

Unseen Risk: A Descriptive Study of WSW Youth

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Background:

- Lesbian/Bisexual youth often perceived as a low risk group
- Largely overlooked in sexual minority health research
- Preliminary Research (mostly on adults):
 - Lindly et al. (2003): N=436 WSW
 - Bailey et al. (2003): N=803; age M=31.2

*Little research specific risk behaviors of WSW youth

Objective:

- To describe the risk behavior profiles of young women who partner with women
- To provide a comparison to a non-WSW sample where available to contextualize prevalence of risk behaviors of YWSW

Methods:

Subjects and Recruitment

- Convenience sample (n=153)
- Recruited from community-based organizations and venue based outreach
- Age 16-24
- Data collection: August 2004 to September 2005

Methods:

Procedures and Design

- LHF funds increase female enrollment of NIH R03 GLBT risk behavior study
- Cross-sectional survey
- Voluntary and anonymous
- 1 ½ hours to complete ACASI survey
- \$30 for participation

Methods:

Measures and Information

- Demographic Data
- Substance Use
- Sexual Risk

** Additional questions including: sexual minority stress, additional health risk behaviors, psychosocial variables (depression, self-esteem, social support) – **not included in current analysis**

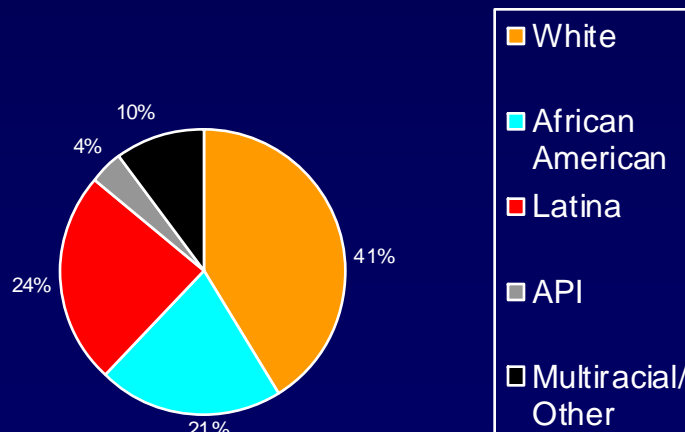
Results (n=137):

Demographic Information

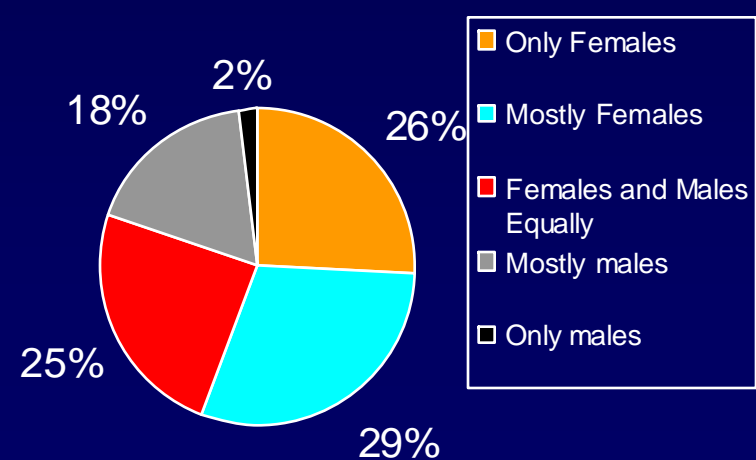
(16 participants identified as FTM were excluded from analysis)

- **Mean Age:** 19.6 (range 16-24)
- **Anatomic Sex at Birth:** 100% female
- **Sexual Orientation**
 - : 51% Lesbian/Gay; 45% Bisexual; 4% Questioning/Unsure

Race/Ethnicity



Physical Attraction



Results:

Risk Behaviors- Substance Use

- Alcohol
 - 68% > 1 time per month
 - 32% binge drink at least 1 time month
 - (19% weekly)
 - 39% did something sexually that they had not intended to do because of alcohol

