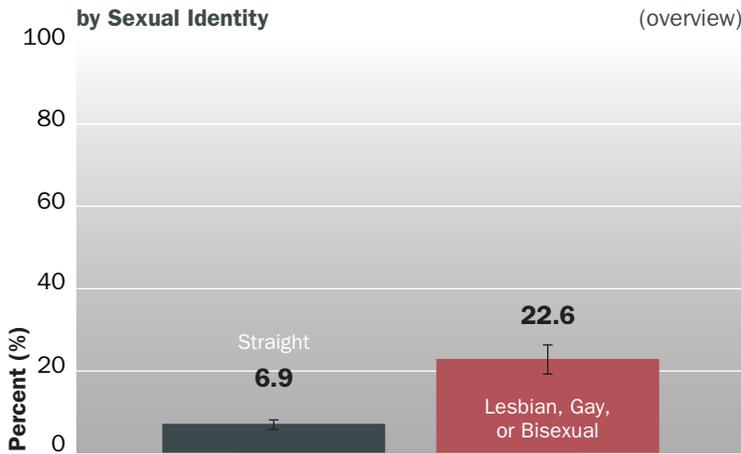
Gay or lesbian (22.0%) and bisexual students (18.2%) were more likely than straight students (9.2%) to fight at school.



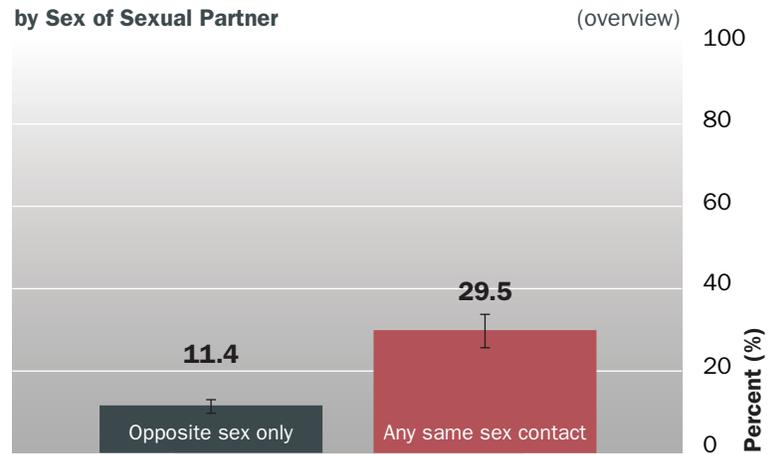
Students who had sexual contact with the same sex only (22.0%), both sexes (19.5%), or the opposite sex only (13.2%) were more likely to fight at school than students who never had sexual contact (5.9%). Students who had sex with both sexes (19.5%), and the same sex only (22.0%), were more likely to fight at school than students who had sex with the opposite sex only (13.2%).

Question: During the past 12 months, how many times were you in a physical fight on school property?

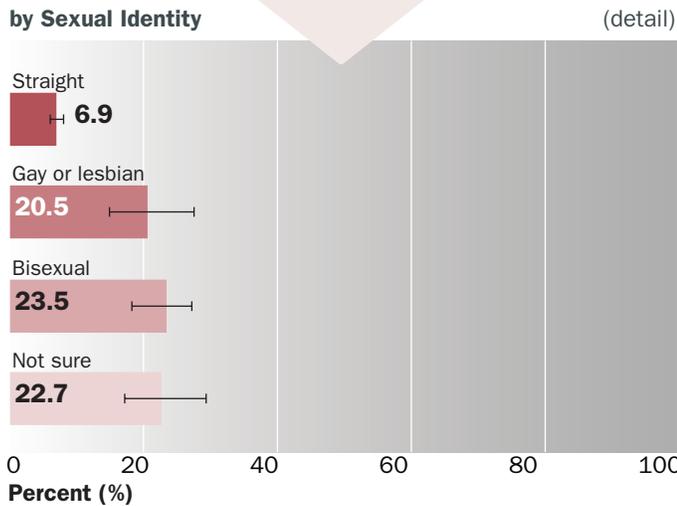
Forced to Have Sexual Intercourse



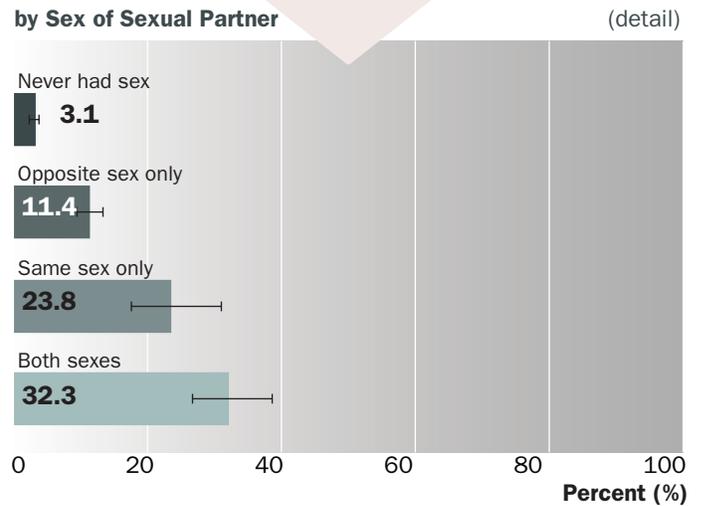
Lesbian, gay, or bisexual students were more likely to be forced to have sexual intercourse than straight students (22.6% vs. 6.9%).



Students who had any same sex sexual contact were more likely to be forced to have sexual intercourse than those who had sexual contact with the opposite sex only (29.5% vs. 11.4%).

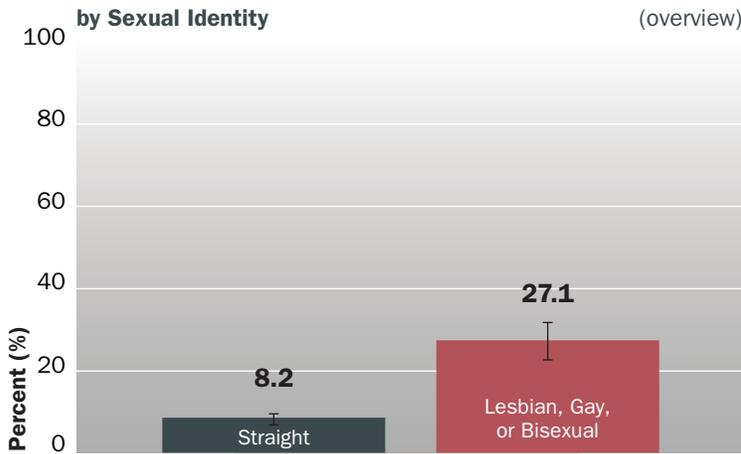


Gay or lesbian (20.5%), bisexual (23.5%), and students not sure of their sexual identity (22.7%), were all more likely than straight students (6.9%) to be forced to have sexual intercourse.



Students who had sexual contact with both sexes (32.3%), the same sex only (23.8%), and the opposite sex only (11.4%), were more likely to be forced to have sexual intercourse than students who never had sexual contact (3.1%). Students who had sex with both sexes (32.3%), and the same sex only (23.8%), were more likely to be forced to have sexual intercourse than students who had sex with the opposite sex only (11.4%).

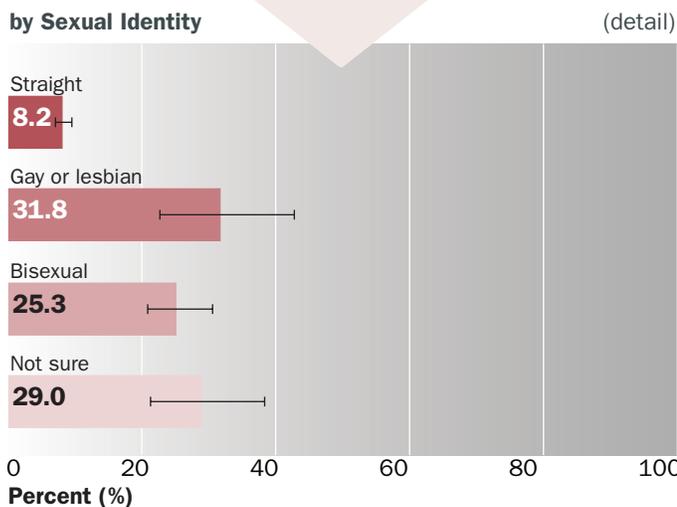
Question: Have you ever been physically forced to have sexual intercourse when you did not want to?



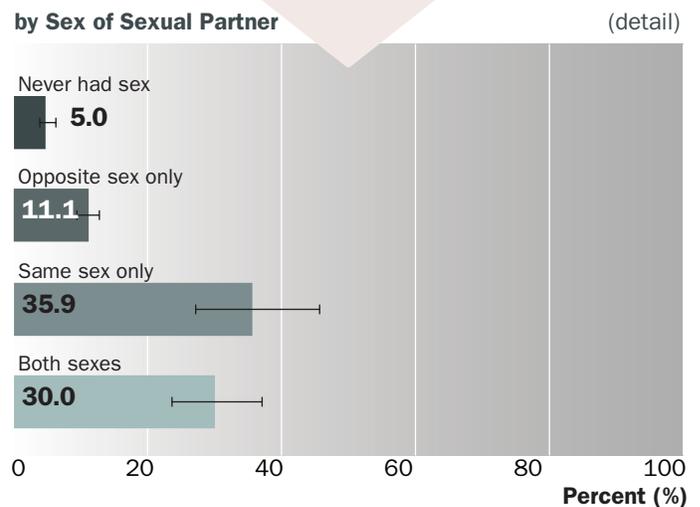
Lesbian, gay, or bisexual students were more likely to have experienced physical dating violence in the past year than straight students (27.1% vs. 8.2%).



Students who had any same sex sexual contact were more likely to have experienced physical dating violence in the past year than those who had sexual contact with the opposite sex only (31.7% vs. 11.1%).

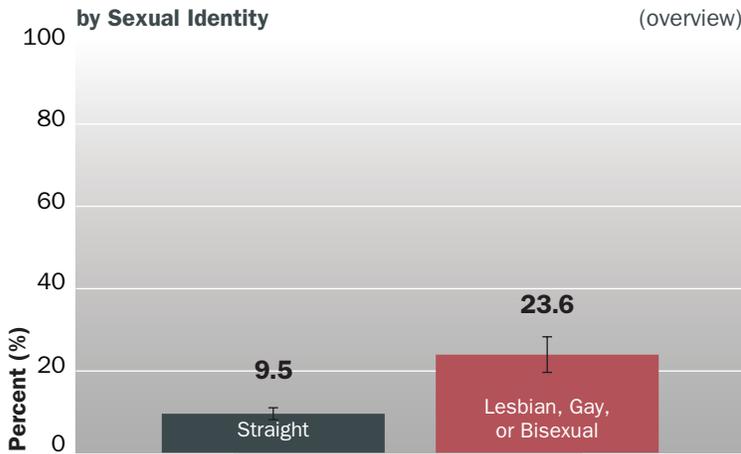


Gay or lesbian (31.8%), bisexual (25.3%), and students not sure of their sexual identity (29.0%), were all more likely than straight students (8.2%) to have experienced physical dating violence in the past year.



Students who had sexual contact with the same sex only (35.9%), both sexes (30.0%), and the opposite sex only (11.1%), were more likely to have experienced physical dating violence than students who never had sexual contact (5.0%). Students who had sex with the same sex only (35.9%), and both sexes (30.0%), were more likely to have experienced physical dating violence than students who had sex with the opposite sex only (11.1%).

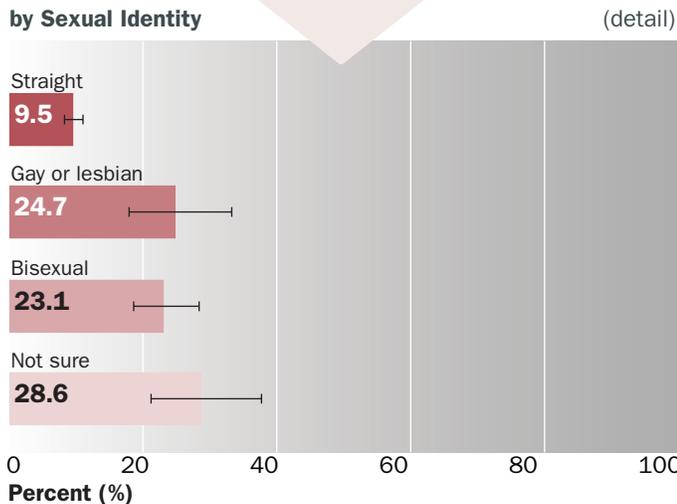
Question: During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose?



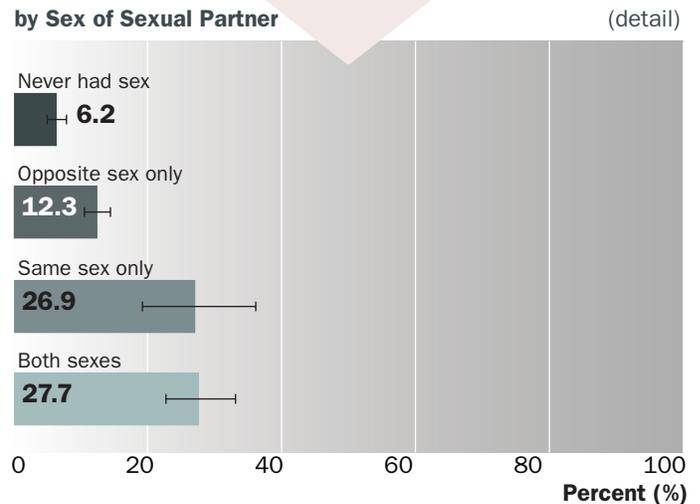
Lesbian, gay, or bisexual students were more likely to experience sexual dating violence in the past year than straight students (23.6% vs. 9.5%).



Students who had any same sex sexual contact were more likely to experience sexual dating violence in the past year than those who had sexual contact with the opposite sex only (27.5% vs. 12.3%).

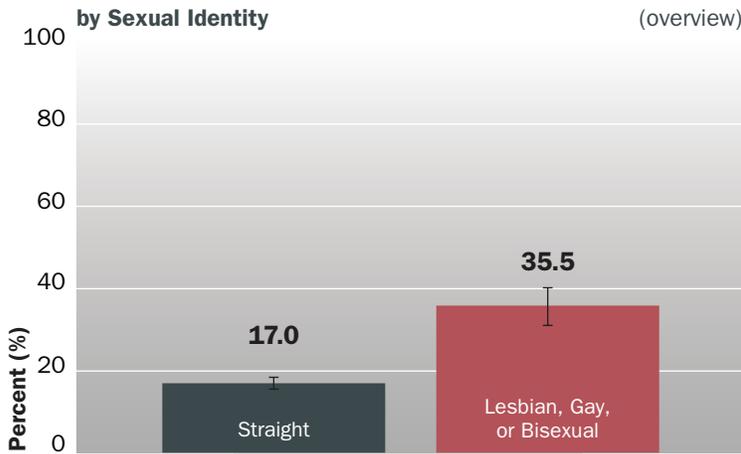


Gay or lesbian (24.7%), bisexual (23.1%), and students not sure of their sexual identity (28.6%), were all more likely than straight students (9.5%) to experience sexual dating violence in the past year.

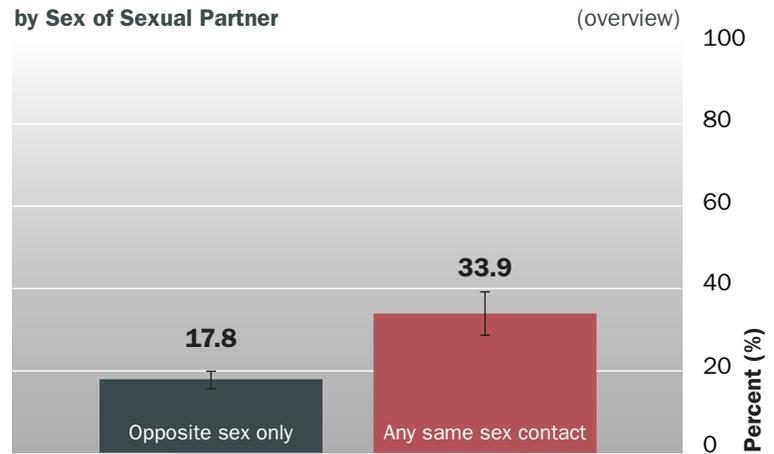


Students who had sexual contact with both sexes (27.7%), the same sex only (26.9%), and the opposite sex only (12.3%), were more likely experience sexual dating violence than students who never had sexual contact (6.2%). Students who had sex with both sexes (27.7%), and the same sex only (26.9%), were more likely to experience sexual dating violence than students who had sex with the opposite sex only (12.3%).

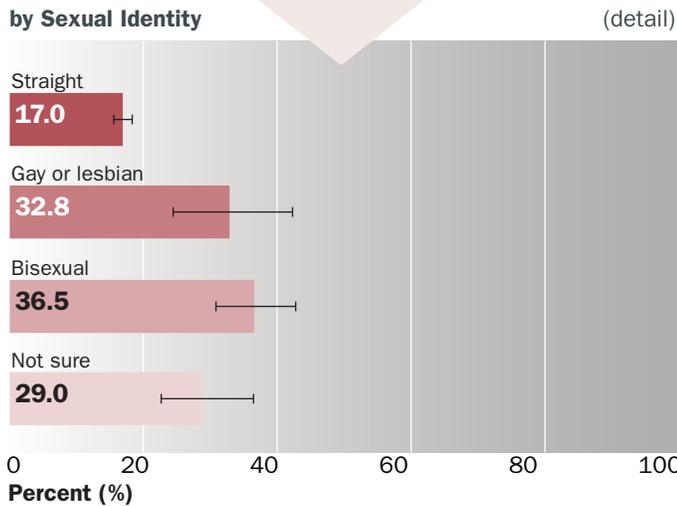
Question: During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do?



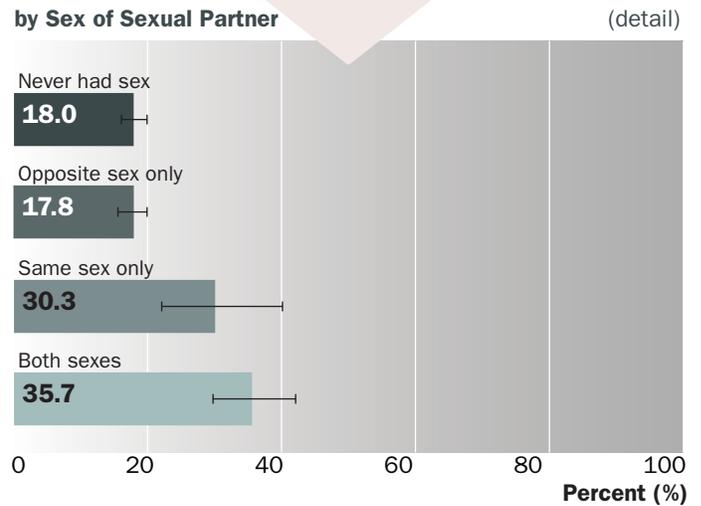
Lesbian, gay, or bisexual students were more likely to be bullied on school property in the past year than straight students (35.5% vs. 17.0%).



Students who had any same sex sexual contact were more likely to be bullied on school property in the past year than those who had sexual contact with the opposite sex only (33.9% vs. 17.8%).

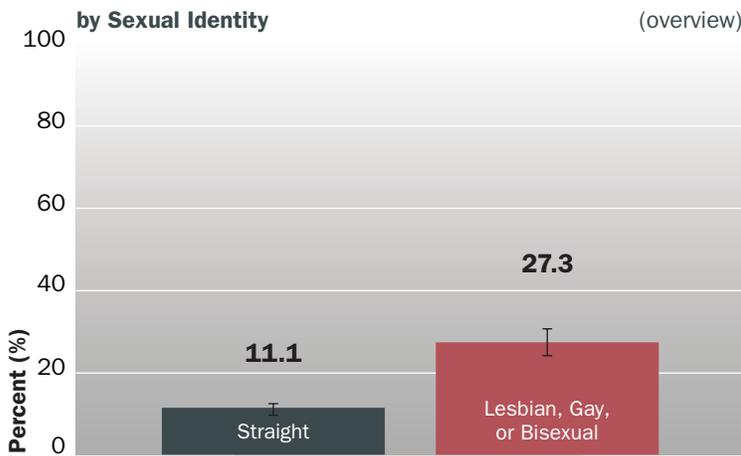


Gay or lesbian (32.8%), bisexual (36.5%), and students not sure of their sexual identity (29.0%), were all more likely than straight students (17.0%) to be bullied on school property in the past year.



Students who had sexual contact with both sexes (35.7%), and the same sex only (30.3%), were more likely to be bullied on school property in the past year than students who never had sexual contact (18.0%). Students who had sex with both sexes (35.7%), and the same sex only (30.3%), were more likely to be bullied on school property in the past year than students who had sex with the opposite sex only (17.8%).

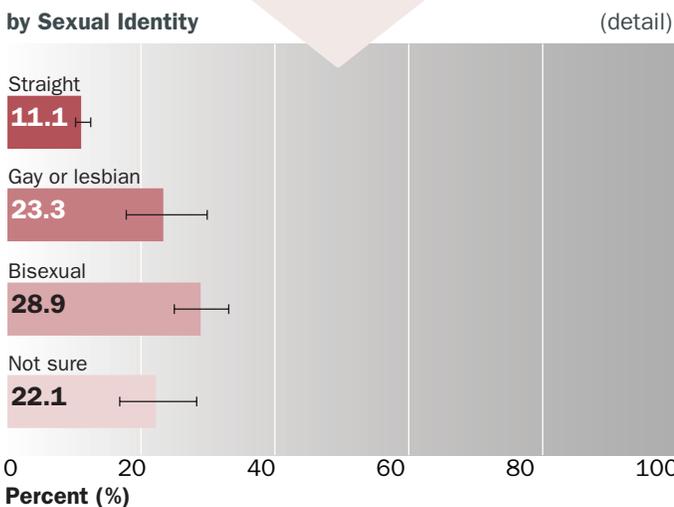
Question: During the past 12 months, have you ever been bullied on school property?



