The Lesbian, Gay, Bisexual, and Transgender (LGBT) Population in San Diego Unified School District (SDUSD), 2015-2019

County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit

Prepared April 2022

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This publication of The Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth Population in San Diego Unified School District (SDUSD), 2015-2019 utilizes estimated data that is current up through 2022 or the most current year available at the time this publication was in development. This document was developed under the Community Health Statistics Unit of the County of San Diego and is in support of Live Well San Diego.

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Table of Contents

LGBT High School Students in SDUSD, 2015-2019

County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2022

Introduction

The United States is home to almost two million Lesbian, Gay, Bisexual, and Transgender (LGBT) youth as of 2020.[1] Individuals who identify as LGBT are diverse, include people of all demographic backgrounds, and frequently have intersecting identities. The lived experiences and needs of the LGBT population vary by their intersecting identities, including sexual orientation, gender, age, and race/ethnicity.[2] A variety of social determinants of health (SDOH) may interact with systemic discrimination to influence health and well-being outcomes among LGBT populations.[3]

Despite increasing social acceptance of the LGBT community, existing research indicates that members of the LGBT community are at increased risk for numerous poor health and well-being outcomes compared to heterosexual and cisgender people.[4] These inequities may be a result of the social stigma, prejudice, and discrimination that LGBT people experience within communities and institutions, as well as from individuals. The most common framework to describe increased health and well-being risk among the LGBT population is the minority stress model. The minority stress theory "proposes that sexual minority health disparities can be explained in large part by stressors induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination and victimization and may ultimately impact access to care."[5] LGBT youth face additional challenges, including family rejection and failure, which further increase stress and poor health outcomes. Additionally, teens may lack the skills and support necessary to cope with fear and anxiety related to social acceptance, which may lead to risky health behaviors.[6]

The LGBT youth population has increased significantly across the United States in the last decade, however, there remains a dearth of data on the LGBT population and their unique needs.[7] Many of the current national surveys do not include measures for sexual orientation or gender identity (SOGI). Some surveys may ask questions about SOGI, but the questions may be inconsistent, and the estimates collected may be unstable, making it impossible to draw true conclusions. It is crucial to collect more and consistent data to better understand the needs of the LGBT population and decrease the existing health inequities.

Data included in this brief come from the Youth Risk Behavioral Surveillance Survey (YRBSS), 2015-2019.[8] This data source was chosen due to the availability of statistically stable, local estimates for Lesbian, Gay, Bisexual, and Transgender (LGBT) high school students aged 14 and older in San Diego Unified School District (SDUSD). Data is specific to students within SDUSD because SDUSD is the only school district currently sampled by YRBSS. It is also the largest school district in San Diego County and served about 23% of high school students in the county during the 2019-2020 academic year.[9]

This brief provides information on some of the health and well-being issues affect LGBT youth included in the LGBTQ Health and Well-Being Dashboard Series, located here: The LGBTQ Health and Well-Being Dashboard.

It is important to acknowledge that the comparisons made within the dashboard and this brief are between the LGBT youth community as a whole and youth who identify as heterosexual and/or cisgender. More data on SOGI are required to explore health and well-being for specific sexual and gender identities that exist within the community.

Methodology

DATA SOURCE

Data included in this brief come from the Youth Risk Behavioral Surveillance Survey (YRBSS). The YRBSS is a national survey developed in 1990 to monitor health behaviors that contribute to the leading causes of death, disability, and social problems among youth and young adults in the United States, including behaviors that contribute to unintentional injuries and violence, sexual behaviors related to unintended pregnancy and sexually transmitted infections, alcohol and other drug use, dietary behaviors, and physical activity. The survey is conducted by CDC and provides data representative of 9th through 12th grade students in public and private schools in the United States.

The YRBSS was chosen due to the availability of statistically stable, local estimates for Lesbian, Gay, Bisexual, and Transgender (LGBT) high school students aged 14 and older in San Diego Unified School District (SDUSD). Data are specific to students within SDUSD because SDUSD is the only school district currently sampled by YRBSS. Data from survey years 2015 through 2019 were pooled to obtain stable population estimates for the LGBT youth population.

SEXUAL ORIENTATION CATEGORIES

To determine sexual orientation and gender identity, the results from two questions were combined. The questions, “Which of the following best describes you: heterosexual (straight), gay or lesbian, bisexual, or not sure?” and “Are you transgender?” were used.

Respondents who self-identified as gay/lesbian, bisexual, or transgender were combined to make the LGBT group, and all other respondents who identified as heterosexual (straight), not transgender, or were unsure of their sexual orientation or gender identity were combined into the non-LGBT group.

DEFINITIONS

Sexual Orientation

Sexual Orientation refers to a person’s emotional, sexual, and/or relational attraction towards other people.

Heterosexuality is used to identify those who are attracted to individuals of a different sex from themselves. There are many different terms used to identify individuals who may be attracted to the same sex. The terms used within this brief are defined below and can also be found in the World Health Organization’s FAQ on Health and Sexual Diversity – An Introduction to Key Concepts. [10]

Lesbian

A woman who self-identifies as having an emotional, sexual, and/or relational attraction to other women.

