2020 DELAWARE STATE
EPIDEMIOLOGICAL PROFILE
SUBSTANCE USE AND RELATED ISSUES

Gender and Sexuality

prepared for

Acting Director Alexis Teitelbaum and the
Delaware Division of Substance Abuse and Mental Health
&
The Delaware State Epidemiological Outcomes Workgroup

with funding from the
Strategic Prevention Framework - Partnerships for Success Program
The Role of the Delaware State Epidemiological Outcomes Workgroup and the Purpose of the Epidemiological Profile

All states, including Delaware, have received support from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Prevention (CSAP) to establish a Statewide Epidemiological Outcomes Workgroup (SEOW). The Division of Substance Abuse and Mental Health (DSAMH) in the Department of Health and Social Services supported the establishment of the Delaware SEOW through SAMHSA Strategic Prevention Framework grants awarded previously. The SEOW is a group of people and organizations that have and use analytical data concerning substance use and related behaviors and consequences; this information can be used to establish and monitor indicators related to substance use prevention. Formerly known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), Delaware’s SEOW mission is to bring data on substance use and associated issues to the forefront of the prevention process by pursuing the following goals:

- To build monitoring and surveillance systems to identify, analyze, and profile data from state and local sources
- To provide current benchmarks, trends, and patterns of substance abuse consumption and consequences
- To create data-guided products that inform prevention planning and policies
- To train agencies and communities in understanding, using, and presenting data effectively

The annual Delaware State Epidemiological Profile was developed by the SEOW to disseminate data for strategic planning, decision-making, and evaluation. Using indicators that are available on an ongoing basis, the report describes patterns of consumption, context, consequences, and trends of substance use, as well as other risk and protective factors, especially among young people in Delaware. The report also highlights crosscutting issues that warrant attention as well as populations that may experience disproportionate risk for these concerns.

This chapter explores issues of behavioral health among persons who identify as LGBTQ in Delaware. To review the complete Delaware Epidemiological Profile, other chapters, infographics, or SEOW data products, please visit the UD Center for Drug and Health Studies Delaware Epidemiological Reports page.
SEOW Collaborators

Thank you for your participation and commitment to data-driven prevention planning, practice, and evaluation! We are especially grateful to the team at the Delaware Division of Substance Abuse and Mental Health for their guidance and collaboration.

atTAcK Addiction
Bellevue Community Center
Christiana Care Health System
Colonial School District
Delaware Academy of Medicine/Delaware Public Health Association
Delaware Afterschool Network
Delaware Center for Justice
Delaware Coalition Against Domestic Violence
Delaware Council on Gambling Problems
Delaware Courts - Office of the Child Advocate
Delaware Criminal Justice Council
Delaware Criminal Justice Information System
Delaware Department of Education
Delaware Department of Services for Children, Youth and their Families
Division of Prevention and Behavioral Health Services
Delaware Department of Health and Social Services
Division of Medicaid and Medical Assistance
Division of Public Health
Division of Services for Aging and Adults with Physical Disabilities
Division of Substance Abuse and Mental Health
Delaware Department of Safety and Homeland Security
Delaware State Police
Division of Alcohol and Tobacco Enforcement
Division of Forensic Science
Delaware Department of State
Delaware Office of Controlled Substances
Division of Professional Regulation, Prescription Monitoring Program
Delaware Domestic Violence Coordinating Council
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Delaware Prevention Coalition
Holcomb BHS/Open Door, Inc.
KIDS COUNT in Delaware, University of Delaware Center for Community Research & Service
La Esperanza Community Center
Latin American Community Center
Mental Health Association in Delaware
Milford School District
Nemours Health and Prevention Services
Planned Parenthood of Delaware
Red Clay Consolidated School District
Sussex County Health Coalition
Transitions Delaware
Trauma Matters Delaware
United Way of Delaware
Wesley College
West End Neighborhood House
University of Delaware
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Notes on Data Reporting and Interpretation

In order to protect the anonymity of respondents and to ensure that the data reported meet certain statistical standards, the Center for Drug and Health Studies (CDHS) at the University of Delaware recently updated its guidelines for reporting and interpreting data from surveys that it administers to students across the state of Delaware. As a result, in the 2020 Delaware State Epidemiological Profile, data in some tables and figures have been aggregated or otherwise reported differently than in years prior. The following notes summarize the guidelines for interpreting data presented in this report:

- **Reporting small numbers**: For any estimate where the raw number of responses is less than 30, no statistical estimates are reported. Statistics computed from such a small proportion of the total number of students may be unreliable, inflating the significance of existing relationships in the data, and among some special populations, may put individuals at risk of being identified. In some data products such as our heat maps, multiple years of data have been combined in order to increase the sample sizes to a reportable figure.

