Summary

This March marks the 6th Annual Bisexual Health Awareness Month. Bisexual youth comprise a substantial proportion of youth who are part of the LGBTQ community. An analysis of national data from the 2015–2017 Center for Disease Control and Prevention’s Youth Risk Behavior Survey (YRBS) found that 7% of youth identified as bisexual, compared to 2% as gay or lesbian and 4% as not sure. Bisexual youth may be exposed to more stigma from both the majority population, for not being heterosexual, and by the gay and lesbian communities for not having exclusive same-gender relationships and attractions. Despite the prevalence of bisexual identities among youth, there is currently a lack of information on outcomes specific to bisexual youth in the United States. This research brief focuses on understanding mental health and victimization associated with bisexual youth using national data from the YRBS.

Results

Mental health disparities exist for bisexual youth, with almost half seriously considering suicide in the past 12 months. Nearly 2 in 3, (66%) of bisexual youth felt sad and hopeless for two or more weeks in a row in the past 12 months, compared to 27% heterosexually-identified youth, 49% gay and lesbian youth, and 46% of youth who were not sure of their sexual identity. Further, 48% of bisexual youth seriously considered suicide, 40% have made a plan for how they would attempt suicide, and 27% have attempted suicide.

More than one in three bisexual youth reported being bullied at school, and one in five reported being forced to have sexual intercourse. Among bisexual youth, 21% (24% female and 8% male) reported having been forced to have sexual intercourse. This is compared to 5% of heterosexually-identified youth (9% female and 2% male), 16% gay and lesbian (15% female and 17% male), and 12% youth who were not sure of their sexual identity (11% female and 13% male). Additionally, 36% and 30% of bisexual youth reported having been bullied on school property and electronically bullied, respectively, in the past 12 months.
Methodology

Beginning in 1991, the CDC collected data representative of students in grades 9–12 attending U.S. high schools through the YRBS. State, territorial, tribal, and large urban school districts that receive funding from CDC provide data representative of high school students or middle school students. Ongoing surveys, conducted biennially February–May of each odd-numbered year, is self-administered to youth in their schools. The current data are combined weighted national survey data from 2015 and 2017. Youth were identified as bisexual based on their response to the YRBS question “Which of the following best describes you?” with options: heterosexual (straight), gay or lesbian, bisexual, and not sure. The 2015 and 2017 YRBS national level data does not include questions focused on youth gender identities.

Looking Ahead

While previous large-scale studies on LGBTQ youth have included bisexual youth in their samples, they often fail to capture the unique stressors faced by bisexual youth and in doing so, further alienate an already vulnerable population. Our analysis of the YRBS data highlighted the increased rates of depressed mood, suicidality, and victimization among bisexual youth. These disparities could be due to fewer protective factors in the lives of bisexual youth (Saewyc et al., 2009) and the increased stigma thought to be faced by bisexual individuals (Callis, 2013) that were highlighted in theoretical and less representative work.

The Trevor Project remains committed to understanding and addressing the needs of bisexual youth across our research, advocacy, and crisis service departments. For example, over 34,000 youth took part in The Trevor Project’s own National Survey focused on better understanding the lives of LGBTQ youth. Our large sample size will allow us to further explore the individual needs of subgroups of LGBTQ identities, including bisexual youth.

References


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