

Delaware State Epidemiological Outcomes

Work Group (SEOW)



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Substance Abuse and Mental Health



Gap Report 5

Sexual and Gender Identity and Conflict: The Challenges of Data Collection and the Relative Impact on Prevention Services

August 2015

The Delaware State Epidemiological Outcomes Work Group (SEOW, formerly known as the Drug and Alcohol Tracking Alliance or DDATA) is charged with providing a quarterly assessment of gaps in services and programs for Delaware residents across the lifespan, as well as gaps in research to inform these services. This Gap Report discusses the importance of – and the challenges associated with – collecting meaningful data regarding sexual and gender identity to inform prevention and intervention practices and policies.

Why this Population Requires Special Consideration

Though often used interchangeably when collecting demographic data, the terms *sex* and *gender* represent different personal characteristics. *Sex* generally refers to biological attributes while *gender identity* refers to one's internal self-concept of being female, male, or something else, and *gender expression* refers to the external manifestation or expression of gender identity. All of these concepts are distinct from *sexual orientation* (e.g., *lesbian, gay, bisexual*), which refers to the one's emotional, sexual, and/or relational attraction to others. *Transgender*, a term also commonly misused, refers to one whose gender expression or identity is different from what would typically be associated with one's assigned sex at birth. In addition, there are numerous terms to describe the nuances, complexities, and fluidity of how individuals see and express themselves in terms of sexuality. (An excellent glossary is available online in *The Top Health Issues for LGBT Populations Information and Resource Kit*, a publication listed under Resources and produced by the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.)

Posing questions that are respectful, inclusive, and that accurately communicate the concepts being addressed are challenging due to these complexities, as well as the reluctance that some individuals have in disclosing information that may be perceived as particularly sensitive.

Despite the challenges, it is essential to capture data that can inform prevention and intervention services and programs for persons who identify as transgender and/or those who do not have a heterosexual orientation (sometimes referred to as *sexual minorities*). Research indicates that, for many possible reasons, these individuals are at disproportionate risk for substance abuse, emotional health problems, trauma, and may have unique health needs. According to the CDC, these individuals are more likely to use and abuse substances and more likely to continue heavy drinking into later life ([Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2010.](#)) A review of the literature indicates that sexual minority adolescents are at greater risk for substance abuse, and, among sub-populations, youth who identify as bisexual in addition to females are at considerably significant risk (Marshal, M., et al; 2008).

As referenced in the SAMHSA Toolkit, sexual minorities experience higher levels of risk behaviors (and are therefore at greater risk for physical and mental health consequences) as compared to heterosexual populations. Verbal and physical abuse, negative experiences related to “coming out,” substance abuse, and isolation contribute to higher rates of suicide attempts and completions among gay men and youths when compared to other populations; gay men and women experience higher rates of depression, anxiety, and other mental health issues, and bisexuals report the lowest levels of emotional well-being; lesbians are at considerably higher risk for drinking heavily and bisexual women are at increased risk for hazardous drinking; gay, lesbian, and bisexual adults experience elevated rates of intimate partner violence; smoking rates are also elevated for sexual minorities, with bisexuals being at greatest risk. The limited data available on transgender populations suggests that these individuals experience disproportionate risks to similar or perhaps greater degrees as those noted above (SAMHSA, 2010; O'Cleirigh, 2015).

Internal and external conflicts may contribute to the increase in risk behaviors. Coping with minority or other stress, experiences of discrimination, bullying (including cyberbullying or electronic aggression), or physical intimidation and/or aggression, have been largely unstudied in terms of their impact on substance abuse among these adolescents. Despite the movement toward equality from legal and policy perspectives, the psychological experience for most sexual minority youth remains challenging at best. The [2013 National School Climate Survey](#) reports that more than half (55.5%) felt unsafe in their schools and many missed school because they felt unsafe or uncomfortable; nearly three-quarters experienced verbal harassment and more than one-third experienced physical harassment; 16.5% experienced physical assault; and almost half experienced cyber-bullying. Almost as disturbing, more than half of students who were harassed or assaulted did not report these incidents because they thought it would be ineffective to do so, and of those who reported these incidents, 61.6% reported nothing was done by school staff in response (Gay, Lesbian, and Straight Education Network/GLSEN, 2013).

Although [recent research](#) suggest the rate of sexual minorities throughout the U.S. is between 3 and 5% (Ward et al., 2014), younger Americans appear more “fluid” in terms of sexual orientation. In a [YouGov survey](#) that asked participants to rate themselves on the seven-point

Kinsey scale which plots sexual disposition between *completely heterosexual* and *completely homosexual*, 31% of Americans under 30 rated themselves as other than completely heterosexual (YouGov, 2015).