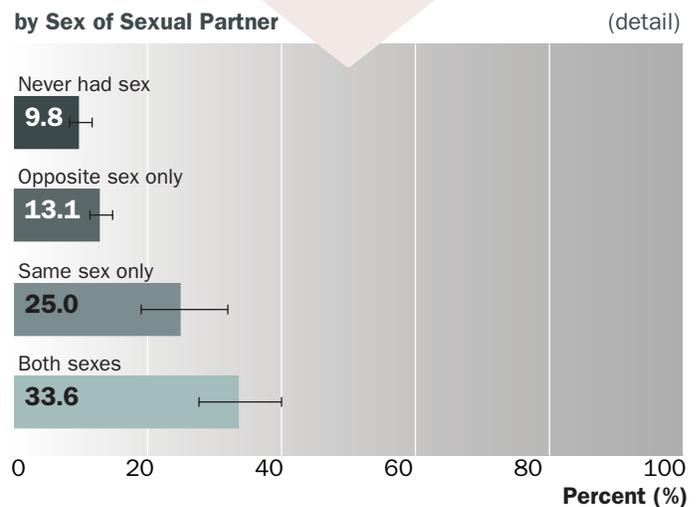
Lesbian, gay, or bisexual students were more likely to be electronically bullied in the past year than straight students (27.3% vs. 11.1%).



Students who had any same sex sexual contact were more likely to be electronically bullied in the past year than those who had sexual contact with the opposite sex only (30.8% vs. 13.1%).



Gay or lesbian (23.3%), bisexual (28.9%), and students not sure of their sexual identity (22.1%), were all more likely than straight students (11.1%) to be electronically bullied in the past year.

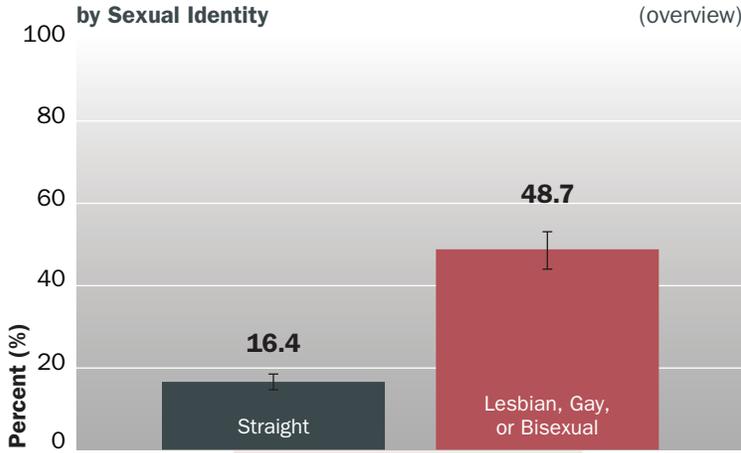


Students who had sexual contact with both sexes (33.6%), the same sex only (25.0%), and the opposite sex only (13.1%), were more likely to be electronically bullied in the past year than students who never had sexual contact (9.8%). Students who had sex with both sexes (33.6%), and the same sex only (25.0%), were more likely to be electronically bullied in the past year than students who had sex with the opposite sex only (13.1%).

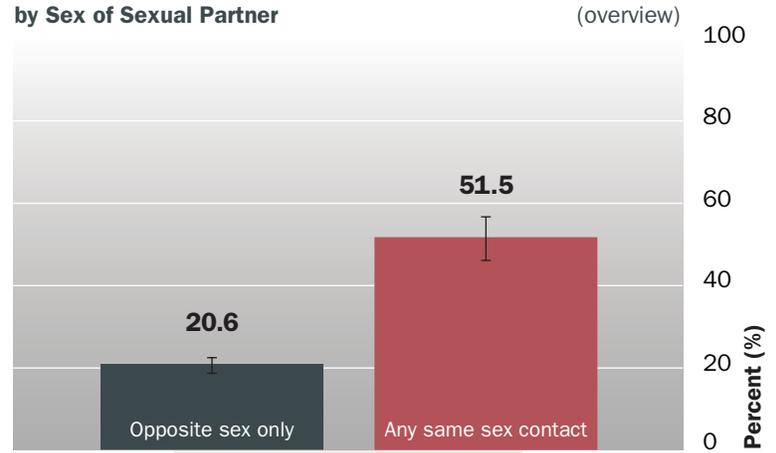
Question: During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)

In 2014, suicide was the second leading cause of death among youth 10–19 years of age in New Mexico¹ and New Mexico youth 10–19 years of age experience a higher rate of death by suicide than those in the United States (9.8 vs. 4.8 deaths per 100,000 population).² Mental health is an important factor in the health and academic achievement of students. The 2013 NM-YRRS questionnaire included four questions in the high school survey about suicide ideation and attempts. The high school survey also included a question about feelings of sadness or hopelessness (a risk factor for depression) and a question about non-suicidal self-injury.

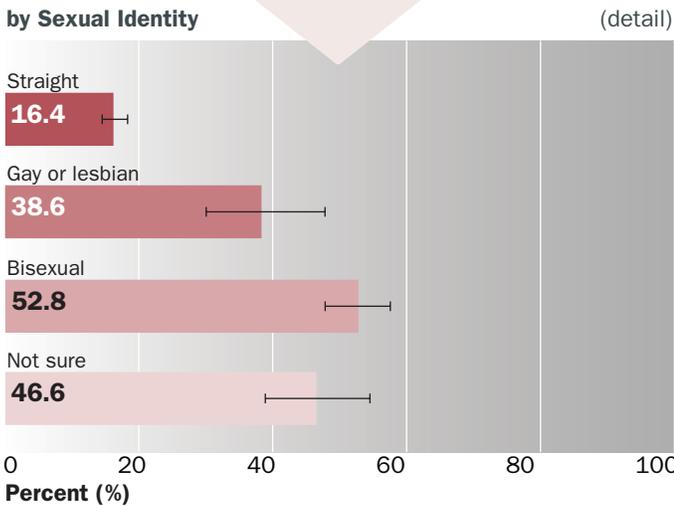
Nationally, sexual minority youth are at nearly three times greater risk for suicidality compared to straight youth and they are also at higher risk for depressive symptoms.³ Certain groups of sexual minority youth are at even higher risk for suicide, including youth who are homeless, have run away, are living in foster care, and/or are in the juvenile justice system.⁴ Providing support and increasing resiliency factors may decrease mental health issues among sexual minority youth.



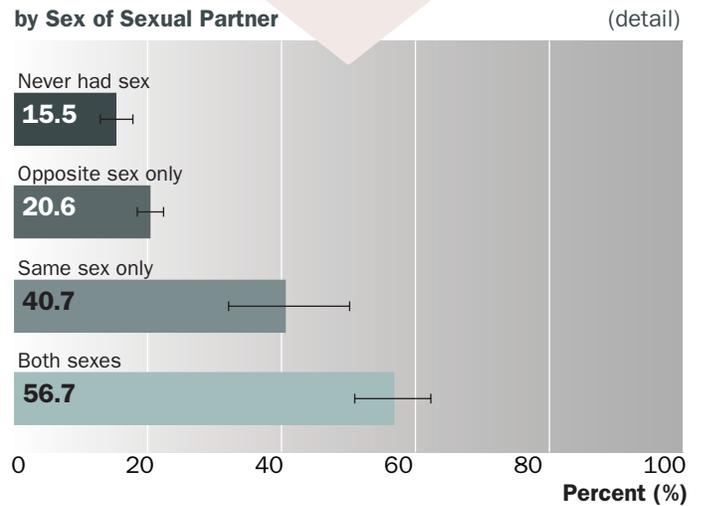
Lesbian, gay, or bisexual students were three times as likely to engage in non-suicidal self-injury as straight students (48.7% vs. 16.4%).



Students who had any same sex sexual contact were 2.5 times as likely to engage in NSSI as students who had sexual contact with the opposite sex only (51.5% vs. 20.6%).

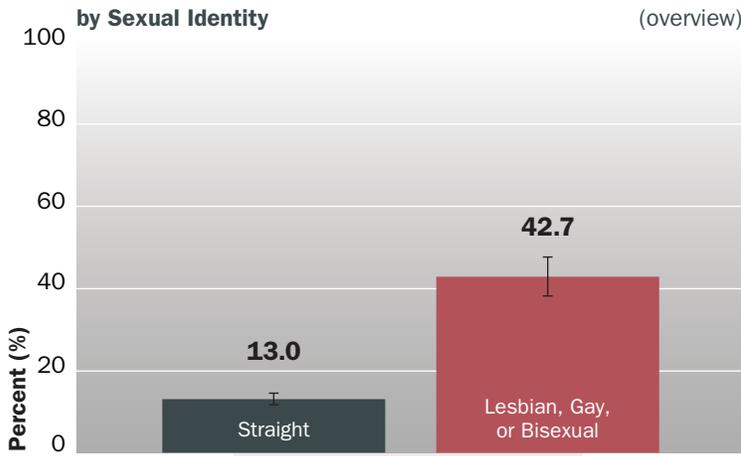


Gay or lesbian students (38.6%), bisexuals (52.8%), and those who were not sure of their sexual identity (46.6%) were all more likely than straight students (16.4%) to engage in NSSI.

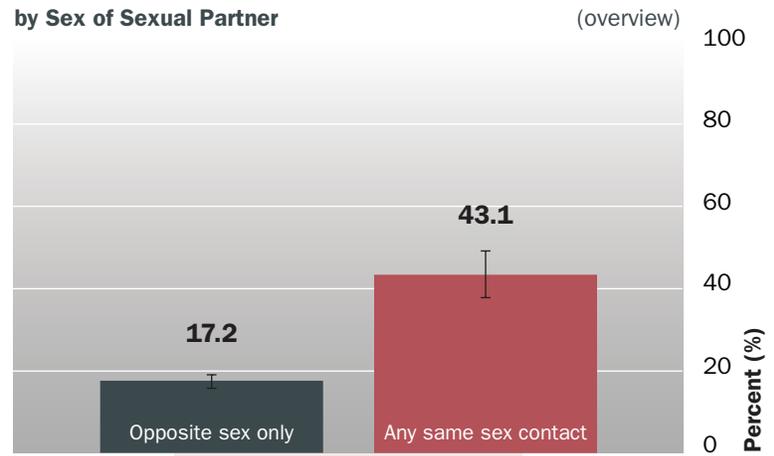


Students who never had sex (15.5%), were less likely to engage in NSSI than any other group. Those who had sexual contact with the same sex only (40.7%) and those who sex with both sexes (56.7%) were more likely to engage in NSSI than those who had sex with members of the opposite sex only (20.6%).

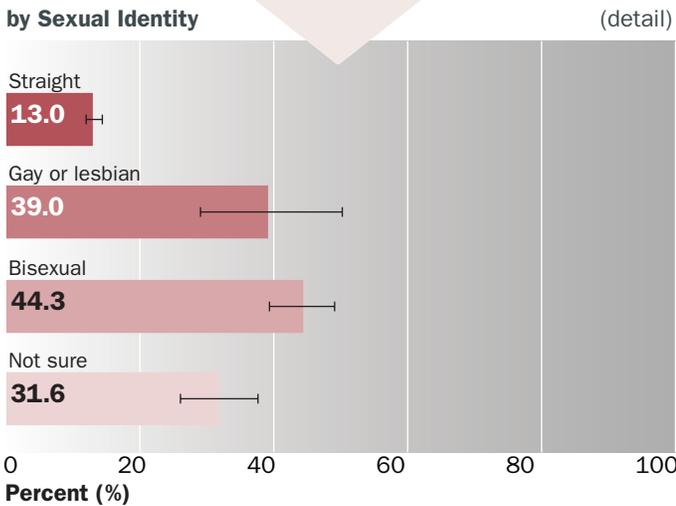
Question: During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?



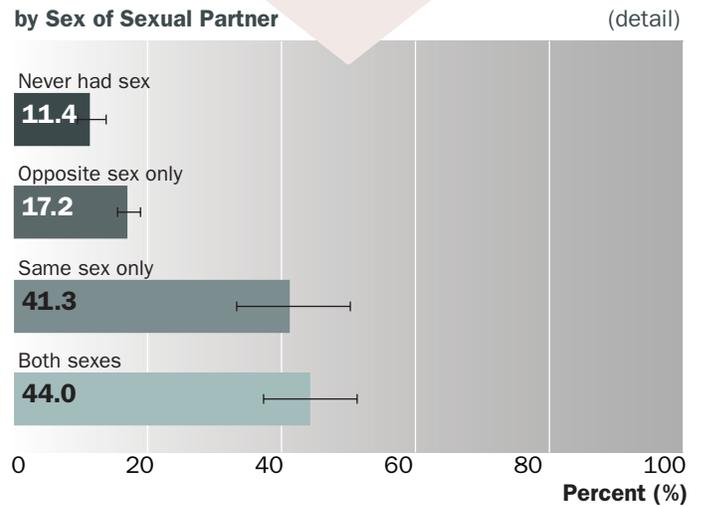
Lesbian, gay, or bisexual students were more than 3 times as likely to seriously consider suicide as straight students (42.7% vs. 13.0%).



Students who had any same sex sexual contact were 2.5 times as likely to seriously consider suicide as students who had sexual contact with the opposite sex only (43.1% vs. 17.2%).

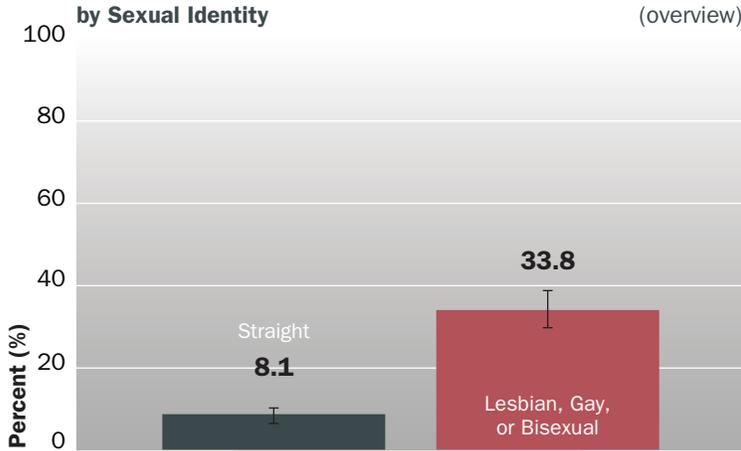


Gay or lesbian students (39.0%), bisexuals (44.3%), and those who were not sure of their sexual identity (31.6%) were all more likely than straight students (13.0%) to seriously consider suicide.



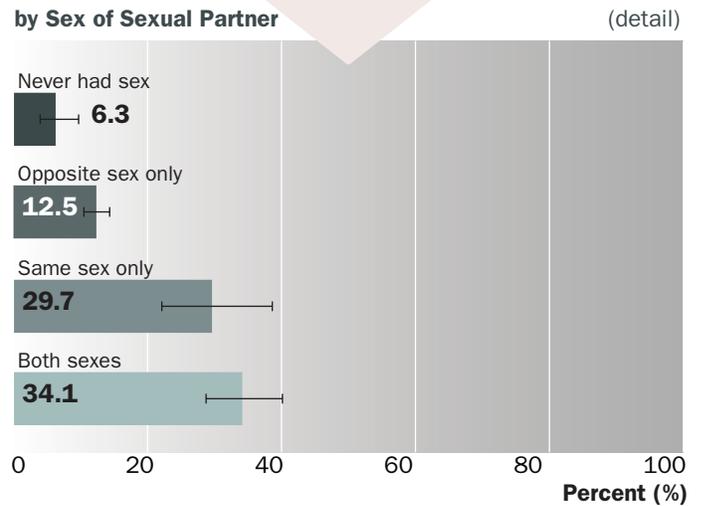
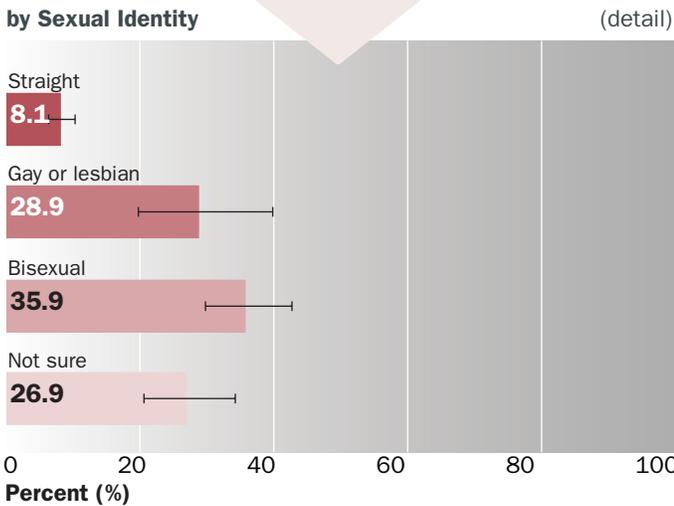
Students who never had sex (11.4%), were less likely to seriously consider suicide than any other group. Those who had sexual contact with the same sex only (41.3%) and those who sex with both sexes (44.0%) were more likely to seriously consider suicide than those who had sex with members of the opposite sex only (17.2%).

Question: During the past 12 months, did you ever seriously consider attempting suicide?



Lesbian, gay, or bisexual students were more than 4 times as likely to attempt suicide as straight students (33.8% vs. 8.1%).

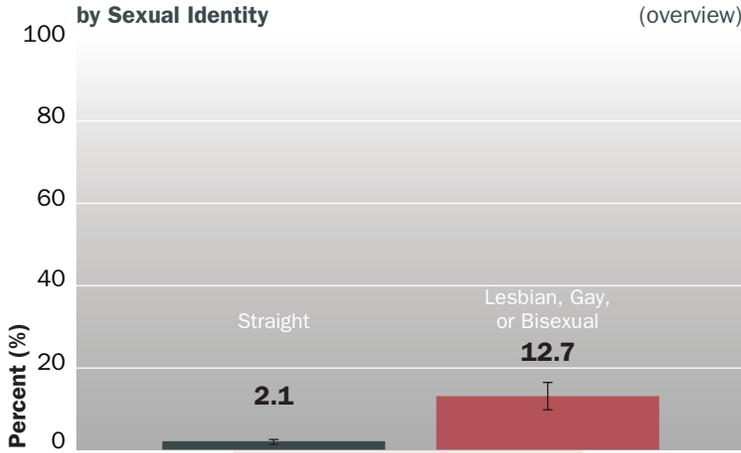
Students who had any same sex sexual contact were 2.6 times as likely to attempt suicide as students who had sexual contact with the opposite sex only (32.7% vs. 12.5%).



Gay or lesbian students (28.9%), bisexuals (35.9%), and those who were not sure of their sexual identity (26.9%) were all more likely than straight students (8.1%) to attempt suicide.

Students who never had sex (6.3%), were less likely to attempt suicide than any other group. Those who had sexual contact with the same sex only (29.7%) and those who sex with both sexes (34.1%) were more likely to attempt suicide than those who had sex with members of the opposite sex only (12.5%).

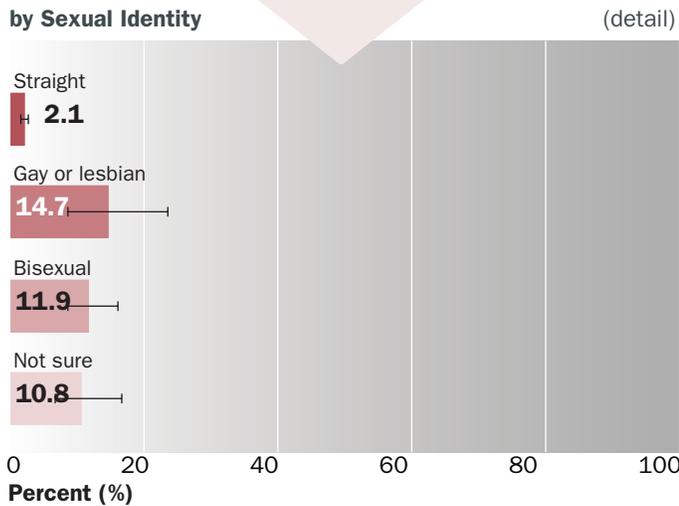
Question: During the past 12 months, how many times did you actually attempt suicide?



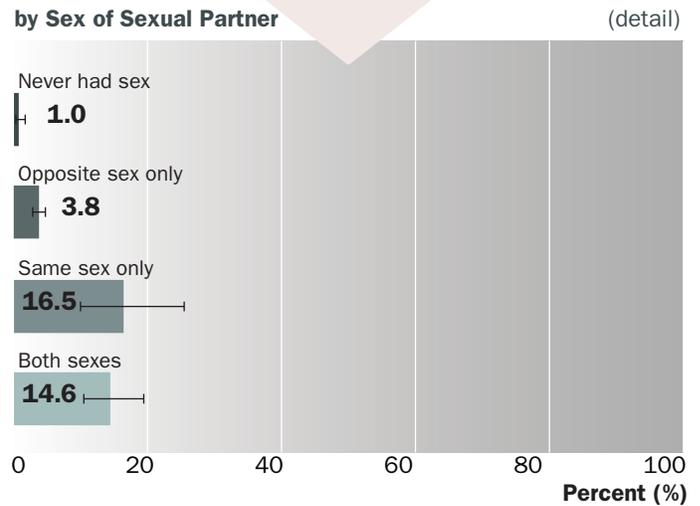
Lesbian, gay, or bisexual students were 6 times as likely to make a suicide attempt that resulted in an injury as straight students (12.7% vs. 2.1%).



