

January 2012

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## Recommended Citation

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<http://elischolar.library.yale.edu/ysphtdl/1263>

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**Sexuality, Adult Connectedness, and Risk Behaviors among  
New York City Adolescents: Findings from the 2009 YRBS**

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May 2012

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**ABSTRACT:**

*Objectives:* Our first objective was to determine whether lesbian, gay, and bisexual (LGB) adolescents were as likely as straight adolescents to report having connections with school adults. Our second objective was to find whether LGB adolescents benefited more from these connections in regards to a variety of risk behaviors and mental health indicators.

*Methods:* Utilizing the NYC 2009 Youth Risk Behavior Survey (YRBS), we analyzed whether adolescents differed in their connections to school adults based on self-reported sexual orientation. We created a 4-category variable combining both sexual orientation and presence of a school adult connection and then examined differences in prevalence and odds of the following outcomes: alcohol use, marijuana use, illicit drug use, depressive symptoms, suicidal ideation, and suicide attempt.

*Results:* Straight and LGB adolescents were equally likely to report having a connection with an adult at school. LGB adolescents benefited more from such connections, as evidenced by the presence of additive interaction.

*Conclusions:* School adult connections are beneficial for all adolescents, but especially LGB adolescents. Interventions should focus on boosting social support for this high-risk group.

**INTRODUCTION:**

Adolescence is widely known to be a significant period of rapid development in an individual's life. It is not uncommon for adolescents in general to exhibit high-risk behaviors and poor mental health outcomes, but lesbian, gay, and bisexual (LGB) adolescents are affected to an even greater extent. LGB adolescents are more likely to attempt suicide, endorse suicidal ideation (1-6), and be exposed to violence and victimization (4, 5). LGB adolescents are also more likely to use substances than straight adolescents (4-6). While individuals identifying as LGB may be in the minority, their elevated risks for a variety of poor health outcomes are cause for concern among public health professionals. Additional risk for LGB adolescents is manifest in their lower levels of social integration and increased feelings of loneliness as compared to their straight counterparts (7). The amount of social support and nature of LGB adolescent social

networks are interesting potential areas for intervention, but little is yet known about how these variables influence risk taking behaviors for LGB adolescents.

The health benefits of social support are robust and wide-ranging. Social support is defined as the social bonds, social integration, and primary group relations that an individual has (8). Perceived social support is often linked to mental health status; depression, specifically, is connected to perceived social support in that individuals with more perceived support are less likely to be depressed (8) and less likely to attempt suicide (9). Higher perceived social support is also associated with less substance use (10). Although some work has been done on various forms of social support (such as school connectedness and natural mentoring relationships) as they pertain to the health outcomes of LGB adolescents, there is still much more to be learned. Social support comes from a wide variety of sources, and since adolescents spend such a significant amount of time in school, examining the effects of positive relationships with adults in the school is a worthwhile endeavor.

Although the increased risk of negative health outcomes for LGB adolescents and benefits of social support are well supported in the literature, questions still remain. Our first objective was to use data from the 2009 New York City Youth Behavior Risk Survey to characterize the school social networks of straight and LGB adolescents through an examination of the proportion of straight and LGB students who report having a connection with a school adult. We hypothesized that a smaller proportion of LGB students would have a connection with a school adult compared to their straight counterparts. Our second objective was to determine whether straight and LGB students benefited equally from school adult connections in regards to risk behaviors and mental health indicators; we evaluated this by checking for interaction effects on the multiplicative and additive scales. Assessing interaction is a useful endeavor because it helps discern whether the effect of an exposure on an outcome differs across the strata of another exposure. In other words, it determines whether the two exposures are independent in causing an outcome (11). We hypothesized that LGB adolescents would benefit more from having a connection with a school adult than straight adolescents. To our knowledge, this is the first time this relationship has been examined.

## METHODS:

Data for this study are from the 2009 New York City Youth Risk Behavior Survey (NYC YRBS), which contained a total of 11,887 respondents. The survey is the product of a continuing partnership between the New York City Department of Health and Mental Hygiene (DOHMH), New York City Department of Education, and the Centers for Disease Control and Prevention (CDC). The NYC YRBS is part of the CDC's National Youth Risk Behaviors Surveillance System (YRBSS). Starting in 1997, the NYC YRBS survey has been conducted every other year with the goal of examining various health risk behaviors among New York City adolescents. The survey is anonymous and self-administered, and the results are representative of NYC public high school students from grades 9 through 12 (12). The data set is available for public use on the NYC DOHMH website.