- **Rounding**: All figures from Delaware school survey data (DSS, YRBS, YTS) are rounded to the nearest whole percent. As such, in some cases the cells in a table may add up to slightly more or less than 100%.

- **Missing Observations**: In our analysis, any missing observations (responses) are not calculated into the total percentages. Because different questions have varying numbers of missing responses, the total sample size and percent missing may fluctuate slightly from question to question. This is due to a few factors:
  - Students may not answer all questions on a survey, particularly those towards the end if they run out of time or they tire of answering questions.
  - Students may also skip or decide not to respond to certain questions for various reasons (e.g., if they fear their responses will not be kept confidential; if they consider the question too personal or sensitive; if they do not understand the question; etc.)

- **Discrepancies in Reporting**: With respect to the Delaware YRBS survey, there may be slight discrepancies in how CDHS reports some data points compared to how the Centers for Disease Control and Prevention (CDC) and their national technical advisors (Westat, Inc.) report the data. This is largely due to differing practices when conducting analysis with missing observations in the data and does not substantially impact the overall prevalence estimates, trends, and relationships among these data points.

- **Statistical Significance**: Unless otherwise indicated, all reported correlations between variables are statistically significant at the p<.05 level. Null hypothesis testing, used to estimate statistical significance, provides an estimate of the likelihood that the relationship between two indicators is not due to random chance. If the p-value for a given crosstab is less than .05, this suggests that in 95% of cases, the correlation between the relevant variables is because there is a relationship between them.
Weighted Data: Weighting data is a correction technique that compensates for nonresponses, helps correct for unequal probabilities of being selected within the sample, and helps ensure that the sample drawn is representative of the Delaware student population. If data is weighted there will be a notation indicating the data is weighted for the specific fact, figure, or table. Prevalence data from the Youth Risk Behavior Survey and Youth Tobacco Survey are usually weighted, however, data is not weighted when exploring small subpopulations to ensure an accurate analysis that is not influenced due to the small number of individuals in those subpopulations.

- 2019 Weighted Data: In previous years, advisors to the CDC have provided weights with the Youth Risk Behavior Survey data, and frequencies have been estimated using weighted data. In 2019, the YRBS sample population in Delaware did not meet threshold requirements for weighting data, so any prevalence estimates relying on YRBS data for this year are unweighted.

In 2019, a total of 10,765 Delaware students responded to either the Delaware School Survey (DSS) or the Delaware Youth Risk Behavior Survey (YRBS). By survey, the total number of respondents are as follows:

<table>
<thead>
<tr>
<th>Survey Administration</th>
<th># of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DSS</strong></td>
<td></td>
</tr>
<tr>
<td>5th Grade</td>
<td>2,992</td>
</tr>
<tr>
<td>8th Grade</td>
<td>2,126</td>
</tr>
<tr>
<td>11th Grade</td>
<td>2,299</td>
</tr>
<tr>
<td><strong>Delaware YRBS</strong></td>
<td></td>
</tr>
<tr>
<td>Middle School</td>
<td>1,162</td>
</tr>
<tr>
<td>High School</td>
<td>2,186</td>
</tr>
</tbody>
</table>
1. Gender and Sexuality

National Overview

It is estimated that there are more than one million transgender\(^1\) adults in the country (Meerwijk and Sevelius, 2017) and more than ten million lesbian, gay, or bisexual adults; altogether, the lesbian, gay, bisexual, and transgender (LGBT)\(^2\) population constitutes roughly 4.5% of the adult U.S. population (Williams Institute, 2019). Members of the LGBTQ\(^3, 4\) community have consistently faced discrimination, harassment, and violence at the interpersonal and at the systemic level, and it is only in recent years that significant legal rulings have begun to extend major civil rights protections to LGBTQ individuals. Same-sex marriage was legalized in the U.S. only five years ago (Obergefell v. Hodges, 2015); prior to this ruling, same sex couples faced barriers in accessing the same relationship privileges granted to heterosexual couples, such as eligibility for spousal benefits in health insurance and next-of-kin rights. In June 2020, the Supreme Court ruled in a series of employment discrimination cases that employers could not fire employees on the basis of their sexual orientation or gender identity (Bostock v. Clayton County, 2020), finally granting protections to LGBTQ Americans under Title VII of the Civil Rights Act of 1964.