Youth-based risk assessment surveys are designed to identify groups of children, adolescents, and young adults who are at risk for tobacco, alcohol, and drug abuse, and other potentially harmful behaviors, as well as associated characteristics. Increasingly, there is discussion among researchers, in Delaware as well throughout the U.S., regarding how to incorporate survey questions that capture the nuances of sexual and gender identity status and related characteristics of participants and their association with risk behaviors. It may be optimal to ask a two-tiered question that first asks a participant to indicate their sex at birth, and then follows up with a question such as:

*A **transgender** person is someone whose biological sex at birth **does not match** the way they think or feel about themselves. Are you **transgender**?*

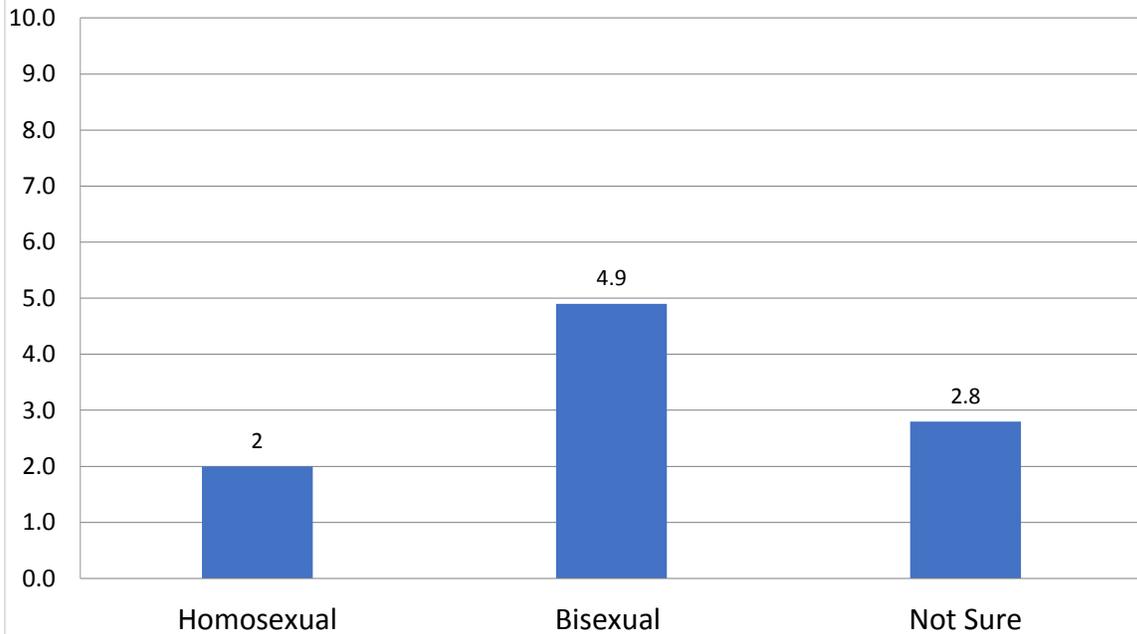
- *No, I am not transgender*
- *Yes, I am transgender and I think of myself as really a boy or man*
- *Yes, I am transgender and I think of myself as really a girl or woman*
- *Yes, I am transgender and I think of myself in some other way*
- *I do not know if I am transgender*
- *I do not know what this question is asking*

However, it is important to gain insight regarding the degree and the specific mechanism of stress – for example, internal conflicts (the difference between perceived *self* and what one perceives or experiences as *normal*, or the difference between perceived self versus *ideal self*) or the external stress (related to anxieties or trauma in response to the actions of others) – rather than status alone, to inform prevention strategies and services.