Students who had any same sex sexual contact were 4 times as likely to make a suicide attempt that resulted in an injury as students who had sexual contact with the opposite sex only (15.2% vs. 3.8%).



Gay or lesbian students (14.7%), bisexuals (11.9%), and those who were not sure of their sexual identity (10.8%) were all more likely than straight students (2.1%) to make a suicide attempt that resulted in an injury.



Students who never had sex (1.0%), were less likely to make a suicide attempt that resulted in an injury than any other group. Students who had sexual contact with the same sex only (16.5%) and students who had sex with both sexes (14.6%) were more likely to make a suicide attempt that resulted in an injury than those who had sex with members of the opposite sex only (3.8%).

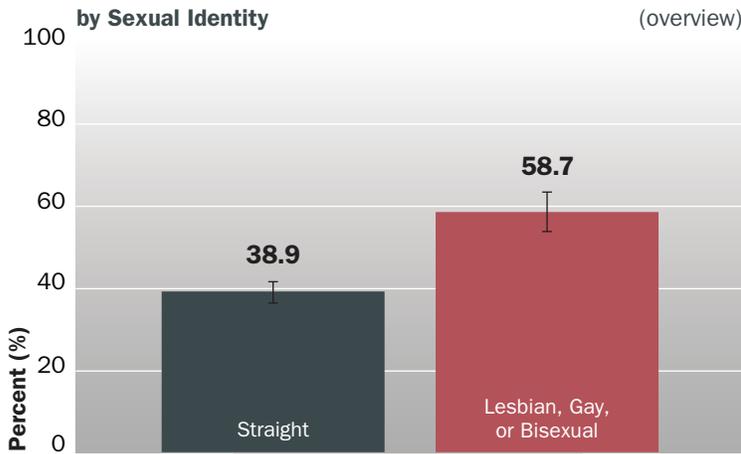
Question: If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

The NM-YRRS includes questions on early age at first sexual intercourse, alcohol and other drug use before sexual intercourse, lack of condom use, and lack of reliable contraceptive use. These behaviors place students at risk of unplanned teen pregnancy and sexually transmitted infections (STIs) including HIV/AIDS.¹

Recent research has suggested that students who identify as gay, lesbian, or bisexual or reported both male and female sexual partners have higher odds of pregnancy than straight students who only have opposite-sex sexual contact.² This is contrary to some assumptions that sexual minority students are at lower risk of pregnancy and underscores

the importance of including sexual minority students in discussions of pregnancy prevention.

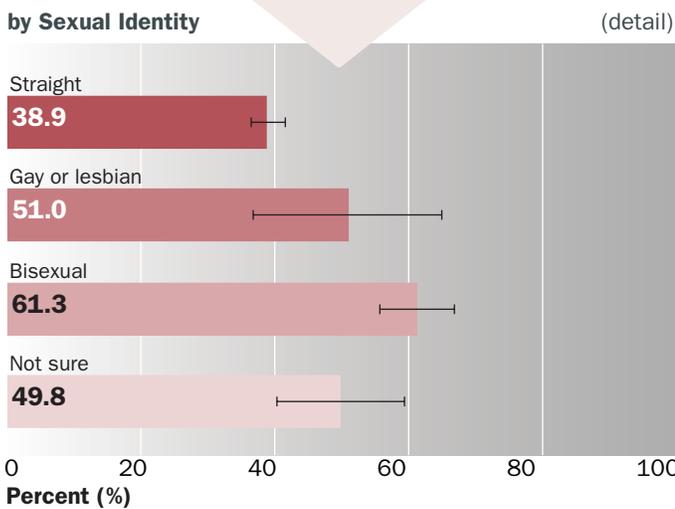
In this report, it is important to note that there was a small number of students who responded to the sexual behavior questions even though they also reported that they had no sexual contact. While this was a small percent of students, this may be a reflection that how people define sexual contact may differ by their experience. For example, students who have been sexually assaulted may not consider that experience to be sexual contact when asked about sex of their sexual partners.



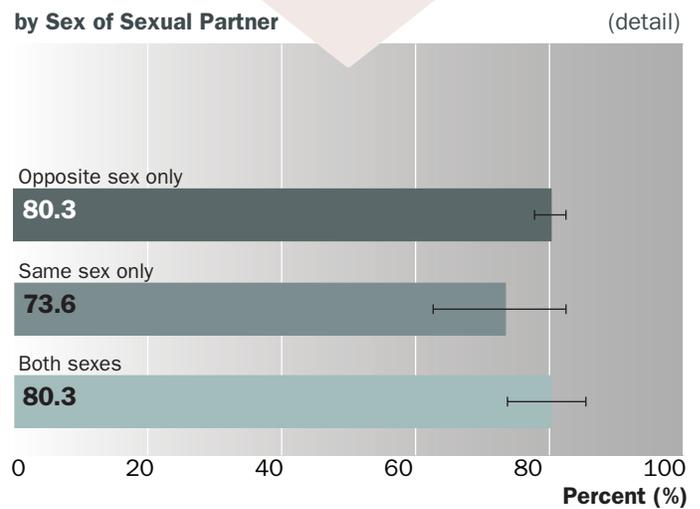
Lesbian, gay, or bisexual students were more likely to have had sex than straight students (58.7% vs. 38.9%).



Students who had sexual contact with the opposite sex only were no more likely to have had sex than those who had any same sex sexual contact (80.3% vs. 78.2%).

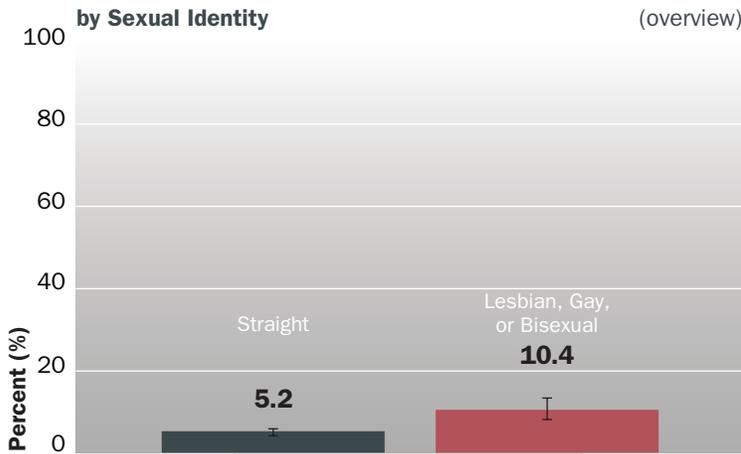


Bisexual students (61.3%) were more likely than straight students (38.9%) to have had sex.



Students who had sexual contact with the opposite sex only (80.3%) were no more likely to have had sex than those who had same sex contact only (73.6%) or those who had contact with both sexes (80.3%).

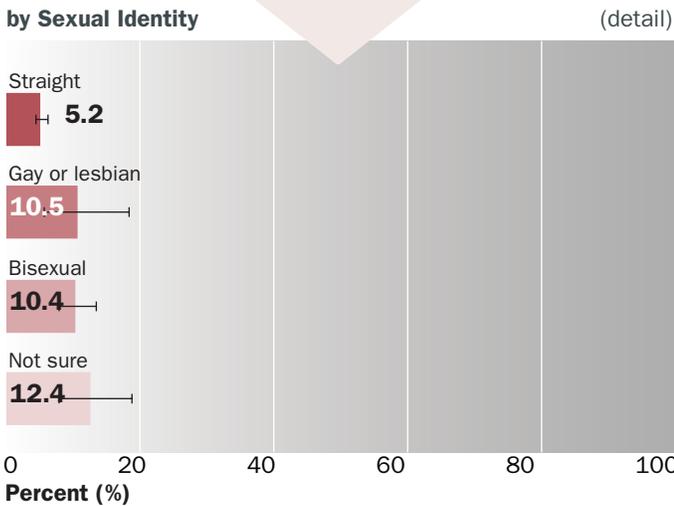
Question: How old were you when you had sexual intercourse for the first time?



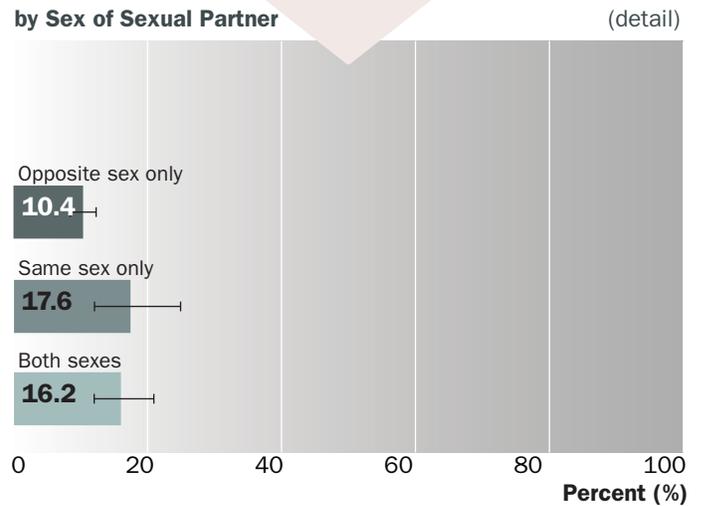
Lesbian, gay, or bisexual students were more likely to have sex before age 13 than straight students (10.4% vs. 5.2%).



Students who had any same sex sexual contact were more likely to have sex before age 13 than those who had sexual contact with the opposite sex only (16.6% vs. 10.4%).



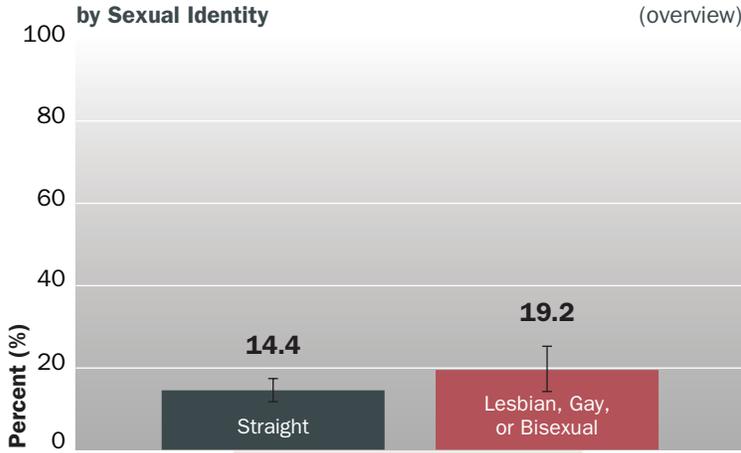
Bisexual (10.4%) and students not sure of their sexual identity (12.4%) were more likely than straight students (5.2%) to have sex before age 13.



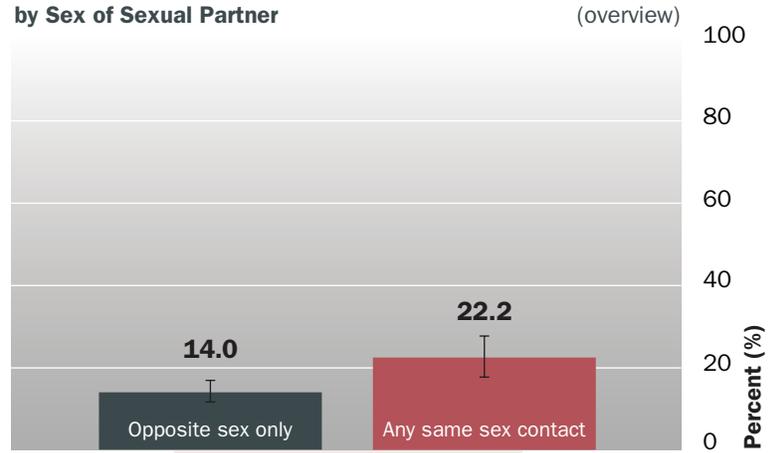
Students who had sex with the same sex only (17.6%), and both sexes (16.2%), were more likely to have sex before age 13 than students who had sex with the opposite sex only (10.4%).

Question: How old were you when you had sexual intercourse for the first time?

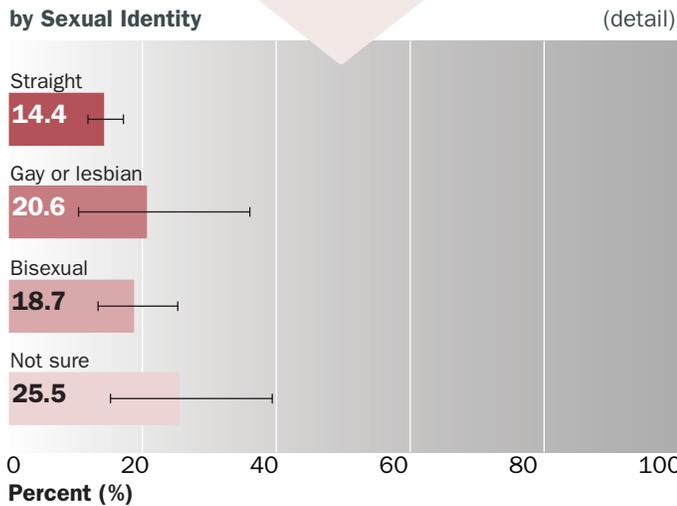
Sex Before Age 13 (Among Sexually Active)



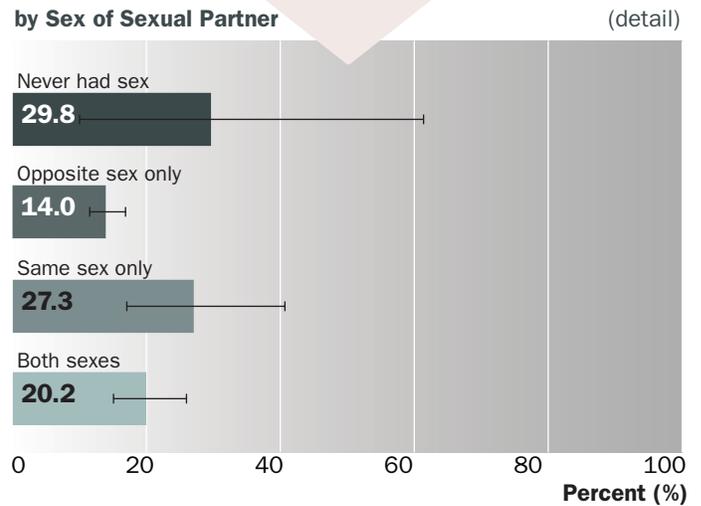
Among those who were sexually active, lesbian, gay, or bisexual students were no more likely to have sex before age 13 than straight students (19.2% vs. 14.4%).



Among those who were sexually active, students who had any same sex sexual contact were more likely to have sex before age 13 than those who had sexual contact with the opposite sex only (22.2% vs. 14.0%).

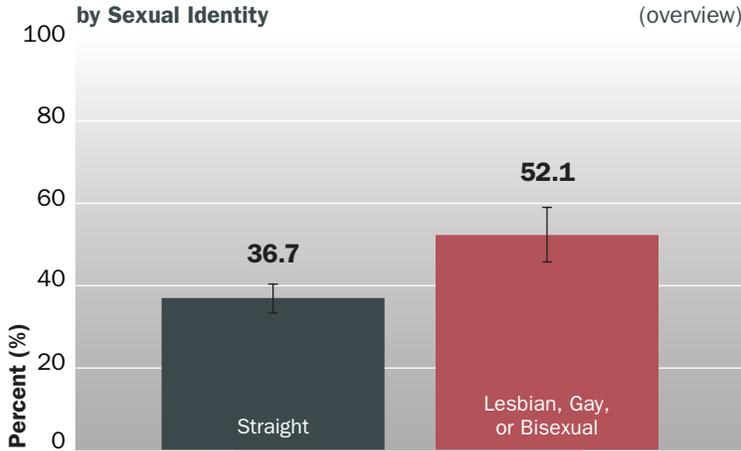


Among those who were sexually active, gay or lesbian (20.6%), bisexual (18.7%), and students not sure of their sexual identity (25.5%), were no more likely than straight students (14.4%) to have sex before age 13.



Among those who were sexually active, students who had sex with the same sex only (27.3%), were more likely to have sex before age 13 than students who had sex with the opposite sex only (14.0%).

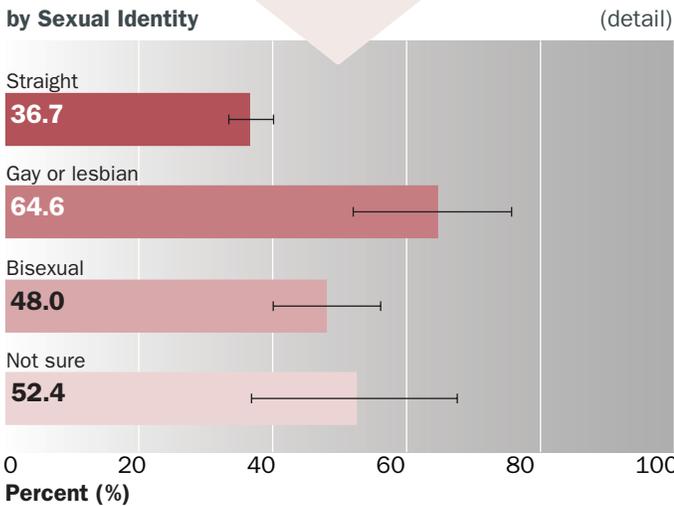
Questions: How old were you when you had sexual intercourse for the first time?
During the past 3 months, with how many people did you have sexual intercourse?



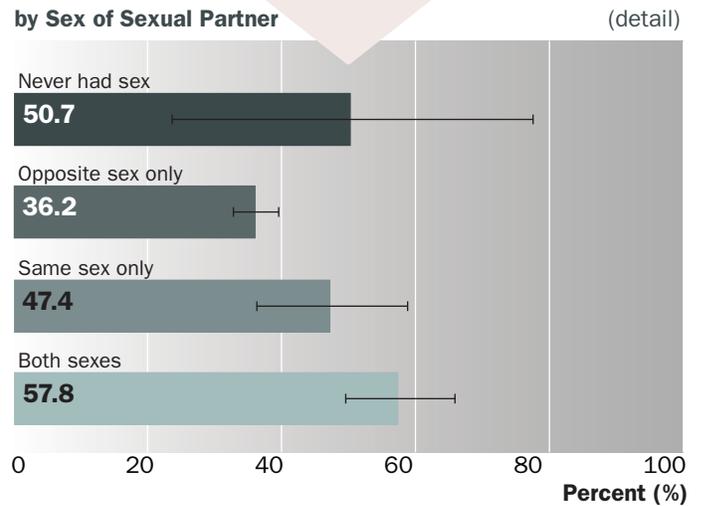
Among those who were sexually active, lesbian, gay, or bisexual students were more likely to have sex with four or more people than straight students (52.1% vs. 36.7%).



Among those who were sexually active, students who had any same sex sexual contact were more likely to have sex with four or more people than those who had sexual contact with the opposite sex only (54.8% vs. 36.2%).



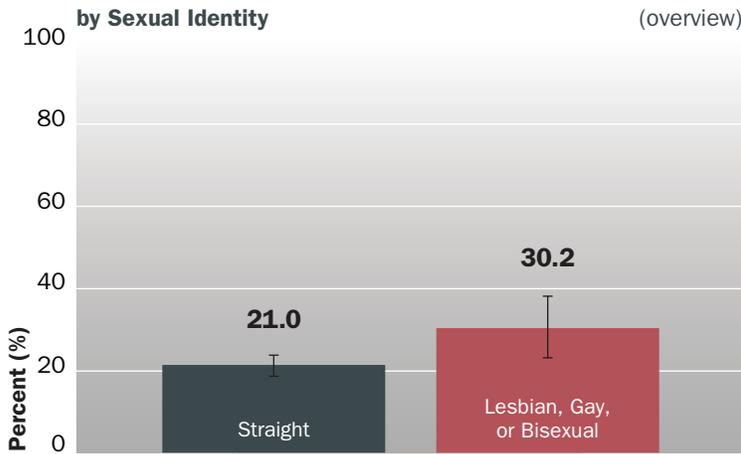
Among those who were sexually active, gay or lesbian students (64.6%) were more likely than straight students (36.7%) to have sex with four or more people.



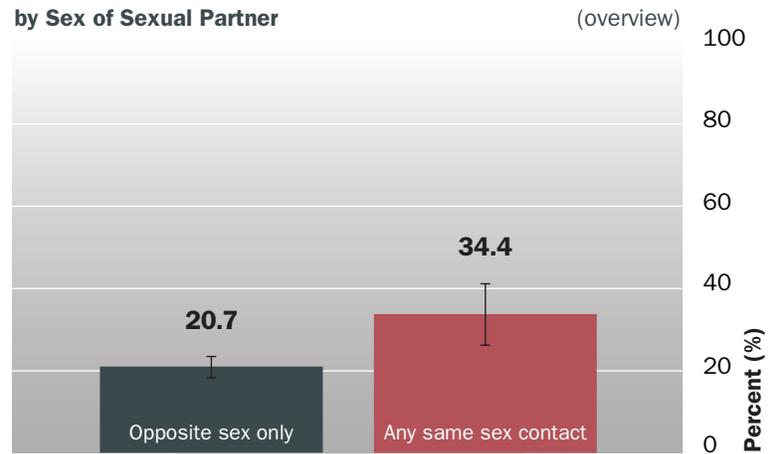
Among those who were sexually active, students who had sex with both sexes (57.8%), were more likely to have sex with four or more people than students who had sex with the opposite sex only (36.2%).