Gay

A man who self-identifies as having an emotional, sexual, and/or relational attraction to other men.

Bisexual

A person who self-identifies as having emotional, sexual, and/or relational attraction to the same or different sex, or to more than one gender.

Queer

In this brief, queer is used to describe individuals who identify as lesbian, gay, bisexual, or another sexual minority. Within the LGBTQ community, it is also used to describe “transgender and other people and institutions on the margins of mainstream culture. Queer can be a convenient, inclusive term when referring to issues and experiences affecting the many groups under this umbrella. Because it is still used to demean lesbian, gay, bisexual, and transgender people, those who do not identify as queer are urged to use the term with caution, or not at all.

Gender Identity

Gender identity refers to a person’s internal sense of being male, female, or something else. Gender identity can be the same or different than their sex assigned at birth. Gender identity is not related to sexual orientation. The terms used to describe gender identity in this brief are defined below.

Transgender

An umbrella term used to describe people whose gender identity and/or expression is different from that typically associated with their assigned sex at birth.

Cisgender

A person whose gender identity matches their assigned sex at birth.

Survey Results

LGBT YOUTH DEMOGRAPHICS IN SDUSD

From 2015-2019, 1 in 10 students in SDUSD identified as LGBT.

Many young students who identify as LGBT thrive within their communities; however, LGBT youth also face unique challenges and may be more likely to experience poor health and well-being outcomes compared to their heterosexual and cisgender peers.[11] It is important to examine health and well-being data by sexual orientation and gender identity to identify potential health disparities and address health inequities.

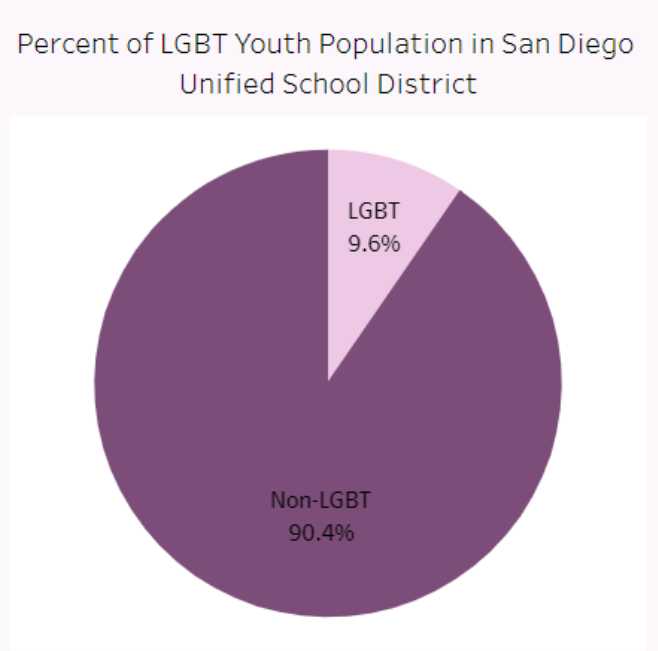
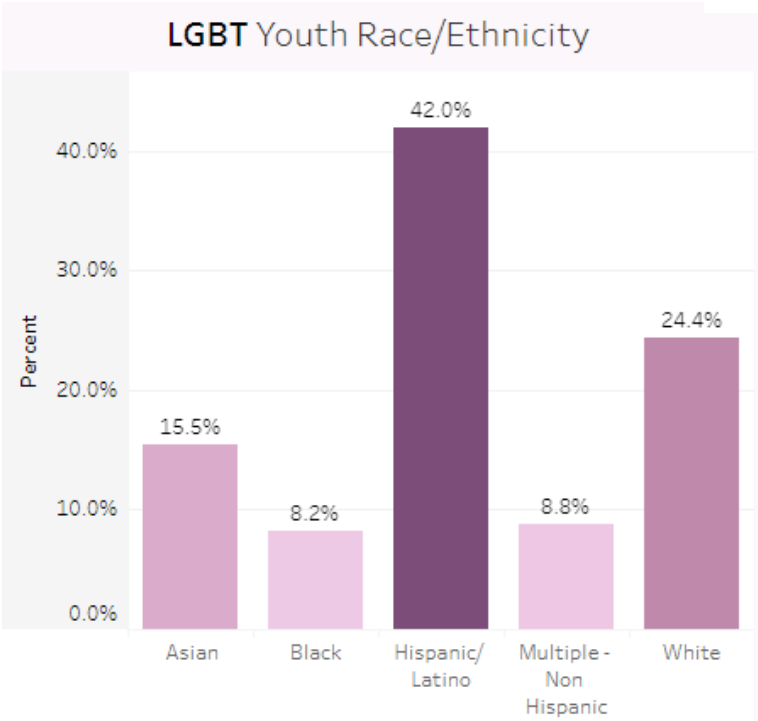