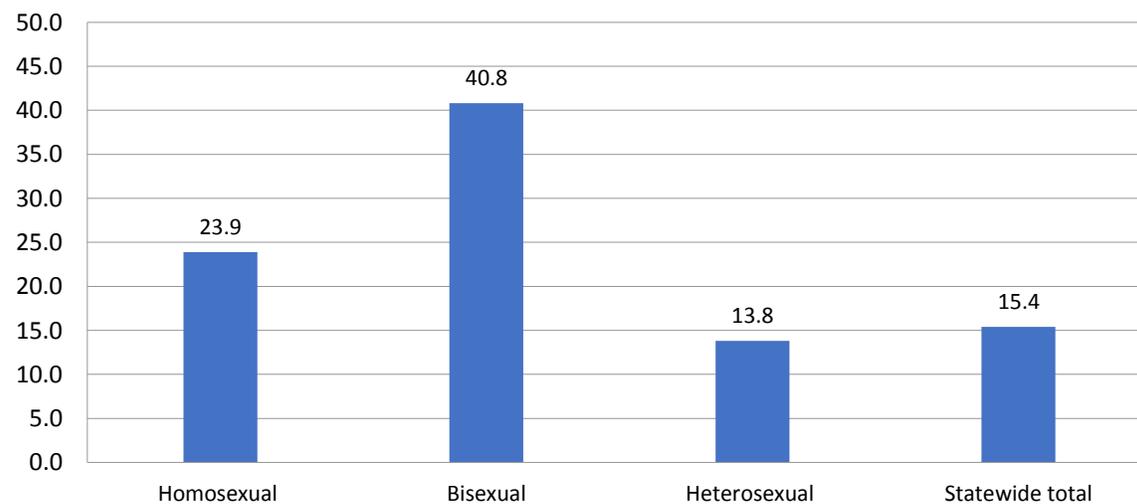
Data Specific to Delaware Youth

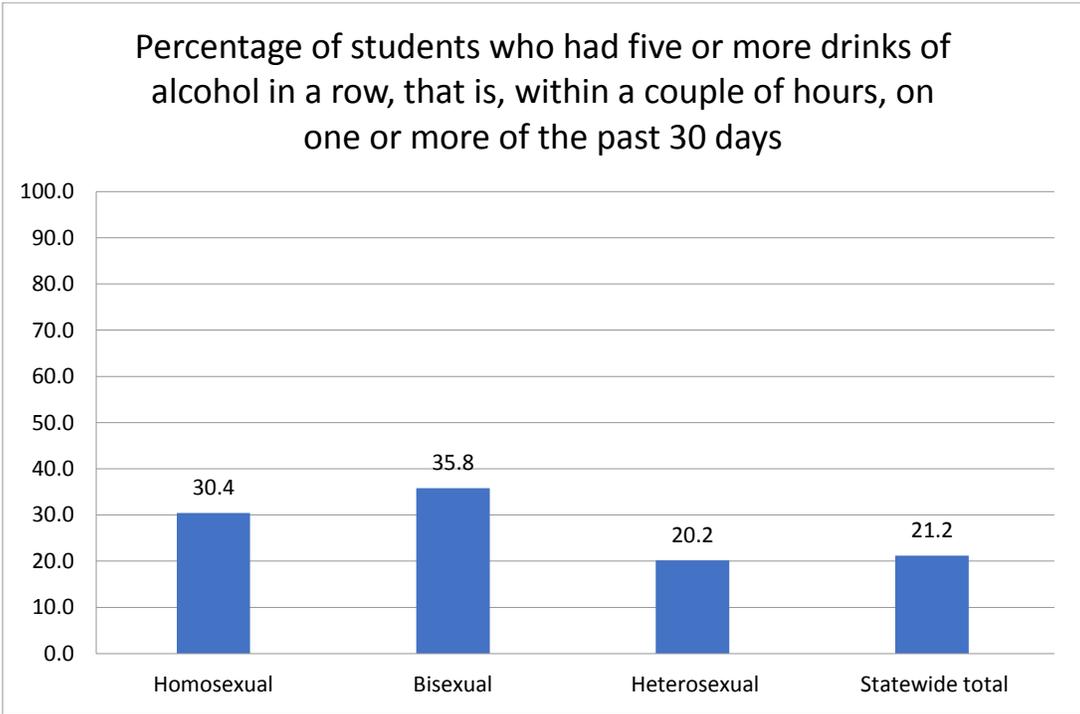
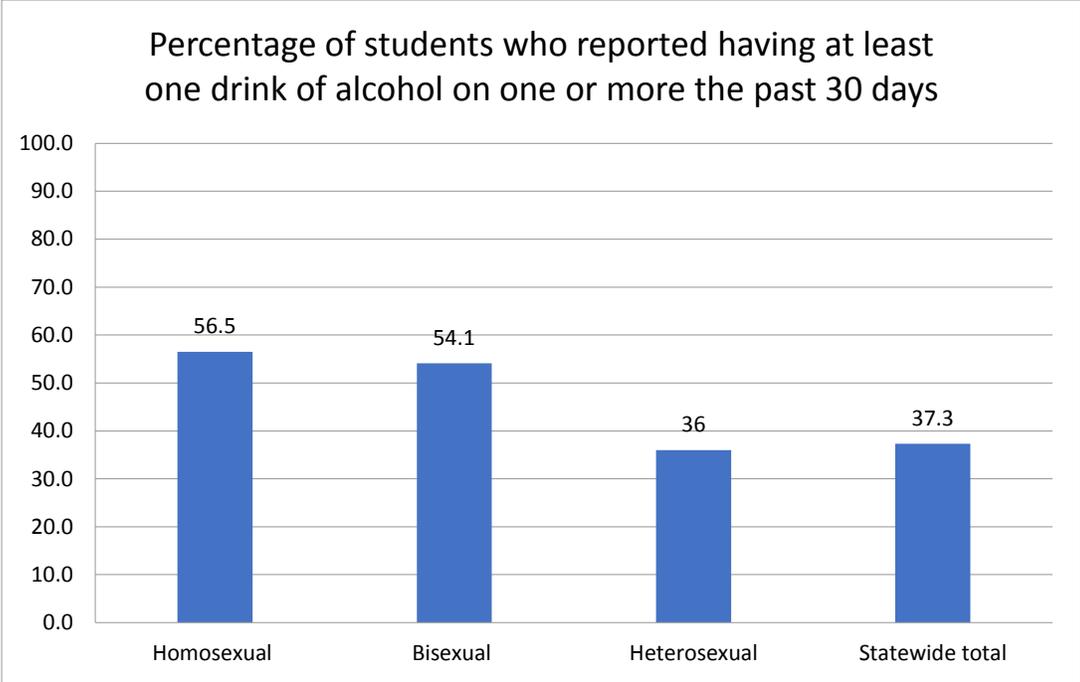
The following data is from the 2013 Youth Risk Behavior Survey of Delaware public high school students based on the CDC survey administered in many states throughout the U.S. This survey, conducted by the University of Delaware Center for Drug and Health Studies, has been administered every other year in odd-numbered years to a random and representative sample of 11th grade students. The Center develops the Delaware version of the survey with input from state and community agencies. The findings illustrate that sexual minority students in Delaware are at heightened risk for substance abuse, violence, and mental health issues.