Despite making up a substantial portion of the population and ample evidence of discriminatory practices and policies, historically, research on LGBTQ individuals has not been robust nor conducted on a nationally representative scale. There is no government mandate to include sexual orientation and gender identity as demographic categories on government collected and federally funded data, although some individual states and provinces do collect this data (Persad, 2019). In the 2020 Census, while respondents are now able to identify whether they have a same-sex partner when answering the question about their household composition, there still are not more specific questions related to sexual orientation and gender identity (SAGE, 2020; U.S. Census Bureau, 2020). This will necessarily result in an undercount, as not all

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1 Someone is transgender when their gender identity is different from the sex that they were assigned at birth; the term cisgender is used to describe people whose sex at birth and gender identity are aligned.

2 While the acronym LGBT explicitly references lesbian, gay, bisexual, and transgender identities, there are a variety of sexual orientations and gender identities that may be included within this community, such as pansexual, asexual, queer, non-binary, or people who are questioning their sexual orientation and/or gender identity.

3 The letter “Q” has multiple meanings in this context. It is typically short for queer but can represent those individuals who do not feel fully represented by the adjectives of lesbian, gay, bisexual, or transgender, or those who are questioning or unsure how they identify in terms of sexual orientation, gender identity, or in terms of gender expression. In the data discussion of the Delaware Context section of this narrative, the “Q” represents students who are questioning. While the LGBTQ acronym (or LGBT depending on the wording of the referenced data source) is used in this text, it is important to acknowledge that this is an imperfect and non-exhaustive identifier, and many sources may use variations of this acronym to refer to the community. The Trevor Support Center and GLSEN offer terminology resources on this topic.

4 Gender expression refers to how an individual presents gender identity. Although this is an important topic there is very little available data, therefore it is beyond the scope of the current discussion.
LGBTQ people are in same-sex relationships or married to their partners. The relative invisibility of LGBTQ people in these data poses serious problems when it comes to issues of resource allocation and LGBTQ inclusion in important policy and funding decisions.

Collecting data on this population is important but difficult, as sexuality and gender categories are often fluid and evolving over the life course, while typical demographic measures are fixed (Ruberg and Ruelos, 2020). The Human Rights Commission (HRC) in 2019 issued a report advocating for more expansive data collection on this population and provided some guidelines for best practices in how to construct survey questions on the topics of gender and sexuality. Some of these guidelines included: frame questions so that sexual orientation and gender identity are self-identified; use open-ended response categories in survey questions; allow for self-administration of survey questions pertaining to sexuality and gender; and assure respondents’ confidentiality or anonymity so they feel safe in disclosing their identities (Persad, 2019). In their inaugural survey, the Trevor Project reported collecting responses from more than 100 different sexual orientations and gender identities among youth and young adults ages 13-24 (Trevor Project, 2019), further underscoring the vast diversity of the LGBTQ community and the challenge of accurately representing all identities within data collection efforts.

Most existing research provides strong evidence for the disadvantages faced by members of the LGBTQ community that is also associated with disproportionate risk for substance use, poor mental health, social and emotional instability, and violent victimization. Data from the 2018 National Survey on Drug Use and Health shows that substance use among lesbian, gay, and bisexual (also termed sexual minorities) adults is higher than heterosexual adults; for example, while 16.2% of the overall adult population report using marijuana in the past year, the rate more than doubles to 37.6% for sexual minority adults (SAMHSA, 2020). LGBT people also experience sexual assault and relationship violence at higher rates than heterosexual people; results from the National Intimate Partner and Sexual Violence Survey (NISVS) indicate that 47% of bisexual women have been raped in their lifetime, compared with approximately 17% of heterosexual women (Walters, Chen, and Breiding, 2013). Young people are especially vulnerable, as rejection and lack of acceptance from family members can create unsafe home environments and contribute to a higher rate of homelessness among these youth (Cho, Wilson, Shelton, and Gates, 2015). Lesbian, gay, bisexual and questioning youth are at higher risk of using substances (Marshal et al., 2008) and experience greater rates of depression and suicidal ideation (Burton et al., 2013; Marshall et al., 2011) when compared to their heterosexual peers. The Trevor Project found that 39% of their LGBTQ respondents had seriously considered suicide in the past year, and 71% of respondents report experiencing discrimination due to their sexual orientation or gender identity. Furthermore, among transgender and non-binary youth, more than half report being discouraged from using the bathroom that they felt was most appropriate for their gender (Trevor Project, 2020). It is important to note that differences in these rates are not intrinsically associated with being
LGBTQ but rather related to the adversities that these individuals frequently face related to their sexual orientation or gender identity.