Figure 1: Percent of LGBT students in SDUSD, 2015-2019

Race/Ethnicity



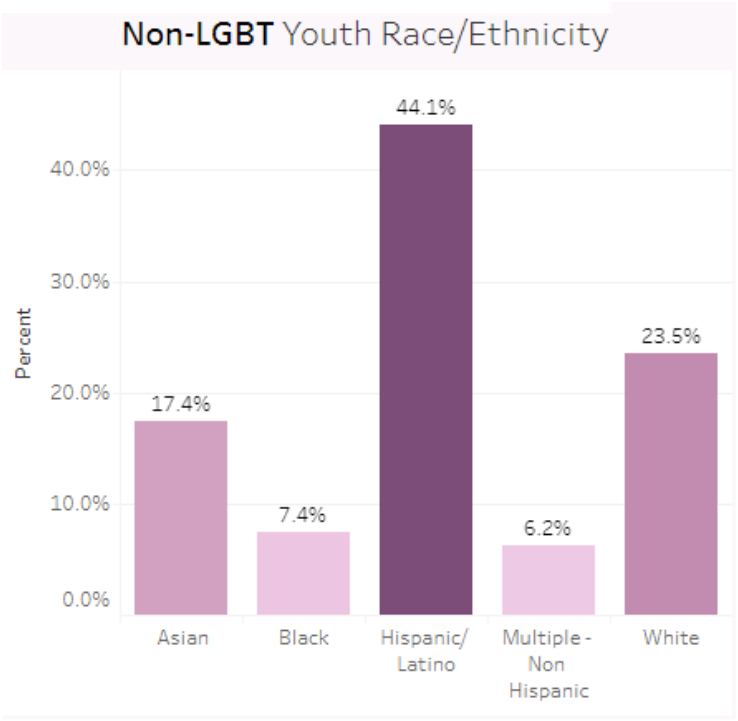


Figure 2: Race/Ethnicity by SOGI, SDUSD, 2015-2019

Of the students that identified as LGBT, 8.2% were Black and 8.8% were multiple races, non-Hispanic.

The majority of both the LGBT youth and non-LGBT youth population in San Diego Unified School District were Hispanic/Latino, but there were higher proportions of Black and Multiple Races, non-Hispanic individuals among the LGBT population. It is important to recognize that the lived experiences of the LGBT population vary by race/ethnicity. Racial and ethnic minorities who identify as LGBT experience the world differently and may face additional challenges.[12] Further data is needed to explore these differences and the possible effects on health and well-being.

Age

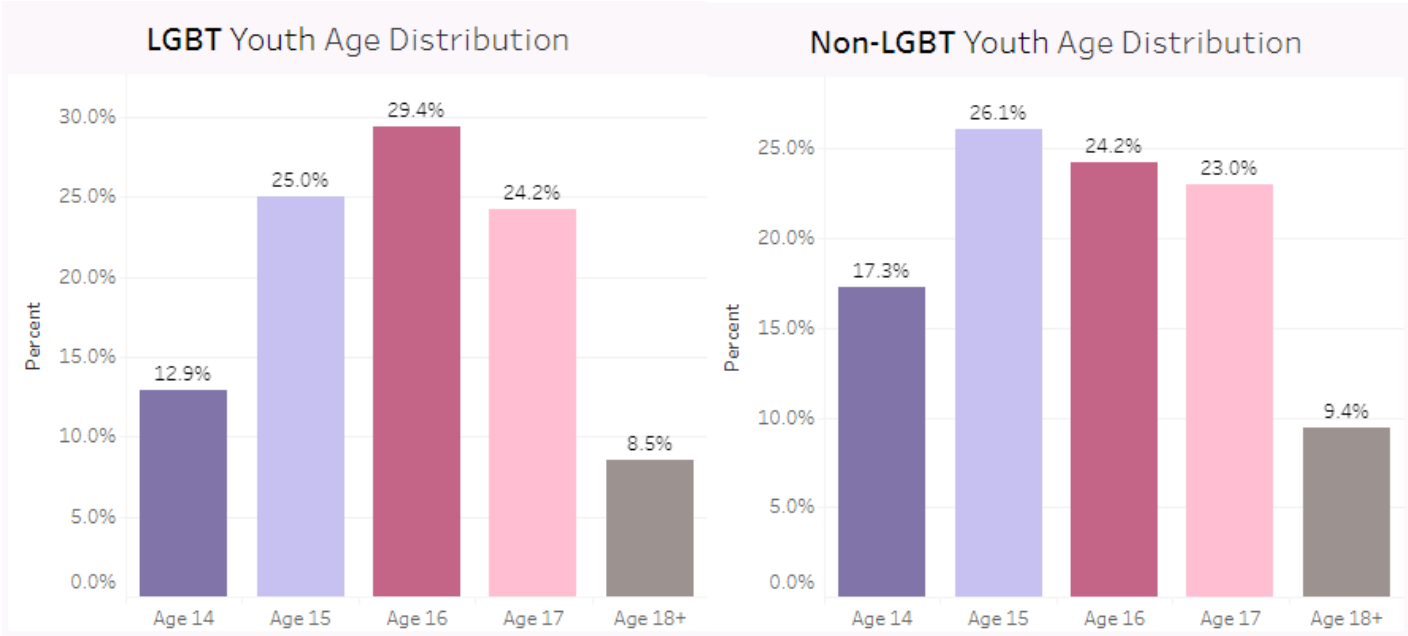


Figure 3: Age distribution by SOGI, SDUSD, 2015-2019

Most students who self-identified as LGBT were aged 16-17.