Questions: During your life, with how many people have you had sexual intercourse?
 During the past 3 months, with how many people did you have sexual intercourse?

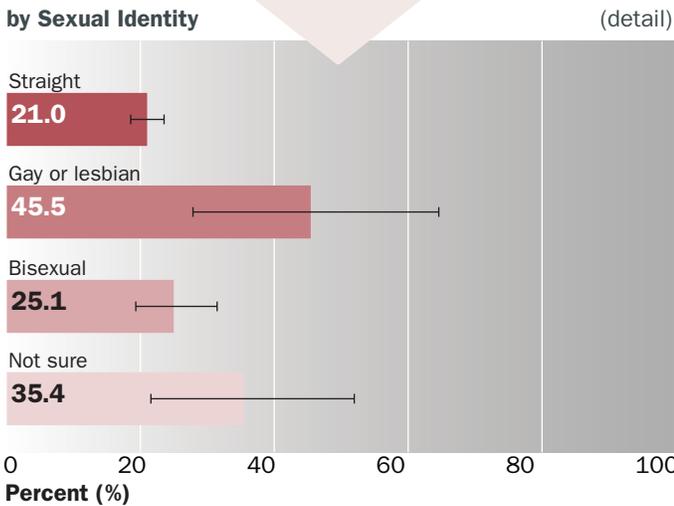
Used Alcohol or Drugs During Sex



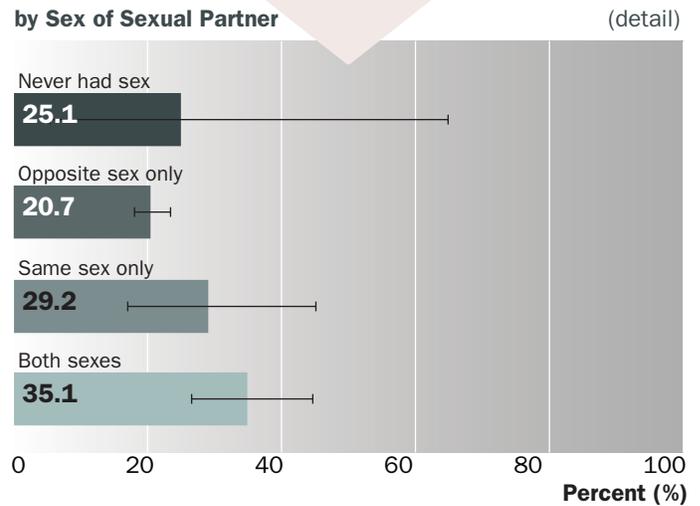
Among those who were sexually active, lesbian, gay, or bisexual students were no more likely to use alcohol or drugs during sex than straight students (30.2% vs. 21.0%).



Among those who were sexually active, students who had any same sex sexual contact were more likely to use alcohol or drugs during sex than those who had sexual contact with the opposite sex only (34.4% vs. 20.7%).

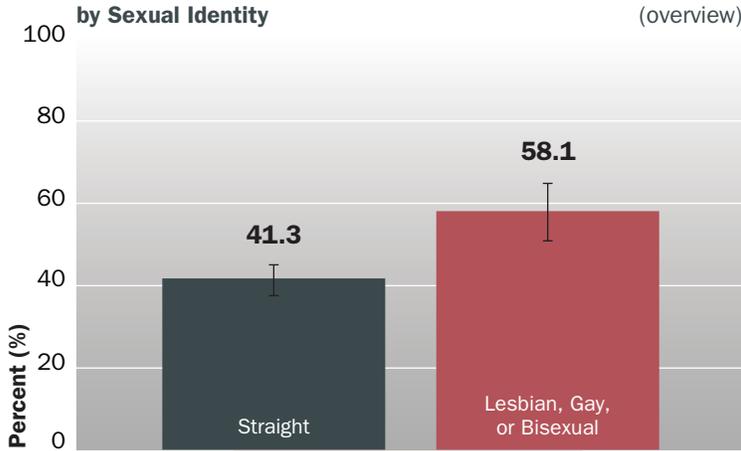


Among those who were sexually active, gay or lesbian students (45.5%) were more likely than straight students (21.0%) to use alcohol or drugs during sex.

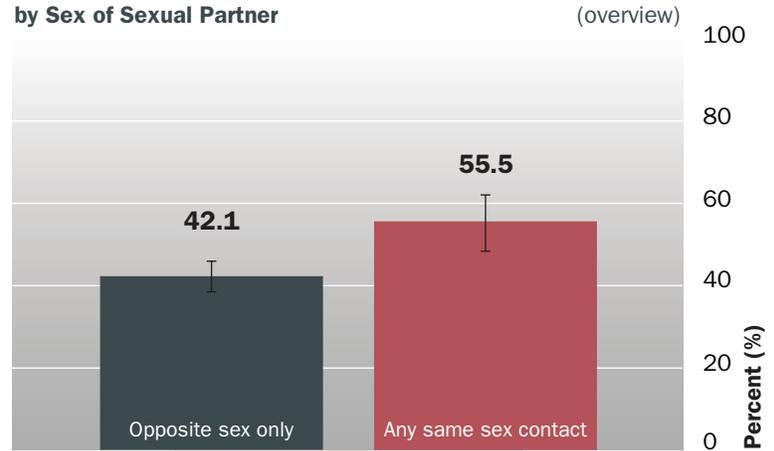


Among those who were sexually active, students who had sex with both sexes (35.1%), were more likely to use alcohol or drugs during sex than students who had sex with the opposite sex only (20.7%).

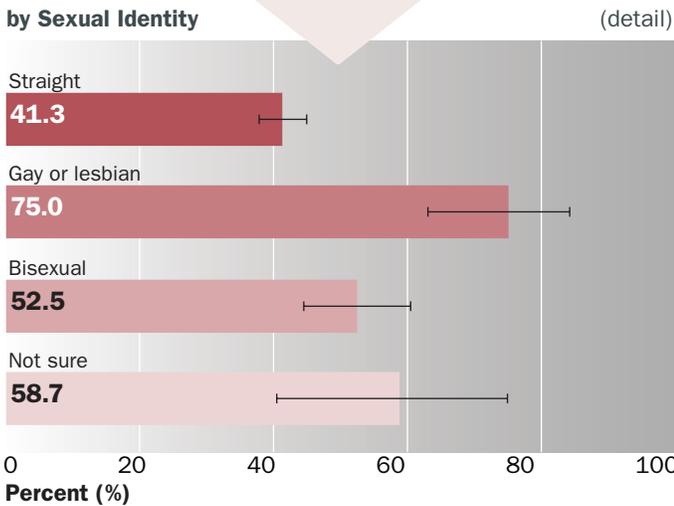
Questions: Did you drink alcohol or use drugs before you had sexual intercourse the last time?
During the past 3 months, with how many people did you have sexual intercourse?



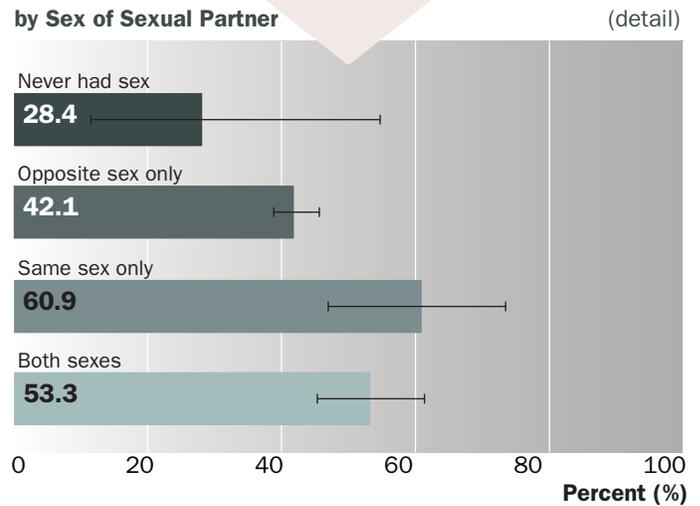
Among those who were sexually active, lesbian, gay, or bisexual students were more likely to not use condoms during sex than straight students (58.1% vs. 41.3%).



Among those who were sexually active, students who had any same sex sexual contact were more likely to not use condoms during sex than those who had sexual contact with the opposite sex only (55.5% vs. 42.1%).

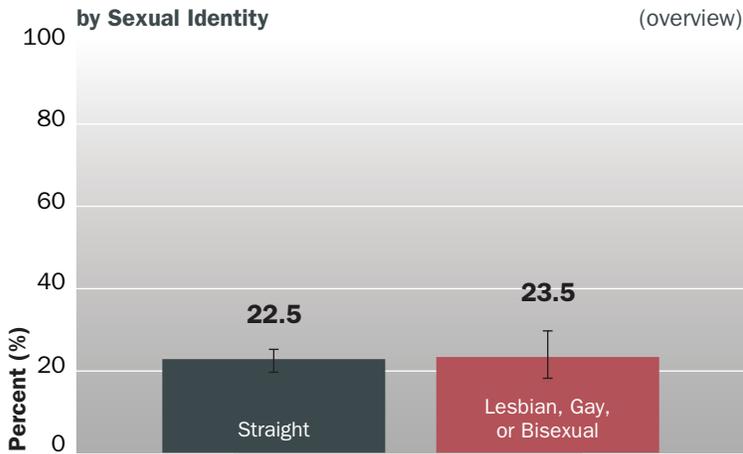


Among those who were sexually active, gay or lesbian students (75.0%) were more likely than bisexual (52.5%) or straight students (41.3%) to not use condoms during sex.

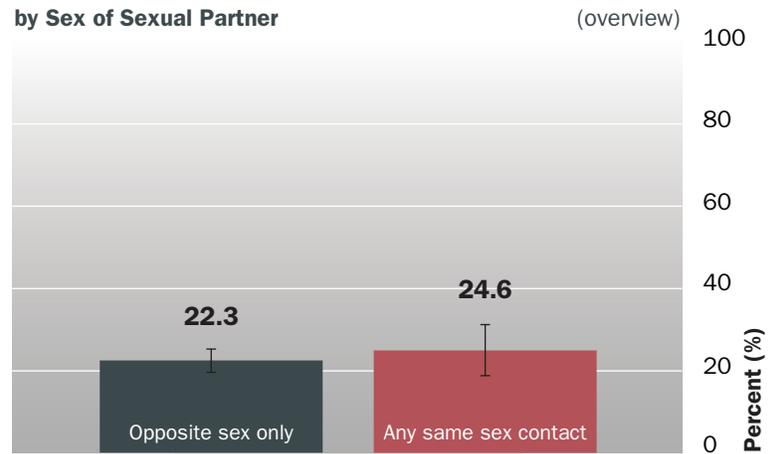


Among those who were sexually active, students who had sex with the same sex only (60.9%) were more likely to not use condoms during sex than students who had sex with the opposite sex only (42.1%).

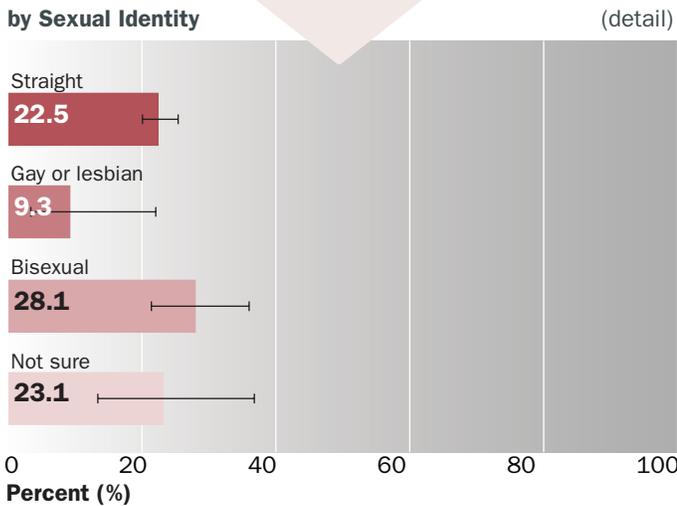
Questions: The last time you had sexual intercourse, did you or your partner use a condom?
During the past 3 months, with how many people did you have sexual intercourse?



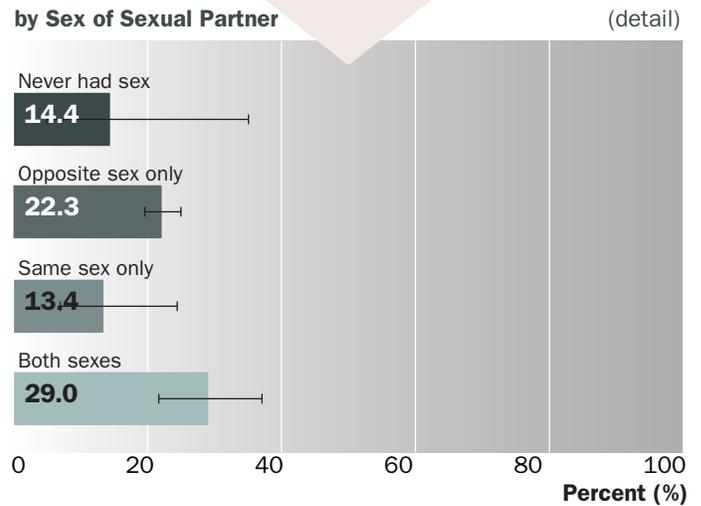
Among those who were sexually active, lesbian, gay, or bisexual students were as likely to use reliable birth control during sex as straight students (23.5% vs. 22.5%).



Among those who were sexually active, students who had any same sex sexual contact were as likely to use reliable birth control during sex as those who had sexual contact with the opposite sex only (24.6% vs. 22.3%).



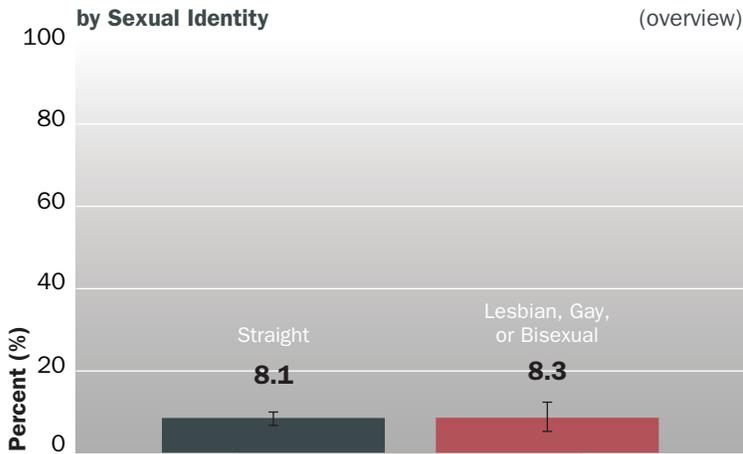
Among those who were sexually active, gay or lesbian (9.3%), bisexual (28.1%), and students not sure of their sexual identity (23.1%), were as likely as straight students (22.5%) to use reliable birth control during sex.



Among those who were sexually active, students who had sexual contact with both sexes (29.0%), the opposite sex only (22.3%), and never had sex (14.4%), were as likely to use reliable birth control during sex as students who had sexual contact with the same sex only (13.4%).

Questions: The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?
 During the past 3 months, with how many people did you have sexual intercourse?

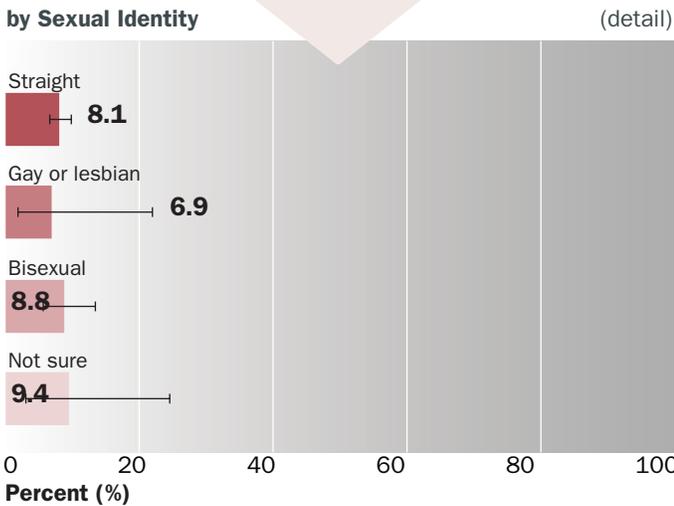
Used Condom and Reliable Birth Control



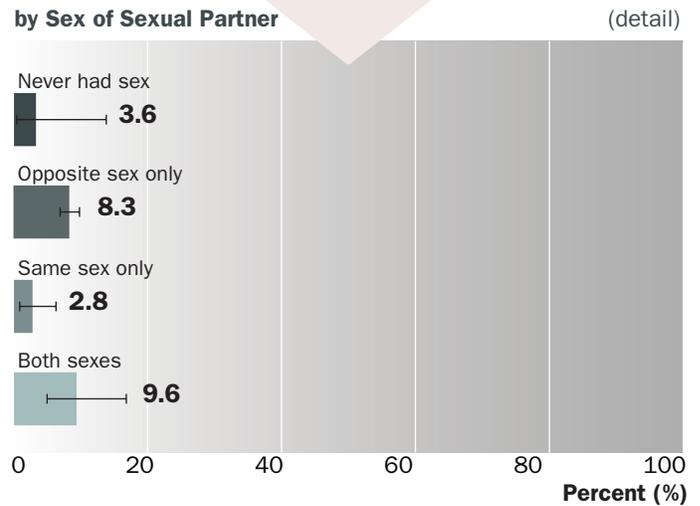
Among those who were sexually active, lesbian, gay, or bisexual students were as likely to use condoms and reliable birth control during sex as straight students (8.3% vs. 8.1%).



Among those who were sexually active, students who had sexual contact with the opposite sex only were as likely to use condoms and reliable birth control during sex as those who had who had any same sex sexual contact (8.3% vs. 7.7%).



Among those who were sexually active, gay or lesbian (6.9%), bisexual (8.8%), and students not sure of their sexual identity (9.4%), were as likely as straight students (8.1%) to use condoms and reliable birth control during sex.

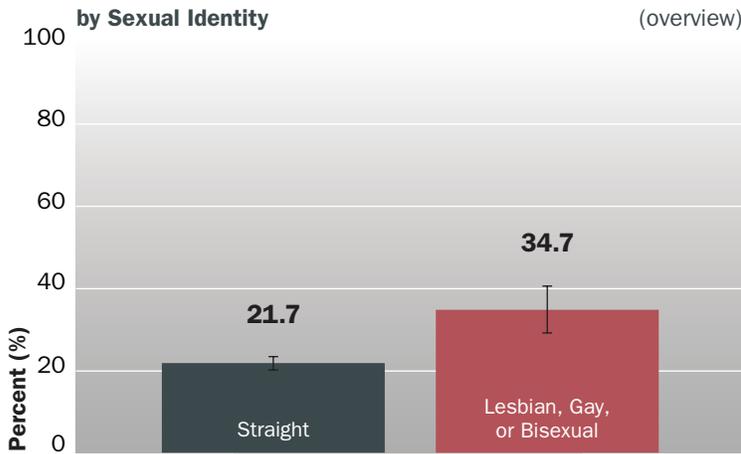


Among those who were sexually active, students who had sex with the opposite sex only (8.3%) were more likely to use condoms and reliable birth control during sex than students who had sex with the same sex only (2.8%).

Questions: The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?
 The last time you had sexual intercourse, did you or your partner use a condom?
 During the past 3 months, with how many people did you have sexual intercourse?

In addition to the major categories of risk behaviors detailed previously, the NM-YRRS also tracks various other risk factors, including those related to food and nutrition, food

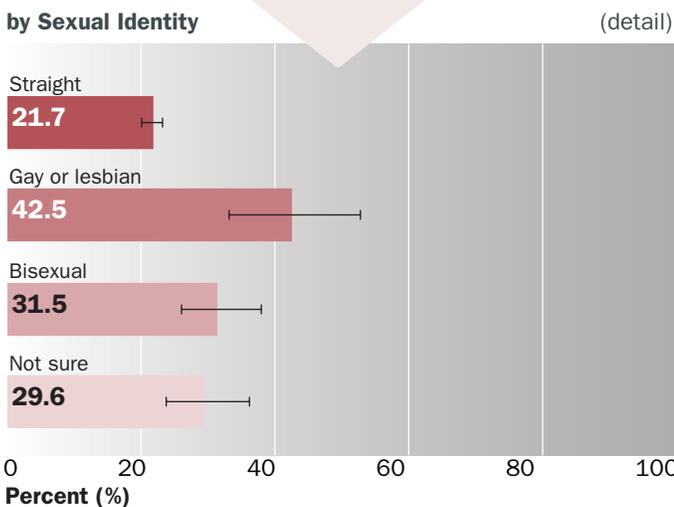
insecurity, body weight and exercise, long-term health and emotional factors, and academic performance. The following pages show information on these topics.