**Delaware Context**

The Delaware High School Youth Risk Behavior Survey (YRBS) includes a question about sexual orientation: *Which of the following best describes you?* Students are provided four response choices: heterosexual (straight); gay or lesbian; bisexual; or not sure. In 2017, an additional question was added regarding transgender status: *Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?* Four response choices are provided: no, I am not transgender; yes, I am transgender; I am not sure if I am transgender; I do not know what this question is asking.

The number of students who identify on the YRBS as either gay/lesbian, bisexual, transgender, or questioning provide discrete subsets of data that are too small to conduct statistically reliable and ethical data analysis. Thus, for the purposes of this analysis responses of these students have been grouped into a larger LGBTQ category and compared against responses of their cisgender and heterosexual peers. The students in this LGBTQ group represent a range of sexual and gender diversity, and their identities are often overlapping; many of the transgender students also identify themselves as gay, lesbian, bisexual, or unsure of their sexual orientation as well.

In the 2019 Delaware YRBS, approximately 16% of surveyed high school students report that they are either gay, lesbian, bisexual, or unsure of their sexual orientation and close to 3% of students report that they are transgender or unsure of their sexual orientation. There are some noteworthy differences in substance use rates between LGBTQ students and cisgender heterosexual students. For example, 18% of LGBTQ students and 12% of cisgender heterosexual students report binge drinking in the past month. When it comes to mental health indicators, the disparities are even greater: when comparing rates of self harm (also known as non-suicidal self-injury), planned suicides, and attempted suicides, LGBTQ students report rates more than three times greater than their peers across each of these indicators.

When it comes to measures of risk and protective factors, such as Adverse Childhood Experiences (ACEs) and parental support indicators, LGBTQ students also ranked significantly worse than their peers. While nearly two-thirds of cisgender heterosexual students report that their parents always or almost always took an interest in them, less than half of LGBTQ students report the same. Roughly one in three LGBTQ students report two or more traumatic experiences (ACEs), compared to only about one in five of their peers. There are also

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5 LGBTQ YRBS data in this report include aggregated responses from students who report that they are gay, lesbian, bisexual, unsure of their sexual orientation, transgender, or unsure if they are transgender.
differences in experiences of bullying and feeling safe at school. One in twenty cisgender heterosexual students report they have skipped school because they did not feel safe to go; among LGBTQ students, that figure rises to one in ten. More than a quarter (26%) of LGBTQ students report being bullied at school in the past year, compared to roughly 12% of their peers. More effective and consistent data collection on these issues can help policy makers, educators, and practitioners understand how to better support LGBTQ students and mitigate the experiences that put them at greater risk for adverse outcomes.
2019 Delaware Youth Risk Behavior Survey
Sexual Orientation Among High School Students
(in percentages)

Figure 1: Sexual orientation, HS

Gender Identity among High School Students
(in percentages)

Figure 2: Transgender students, HS


Back to table of figures
2019 Delaware Youth Risk Behavior Survey
Prevalence of LGBTQ
High School Students
(in percentages)

Figure 3: Prevalence of LGBTQ students, HS

Notes:
*LGBTQ includes students who identify their sexual orientation as gay or lesbian, bisexual, or not sure, and/or students who identify as transgender or unsure of their gender identity.

Back to table of figures
2019 Delaware Youth Risk Behavior Survey
Past Month Substance Use
Among LGBTQ High School Students
(in percentages)

<table>
<thead>
<tr>
<th>Substance</th>
<th>LGBTQ</th>
<th>Cisgender and heterosexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>33</td>
<td>23</td>
</tr>
<tr>
<td>Binge drinking</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>Marijuana</td>
<td>31</td>
<td>22</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Vaping</td>
<td>33</td>
<td>26</td>
</tr>
</tbody>
</table>

Figure 4: Past month substance use among LGBTQ students, HS

Past Year Mental Health
Among LGBTQ High School Students
(in percentages)

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>LGBTQ</th>
<th>Cisgender and heterosexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad/hopeless nearly every day for 2 weeks</td>
<td>56</td>
<td>25</td>
</tr>
<tr>
<td>Self harm</td>
<td>39</td>
<td>12</td>
</tr>
<tr>
<td>Planned suicide</td>
<td>29</td>
<td>9</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>18</td>
<td>6</td>
</tr>
</tbody>
</table>

Figure 5: Past year mental health among LGBTQ students, HS

Note: "Binge drinking" is defined as five or more drinks of alcohol in a row for males/four or more drinks for females.