From 2015-2019, 29.4% of LGBT students were 16 years old and 24.2% were 17 years old. Comparatively, 24.2% of non-LGBT students were 16 and 23.0% were 17. Fourteen-year-old teens were more likely to self-identify as heterosexual and cisgender.

HEALTH AND WELL-BEING OUTCOMES

There are a variety of factors that influence health and well-being outcomes among LGBT youth, many of which lead to health inequities. In the United States, LGBT youth are more likely to experience depression, attempt suicide, use drugs, and engage in sexual activity that may place them at risk for HIV and other STDs compared to their heterosexual and cisgender peers.[11] Minority stress theory suggests that stigma, prejudiced behaviors, and discrimination create a chronically stressful environment for minority populations which can result in poor health and well-being outcomes, as well as health behaviors that might increase the risk of poor health outcomes.[5] The LGBT youth population in particular experiences distinct and chronic stressors related to their sexual and/or gender identity, including lack of acceptance from peers, discrimination, family rejection, and school failure. [6] LGBT youth often lack the skills required to cope with discrimination, fear, and anxiety related to social acceptance. Additionally, LGBT youth may experience family rejection and have limited access to resources. This may lead to increased depression, feelings of hopelessness, and substance abuse. [6]

Mental and Physical Health

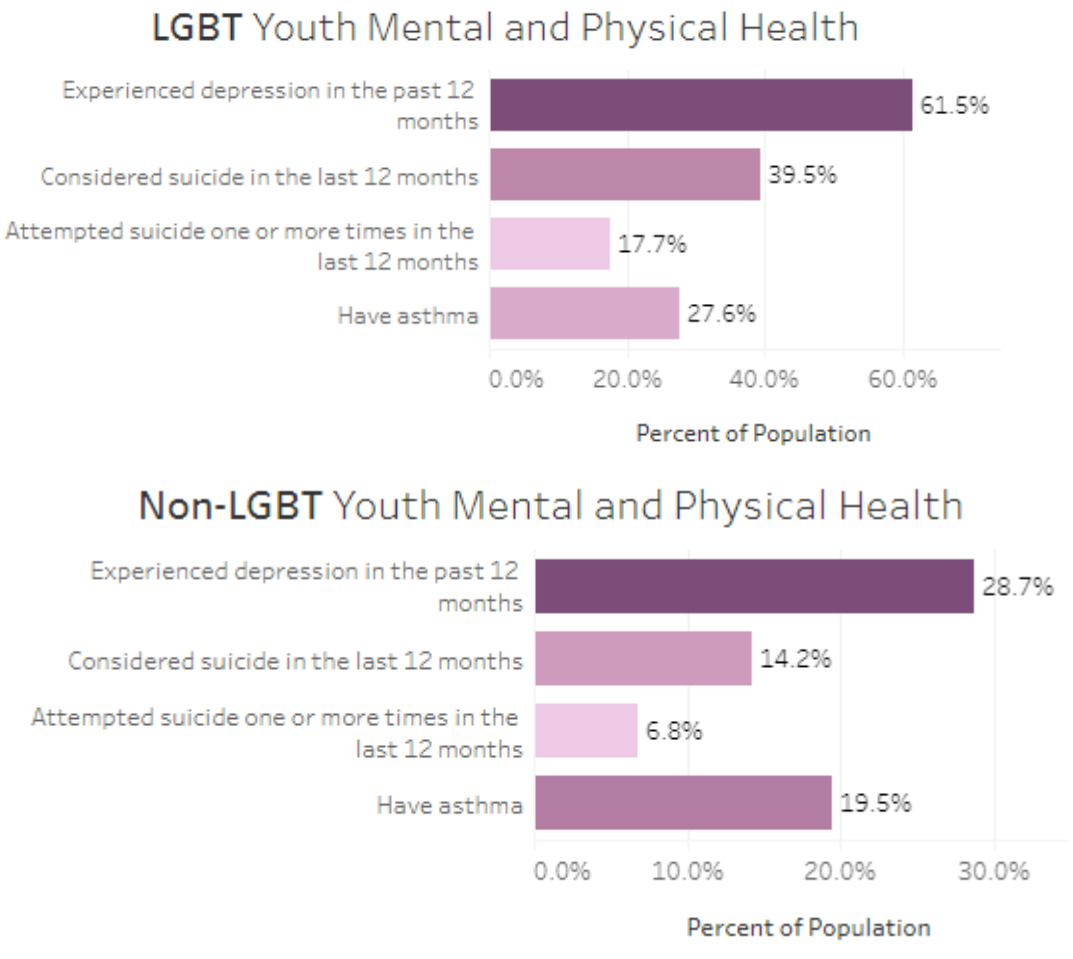


Figure 4: Mental and physical health by SOGI, SDUSD, 2015-2019

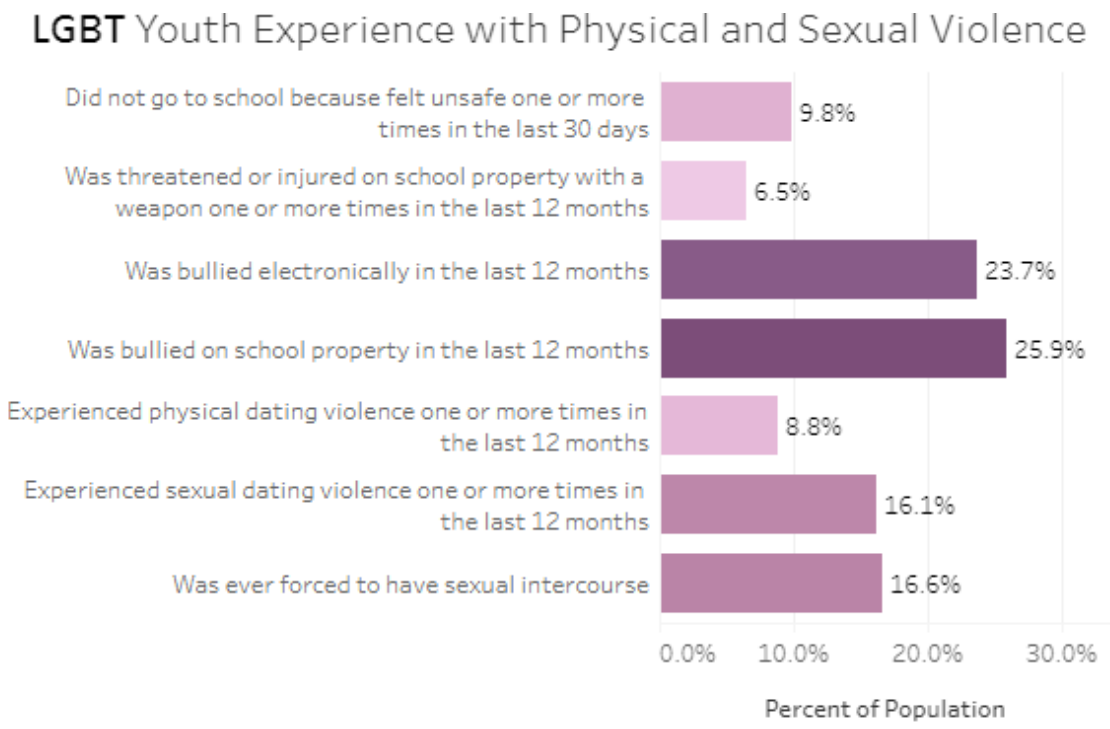
LGBT students were **twice as likely** to have experienced depression in the past 12 months and **2.6 times more likely** to have attempted suicide compared to non-LGBT students.

From 2015 to 2019, 61.5% of LGBT students in SDUSD had experienced depression in the last year compared to 28.7% of the non-LGBT students (RR: 2.1, CI: 1.9-2.4). 39.5% of the LGBT students had considered suicide in the last year compared to 14.2% of the non-LGBT students (RR: 2.8, CI: 2.5-3.2), and 17.7% of the LGBT students had attempted suicide in the last yar compared to 6.8% of the non-LGBT students (RR: 2.6, CI:2.0-3.3).

LGBT students were more likely to have been diagnosed with asthma compared to non-LGBT students.

From 2015 to 2019, 27.6% of LGBT students had ever been diagnosed with asthma compared to 19.5% of the non-LGBT group (RR: 1.4, CI: 1.2-1.7). Previous research has found associations between asthma prevalence and sexual orientation/gender identity. Researchers hypothesize that high asthma prevalence among the LGBT community may be related to high rates of inhaled substances among the LGBT community, as well as higher rates of stress.[13]