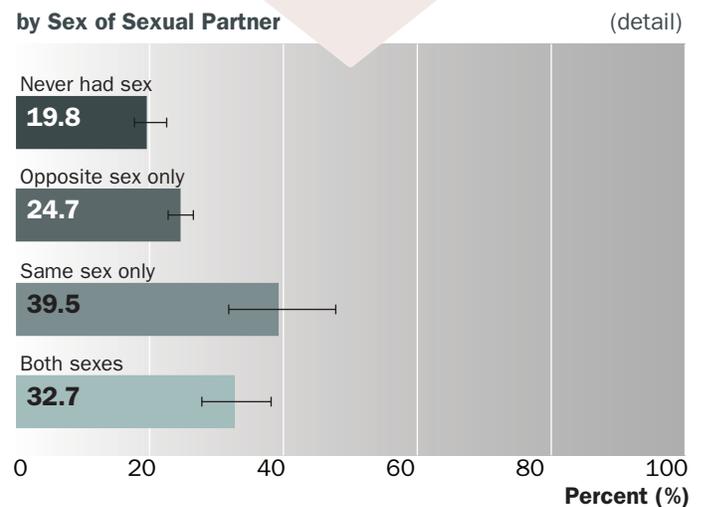
Lesbian, gay or bisexual students were more likely to drink sodas than straight students (34.7% vs. 21.7%).



Students who had any same sex sexual contact only were more likely to drink sodas than those who had opposite sex sexual contact (34.9% vs. 24.7%).



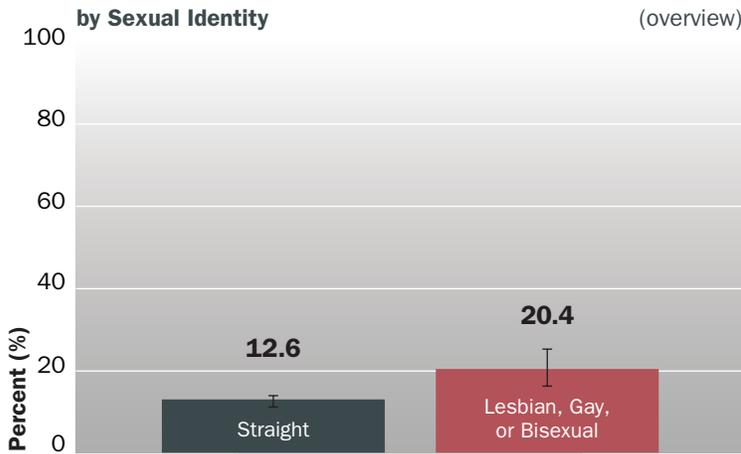
Lesbian or gay students (42.5%), bisexual students (31.5%), and students who were unsure of their sexual identity (29.6%) were more likely to drink sodas than straight students (21.7%).



Students who had sexual contact with same sex only (39.5%), both sexes (32.7%), or opposite sex only (24.7%) were more likely to drink sodas than students who never had sexual contact (19.8%). Students who had sex with the same sex only (39.5%) or both sexes (32.7%) were more likely to drink sodas than students who had sex with the opposite sex only (24.7%).

Question: During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)

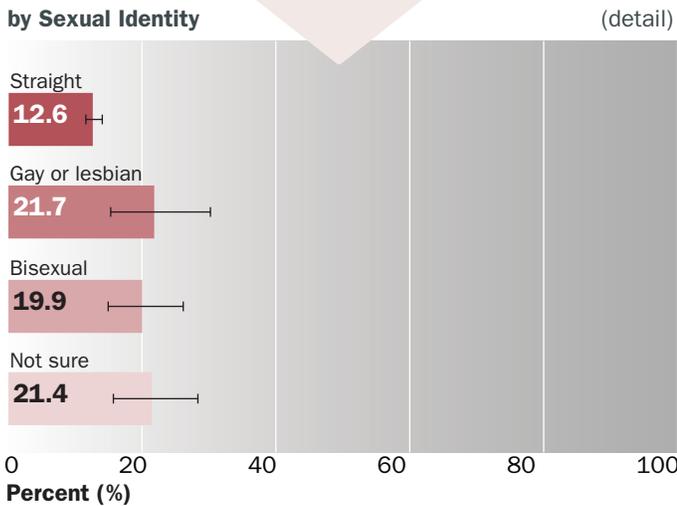
Physically Active 0 of Past 7 Days



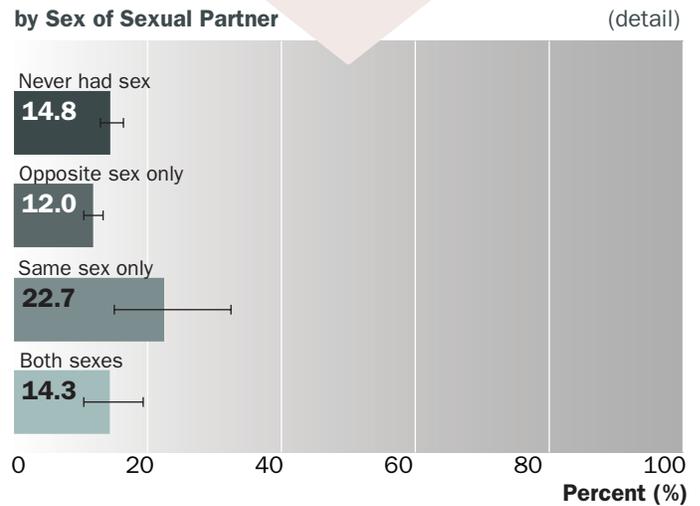
Lesbian, gay or bisexual students were more likely to have been physically active 0 of the past 7 days than straight students (20.4% vs. 12.6%).



Students who had any same sex sexual contact were no more likely to have been physically active 0 of the past 7 days than those who had opposite sex sexual contact only (17.0% vs. 12.0%).

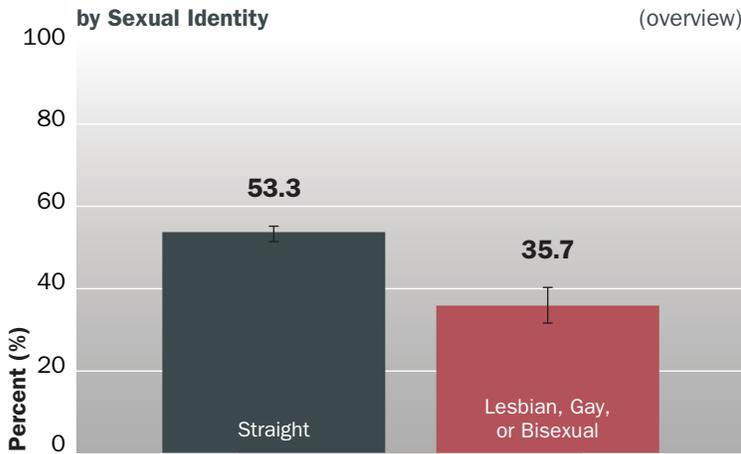


Lesbian or gay students (21.7%), bisexual students (19.9%) and students who were unsure of their sexual orientation (21.4%) were more likely to have been physically active 0 of the past 7 days than straight students (12.6%).



Students who had same sex sexual contact only (22.7%) were more likely to have been physically active 0 of the past 7 days than students who had sexual contact with opposite sex only (12.0%). Other differences between groups were not statistically significant.

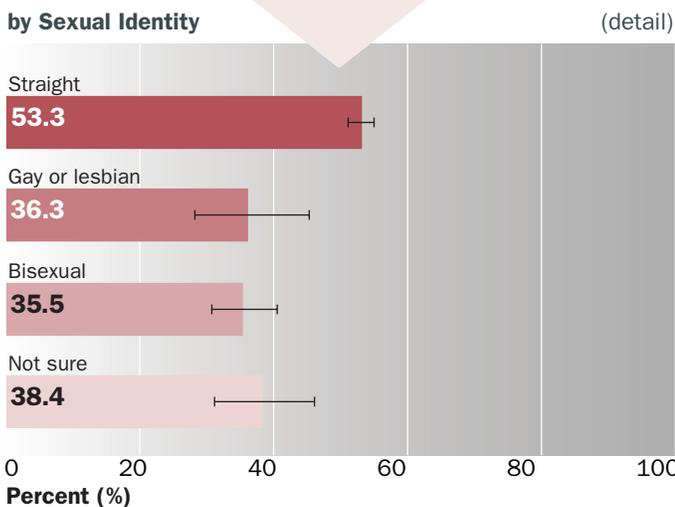
Question: During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)



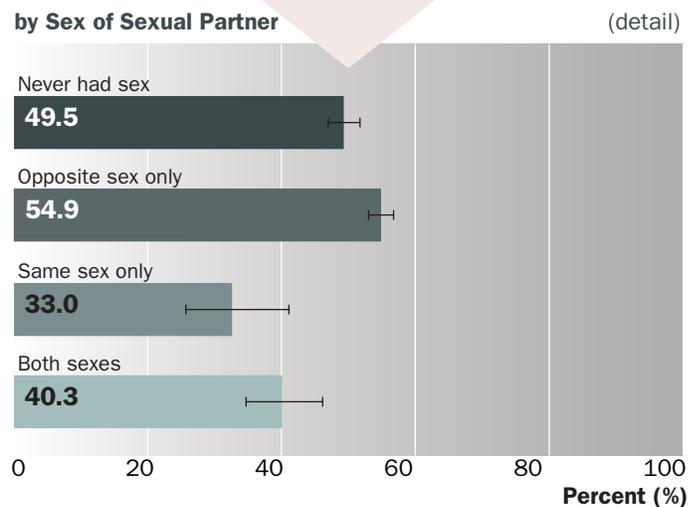
Straight students were more likely to have been physically active 5 of the past 7 days than lesbian, gay or bisexual students (53.3% vs. 35.7%).



Students who had opposite sex sexual contact only were more likely to have been physically active 5 of the past 7 days than those who had any same sex sexual contact (54.9% vs. 38.0%).



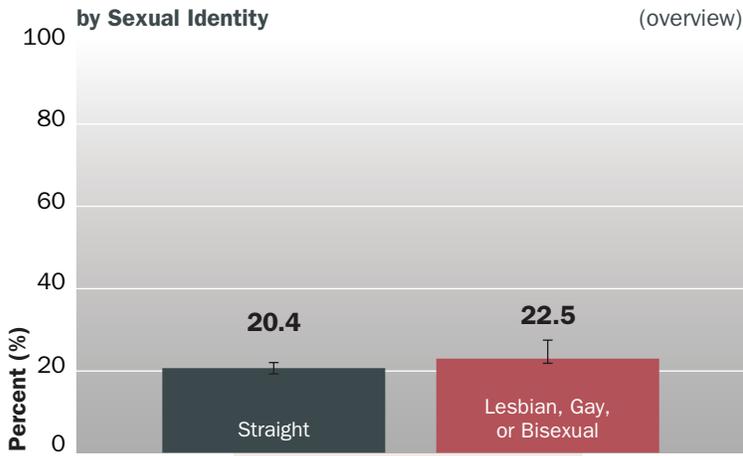
Straight students were more likely to have been physically active 5 of the past 7 days than lesbian or gay students (53.3% vs. 36.3%), bisexual students (35.5%), or students who were unsure of their sexual orientation (38.4%).



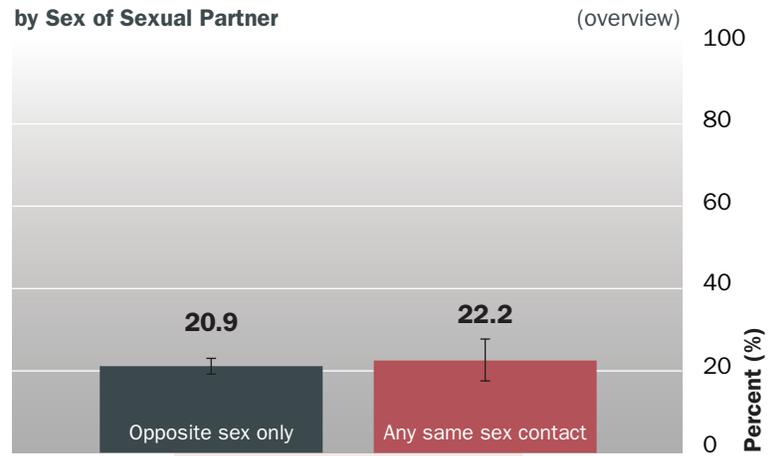
Students who never had sexual contact (49.5%) were more likely to have been physically active 5 of the past 7 days than students who had sexual contact with same sex only (33.0%) or both sexes (40.3%). Students who had sex with the opposite sex only were more likely to have been physically active than students who never had sexual contact (49.5%), students who had sex with the same sex only (33.0%) or students who had sex with both males and females (40.3%).

Question: During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

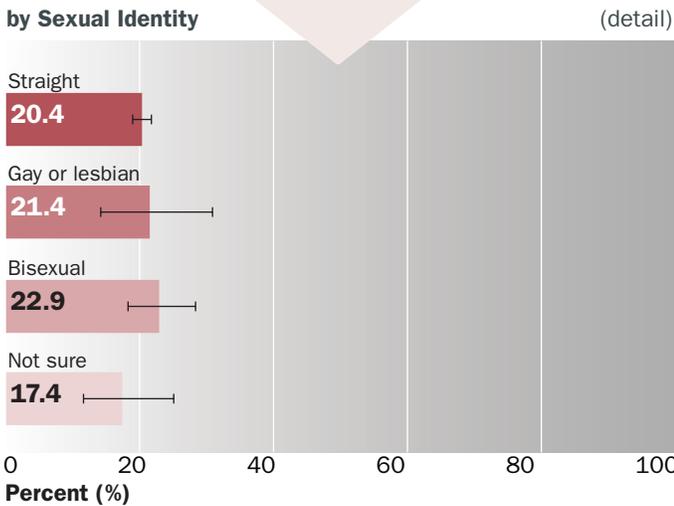
No Playing Video or Computer Games



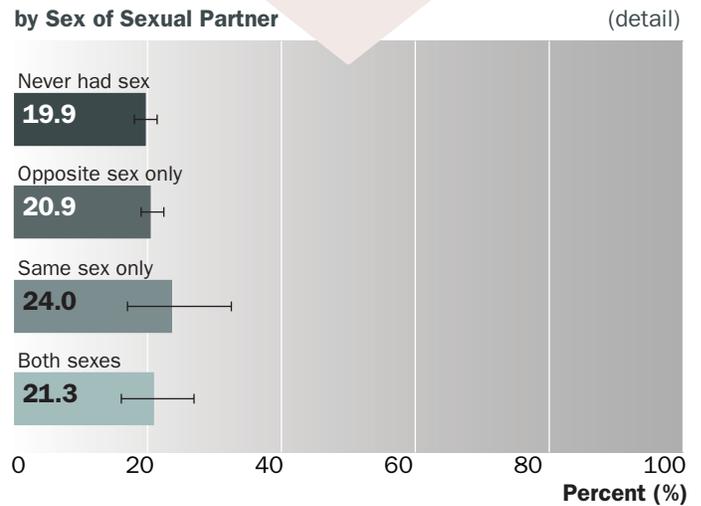
Lesbian, gay or bisexual students were as likely to not play video games or computer games (not related to school work) as straight students (22.5% vs. 20.4%).



Students who had opposite sex sexual contact only were as likely to not play video games or computer games (not related to school work) as those who had any same sex sexual contact (20.9% vs. 22.2%).



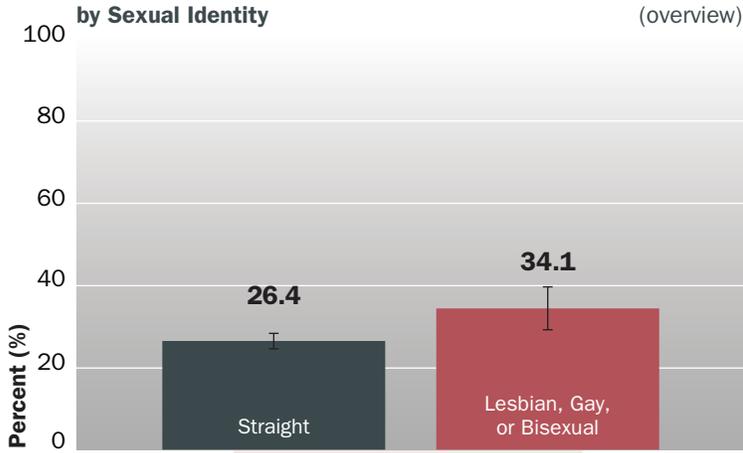
Straight students were as likely to not play video games or computer games (not related to school work) as lesbian or gay students (20.4% vs. 21.4%), bisexual students (22.9%), or students who were not sure of their sexual orientation (17.4%).



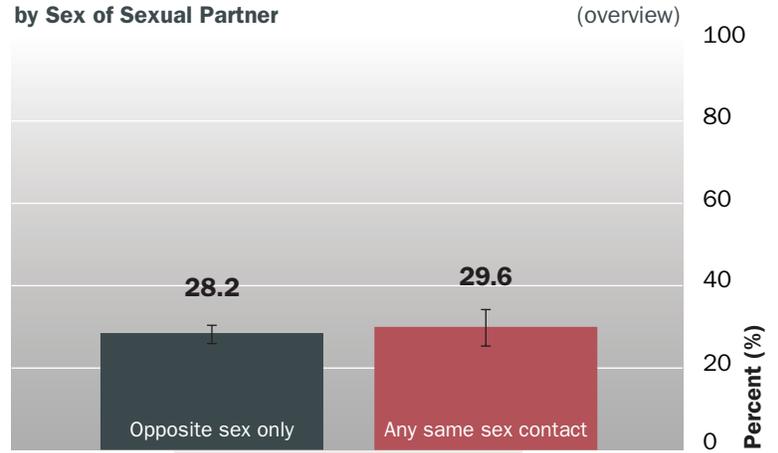
Students who had sex (opposite, same or both) were as likely to not play video games or computer games (not related to school work) as those who never had sex.

Question: On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)

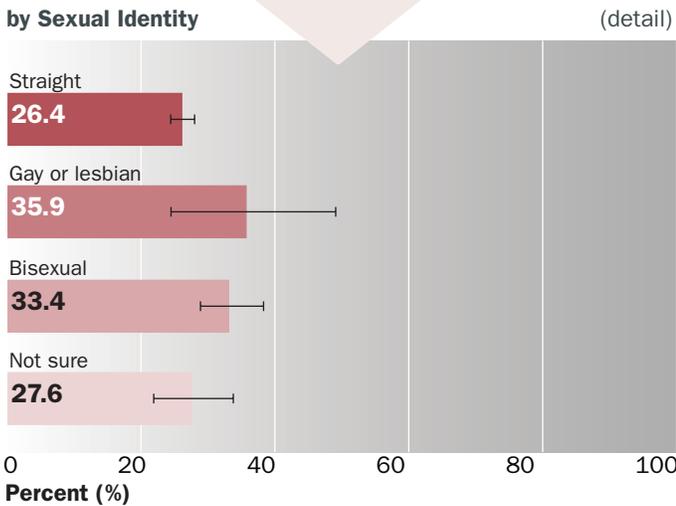
Watched 3+ Hours of TV on Average Day



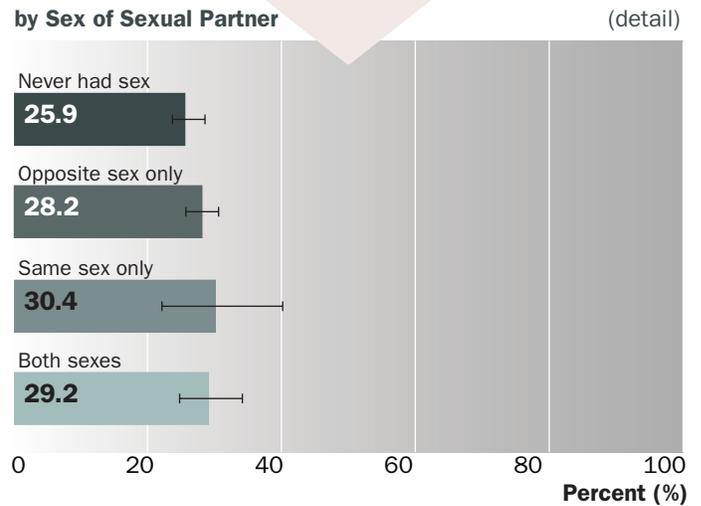
Lesbian, gay or bisexual students were more likely to watch television three or more hours on an average day than straight students (34.1% vs. 26.4%).



Students who had opposite sex sexual contact only were no more likely to watch television three or more hours on an average day than those who had any same sex sexual contact (28.2% vs. 29.6%).

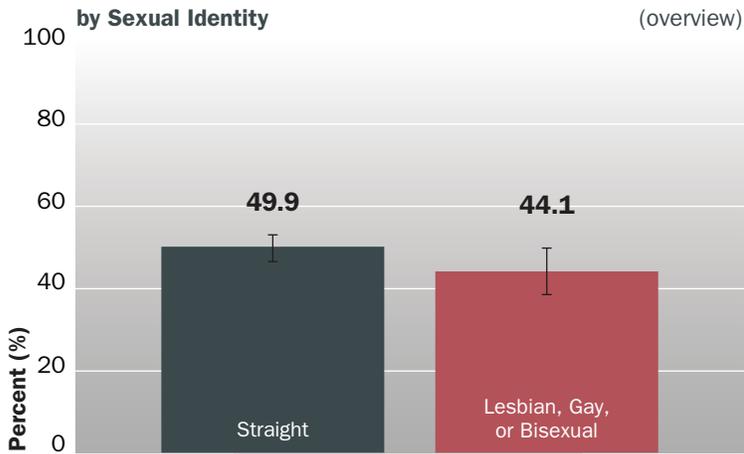


Bisexual students were more likely to watch television three or more hours on an average day than straight students (33.4% vs. 26.4%).



Students who had sex (opposite, same or both) were no more likely to watch television three or more hours on an average day than those who never had sex.