## Measures:

The demographic data were collected by participant self-report. Students classified themselves by sex, grade in school, race/ethnicity, and sexual orientation. Sexual orientation was determined by the following question: "Which of the following best describes you?" The response choices were: Heterosexual or straight, gay or lesbian, bisexual, and not sure. In an effort to control for socioeconomic status, a poverty proxy was used. The variable was created based on the percentage of students in a school who qualify for free or reduced-cost school lunch. The eligibility criteria are based on the Federal Poverty Level – 130% for free lunch and 185% for reduced-cost lunch. Low poverty is defined as having 0 to less than 50% of students eligible for free or reduced-cost lunches. Medium poverty is defined as having 50 to less than 70% of students eligible. High poverty is defined as having 70 to less than 80% of students eligible. Very high poverty is defined as having 80 to 100% of students eligible.

The main independent variable in the study is the presence of a connection with an adult at school. The question asks: "Do you agree or disagree that you feel connected to at least one teacher or other adult in this school you can talk to if you have a problem?" Students were given the following choices in response: Strongly agree, agree, not sure, disagree, or strongly disagree. We dichotomized this variable in our analyses in order to strengthen power. The majority of the variables suggested similarities in the strongly

agree, agree, and not sure responses, so we compared that group against the disagree and strongly disagree responses.

A number of risk behaviors and mental health indicators were used as dependent variables. Current drinking was defined as having at least one drink of alcohol during the past 30 days. Marijuana use was defined as using marijuana at least once during the past 30 days. Illicit drug use was coded as those using any combination of the following drugs at some point in their lifetime: prescription drugs without a prescription, cocaine, heroin, methamphetamine, ecstasy, or injected drugs without a prescription. Depression was defined as feeling so sad or hopeless almost every day for two weeks or more in a row that one stopped doing some usual activities at some point in the past 12 months. Suicidal ideation was defined as seriously considering a suicide attempt in the past 12 months. Suicide attempt was defined as attempting suicide at least once during the past 12 months.

#### Analysis:

Data analysis was done using SAS version 9.2 and SUDAAN version 10.0.1. The NYC YRBS utilized a stratified, two-stage cluster sample aimed at creating a representative sample of public high school students throughout the five boroughs. In stage one, the schools were randomly picked with probability proportional to the school enrollment sizes. In stage two, classrooms in a specific period or class were listed in a classroom-level sampling frame and were then selected randomly for each school. After data collection, the responses were weighted to adjust for nonresponse and varying probabilities of selection (12).

Data analysis occurred in four steps. First, we examined the basic descriptive sociodemographic factors of the sample. Second, we ran bivariate analyses on the sample, conducting chi-square tests to determine whether adolescents differed by sexual orientation on their response to the school adult connection question. We also examined how prevalence of a school adult connection varied by sex, grade, race/ethnicity, and poverty status. The results are presented in Table 1. Third, we created a 4-category variable combining sexual orientation and adult connection presence: Straight with Adult Connection, Straight without Adult Connection, LGB with Adult Connection, and LGB without Adult Connection. We used chi-square testing to determine whether a variety of adolescent risk behaviors and mental health outcomes differed based on adolescents'

responses to the school adult connection question. Fourth, we utilized logistic regression to ascertain odds ratios for the risk behaviors and mental health indicators for each group; Straight with Adult Connection was chosen to be the referent group. Adjusted odds ratios are presented in Table 2. We controlled for the effects of the following covariates: sex, grade in school, race/ethnicity, and poverty level. We also tested interaction terms during this step, using logistic regression for each outcome based on the sexual orientation and school adult connection variables. Presence of multiplicative interaction was tested in this way. Presence of additive interaction was calculated by adding the odds ratios of the two middle groups (Straight without Adult Connection and LGB with Adult Connection) and subtracting the odds ratio of the referent group (Straight with Adult Connection). This process allowed us to calculate an expected odds ratio value for the doubly exposed group (LGB without Adult Connection), which we then compared to the observed odds ratio for that group. If the two values differed noticeably from one another, we concluded that additive interaction was occurring.