Percentage of students who reported identifying as homosexual, bisexual, or not sure

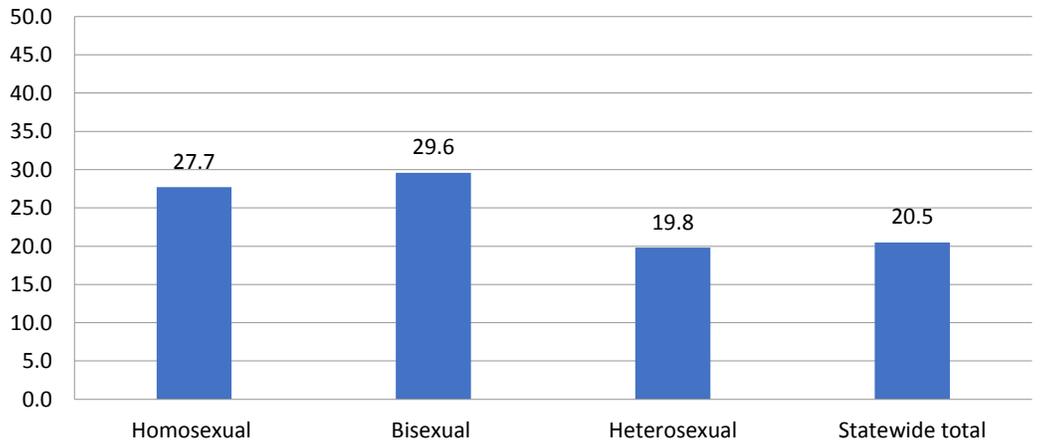


Percentage of students who reported smoking cigarettes on one or more of the past 30 days

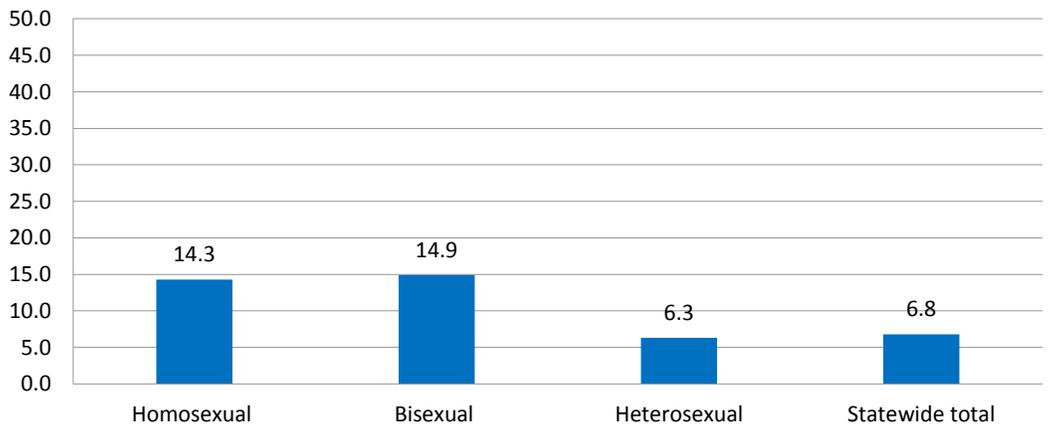




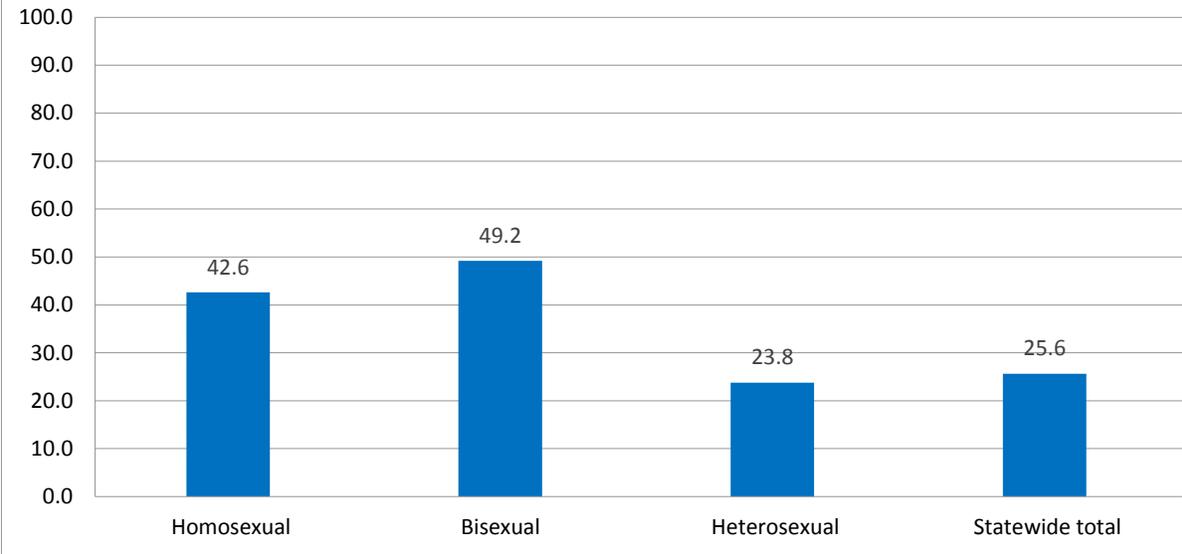
Percentage of students who reported riding in vehicle driven by someone who had been drinking alcohol in the past 30 days