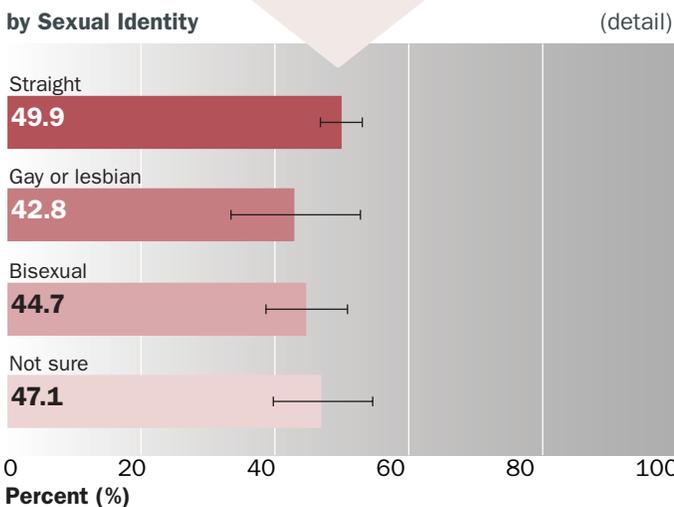
Question: On an average school day, how many hours do you watch TV?



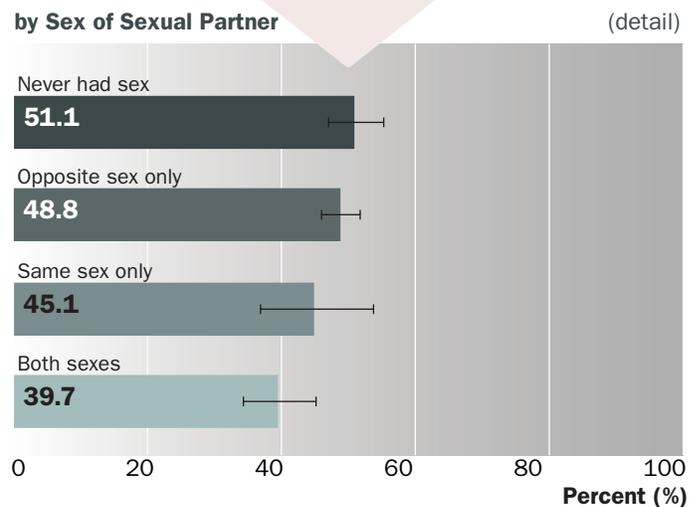
Straight students were no more likely to have attended physical education one or more days a week than lesbian, gay or bisexual students (49.9% vs. 44.1%).



Students who had opposite sex sexual contact only were no more likely to have attended physical education one or more days a week than those who had any same sex sexual contact (48.8% vs. 41.5%).

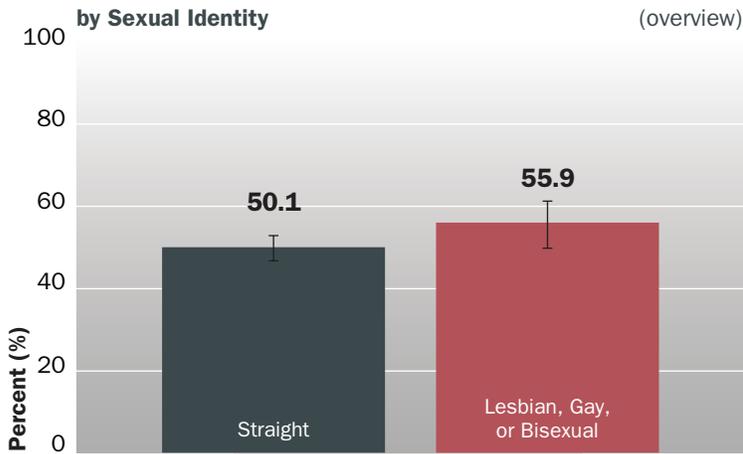


Straight students were no more likely to have attended physical education one or more days a week than lesbian or gay students (49.9% vs. 42.8%), bisexual students (44.7%), or students who were not sure of their sexual orientation (47.1%).



Students who never had sexual contact (51.1%) or had sexual contact with opposite sex only (48.8%) were more likely to have attended physical education one or more days a week than those who had sexual contact with both males and females (39.7%). Other differences between groups were not statistically significant.

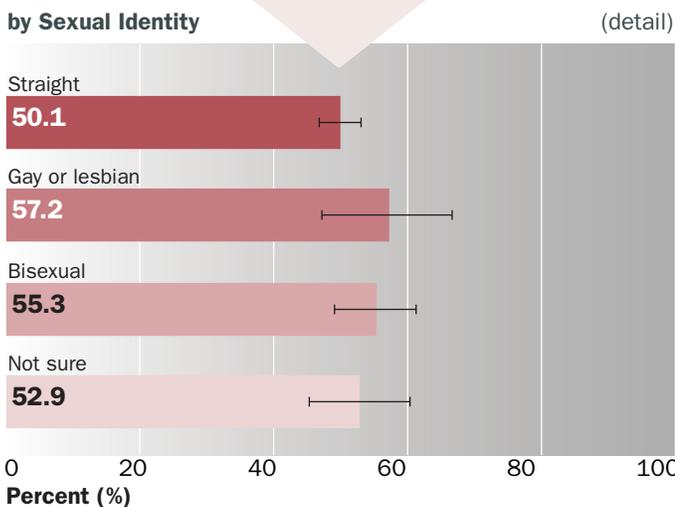
Question: In an average week when you are in school, on how many days do you go to physical education (PE) classes?



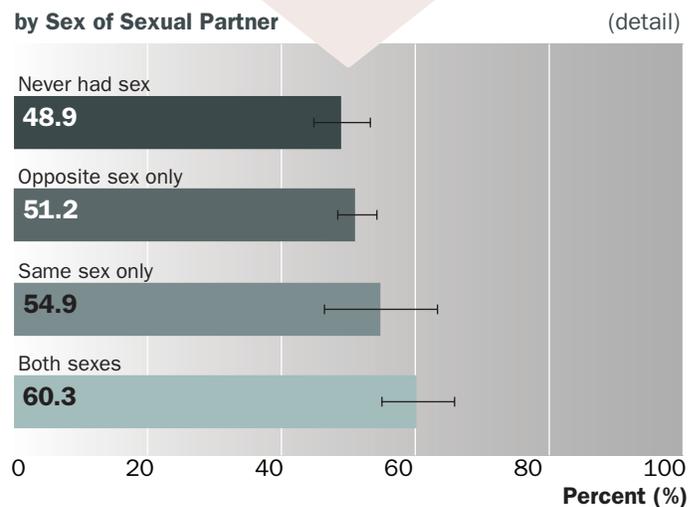
Lesbian, gay or bisexual students were no more likely to have had no physical education during an average week than straight students (55.9% vs. 50.1%).



Students who had any same sex sexual contact were no more likely to have had no physical education during an average week than those who had opposite sex sexual contact only (58.5% vs. 51.2%).



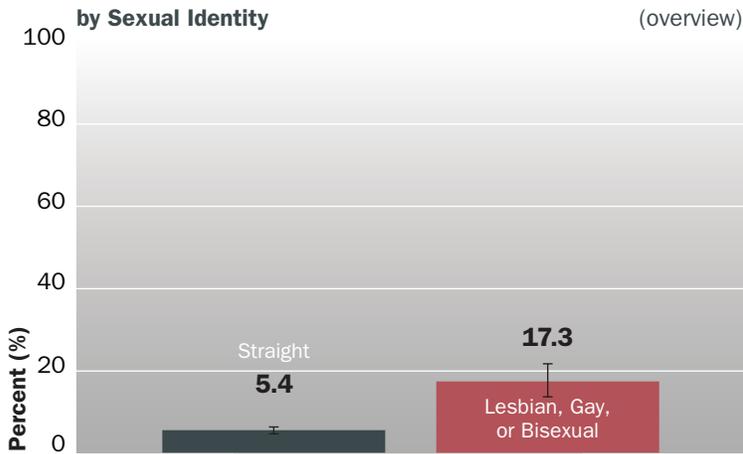
Gay or lesbian students were no more likely to have had no physical education during an average week than straight students (57.2% vs. 50.1%), bisexual students (55.3%), or students who were not sure of their sexual orientation (52.9%).



Students who had sexual contact with both males and females (60.3%) were more likely to have had no physical education during an average week than students who never had sexual contact (48.9%) or students who had opposite sex sexual contact only (51.2%).

Question: In an average week when you are in school, on how many days do you go to physical education (PE) classes?

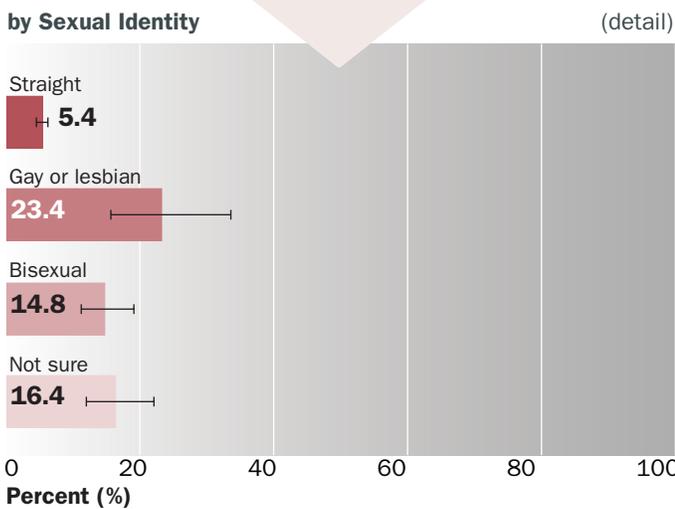
Purging or Laxative Abuse



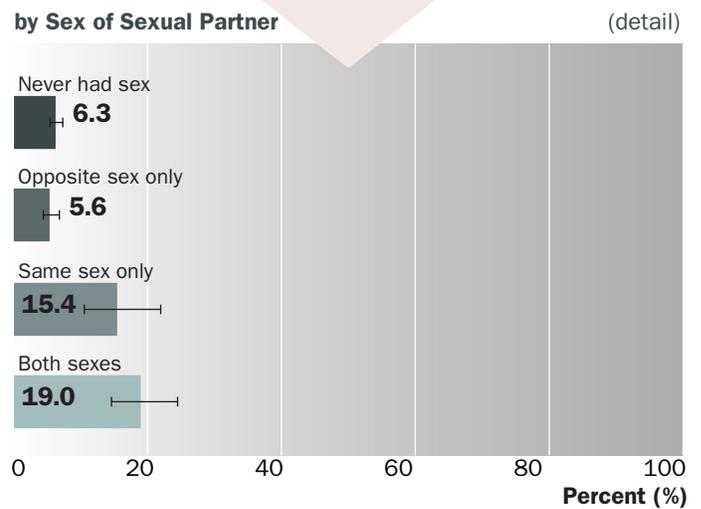
Lesbian, gay or bisexual students were more than three times more likely to report purging or laxative abuse than straight students (17.3% vs. 5.4%).



Students who had any same sex sexual contact were more than three times more likely to report purging or laxative abuse than those who had opposite sex sexual contact only (17.9% vs. 5.6%).



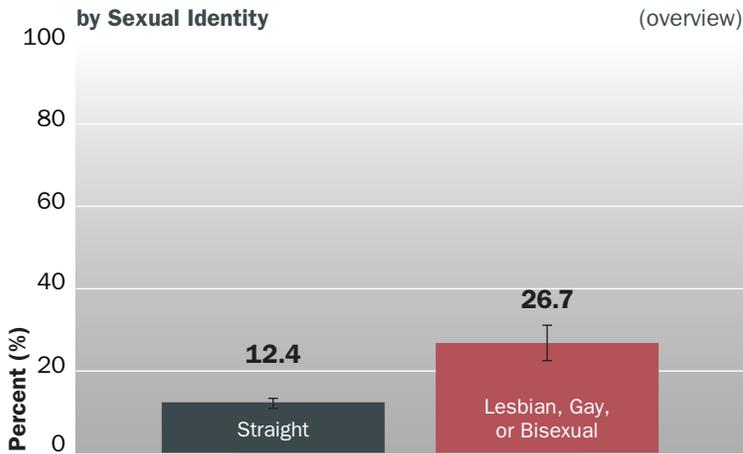
Lesbian or gay students (23.4%), those who are unsure of their sexual orientation (16.4%), and bisexual students (14.8%) were more likely to report purging or laxative abuse than straight students (5.4%).



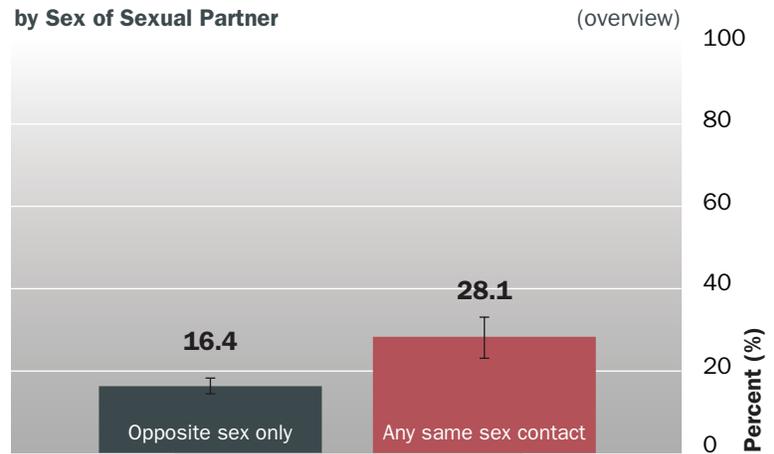
Students who had same sex sexual contact (15.4%) and students who had sex with both males and females (19.0%) were more likely to report purging or laxative abuse than students who had never had sexual contact (6.3%) or students who had sex with the opposite sex only (5.6%).

Question: During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?

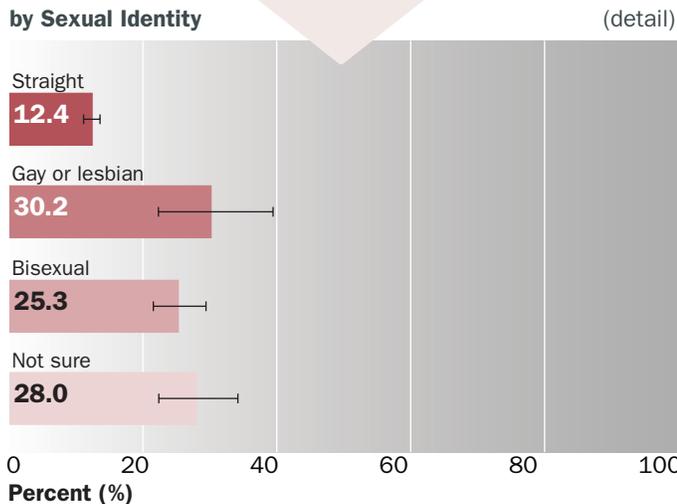
Sometimes or Often Not Enough Food to Eat



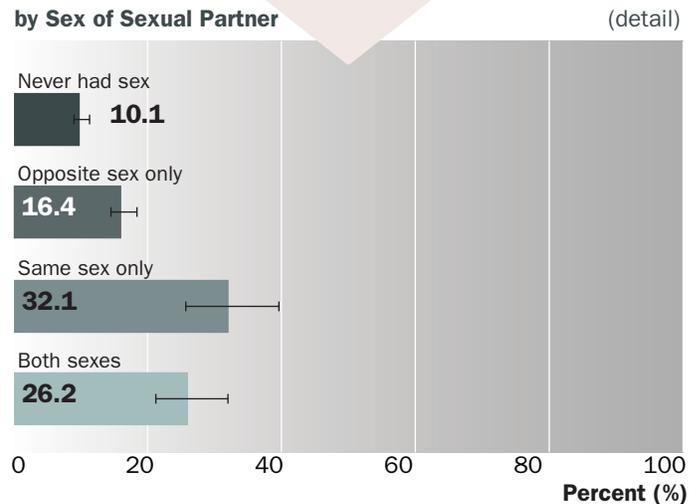
Lesbian, gay or bisexual students were more likely to report sometimes or often not having enough food to eat than straight students (26.7% vs. 12.4%).



Students who had any same sex sexual contact were more likely to report sometimes or often not having enough food to eat than those who had opposite sex sexual contact only (28.1% vs. 16.4%).

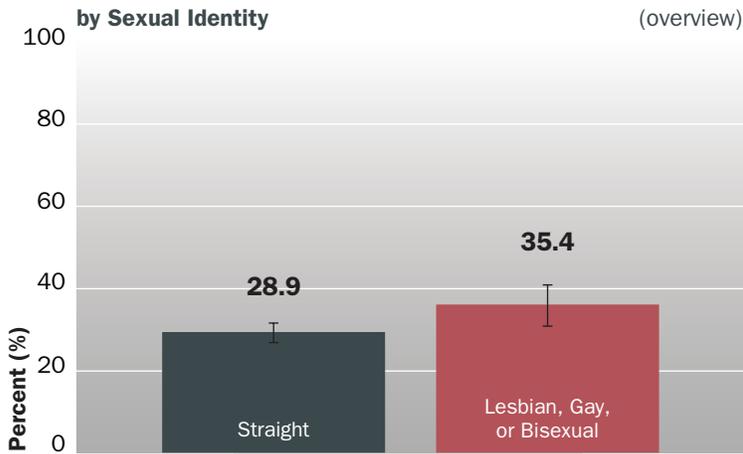


Lesbian or gay students (30.2%), students who were unsure of their sexual identity (28.0%), and bisexual students (25.3%) were all more likely than straight students (12.4%) to report sometimes or often not having enough food to eat.



Students who had same sex sexual contact only (32.1%) were more likely to report sometimes or often not having enough food to eat than students who had sexual contact with opposite sex only (16.4%) or those who never had sexual contact (10.1%). Students who had sexual contact with both sexes (26.2%) were more likely to report sometimes or often not having enough to eat than students who never had sexual contact (10.1%) or those who had sexual contact with opposite sex only (16.4%).

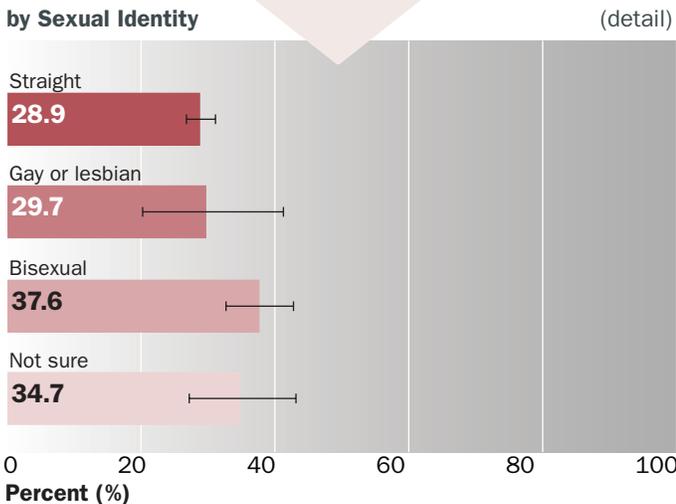
Question: Do you have enough food to eat, sometimes not enough to eat, or often not enough to eat?



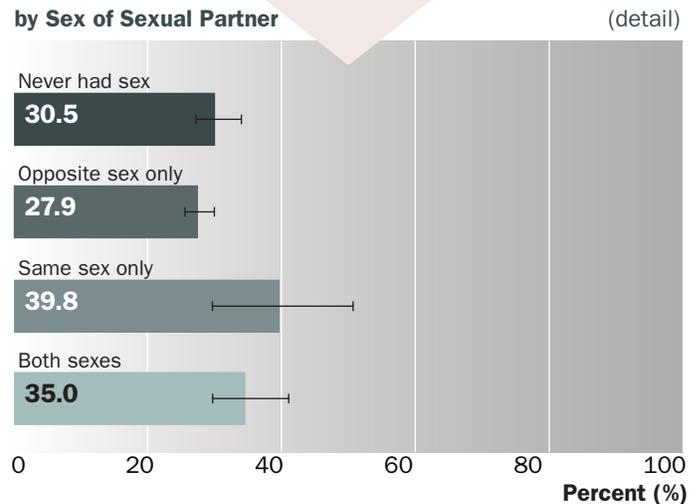
Lesbian, gay or bisexual students were no more likely to be obese or overweight than straight students (35.4% vs. 28.9%).



Students who had any same sex sexual contact were more likely to be obese or overweight than those who had same opposite sex sexual contact only (36.6% vs. 27.9%).



Gay, lesbian or bisexual students and students who were unsure of their sexual identity were no more likely than straight students to be obese or overweight.

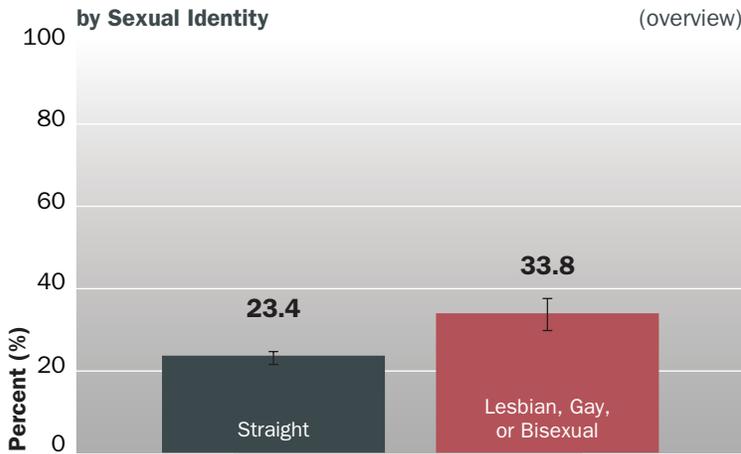


Students who had sexual contact with the same sex only were more likely to be obese or overweight than students who had sexual contact with opposite sex only (39.8% vs. 27.9%). Other differences between groups were not statistically significant.

Questions: How tall are you without your shoes on?