## RESULTS:

A total of 9,048 adolescents (76.1%) in the NYC YRBS dataset responded to the school adult connection variable, the majority of whom agreed or were neutral in terms of having an adult to talk to if they had a problem. A greater proportion of the respondents were female than male (55% versus 45%, respectively). The percentage of respondents were roughly equal according to grade level in school, although a greater proportion of the sample were 9<sup>th</sup> and 10<sup>th</sup> graders in comparison to 11<sup>th</sup> and 12<sup>th</sup> graders. Approximately 33% of the sample was classified as Hispanic, with black non-Hispanic respondents making up about 32% of the sample. Asian and white non-Hispanic adolescents composed 18% and 16% of the sample, respectively. About 33% of respondents attended a school classified as having a low poverty level, and 27% attended a school classified as medium poverty level. About 16% of adolescent respondents were students at high poverty schools. Nearly one-fourth of the sample attended schools classified as very high poverty level.

Sex and grade in school both differed significantly based on response to the school adult connection question ( $p=0.032$  and  $p<0.001$ , respectively). Males constituted 46% of

respondents who had a connection with an adult at school and 41% of those who did not, compared to 54% and 59% of females, respectively. Younger students tended to be less likely to have a connection with a school adult than older students. Presence of a connection with a school adult did not differ significantly by sexual orientation, nor did it differ by race/ethnicity or poverty status.

Table 1:

<b>Description of the Sample by Adult Connection Variable</b>				
Variable	Overall (N=9,084)	Adult Connection (N=7,202)	No Adult Connection (N=1,882)	<i>p</i>
<u>Sex</u>				0.032†
Male	4,024 (45.0%)	3,248 (46.0%)	776 (41.0%)	
Female	5,057 (55.0%)	3,953 (54.0%)	1,104 (59.0%)	
<u>Grade Level</u>				0.000†
9	2,195 (28.8%)	1,705 (27.7%)	490 (32.8%)	
10	2,433 (28.0%)	1,857 (27.1%)	576 (31.1%)	
11	2,422 (22.6%)	1,929 (23.1%)	493 (20.3%)	
12	1,947 (20.7%)	1,647 (22.0%)	300 (15.7%)	
<u>Race/Ethnicity</u>				0.288
White Non-Hispanic	1,224 (16.2%)	1,013 (16.8%)	211 (14.1%)	
Black Non-Hispanic	2,291 (31.7%)	1,771 (31.1%)	520 (33.7%)	
Hispanic	3,719 (33.2%)	2,973 (33.2%)	746 (33.4%)	
Asian	1,011 (18.0%)	802 (18.1%)	209 (17.7%)	
Other	453 (0.9%)	335 (0.8%)	118 (1.1%)	
<u>Poverty Proxy</u>				0.809
Low	3,016 (32.6%)	2,398 (32.8%)	618 (32.0%)	
Medium	2,088 (27.2%)	1,662 (27.2%)	426 (27.4%)	
High	1,400 (16.2%)	1,116 (16.5%)	284 (15.1%)	
Very High	2,580 (23.9%)	2,026 (23.5%)	554 (25.4%)	
<u>Sexual Orientation</u>				0.712
Straight	8,149 (92.3%)	6,479 (92.4%)	1,670 (92.0%)	
Lesbian, Gay, Bisexual	761 (7.7%)	597 (7.6%)	164 (8.0%)	

\* The chi-square analyses are based on an alpha-level of 0.05. The N values are unweighted, and the percents are weighted. Percentages may not add up to 100% based on rounding. The N values differ slightly by variable due to different numbers of non-responders.

† Denotes a statistically significant difference.



The prevalences of the six outcomes of interest (alcohol use, marijuana use, illicit drug use, depressive symptoms, suicidal ideation, and suicide attempt) were examined by both sexual orientation and presence of school adult connection. For alcohol use, marijuana use, illicit drug use, depressive symptomatology, suicidal ideation, and suicide attempt, adolescents classified as being lesbian, gay, or bisexual and not having a school adult connection had the highest prevalence compared to the other groups. The differences between the four groups were also statistically significant for each outcome ( $p < 0.001$ ).

About 29% of straight adolescents with a school adult connection reported using alcohol during the past 30 days; this prevalence was higher among straight adolescents without a reported connection (35%). The prevalence of alcohol use was even higher among LGB adolescents, whether they had a connection with a school adult or not. Approximately 47% of LGB students with a school adult connection admitted to using alcohol in the past 30 days, and 59% of those without a connection used alcohol.