Back to table of figures
2019 Delaware Youth Risk Behavior Survey
Prevalence of Adverse Childhood Experiences
Among LGBTQ High School Students
(in percentages)

Figure 6: ACEs among LGBTQ students, HS

Bullying and School Safety
Among LGBTQ High School Students
(in percentages)

Figure 7: Bullying and school safety among LGBTQ students, HS


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Figure 8: Protective factors among LGBTQ students, HS


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2. References

Gender and Sexuality


## Data Sources

<table>
<thead>
<tr>
<th>Data Instrument</th>
<th>Administered/Compiled by</th>
<th>Most Recent Data</th>
<th>Trend Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware Annual Traffic Statistical Report</td>
<td>Delaware State Police/Delaware Statistical and Analysis Center</td>
<td>2019</td>
<td>-</td>
</tr>
<tr>
<td>Delaware Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>DE Division of Public Health (sponsored by the CDC)</td>
<td>2018</td>
<td>-</td>
</tr>
<tr>
<td>Delaware Prescription Monitoring Program (PMP)</td>
<td>DE Department of State, Division of Professional Regulation</td>
<td>2018</td>
<td>2012-2018</td>
</tr>
<tr>
<td>Delaware School Survey (DSS) – 5th, 8th, and 11th grades</td>
<td>Center for Drug and Health Studies, UD</td>
<td>2019</td>
<td>1999-2019</td>
</tr>
<tr>
<td>Delaware Youth Risk Behavior Survey (YRBS) – High School</td>
<td>Center for Drug and Health Studies, UD (sponsored by DE Division of Public Health and the CDC)</td>
<td>2019</td>
<td>1999-2019</td>
</tr>
<tr>
<td>Delaware Youth Risk Behavior Survey (YRBS) – Middle School</td>
<td>Center for Drug and Health Studies, UD (sponsored by Nemours)</td>
<td>2019</td>
<td>1999-2019</td>
</tr>
<tr>
<td>Delaware Youth Tobacco Survey – 6th – 12th grades</td>
<td>Center for Drug and Health Studies, UD (sponsored by DE Division of Public Health)</td>
<td>2018</td>
<td>-</td>
</tr>
<tr>
<td>Monitoring the Future – 8th, 10th, and 12th grades</td>
<td>University of Michigan (sponsored by the National Institute on Drug Abuse)</td>
<td>2019</td>
<td>1999-2019</td>
</tr>
<tr>
<td>Performance Measures, Delaware</td>
<td>National Highway Safety Administration</td>
<td>2018</td>
<td>2014-2018</td>
</tr>
<tr>
<td>National Survey on Children’s Health (NSCH)</td>
<td>US Health Resources &amp; Services Administration</td>
<td>2018</td>
<td>2016-2018</td>
</tr>
<tr>
<td>National Survey on Drug Use and Health (NSDUH)</td>
<td>US Substance Abuse and Mental Health Services Administration</td>
<td>2016-2018</td>
<td>2002-2018</td>
</tr>
<tr>
<td>Substance-Exposed Infant Program</td>
<td>Office of the Child Advocate</td>
<td>2019</td>
<td>2017-2019</td>
</tr>
<tr>
<td>Treatment Admissions Data</td>
<td>US Substance Abuse and Mental Health Services Administration, collected by Delaware Division of Substance Abuse and Mental Health</td>
<td>2019</td>
<td>2002 - 2019</td>
</tr>
</tbody>
</table>

In addition to the data sources for the figures and tables in the 2020 report, the following data sources are also cited throughout the narrative:

- America’s Health Rankings
- Bureau of Labor Statistics
- Centers for Disease Control and Prevention
- Delaware Department of Education
- Delaware Department of Safety and Homeland Security, Division of Forensic Science
- Delaware Health Tracker
- Delaware Household Health Survey
- Drug Enforcement Administration
- Health Resources and Services Administration
- KIDS COUNT in Delaware
- National Center for Health Statistics
- National Conference of State Legislatures
- National Institute on Drug Abuse
- National Institute on Mental Health
- RTI International
- State of Delaware Economic Development Office
- The Trevor Project
- U.S. Census Bureau