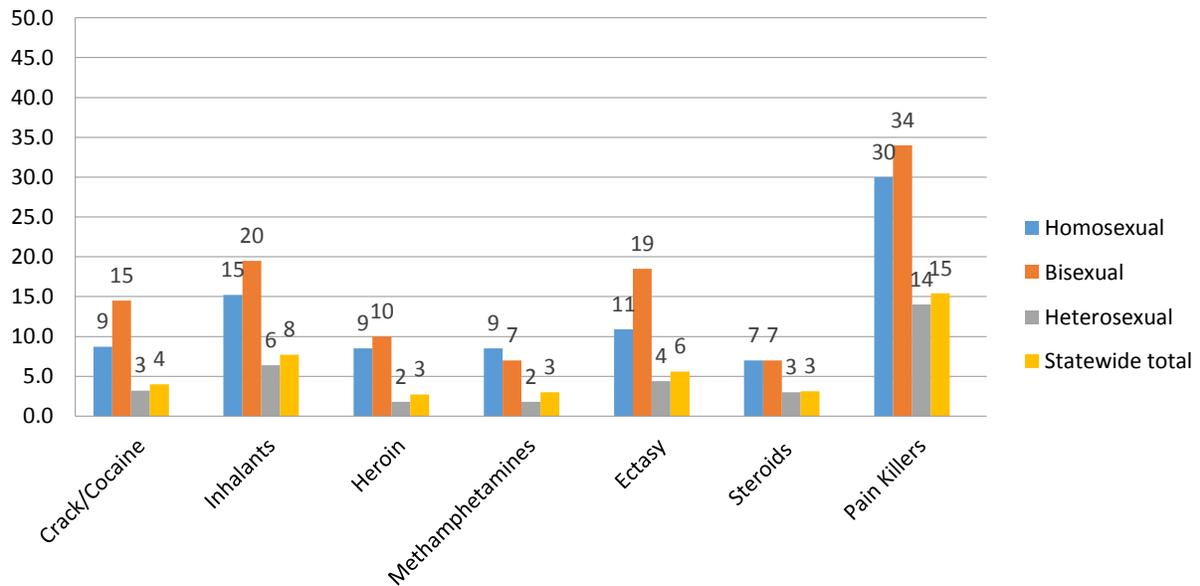
Percentage of students who reported driving a car or vehicle when they have been drinking alcohol in the past 30 days