There was a very high prevalence of marijuana use in the past 30 days among LGB adolescents without a school adult connection (41%), particularly compared to the lowest risk group – about 12% of straight adolescents with a school adult connection reported use. The prevalence of marijuana use was about 16% in straight adolescents without a school adult connection and 28% in LGB adolescents with a school adult connection.

The lowest prevalence of illicit drug use was seen in straight adolescents who reported having a school adult connection (10%). Straight adolescents without a connection had the next lowest prevalence at 16%. About 24% of LGB adolescents reporting a connection with a school adult had used an illicit drug at some point, compared to about 35% of LGB adolescents without a connection using illicit drugs at least once.

The prevalence of depressive symptomatology was fairly high among each group, although there were significant differences between them. Straight adolescents had a lower prevalence of depressive symptoms; about 25% of those with a school adult connection reported symptoms compared to 31% of those without a school adult connection. LGB adolescents again reported the highest levels of depressive symptoms. Nearly 50% of those with an adult connection had depressive symptomatology in the past 12 months, and 61% of those without a connection experienced depressive symptoms.

The differences in prevalence of suicidal ideation over the past 12 months varied widely based on both sexual orientation and presence of a school adult connection. Straight adolescents with an adult connection were the least likely to report suicidal ideation (11%), with straight adolescents without a connection coming in second place (17%). Approximately 33% of LGB adolescents with a school adult connection reported suicidal ideation, and 47% of LGB adolescents without a connection reported suicidal ideation in the past 12 months.

Prevalence of suicide attempt during the past 12 months was lowest among straight adolescents with a school adult connection compared to those without a connection (6% versus 12%, respectively). Approximately 26% of LGB adolescents with an adult connection reported at least one suicide attempt, compared to 30% of LGB adolescents without a connection.

These patterns were reflected in the odds ratios for each outcome stratified by sexual orientation and adult connection group. Sexual orientation and presence of a school adult connection were both important predictors for adolescent risk behavior indicators and mental health indicators. For all outcomes, however, sexual orientation appeared to be a stronger predictor for poor health events; this was demonstrated by the fact that LGB adolescents had greater odds of engaging in risk behaviors and demonstrating poor mental health outcomes than straight adolescents regardless of the presence of a school adult connection. In regards to alcohol use, marijuana use, illicit drug use, depressive symptomatology, suicidal ideation, and suicide attempt, LGB adolescents without a connection to a school adult were over three times as likely to show negative outcomes compared to straight adolescents with a school adult connection. LGB adolescents without a connection were over five times as likely to use illicit drugs and attempt suicide than straight adolescents with a connection. Moreover, they were nearly six times as likely to report suicidal ideation and over six times as likely to use marijuana in the past 30 days.

We checked the presence of both multiplicative and additive interaction based on the sexual orientation and adult connection variables for each outcome of interest. There was no significant multiplicative interaction occurring, but we did find evidence of additive interaction for nearly all outcomes. For every outcome except suicide attempt, the observed odds ratio greatly exceeded the value of the expected odds ratio (see Table 2). We

concluded that the risk of being classified as LGB and not having a school adult connection was even more detrimental than we expected based on the odds of the outcomes for the factors separately.

Table 2:

