The 2021 Delaware Epidemiological Profile

Gender and Sexuality

Substance Use, Mental Health, and Related Issues

prepared for

Director Joanna Champney and the Delaware Division of Substance Abuse and Mental Health
&
The Delaware State Epidemiological Outcomes Workgroup
The Role of the Delaware State Epidemiological Outcomes Workgroup and the Purpose of the Epidemiological Profile

All states, including Delaware, 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 initially supported the SEOW through SAMHSA Strategic Prevention Framework grants and continues to sponsor the SEOW with SAMHSA funding. The SEOW is facilitated by a team at the Center for Drug and Health Studies at the University of Delaware that convenes a network of representatives from over 50 State and nonprofit agencies, community organizations, advocacy groups, and other entities. Formerly known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), the SEOW’s mission is to bring data on behavioral health and associated issues to the forefront of prevention and treatment 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 and treatment planning and policies;
- To train agencies and communities in understanding, using, and presenting data effectively.

The annual Delaware State Epidemiological Profile is a valuable data resource for strategic planning, decision-making, and evaluation. Using data that are available on an ongoing basis, the report highlights indicators of mental health and wellbeing, patterns of substance use and its consequences, and risk and protective factors for 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 provides an overview of the behavioral health through the lens of gender and sexuality. To review the complete report, slides, infographics, and other SEOW data products, please visit the UD Center for Drug and Health Studies Delaware Epidemiological Reports page. Video recordings of select SEOW presentations referenced in this report are also available online.
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
Delaware Guidance Services
Delaware Information and Analysis Center
Delaware Multicultural and Civic Organization
Delaware Prevention Coalition
Delaware State Board of Education
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
NAMI Delaware
Nemours Health and Prevention Services
New Castle County Police Department
Planned Parenthood of Delaware
Red Clay Consolidated School District
Sun Behavioral Delaware
Sussex County Health Coalition
Transitions Delaware
Trauma Matters Delaware
United Way of Delaware
University of Delaware
  College of Health Sciences
  College of Arts and Sciences
  Partnership for Healthy Communities
  Student Health & Wellness Promotion
Wesley College
West End Neighborhood House
Wilmington University

SEOW Facilitator Team at the University of Delaware Center for Drug and Health Studies: Cheryl Ackerman, Jessica Arnold, Rochelle Brittingham, David Borton, Darryl Chambers, Miller Finkelstein, Bill Gratton, Stephanie Ha, James Highbarger, Dana Holz, Steve Martin, Sharon Merriman-Nai, Dan O’Connell, Laura Rapp, Rachel Ryding, Meisje Scales, Rachael Schilling, Eileen Sparling, Wenjin Wang.

If your organization is interested in becoming an SEOW Collaborator, please contact Meisje Scales at: mjscales@udel.edu.
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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 has established a set of guidelines for reporting and interpreting data from surveys that it administers to students across the state. As a result, in the Delaware State Epidemiological Profile, data in some tables and figures may be aggregated or otherwise reported differently than in years prior. The following notes summarize the guidelines for interpreting data presented in this report and provide an overview of changes relevant to this year:

- **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 (DSS) 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**: In some instances, there may be slight differences in estimates reported by the Center for Drug and Health Studies compared to those reported by other state or federal entities for the same data source. In most cases this is due to differing practices in rounding or handling 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.
  - A note about 2019 Youth Risk Behavior Survey (YRBS) Data: In previous years, Delaware received weighted Delaware YRBS survey data from the CDC for both middle and high school samples. However, during the 2019 administration, participation rates for the Delaware high school survey did not meet the required threshold for weighting the data. Therefore, this report only includes 2019 middle school findings from the YRBS. Whenever available, trend data from the CDC Youth Online Data Portal is also reported. Additional high school YRBS data from previous years may be requested by following the Delaware Division of Public Data Information & Request Process.

- **Pandemic Impacts on Data Collection:** In 2020, the advent of the COVID-19 pandemic and subsequent school closures and shifts to remote learning greatly impacted our ability to collect school survey data. As a result, in 2020, we are unable to report any data from the Youth Tobacco Survey (YTS) for middle or high school, or from the Delaware School Survey (DSS) for 5th and 11th graders. We are, however, able to report figures from the 8th grade Delaware School Survey, based on responses from 3,799 respondents.
2021 DELAWARE STATE
EPIDEMIOLOGICAL PROFILE
SUBSTANCE USE AND RELATED ISSUES
**National Overview**

It is estimated that there are more than one million transgender\(^1\) adults in the country (Meerwik 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. a little over 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

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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. 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](https://www.trevor.org) and [GLSEN](https://www.glsen.org) 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.
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 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 2019 National Survey on Drug Use and Health shows that more than a third (35.6%) of lesbian, gay, and bisexual (LGB) adults aged 18-25 report using marijuana in the past month (SAMHSA, 2020). There have also been significant increases in past month and daily marijuana use among LGB adults 26 and older. In 2019, approximately 18.3% of LGB adults age 18 or older met the criteria for a substance use disorder, and 12.9% met the criteria for both a substance use disorder and a mental illness (SAMHSA 2020). Sexual minorities 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). It is important to note that differences in these rates are not intrinsically associated with being LGBTQ but rather relate to the adversities that these individuals frequently face concerning their sexual orientation or gender identity.