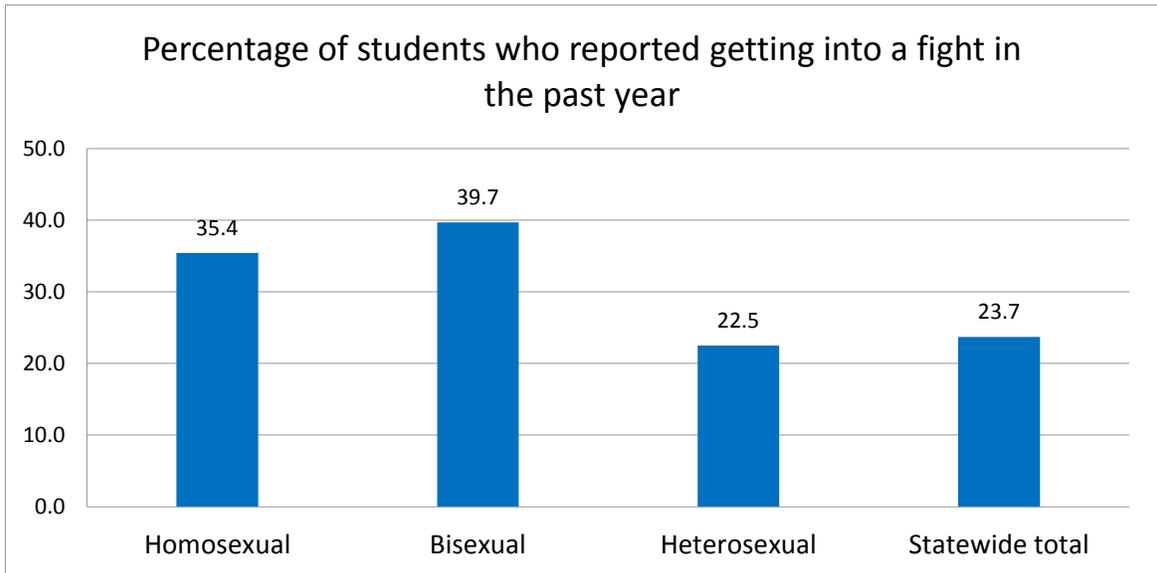
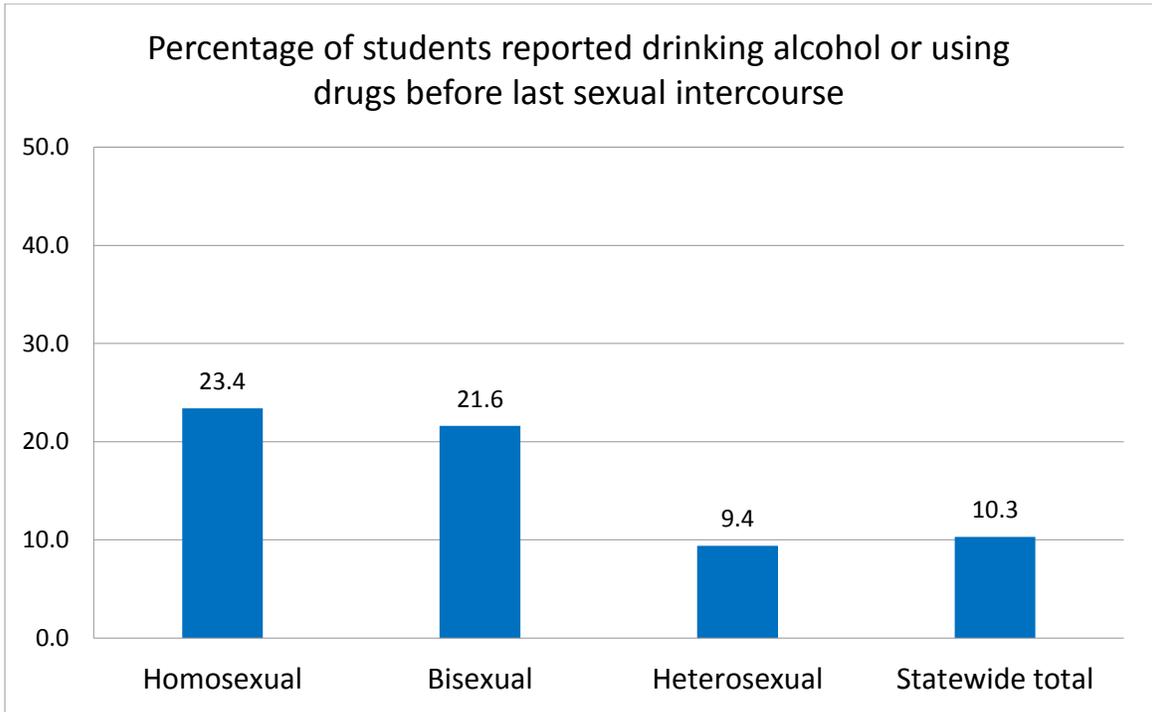