<b>Outcomes by Sexual Orientation and School Adult Connection</b>				
<u>Alcohol Use (30 Day)</u>	<u>N (%) Alcohol Use</u>	<u>P</u>	<u>Adjusted OR, 95% CI</u>	<u>Expected OR</u>
Straight with Adult Connection	1,818 (29.09%)	0.000†	1.00	
Straight without Adult Connection	540 (34.89%)		1.47 (1.26, 1.72)	
LGB with Adult Connection	242 (46.61%)		1.97 (1.55, 2.51)	
LGB without Adult Connection	75 (58.65%)		3.44 (1.85, 6.42)	2.44
<u>Marijuana Use (30 Day)</u>	<u>N (%) Marijuana Use</u>	<u>0.000†</u>	<u>Adjusted OR, 95% CI</u>	<u>Expected OR</u>
Straight with Adult Connection	820 (11.91%)		1.00	
Straight without Adult Connection	257 (16.33%)		1.62 (1.28, 2.05)	
LGB with Adult Connection	151 (27.84%)		3.10 (2.34, 4.09)	
LGB without Adult Connection	54 (40.75%)		6.44 (4.06, 10.20)	3.72
<u>Illicit Drug Use (Lifetime)</u>	<u>N (%) Illicit Drug Use</u>	<u>0.000†</u>	<u>Adjusted OR, 95% CI</u>	<u>Expected OR</u>
Straight with Adult Connection	618 (10.03%)		1.00	
Straight without Adult Connection	226 (13.23%)		1.42 (1.16, 1.75)	
LGB with Adult Connection	135 (24.04%)		3.02 (2.26, 4.04)	
LGB without Adult Connection	53 (34.52%)		5.31 (3.28, 8.61)	3.44
<u>Depressive Symptoms (12 Month)</u>	<u>N (%) Depressive Symptoms</u>	<u>0.000†</u>	<u>Adjusted OR, 95% CI</u>	<u>Expected OR</u>
Straight with Adult Connection	1,605 (25.19%)		1.00	
Straight without Adult Connection	495 (31.24%)		1.34 (1.15, 1.55)	
LGB with Adult Connection	268 (49.21%)		2.54 (1.97, 3.29)	
LGB without Adult Connection	93 (61.45%)		3.96 (2.33, 6.74)	2.88
<u>Suicidal Ideation (12 Month)</u>	<u>N (%) Suicidal Ideation</u>	<u>0.000†</u>	<u>Adjusted OR, 95% CI</u>	<u>Expected OR</u>
Straight with Adult Connection	693 (10.79%)		1.00	
Straight without Adult Connection	251 (17.37%)		1.69 (1.39, 2.04)	
LGB with Adult Connection	174 (33.48%)		3.71 (2.73, 5.04)	
LGB without Adult Connection	66 (47.01%)		5.99 (3.91, 9.17)	4.40
<u>Suicide Attempt (12 Month)</u>	<u>N (%) Suicide Attempt</u>	<u>0.000†</u>	<u>Adjusted OR, 95% CI</u>	<u>Expected OR</u>
Straight with Adult Connection	378 (6.35%)		1.00	
Straight without Adult Connection	154 (12.05%)		1.93 (1.59, 2.35)	
LGB with Adult Connection	117 (25.73%)		4.39 (3.12, 6.17)	
LGB without Adult Connection	38 (30.28%)		5.03 (2.77, 9.16)	5.32

\* The chi-square analyses are based on an alpha-level of 0.05. The N values are unweighted, and the percents are weighted. Percentages may not add up to 100% based on rounding. The N values differ slightly by variable due to different numbers of non-responders. The adjusted odds ratio values control for the effects of the following covariates: sex, grade level, race/ethnicity, and poverty level. The expected odds ratios for the LGB without Adult Connection group are based on an additive interaction scale.

† Denotes a statistically significant difference.

## DISCUSSION:

Straight adolescents without a school adult connection exhibited better outcomes than LGB adolescents with a connection, which is highly important to note. Moreover, LGB adolescents without a connection were over three times as likely to use alcohol, marijuana, and illicit drugs and experience depressive symptomatology, suicidal ideation, and suicide attempts than the referent group. Our results confirm the findings of prior studies in regards to the prevalence of risk behaviors and negative mental health indicators based on sexual orientation. The prevalence of drinking, marijuana use, hard drug use, depressive symptoms, suicidal ideation, and suicide attempts were exceptionally high among LGB adolescents compared to straight adolescents. Straight adolescents who reported having a connection with a school adult were less likely to be engaged in all risk behaviors of interest and manifest more positive mental health indicators than straight adolescents without a connection; this pattern was maintained when comparing LGB adolescents with a school adult connection to those without a school adult connection as well. Most importantly, straight adolescents were less likely to be involved in risk behaviors and experience poor mental health than LGB adolescents regardless of whether they had a connection with an adult in the school.

Although statistical tests did not indicate the presence of multiplicative interaction, we did see evidence of probable additive interaction. In multiplicative interaction, the product of the individual effects is either larger or smaller than the combined effect. In additive interaction, the sum of the individual effects is either larger or smaller than the combined effect (11). The observed odds ratios of the LGB without adult connection group for five of the six outcome variables far exceeded the expected odds ratio values. This is useful information in that it highlights a high-risk group that would benefit more so than other groups if targeted in a public health intervention (13). Specifically, adolescents who

identify as LGB and do not have a relationship with an adult at school would benefit more than straight adolescents from an intervention aimed at improving social support in the school setting.