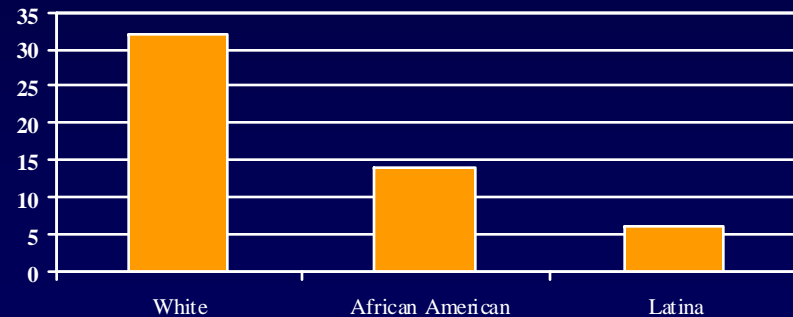
Results:

Risk Behaviors- Substance Use (cont.)

Drugs

–19% have used “street drugs” in the past year

- 12% cocaine
- 8% ecstasy
- 7% meth
- 6% hallucinogens



–20% have used OTC medications to “get high”

–14% have used prescription drugs to “get high”

Marijuana

– 76% lifetime use (mean age of first use 14.9 years)

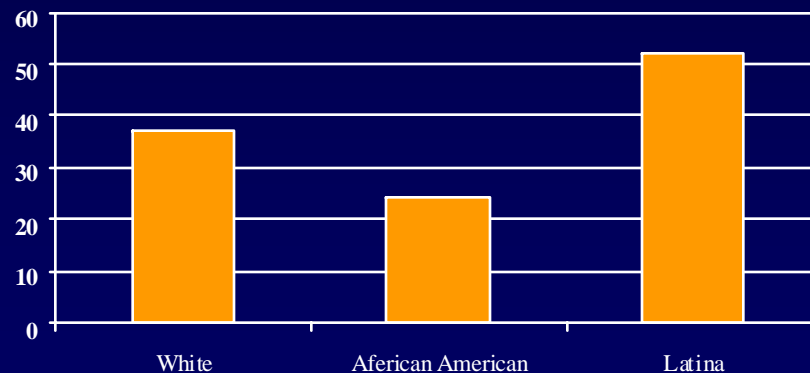
– 34% use > 1 time month

Results:

Risk Behaviors- Substance Use (cont.)

- Tobacco

- 39% currently smoke cigarettes
 - (additional 15% consider themselves “social smokers”)



- 50% have a desire to quit
 - 35% have unsuccessfully attempted to quit at some point in the last year

Results:

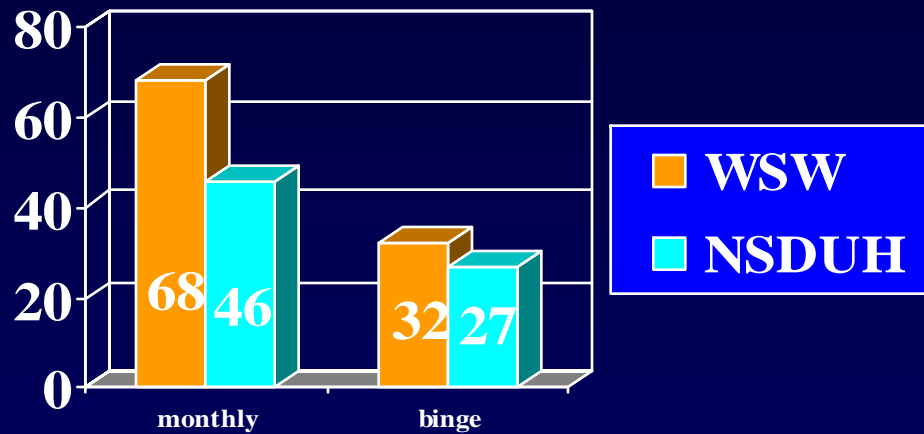
Risk Behaviors- Substance Use Comparison