Physical and Sexual Violence



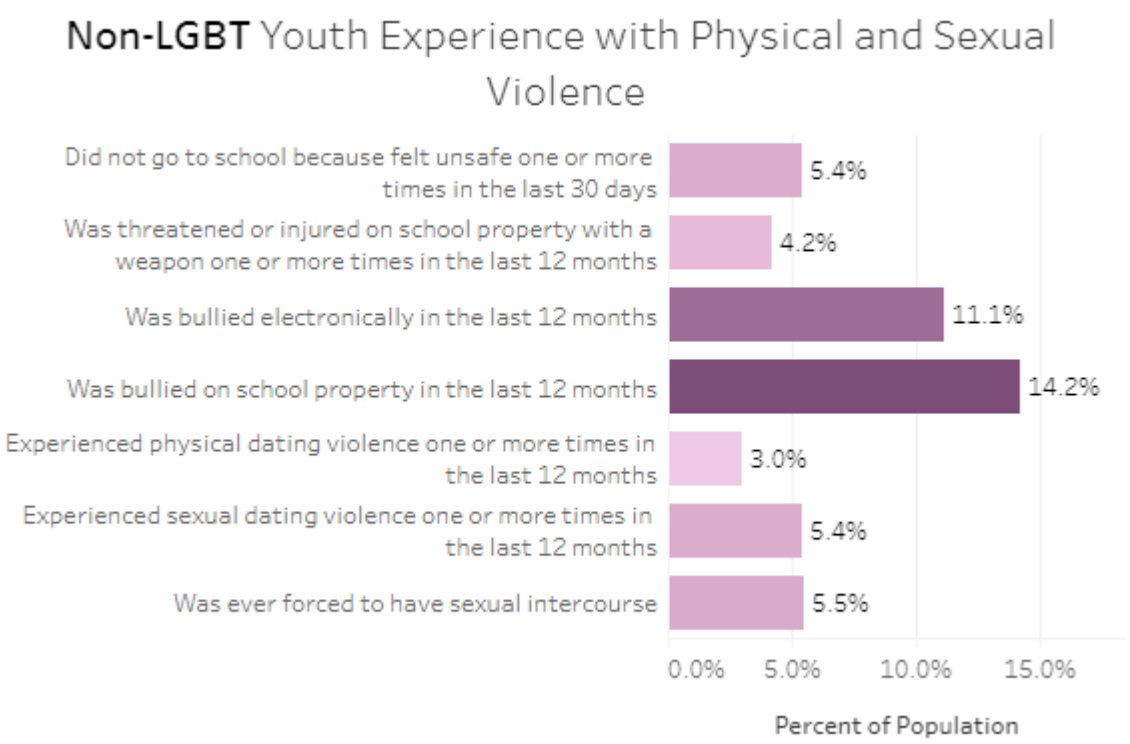


Figure 5: Physical and sexual violence by SOGI, SDUSD, 2015-2019

LGBT students were more likely to experience physical violence on school property.

From 2015-2019, LGBT students were more likely to not go to school because they felt unsafe (RR: 1.8, CI: 1.3-2.5), compared to their straight and cisgender peers. Additionally, LGBT students were more likely to be threatened or injured with a weapon on school property (RR: 1.5, CI: 1.1-2.2); to be bullied on school property (RR: 1.8, CI: 1.5-2.2); and to be bullied electronically (RR: 2.1, CI: 1.8-2.5), compared to their straight and cisgender peers.

About 1 in 11 LGBT students experienced physical dating violence and 1 in 6 experienced physical dating violence.

From 2015-2019, LGBT students were more likely to have experienced physical dating violence (RR: 2.9, CI: 2.1-4.0) and sexual dating violence (RR: 3.0, CI: 2.4-3.7) compared to non-LGBT students.

LGBT students were 3 times more likely to have been forced to have sexual intercourse compared to non-LGBT students.

From 2015-2019, 16.6% of LGBT students had been forced to have sexual intercourse compared to 5.5% of non-LGBT students (RR: 3.0, CI: 2.4-3.8).

Sex Behaviors

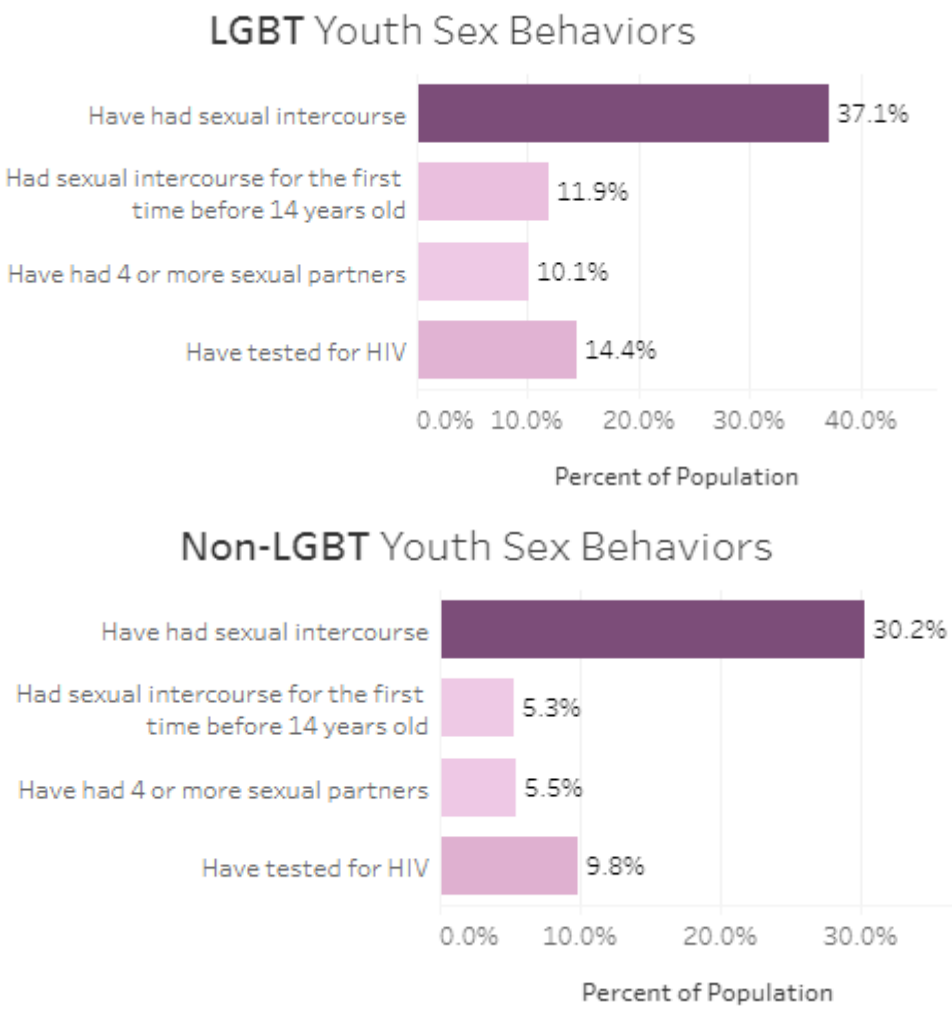


Figure 6: Sex behaviors by SOGI, SDUSD, 2015-2019

LGBT students were more likely to engage in sexual behaviors that may place them at risk for HIV and other STDs compared to non-LGBT students.