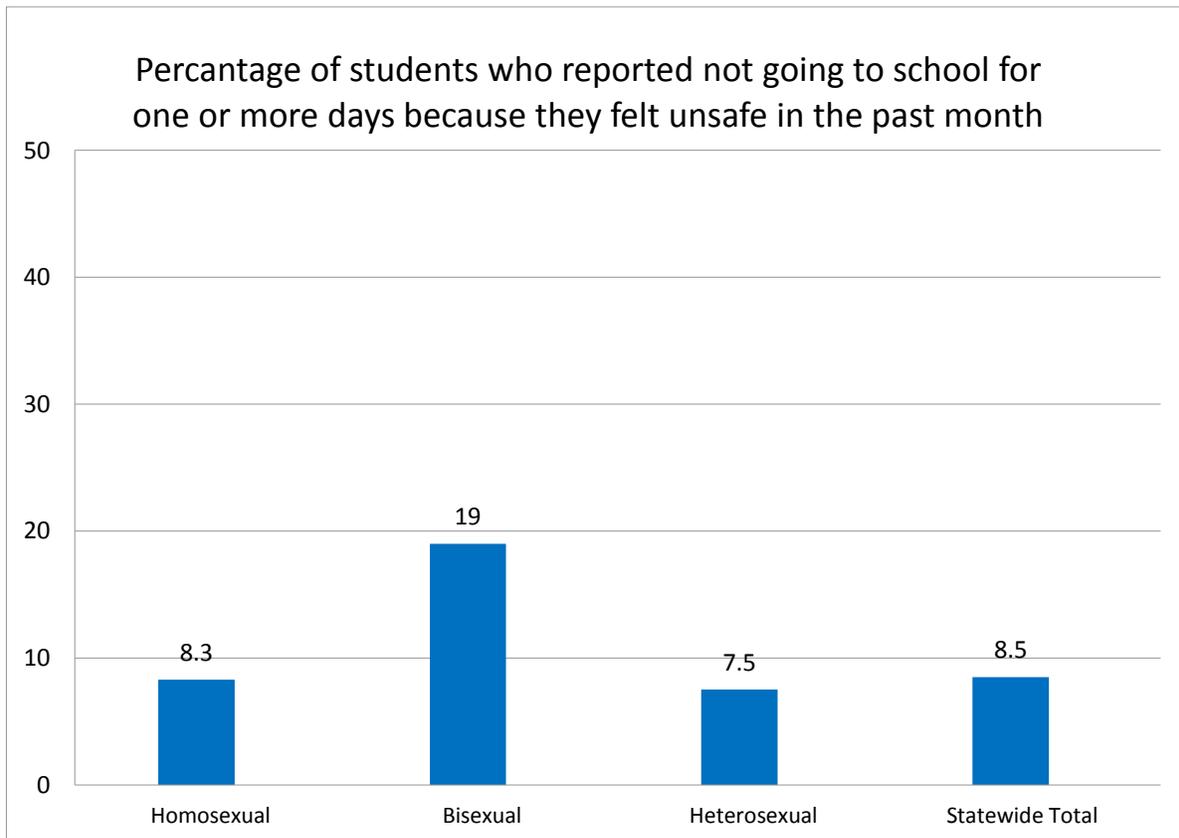
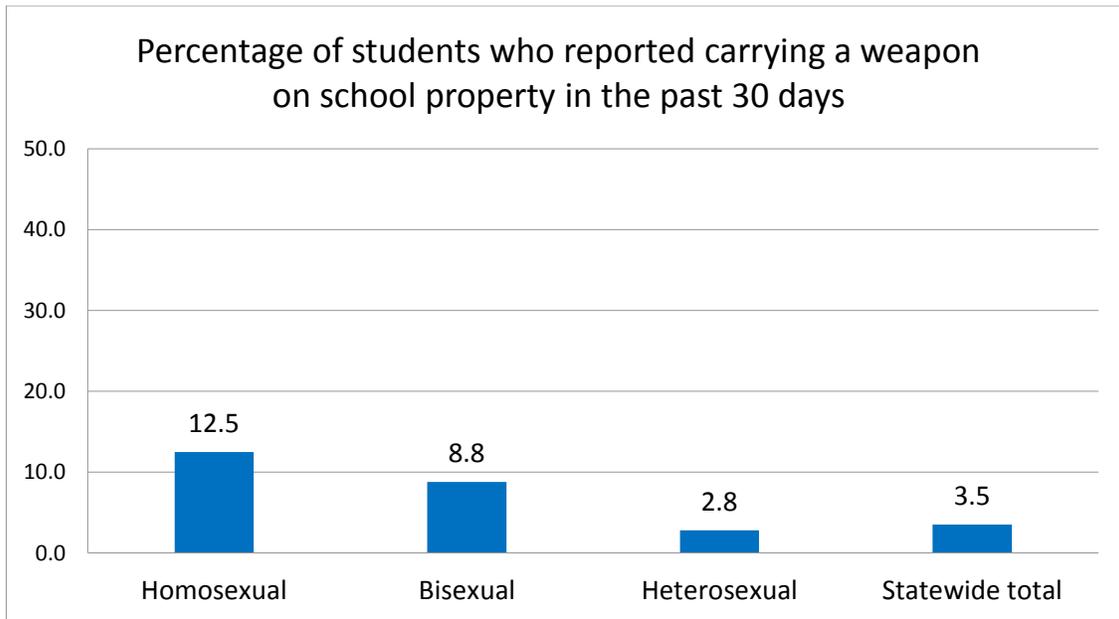
Percentage of students who reported using marijuana one or more times during the past 30 days