Social support comes in many forms from many sources, but a relatively new form of measurement relevant to adolescents is that of school connectedness and relationships with adults in the school (14-16). School connectedness has been defined as liking school, feeling safe at school, and having relationships with teachers (16). One study related to school connectedness showed that bisexual adolescents were significantly less likely to feel connected to their school than heterosexual adolescents; they posited that this might be part of the reason for the higher prevalence of risky behavior among bisexual adolescents (16). Others have found that strong bonding to school is associated with lower prevalence of emotional distress, suicidal thoughts and behaviors, violence, and use of cigarettes, alcohol, and marijuana (14, 15, 17, 18). Other factors of school connectedness include: having a sense of belonging at school, having good friends at school, being engaged in academics, feeling that discipline is fair and effective, and being involved in extracurricular activities (19).

Natural mentoring relationships with adults also act as a source of social support (20). Natural mentoring relationships are naturally occurring ties that are not fostered through formal programs (20). Recent research on the benefits of natural mentoring relationships in schools has demonstrated positive effects on psychological well-being and reductions in problem behaviors and poor health outcomes (20-27). Students who value teacher approval (25) and feel that their teachers care about them (22, 26, 27) have better outcomes than those who do not have strong natural mentoring relationships. One study found that LGB adolescents were more likely to seek support from school staff than straight adolescents (28); while our study found similar proportions of school adult connections for LGB and straight adolescents, it still may be true that LGB adolescents actually seek help from school adults more often. Natural mentoring relationships appear to be beneficial for all adolescents, although the benefits may be more substantial for the LGB population.

In our analysis, it is important to consider exactly what the adult connection variable represents. It does not measure instrumental or tangible support; instead, it is perceived support specific to adults in a school setting. It also does not necessarily mean

that a student has sought support from a school adult. Rather, it means that they have an adult at school to go to if they feel the need. Turner and Brown (2009) argue that perceived support, in comparison to other forms, is perhaps the strongest protective factor against depression and distress (8). Our findings confirm this notion for a variety of other risk behaviors and mental health indicators.

There are a number of limitations present in this study. First, the data come from a cross-sectional survey. Therefore, we cannot reach any conclusions regarding temporality or risk. We can merely report prevalence and odds. Secondly, since the survey asks some personal questions, it is difficult to know whether the students answered honestly. Response bias (specifically, social desirability bias) may be an issue, although all data were collected by YRBS anonymously. Thirdly, there were a small number of respondents (8.0%) who reported being among the LGB group, which may explain why some of the findings trended toward significance but lacked the power to reach the p-value threshold of 0.05.

This study also had a number of strengths. In the 2009 NYC YRBS dataset, over 9,000 students responded to the school adult connection question. Our sample size was very large, which gave our study substantial power. The population is also highly diverse in regards to race and ethnicity, which provides valuable information about those groups - many of which go largely unstudied. Although the survey includes a few different questions, the vast majority of the questions are equivalent to those of the national YRBSS, most of which have been used successfully in previous years.

Previous work has been done on natural mentoring relationships to suggest that they help to reduce prevalence of adolescent risk behaviors. Focusing on these relationships as they pertain to the school setting is important given that high school students spend a large portion of their days in school. It is an ideal setting in which to positively impact health. Adults in the school system, whether they are teachers, guidance counselors, coaches, or other staff, have the power to affect the behaviors of adolescents, even by indirect methods. Blum (2005) asserts that teachers must be proactive classroom managers, supporting and guiding students in ways that promote positive behaviors (19). A public health intervention aimed at improving school climate for LGB adolescents could have wide-ranging benefits: reduction of stigmatization and bullying and promotion of adult-student interactions and student engagement (29). Our evidence confirms the

importance of social support in decreasing prevalence of adolescent risk behaviors and poor mental health outcomes. Perceived social support from adults in the school seems to have similar positive effects for adolescents and LGB adolescents more specifically. More research should be conducted to determine how to best nurture natural mentoring relationships between students and school adults, focusing on the LGB population in particular. The small act of making school staff more aware of their influence in students' lives may make a large difference in the health and safety of adolescents.

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