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. Data from the National Youth Risk Behavior Survey (YRBS) in 2019 found that lesbian, gay, and bisexual high school students report significantly higher rates of past month alcohol, marijuana, and cigarette use than their heterosexual peers. LGB students also attempted suicide in the past year at more than three times the rate of heterosexual students.

LGBTQ youth have faced particular challenges during the COVID-19 pandemic. The Trevor Project’s latest national survey collected data in late 2020 on more than 34,000 LGBTQ youth ages 13-24 (Trevor Project, 2021). More than half of LGBTQ youth reported that they had experienced discrimination based on their gender or sexual orientation in the past year, and only one in three LGBTQ youth found their home to be LGBTQ-affirming. Nearly a quarter (24%) of trans and non-binary youth reported attempting suicide in the past year when none of the people they lived with respected their pronouns, and nearly half of LGBTQ youth reported that the pandemic negatively impacted their ability to express their sexual orientation (Trevor Project, 2021).

**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.

During administration of the 2019 Delaware High School YRBS, low school participation throughout the state meant that the criteria for a representative sample was not met. As such, Delaware data reported in this chapter comes from the 2017 Delaware High School YRBS. Eleven percent of Delaware high school youth who responded to the 2017 YRBS identified as lesbian, gay, or bisexual (LGB), and an additional 3% indicated that they were unsure of their sexual orientation. Among students who responded to the transgender question, approximately 1.2% identified themselves as transgender and another 1.2% were unsure of their gender identity (Center for Drug and Health Studies, 2018). Due to the small sample size of transgender youth surveyed in Delaware, further analysis of their substance use, mental health, and other risk and protective factors was not possible in this year; we were, however, able to report on these indicators for LGB students.
LGB students in Delaware reported significantly higher rates of past month marijuana and cigarette use than heterosexual students. Similar to national data, in 2017, Delaware LGB students reported attempting suicide at more than three times the rate of heterosexual students. More than half (56%) reported symptoms of depression within the previous year. There is also evidence that LGB students have a higher prevalence of adverse experiences that may put them at risk for poorer mental health and substance use problems. For example, LGB students report being bullied at school in the past year at more than twice the frequency of heterosexual students. 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. The new SEOW infographic, LGBTQ+ Affirming Spaces, provides information and resources to support LGBTQ youth (Center for Drug and Health Studies, 2021).
2019 National Youth Risk Behavior Survey

Past Month Substance Use Among LGB High School Students
(in percentages)

Figure 1: Past month substance use among LGB students, HS, National YRBS

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

Figure 2: Past year mental health among LGB students, HS, National

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

*The relationships between binge drinking, vaping and LGB status were not statistically significant.


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### 2019 National Youth Risk Behavior Survey

#### Experiences of Dating Violence Among LGB High School Students (in percentages)

![Bar chart showing experiences of dating violence among LGB students, HS, National.](chart1)

**Figure 3:** Experiences of dating violence among LGB students, HS, National

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

![Bar chart showing bullying and school safety among LGB students, HS, National.](chart2)

**Figure 4:** Bullying and school safety among LGB students, HS, National


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2017 Delaware Youth Risk Behavior Survey
Past Month Substance Use Among LGB High School Students
(in percentages)

Figure 5: Past month substance use among LGB students, HS, Delaware

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

Figure 6: Past year mental health among LGB students, HS, Delaware

Note: "Binge drinking" is defined as five or more drinks of alcohol in a row for males/four or more drinks for females.
*The relationships between alcohol, binge drinking, vaping and LGB status were not statistically significant.


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2017 Delaware Youth Risk Behavior Survey
Experiences of Dating Violence Among LGB High School Students
(in percentages)

Figure 7: Experiences of dating violence among LGB students, HS, Delaware

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

Figure 8: Bullying and school safety among LGB students, HS, Delaware


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2. References

**Gender and Sexuality**


https://www.thetrevorproject.org/trvr_support_center/glossary/


Violence Survey (NISVS): 2010 findings on victimization by sexual orientation. Atlanta, 
GA: National Center for Injury Prevention and Control, Centers for Disease Control and 
Prevention. Retrieved on September 10, 2020 from 

The Williams Institute, UCLA School of Law. (January 2019). LGBT Demographic Data 
Interactive. Los Angeles, CA. Retrieved on September 10, 2020 from 
https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#density
## Data Sources

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</table>
In addition to the data sources for the figures and tables in the 2021 report, the following data sources are also cited throughout the narrative:

- America’s Health Rankings
- American Psychological Association
- Bureau of Labor Statistics
- Center for Drug and Health Studies, University of Delaware
- Crisis Text Line
- Delaware Department of Education
- Delaware Department of Health and Social Services, Division of Public Health, My Healthy Community
- Delaware Department of Safety and Homeland Security, Division of Forensic Science
- Delaware Household Health Survey
- Drug Enforcement Administration
- KIDS COUNT in Delaware
- KFF
- National Academies of Sciences, Engineering, and Medicine
- National Center for Health Statistics
- National Conference of State Legislatures
- National Institute on Alcohol Abuse and Alcoholism
- National Institute on Drug Abuse
- National Institutes of Health
- National Institute on Mental Health
- Rapid Assessment of Pandemic Impact on Development – Early Childhood
- RTI International
- State of Delaware Economic Development Office
- The Trevor Project
- U.S. Census Bureau
- U.S. Centers for Disease Control and Prevention
- U.S. Health Resources and Services Administration