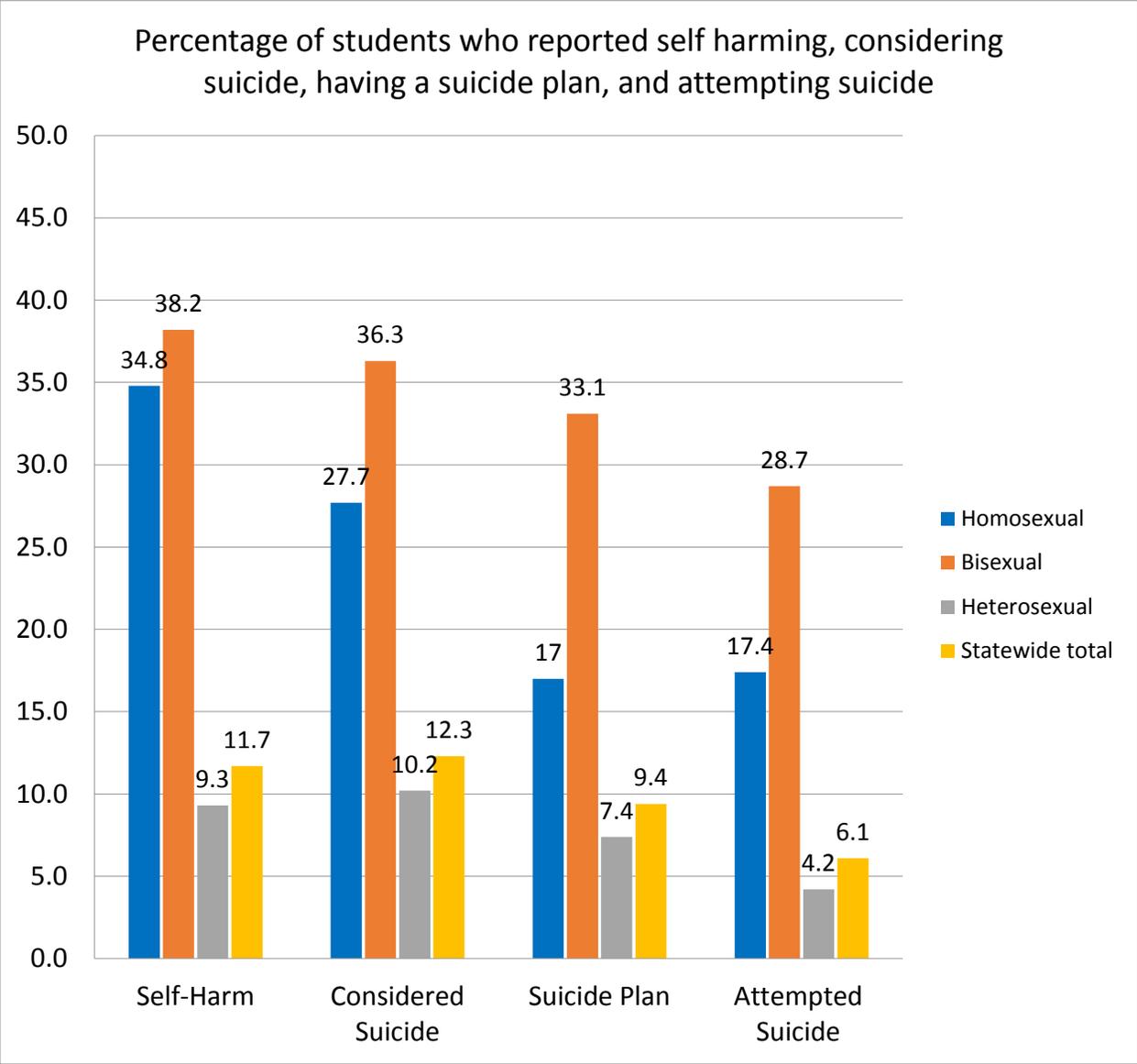


Percentage of students who reported ever using other illegal drugs in their lifetime









Funding for this project (SP020704) has been provided by the Department of Health and Social Services, Division of Substance Abuse and Mental Health - State of Delaware through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) - CFDA 93.243.

Resources

Information on resources for sexual minority youth and their families, Gay-Straight Alliances, speakers bureau, and more is available from the [Pride Council](http://www.pridecouncil.org) web section of the United Way of Delaware website at: <http://www.uwde.org/affinitygroup.php?group=477>

References

Center for Drug and Health Studies, University of Delaware. (2015). [2015 Delaware State Epidemiological Profile: Consumption, Context, and Consequences of Alcohol, Tobacco, and Other Drugs of Abuse](http://www.cdhs.udel.edu/content-sub-site/Documents/DDATA/2015%20Delaware%20Epidemiological%20Report.pdf). Newark, DE. Retrieved on 9/11/15 from: <https://www.cdhs.udel.edu/content-sub-site/Documents/DDATA/2015%20Delaware%20Epidemiological%20Report.pdf>

Center for Disease Control and Prevention (2013). Gay and Bisexual Men's Health. Retrieved on 08/30/2015 from <http://www.cdc.gov/msmhealth/substance-abuse.htm>.

Gay, Lesbian & Straight Education Network (GLSEN, 2013). [2013 National School Climate Survey](http://www.glsen.org/article/2013-national-school-climate-survey). Retrieved on 8/28/2015 from: <http://www.glsen.org/article/2013-national-school-climate-survey>.

Marshal, M., Friedman, M., Stall, R., King, K., Miles, J., Gold, M., Bukstein, O., & Morse, J. (2018). Sexual orientation and adolescent substance use: a meta-analysis and methodological review. *Addiction*. April 103 (4) 546-56. doi: 10.1111/j.1360-0443.2008.02149.x.

O'Cleirigh, C., Dale, S. K., Elsesser, S., Pantalone, D. W., Mayer, K. H., Bradford, J. B., & Safren, S. A. (2015). Sexual minority specific and related traumatic experiences are associated with increased risk for smoking among gay and bisexual men. *Journal of Psychosomatic Research*, 78(5), 472-477.

Substance Abuse and Mental Health Services Administration (SAMHSA, 2012). [Top Health Issues for LGBT Populations Information and Resource Kit](http://store.samhsa.gov/shin/content/SMA12-4684/SMA12-4684.pdf). H.H.S. Publication No. (SMA) 12-4684. Rockville, MD. Retrieved on 8/28/2015 from: <http://store.samhsa.gov/shin/content/SMA12-4684/SMA12-4684.pdf> .

Ward, B., Dahlhamer, J., Galinsky, A., & Joestl, S. [Sexual Orientation and Health Among U.S. Adults: National Health Interview Survey, 2013](http://www.cdc.gov/nchs/data/nhsr/nhsr077.pdf). National Health Statistics Reports; No. 77. Hyattsville, MD: National Center for Health Statistics. 2014. Retrieved on 8/28/2015 from: <http://www.cdc.gov/nchs/data/nhsr/nhsr077.pdf> .

YouGovUS (2015). A third of young Americans say they aren't 100% heterosexual.
Retrieved on 8/30/2015 from: <https://today.yougov.com/news/2015/08/20/third-young-americans-exclusively-heterosexual/> .