How much do you weigh without your shoes on?

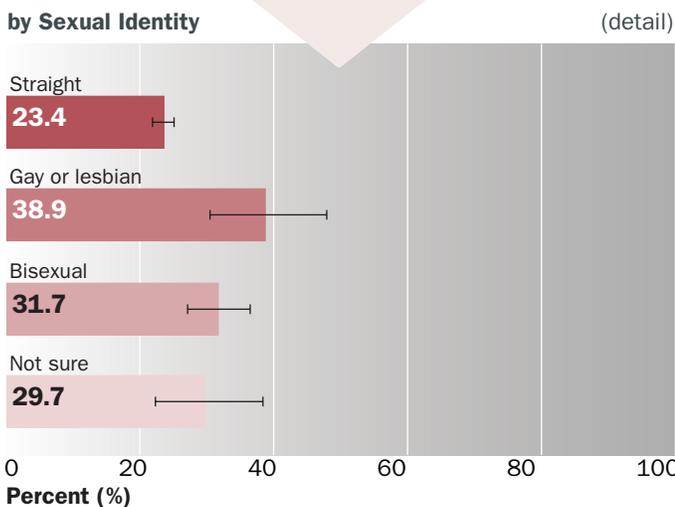
(Obese is at or above the 95th percentile, and overweight is at or above the 85th percentile, for body mass index by age and sex, according to 2000 CDC Growth Charts.)



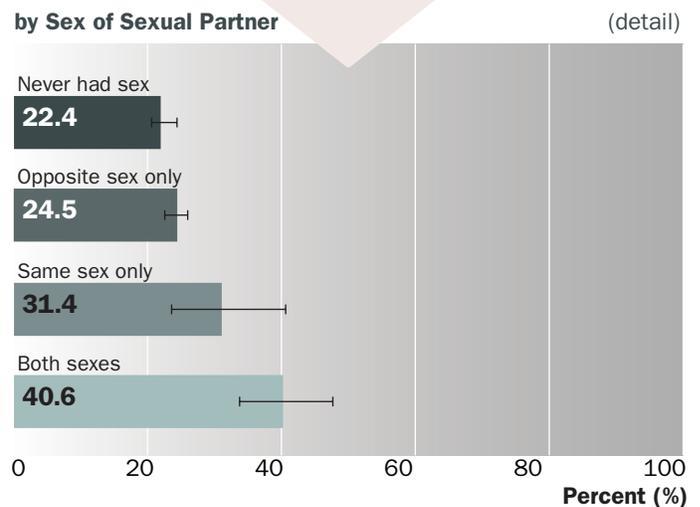
Lesbian, gay, or bisexual students were more likely to have ever been told that they have asthma compared to straight students (33.8% vs. 23.4%).



Students who had any same sex sexual contact were more likely to have ever been told they have asthma than students who had sexual contact with the opposite sex only (37.6% vs. 24.5%).



Students who were gay or lesbian (38.9%) or bisexual (31.7%) were more likely than straight (23.4%) students to have ever been told they have asthma.



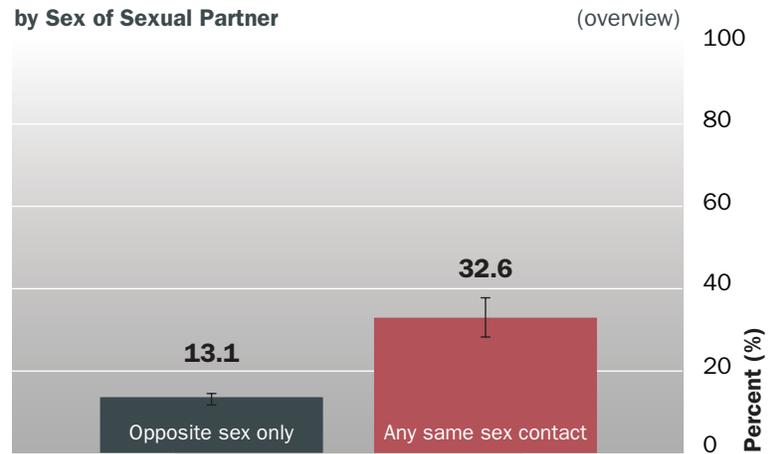
Students who had sexual contact with both sexes (40.6%) were more likely to have ever been told they have asthma than students who have never had sex (22.4%) and students who have had opposite sex only (24.5%).

Question: Has a doctor or nurse ever told you that you have asthma?

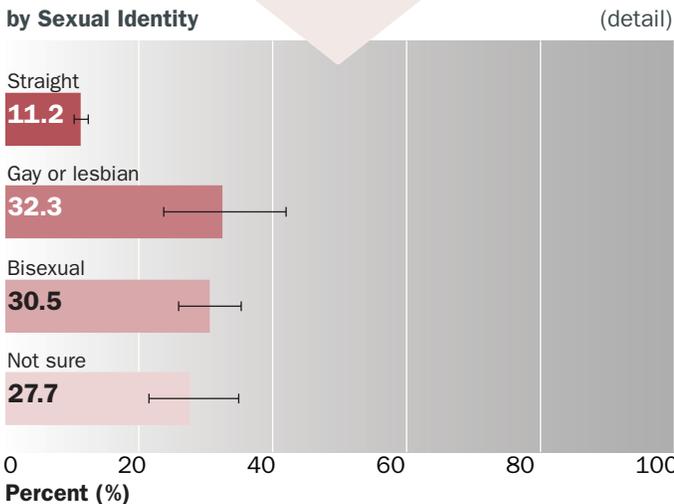
Emotional Problems or Learning Disabilities



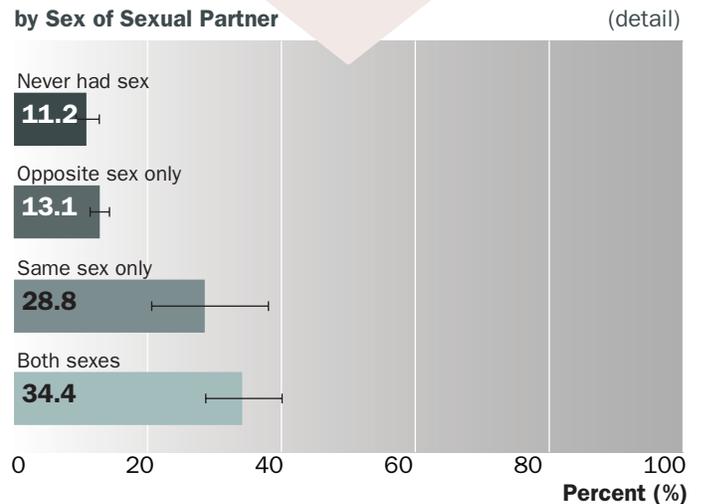
Lesbian, gay, or bisexual students were more likely to have long-term emotional problems or learning disabilities compared to straight students (31.0% vs. 11.2%).



Students who had any same sex sexual contact were more likely to have long-term emotional problems or learning disabilities than students who had sexual contact with the opposite sex only (32.6% vs. 13.1%).



Students who were gay or lesbian (32.3%), bisexual (30.5%) or not sure (27.7%) of their sexual identity were more likely than straight (11.2%) students to have long-term emotional problems or learning disabilities.



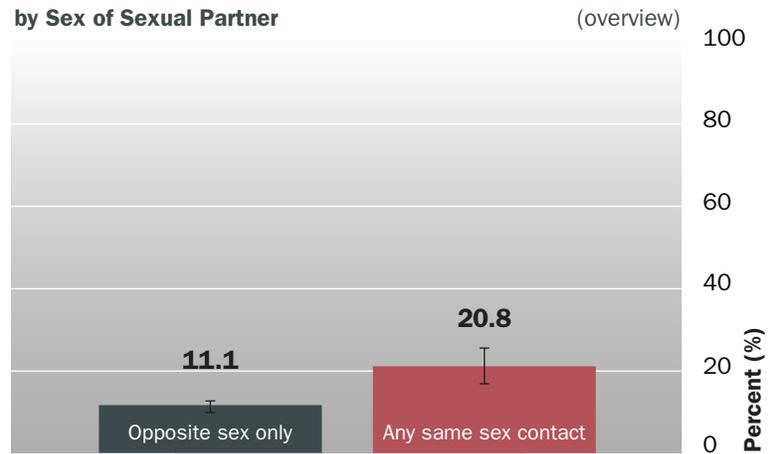
Students who had sexual contact with both sexes (34.4%) or with the same sex only (28.8%) were more likely to have long-term emotional problems or learning disabilities than students who have never had sex (11.2%) and students who have had opposite sex only (13.1%).

Question: Do you have any long-term emotional problems or learning disabilities? (Long-term means 6-months or more.)

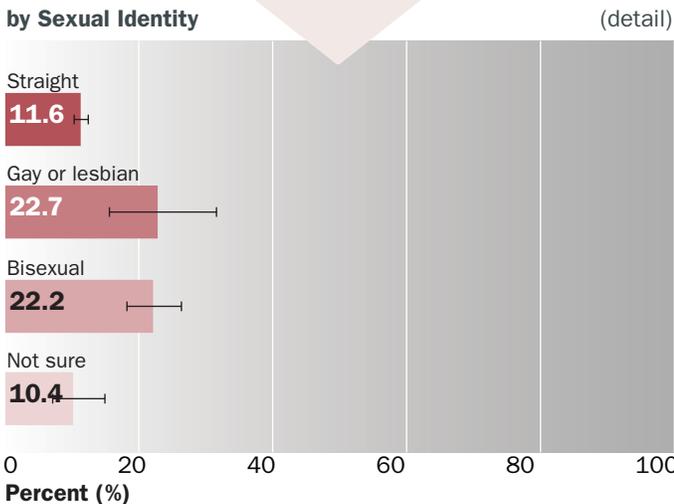
Health Problems or Physical Disabilities



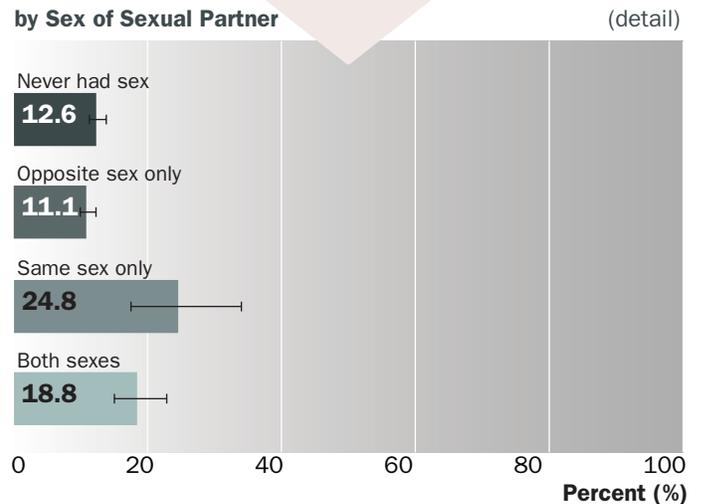
Lesbian, gay, or bisexual students were more likely to have physical disabilities or long-term health problems compared to straight students (22.3% vs. 11.6%).



Students who had any same sex sexual contact were more likely to have physical disabilities or long-term health problems than students who had sexual contact with the opposite sex only (20.8% vs. 11.1%).

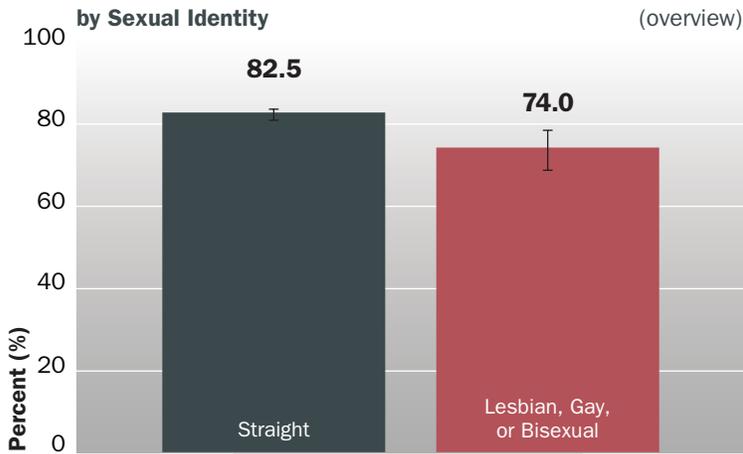


Students who were gay or lesbian (22.7%) or bisexual (22.2%) were more likely to have physical disabilities or long-term health problems than straight (11.6%) students and those not sure (10.4%) of their sexual identity.

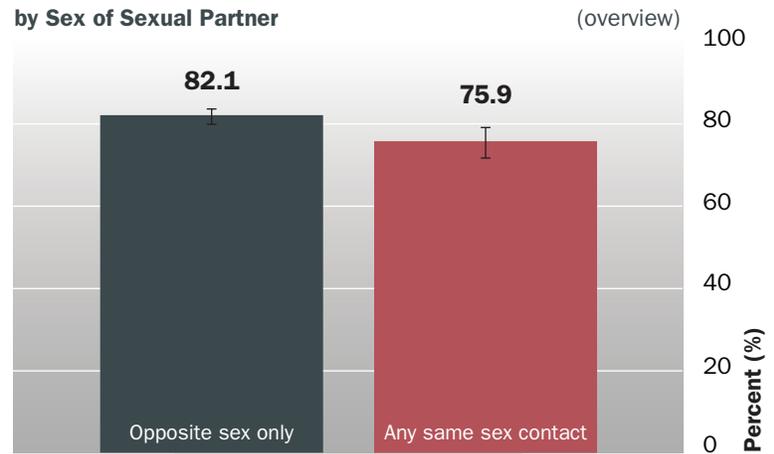


Students who had sexual contact with both sexes (18.8%) or with the same sex only (24.8%) were more likely to have physical disabilities or long-term health problems than students who have never had sex (12.6%) and students who have had opposite sex only (11.1%).

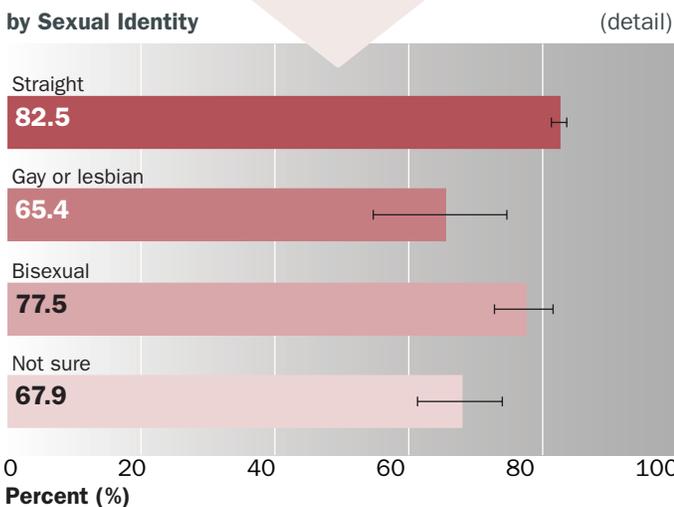
Question: Do you have any physical disabilities or long-term health problems? (Long-term means 6-months or more.)



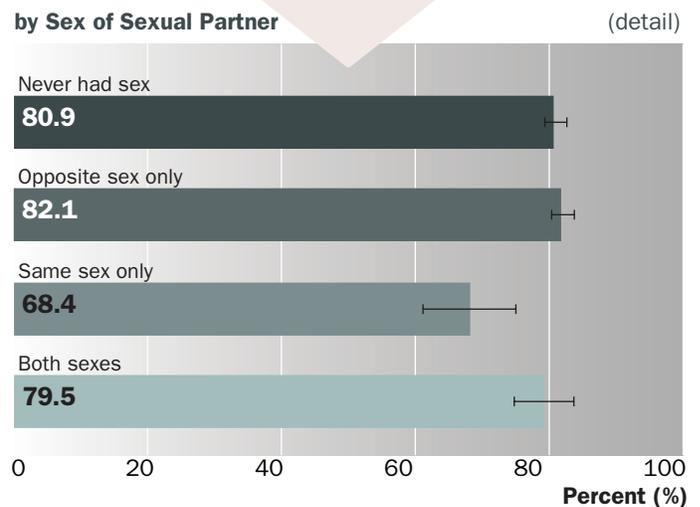
Lesbian, gay, or bisexual students were less likely to report being taught about AIDS or HIV in school than straight students (74.0% vs. 82.5%).



Students who had any same sex sexual contact were less likely to report being taught about AIDS or HIV in school than students with the opposite sex only (75.9% vs. 82.1%).



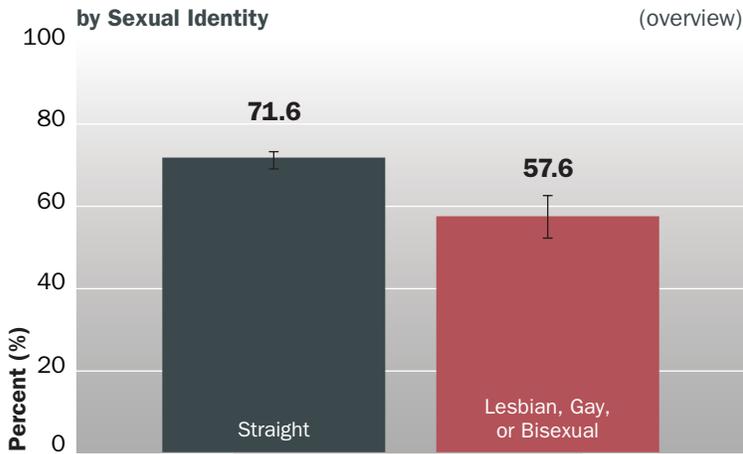
Gay or lesbian students (65.4%) and those who were unsure of their sexual identity (67.9%) were less likely to report being taught about AIDS or HIV in school than straight students (82.5%).



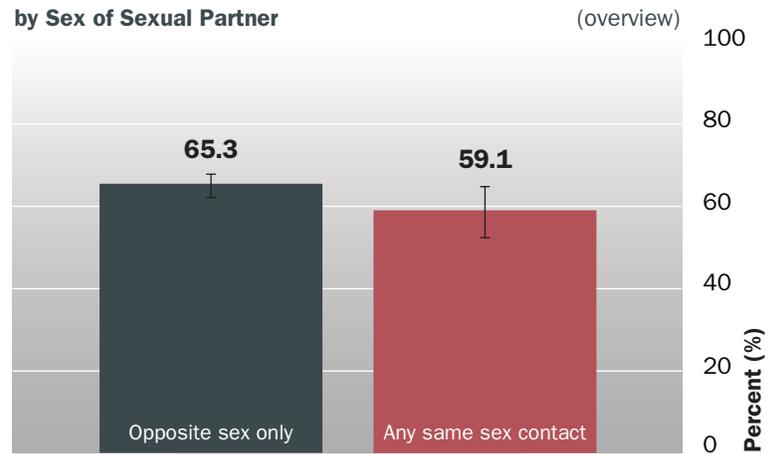
Students who had sexual contact with the same sex only (68.4%) were less likely to report being taught about AIDS or HIV in school compared to students who never had sex (80.9%) and those who had sex with the opposite sex only (82.1%).

Question: Have you ever been taught about AIDS or HIV infection in school?

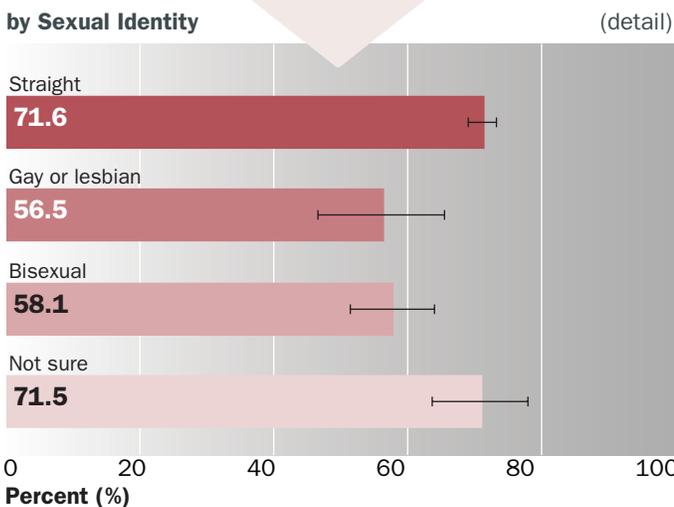
Earning Mostly A's or B's in School



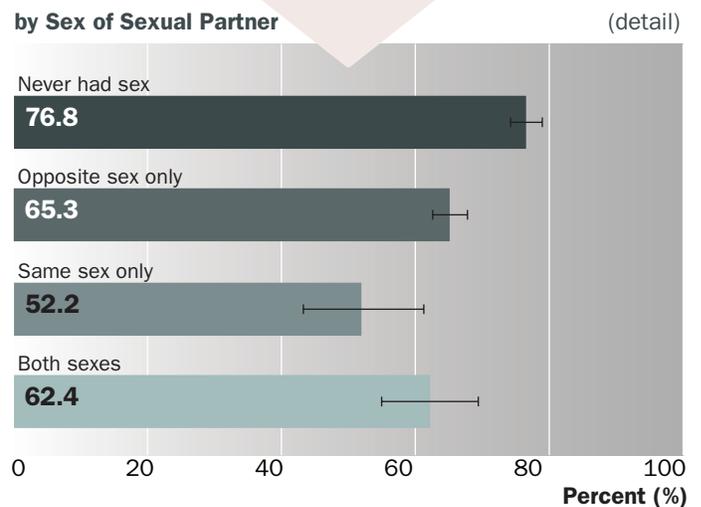
Straight students were more likely to earn mostly A's or B's in school than lesbian, gay or bisexual students (71.6% vs. 57.6%).