- 2004 National Survey on Drug Use and Health

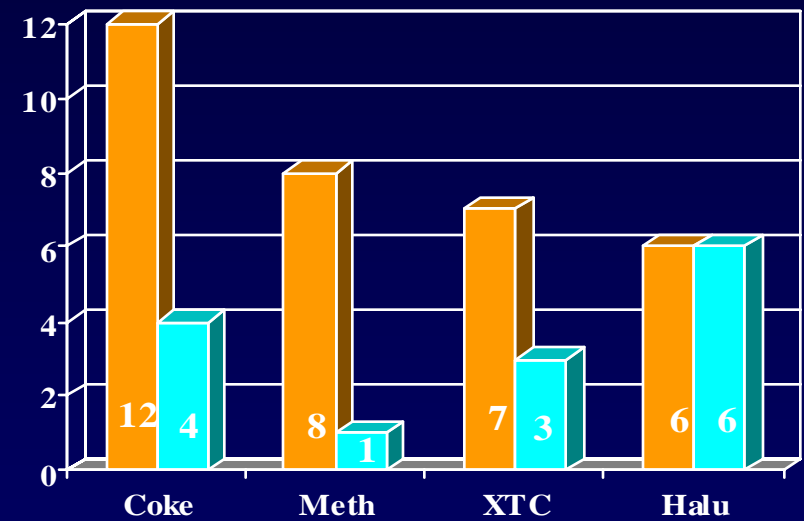
N=4445

Mean Age=19.3

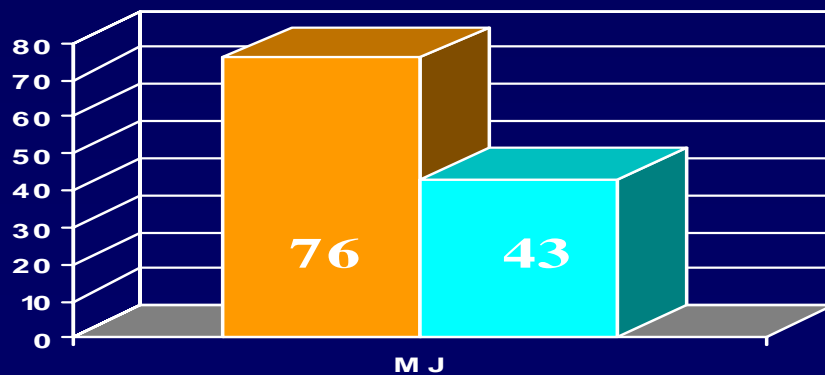
Alcohol Use



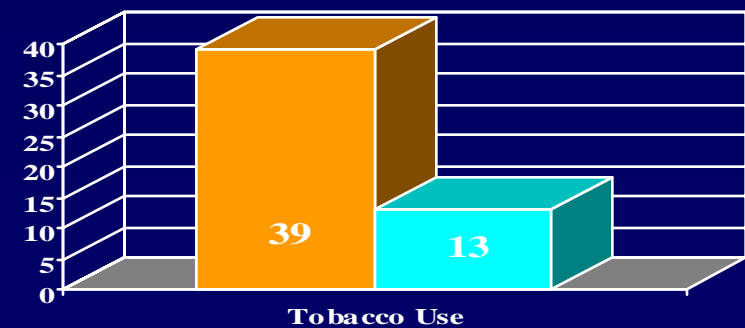
Drug Use



Lifetime Marijuana Use



Cigarette



Results:

Risk Behaviors - Sexual

– 94% Sexually Active

Oral Sex

- 78% w/ women
- 58% w/ men (41% last 12mo)

Vaginal Sex

- 73% - lifetime
- 16.5 mean age of debut

Anal Sex

- 26% RAI w/ male partner
- 12% Unprotected RAI w/ male

Results:

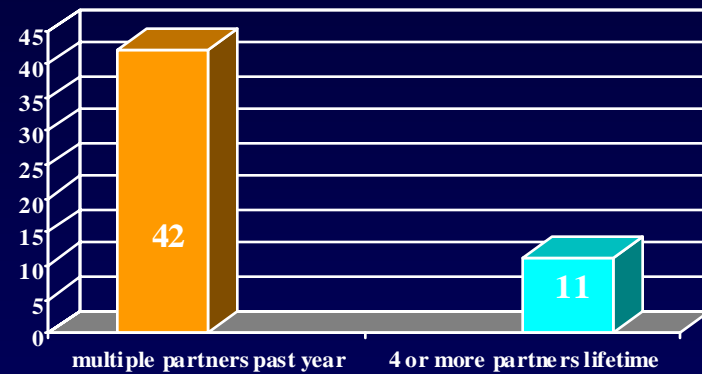
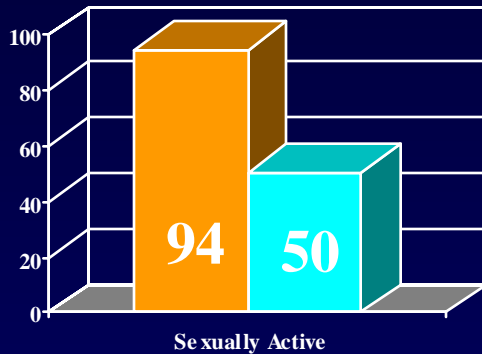
Risk Behaviors – Sexual (Cont.)

- Exchange for Resources (7%)
- Pregnancy (20%)
- Shared Toys (20%)
- Forced Sex (30%)
- Multiple partners (37%)
- Used Internet to find partner (42%)
- Public Sex (45%)
- While Intoxicated (64%)

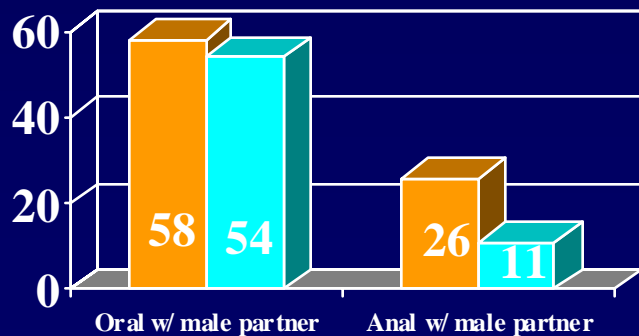
Results:

Risk Behaviors – Sexual Comparison

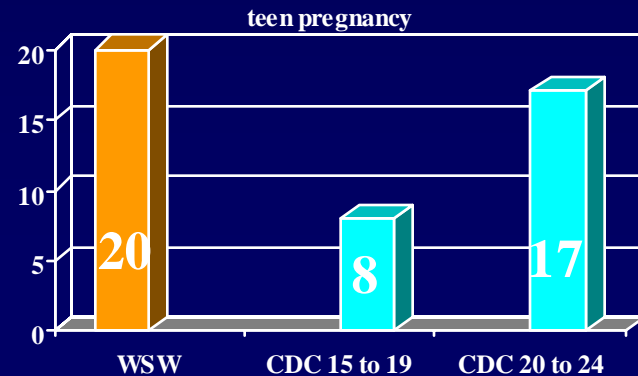
•2005 YRBS Chicago



•2005 national YRBS



2003 CDC pregnancy surveillance



Results:

Risk Behaviors – Sexual (cont.)

- Reported STI infection – lifetime
 - Syphilis 2%
 - HPV 3%
 - Herpes 3%
 - Gonorrhea 4% (national prevalence <1%)
 - Chlamydia 6% (national prevalence 3%)
 - HIV 4%

12% of sample tested positive for at least one STI

Limitations

- Original survey instrument intended for use w/ men
- Cross-Sectional Data – Association, no Causality
- Small Sample
- One Geographic Area – Regional Differences
- Self-Report
- Comparison flawed

Conclusions:

- Greater rates of alcohol, drug and tobacco use than heterosexual peers
- Multiple sexual risks including high risk sex with men

Next Steps:

- Repeat study with larger sample, a refined instrument and qualitative component
- Develop and test uniquely tailored intervention
- Develop and disseminate scientifically based and appropriate education materials and programs.

Acknowledgements

- Youth Services Team at Howard Brown Health Center
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- **The Queer Youth Community of Chicago !!!**