From 2015-2019, LGBT students were 2.2 times more likely to have had sexual intercourse before the age of 14 (RR: 2.2., CI: 1.6-3.1) and 1.8 times more likely to have had 4 or more sexual partners (RR: 1.8, CI: 1.3-2.7) compared to non-LGBT students.

LGBT students were more likely to have tested for HIV compared to non-LGBT students.

From 2015-2019, 14.4% of LGBT students had been tested for HIV compared to 9.8% of non-LGBT students (RR: 1.5, CI: 1.2-1.9), likely due to the public health focus on HIV prevention efforts among gay and bisexual men.

Alcohol and Drug Use

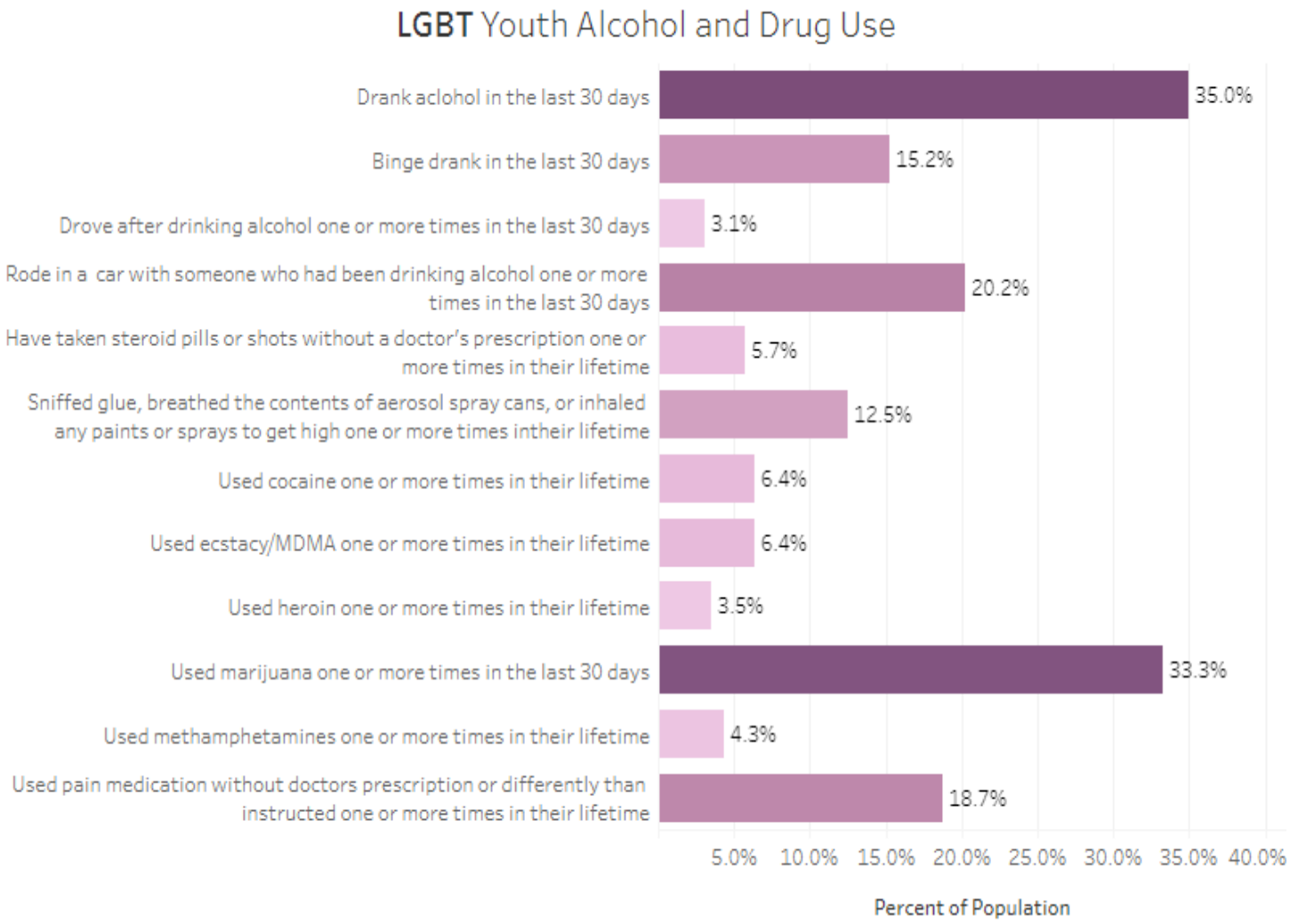


Figure 7: Alcohol and drug use among LGBT students, SDUSD, 2015-2019

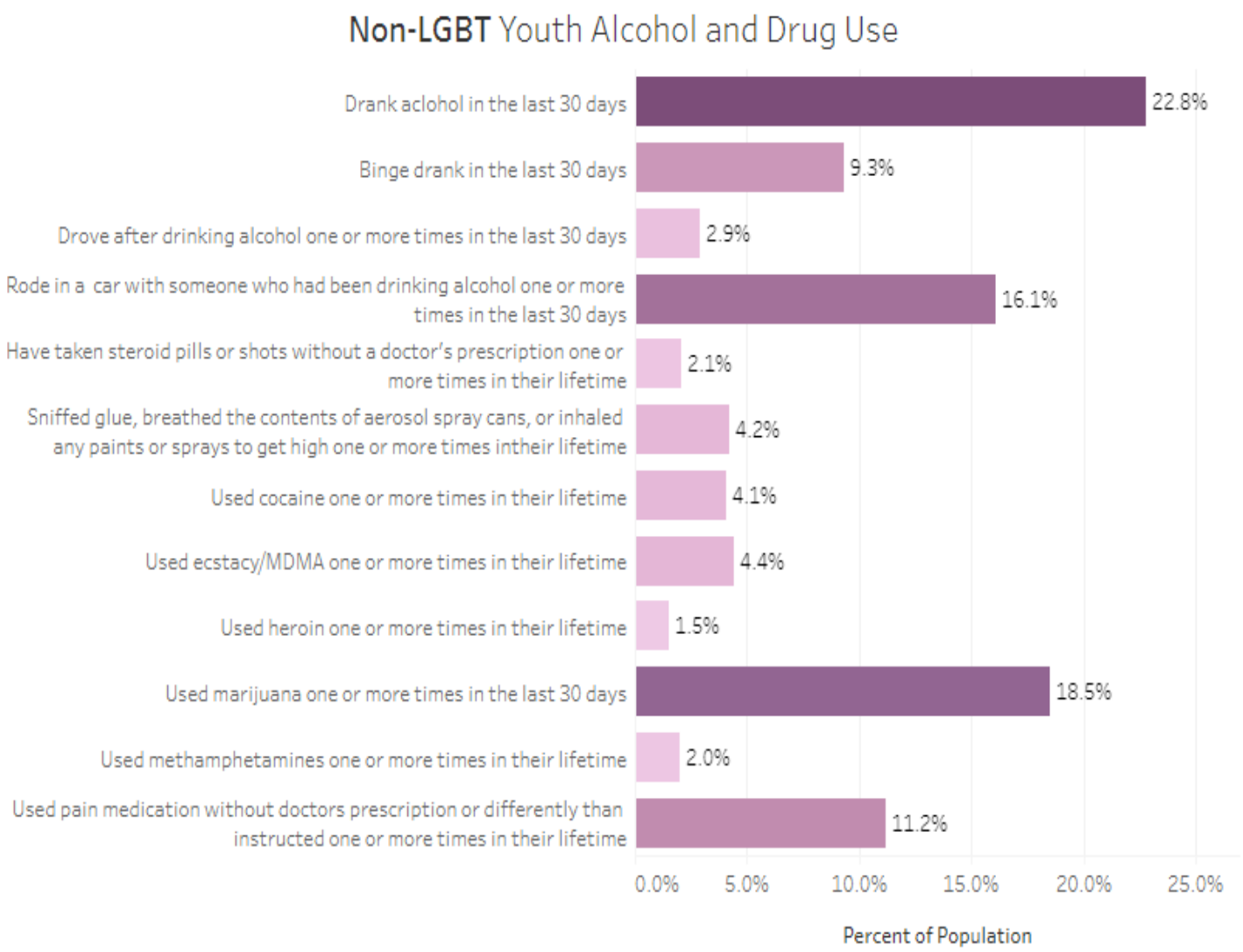


Figure 8: Alcohol and drug use among non-LGBT students, SDUSD, 2015-2019

LGBT students were more likely to have used drugs and alcohol compared to non-LGBT students.

From 2015-2019, LGBT students were more likely to drink alcohol, binge drink, and ride in a car with someone who had been drinking alcohol in the last month compared to non-LGBT students. LGBT students were also more likely to have taken medication without a doctor's prescription, sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or spray to get high, used cocaine, heroin, marijuana, and methamphetamines compared to non-LGBT students.

Conclusion

About 10% of students in SDUSD identify as LGBT. Many LGBT youth lead successful and healthy lives; however, they also have unique needs and may be more likely to face barriers, including stigma, discrimination, and family rejection, that can lead to poor health and well-being outcomes. LGBT youth face alarmingly high rates of victimization, on school campuses and electronically. They also experience high rates of depression, suicidal ideation, and suicide attempts compared to their heterosexual and cisgender peers. Further research is needed to understand what can be done to improve safety and support for LGBT youth and what can be done to meet the needs of the LGBT youth population in San Diego County. Additionally, more research that disaggregates sexual orientation and gender identity is needed to identify and address the unique health concerns for each group. These data will educate and inform the public for program and planning purposes.

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