Students who had opposite sex sexual contact only were no more likely to earn A's or B's than those who had any same sex sexual contact (65.3% vs. 59.1%).

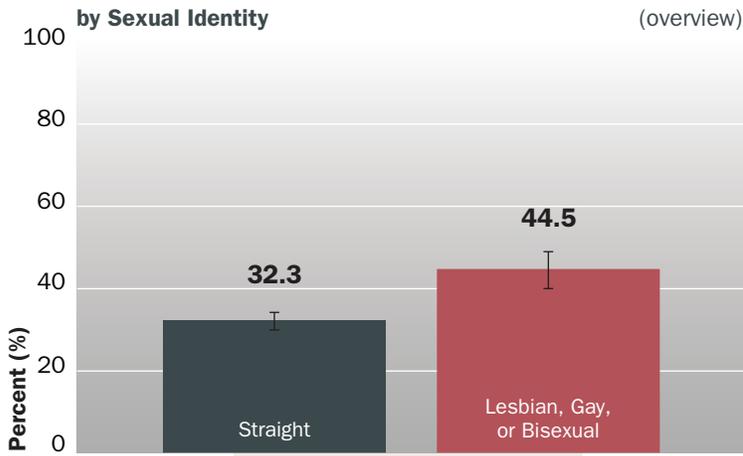


Straight students were more likely to earn mostly A's or B's in school than lesbian or gay students (71.6% vs. 56.5%) or bisexual students (58.1%).



Students who never had sexual contact (76.8%) were more likely to earn mostly A's or B's in school than students who had sexual contact with opposite sex only (65.3%), same sex only (52.2%) or both sexes (62.4%). Students who had sex with the opposite sex only were more likely to earn mostly A's or B's in school than students who had sex with the same sex only (65.3% vs. 52.2%).

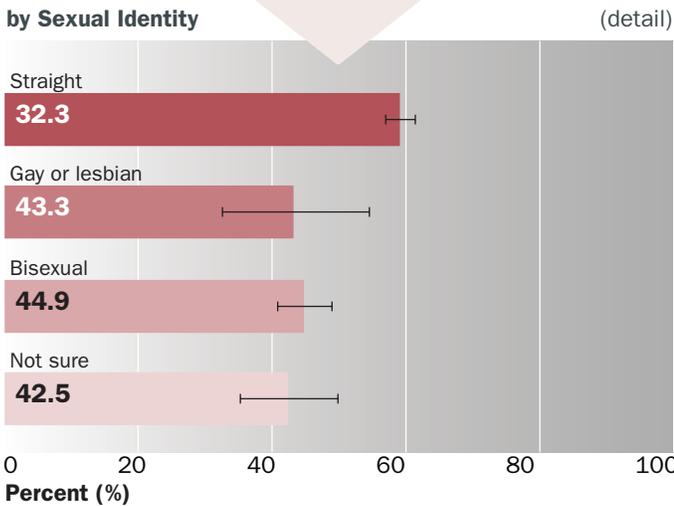
Question: During the past 12 months, how would you describe your grades in school?



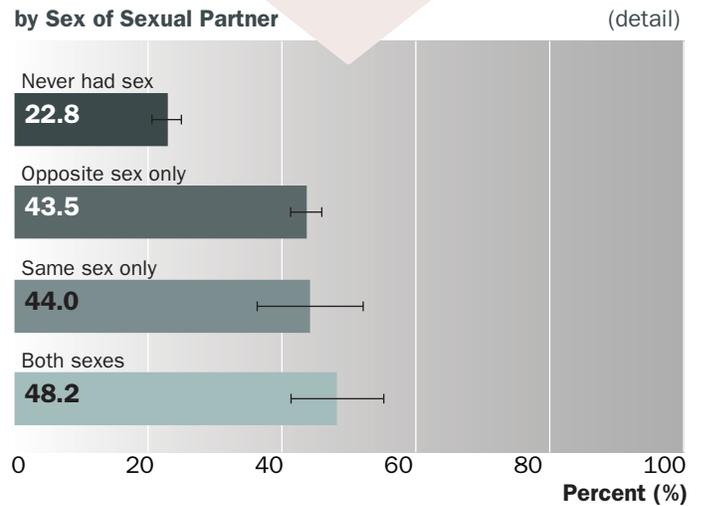
Lesbian, gay, or bisexual students were more likely to have skipped school at least once in the past 30 days than straight students (44.5% vs. 32.3%).



There was no statistically significant difference between students who had any same sex sexual contact (46.9%) and students who had sexual contact with the opposite sex only (43.5%) for skipping school at least once in the past 30 days.



Bisexual students (44.9%) and students who were not sure of their sexual identity (42.5%) were both more likely than straight students (32.3%) to have skipped school at least once in the past 30 days.



Students who never had sex (22.8%), were less likely to have skipped school at least once in the past 30 days than any other group. Other differences were not statistically significant.

Question: During the past 30 days, how many days of school did you miss classes or school without permission?

The recommendations below are focused on steps that can be taken in public health and educational settings and are not meant to be all-encompassing. Although this report does not include data on gender minority youth (e.g., transgender), these recommendations would also be expected to positively impact this population.

Recommendations for Public Health

- Include LGBTQ as a priority population in health disparity and health equity discussions and reports (along with racial/ethnic minorities, people in poverty, etc.).
- Expand the discussion of LGBTQ health beyond sexual behavior, as there are significant disparities in behavioral health and substance abuse topics.
- Consider the data in this report to be a baseline of youth LGBTQ well-being in New Mexico and monitor changes in health disparities.
- Examine and report bisexual health separately from the health of gays and lesbians because bisexuals have a different, and often poorer, health profile.
- Continue to pursue efforts to accurately collect and monitor health status information among LGBTQ New Mexicans.
- Encourage creation, implementation and evaluation of evidence-based interventions to reduce inequities among LGBTQ youth.
- Seek funding that includes outreach and educational interventions for LGBTQ communities.
- Participate in and offer trainings on LGBTQ health issues to increase cultural competency among health providers and community health partners.
- Include sexual and gender identity demographic questions on forms, surveys, and registries; use inclusive language (e.g., partner, spouse) in communications and health forms.
- Encourage adoption of the above practices by other federal, state, local, and tribal public health agencies.

Recommendations for Educational Settings

- Acknowledge that LGBTQ youth are at disproportionate risk of higher than average negative outcomes that may affect their current and lifelong health/behavioral health.
- Establish and enforce anti-harassment and anti-bullying policies that include and address sexual and gender identity.
- Provide training to school staff and students on how to intervene to prevent bullying and harassment of students based on sexual identity and how to respond when they hear slurs based on the sexual or gender identity or perceived identity of students.
- Train teachers and staff on LGBTQ cultural competency and how to create an inclusive and supportive classroom and school.
- Provide sexual and gender identity education, resources, and support to students, including any population-specific and affirmative youth development, health promotion and wellness activities that lead to positive youth outcomes.
- Provide evidence-based, comprehensive health and sexual health education to include up-to-date information on sexual and gender identity as well as inclusive healthy relationship skills development.
- Support establishment of Gay-Straight Alliances (GSAs) in middle and high schools, in order to create safe and supportive environments for sexual minority students and their straight allies.
- Engage members of the LGBTQ supportive community or community-based organizations in supporting, providing and participating in training, policy, and technical assistance efforts for school staff, students and families.

Acronyms

CDC

Centers for Disease Control and Prevention.

HIV

Human Immunodeficiency Virus, the virus that can cause AIDS (Acquired Immunodeficiency Syndrome).

LGBQ

Lesbian, gay, bisexual, and/or questioning. This is an acronym commonly used to generally describe the sexual and gender minority community, although it is not all-inclusive. Others use LGBTQ+, LGBTQIA, or variations of this acronym, which includes lesbian, gay, bisexual, transgender, transsexual, two-spirit (also sometime represented as a

“2” in the acronym), queer, questioning, intersex, asexual or ally. This report focuses on LGBQ because that is the information collected in the NM-YRRS.

NM-YRRS

New Mexico Youth Risk and Resiliency Survey, an anonymous pencil and paper health survey of high school and middle school students conducted in New Mexico every odd-numbered year. The YRBS is the national equivalent.

YRBS

Youth Risk Behavior Survey, a national, biennial school-based survey conducted by the CDC. It measures adolescent health risk and health protective behaviors.

Terminology

95% Confidence Interval (95% CI)

Represents the range in which the true value of a measure would exist 95% of the time.

Binge Drinker

Students who consumed five or more alcoholic drinks in a row, or within a couple of hours, on at least one occasion in the last 30 days.

Bisexual

A man or women who identifies as being sexually attracted to and/or engaging in sexual behavior with both men and women.

Gay

A man who identifies as being sexually attracted to and/or engaging in sexual behavior with another man. This term is also sometimes used more generally as a man or women who identifies as being sexually attracted to and/or engaging in sexual behavior with persons of the same sex.

Gender

A social construct referring to characteristics such as appearance, behaviors, and roles that distinguish the categories of being a man, woman, or neither.

Gender Identity

An individual's internal sense of gender (e.g. male, female, or neither).

Gender Minority

A broader term to describe individuals whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth. The most common identity in this group is transgender.

Health Disparity

A preventable difference in the burden of poor health or opportunities to achieve optimal health. Disparities are frequently defined by factors such as race/ethnicity, gender, poverty, disability, geographic location, sexual orientation, or gender identity.

Health Inequity

Health disparities that are believed to be preventable and unjust or unfair.

Heterosexual

A man or women who identifies as being sexually attracted to and/or engaging in sexual behavior with persons of the opposite sex. Also commonly known as straight.

Lesbian

A woman who identifies as being sexually attracted to and/or engaging in sexual behavior with another woman.

Prevalence

The proportion or percentage of individuals in a population having a disease/condition or participating in an activity that is risky or protective to their health.

Sexual Minority

A term to describe those who are sexually attracted to and/or engaging in sexual behavior with persons of the same sex.

Significant Difference

Although some of the health indicators in this report may appear to differ by sexual identity, there is a small amount of imprecision because they are estimates of the true prevalence of characteristics in the population. To ensure that we are

reasonably confident that differences in health indicators are true differences, and not due to chance, we state that health indicators differ by sexual orientation only if a statistical test indicates that they are different.

Sex

The biological distinction between male and female.

Straight

A man or women who identifies as being sexually attracted to and/or engaging in sexual behavior with persons of the opposite sex.

Transgender

A person whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth.

The data in this report do not perfectly match other data that have been reported from the 2013 NM-YRRS. This is due to the two separate but related sampling methodologies used for the 2013 NM-YRRS, as explained in the methodology section of the this document. In brief, these are the issues:

- Because we wanted to produce estimates of student behaviors and characteristics that can be compared to national and other state YRBS results, we used one sampling methodology that matched that of other states participating in the YRBS. This methodology was designed by the CDC, and is consistently implemented by all participating YRBS states. However, the CDC-developed methodology results in a sample that does not allow analysis at small geographic levels (i.e., county or school district), or detailed analysis of small population groups, such as sexual minority students or members of small race/ethnicity groups, such as African Americans or Asian or Pacific Islanders.

- In order to obtain data that can be used to produce estimates at low geographic levels and of small population groups, New Mexico has developed a modified sampling methodology that allows production of estimates at the school district level. This also results in a much larger sample size that makes it possible to conduct detailed analysis on small population groups.
- Data reported in this report come from the modified New Mexico sampling methodology, while data reported on the CDC website (<https://nccd.cdc.gov/youthonline>), and much of the data reported on the NM-YRRS websites (www.youthrisk.org and www.nmhealth.org/go/youth) come from the data produced by the standard CDC methodology.

The table below illustrates differences in results produced by these two separate methodologies. As can be seen in the table, both sets of estimates are similar to each other. There is no statistically significant difference between the two.

	Modified NM methodology (used in current document)	Standard CDC methodology
Total number of student respondents	19,080	5,451
Gender		
% Female	48.9	48.8
% Male	51.1	51.2
Sexual Identity		
% Heterosexual or straight	86.1	87.5
% Lesbian or gay	3.0	2.3
% Bisexual	7.5	6.8
% Not sure	3.4	3.4
Gender of sexual contacts		
% Never had sexual contact	46.6	47.7
% Had sexual contact only with members of the opposite sex	44.5	44.8
% Had sexual contact only with members of the same sex	2.9	2.8
% Had sexual contact with members of both sexes	6.0	4.7

Because the NM-YRRS, and all other population-based surveys, are meant to produce *estimates* of actual population rates, rather than to produce exact rates of behaviors and characteristics in the population, it should be expected that rates produced from the two different methodologies differ somewhat. The important things to remember are

that neither methodology is incorrect, and neither set of estimates is wrong. Both of these sampling methodologies are appropriate for producing estimates of behaviors and characteristics in the population. Depending on the level of analysis desired and how the results are to be used, either set of results may be appropriate to report.



Introduction

1. Poteat VP. Individual psychological factors and complex interpersonal conditions that predict LGBT-affirming behavior. *J Youth Adolesc.* 2015;44:1494–507.
2. Kann L, Olsen EOM, McManus T, et al. Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9–12—youth risk behavior surveillance, selected sites, United States, 2001-2009. *MMWR Surveill Summ.* 2011;60:1–133.
3. GLAAD. Media reference guide—transgender issues. <http://www.glaad.org/reference/transgender>. Accessed May 21, 2016.
4. Matthews DD, Blosnich JR, Farmer GW, Adams BJ. Operational definitions of sexual orientation and estimates of adolescent health risk behaviors. *LGBT Health.* 2014;1:42–9.
5. U.S. Department of Health and Human Services. Lesbian, gay, bisexual, and transgender health. *Healthy People 2020*. <http://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>. Accessed May 21, 2016.
6. Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington (DC): National Academies Press (US). National Academy of Sciences; 2011.
7. Rubin R. Minimizing health disparities among LGBT patients. *J Am Med Assoc.* 2015;313:15–7.
8. Garofalo R, Wolf RC, Kessel S, Palfrey SJ, DuRant RH. The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics.* 1998;101:895–902.
9. Pathela P, Schillinger JA. Sexual behaviors and sexual violence: adolescents with opposite-, same-, or both-sex partners. *Pediatrics.* 2010;126:879–86.
10. Robin L, Brener ND, Donahue SF, Hack T, Hale K, Goodenow C. Associations between health risk behaviors and opposite-, same-, and both-sex sexual partners in representative samples of Vermont and Massachusetts high school students. *Arch Pediatr Adolesc Med.* 2002;156:349–55.
11. Maguen S, Armistead LP, Kalichman S. Predictors of HIV antibody testing among gay, lesbian, and bisexual youth. *Adolesc Health.* 2000;26:252–7.
12. Tannahill A. Beyond evidence—to ethics: a decision-making framework for health promotion, public health and health improvement. *Health Promot Int.* 2008;23:380–90.
13. Birkett M, Espelage DL, Koenig B. LGB and questioning students in schools: the moderating effects of homophobic bullying and school climate on negative outcomes. *J Youth Adolesc.* 2009;38:989–1000.
14. Bird JDP, Kuhns L, Garofalo R. The impact of role models on health outcomes for lesbian, gay, bisexual, and transgender youth. *J Adolesc Health.* 2012;50:353–7.
15. Kosciw JG, Palmer NA, Kull RM. Reflecting resiliency: openness about sexual orientation and/or gender identity and its relationship to well-being and educational outcomes for LGBT students. *Am J Community Psychol.* 2015;55:167–78.
16. Buffie WC. Public health implications of same-sex marriage. *Am J Public Health.* 2011;101:986–90.

Resiliency/Protective Factors

1. Child Welfare Information Gateway. Protective factors to promote well-being. US Dept Health and Human Services web site. <https://www.childwelfare.gov/topics/preventing/promoting/protectfactors>. Accessed May 25, 2016.
2. Center for the Study of Social Policy, Youth Resilience: Protective and Promotive Factors Information Sheet, downloaded 2/29/16, www.cssp.org/reform/child-welfare/youth-thrive/2013/YT_Youth-Resilience.pdf.

Risk Factors

1. New Mexico Dept Health. Indicator-Based Information System for Public Health web site. <http://ibis.health.state.nm.us>. Accessed February 4, 2016.

Tobacco Use

1. Centers for Disease Control and Prevention. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2014. <http://1.usa.gov/1kyA1f3>.
2. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2014. <http://1.usa.gov/1L41SOp>.
3. Campaign for Tobacco-Free Kids. The Toll of Tobacco in New Mexico Factsheet. <http://bit.ly/1V5M6Gd>. Accessed September 21, 2015.
4. Ryan C, et al. Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*. 2009; 123(1): 346–352.
5. Remafedi G. Lesbian, gay, bisexual, and transgender youths: who smokes, and why? *Nicotine Tob Res*. 2007; 9(Suppl 1): S64–S71.
6. Ryan H, et al. Smoking among lesbians, gays and bisexuals: a review of the literature. *Am J Prev Med*. 2001; 21: 142–149.
7. Hatzenbuehler ML, et al. Community-level determinants of tobacco use disparities in lesbian, gay, and bisexual youth: Results from a population-based study. *Arch Pediat Adol Med*. 2011. Jun; 165(6):527–32.
8. Rosario M, et al. Disclosure of sexual orientation and subsequent substance use and abuse among lesbian, gay, and bisexual youths: critical role of disclosure reactions. *Psychol Addict Behav*. 2009. Mar; 23(1):175–84.

Alcohol Use

1. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. *J Am Med Assoc*. 2004. Mar 10;291(10):1238–45.

2. Stahre M, Roeber J, Kanny D, Brewer RD, Zhang X. Contribution of excessive alcohol consumption to deaths and years of potential life lost in the United States. *Prev Chronic Dis*. 2014;11:E109.
3. United States. Public Health Service. Office of the Surgeon General. The Surgeon General's call to action to prevent and reduce underage drinking. Rockville, MD: U.S. Dept. of Health and Human Services, Public Health Service, Office of the Surgeon General; 2007.
4. Office of Applied Studies. The NSDUH Report: Alcohol Dependence or Abuse and Age at First Use. Rockville, MD: Substance Abuse and Mental Health Services Administration. 2004.
5. Centers for Disease Control and Prevention. Fact Sheets—Underage Drinking. <http://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>. Accessed September 9, 2015.
6. Institute of Medicine. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, DC. 2011.
7. Konishi C, Saewyc E, Homma Y, Poon C. Population-level evaluation of school-based interventions to prevent problem substance use among gay, lesbian and bisexual adolescents in Canada. *Prev Med*. 2013. 57(6):929–33.
8. Green D, Peñaloza L. Alcohol Use and Related Behaviors, New Mexico Youth Risk & Resiliency Survey, 2011 Survey Results Report. New Mexico Dept Health, New Mexico Public Education Dept, and University of New Mexico Prevention Research Center. 2014.
9. Tomedi LE, Padilla J. Health Inequities by Sexual Orientation in New Mexico, 2005-2011. Santa Fe, NM: New Mexico Dept Health. July 2013.

Substance Use

1. Centers for Disease Control and Prevention. Underlying Cause of Death, Detailed Mortality. <http://wonder.cdc.gov>.
2. Substance Abuse Epidemiology Section. New Mexico Substance Abuse Epidemiology Profile. Santa Fe, NM: New Mexico Dept Health. 2014.
3. Institute of Medicine. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, DC: National Academies Press (US). National Academy of Sciences. 2011.
4. Heck NC, Livingston NA, Flentje A, Oost K, Stewart BT, Cochran BN. Reducing risk for illicit drug use and prescription drug misuse: high school gay-straight alliances and lesbian, gay, bisexual, and transgender youth. *Addict Behav*. 2014. 39(4):824–8.

Personal Safety and Interpersonal Violence

1. Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. The 2013 National School Climate Survey: the experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. New York: GLSEN. 2014.
2. Stahlman S, Javanbakht M, Cochran S, Hamilton AB, Shoptaw S, Gorbach PM. Mental health and substance use factors associated with unwanted sexual contact among US active duty service women. *J Trauma Stress*. 2015. 00: 1–7.

3. Howard DE, Wang MQ. Psychosocial correlates of US adolescents who report a history of forced sexual intercourse. *J Adolesc Health*. 2005. 36(5):372–379.
4. Afifi TO, Enns MW, Cox BJ, Asmundson GJG, Stein MB, Sareen J. Population attributable fractions of psychiatric disorders and suicide ideation and attempts associated with adverse childhood experiences. *Am J Public Health*. 2008. 98(5):946–952.
5. Biegel S, Kuehl SJ. Safe at school: addressing the school environment and LGBT safety through policy and legislation. National Education Policy Center. http://nepc.colorado.edu/files/Biegel_LGBT.pdf. 2010.

Mental Health

1. New Mexico Death Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Dept Health. <http://ibis.health.state.nm.us>. Accessed December 18, 2015.
2. Centers for Disease Control and Prevention. National Center for Injury Prevention and Control web site. <http://www.cdc.gov/injury/wisqars>.
3. Marshal MP, Dietz LJ, Friedman MS, Stall R, Smith HA, McGinley J, et al. Suicidality and depression disparities between sexual minority and heterosexual youth: a meta-analytic review. *J Adolesc Health*. 2011. 492:115–23.
4. Center SPR. Suicide risk and prevention for lesbian, gay, bisexual, and transgender youth. Newton, MA: Education Development Center, Inc. 2008.

Sexual Health

1. Abma JC, Sonenstein FL. Sexual activity and contraceptive practices among teenagers in the United States, 1988 and 1995. National Center for Health Statistics. *Vital Health Stat*. 2001. 23:1–26.
2. Lindley LL, Walsemann KM. Sexual orientation and risk of pregnancy among New York City high-school students. *Am J Public Health*. 2015. 105:1379–86.

