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An Assessment of Health Disparities among a Community Sample of LGBQ College Students

Ashlee Sawyer  
*Virginia Commonwealth University*, sawyeran@vcu.edu

Paul Perrin  
*Virginia Commonwealth University*, pperrin@vcu.edu

Eric Benotsch  
*Virginia Commonwealth University*, ebenotsch@vcu.edu

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Introduction

Sexual minorities are a marginalized population in the United States, and this status places them at a greater risk for adverse health outcomes. Sexual minorities (hereafter often referred to as LGBQ for lesbian, gay, bisexual, and queer individuals) are an important research population because existing work has shown that this community experiences health disparities in a wide range of issues, such as tobacco and alcohol use, mental health issues, suicide, physical abuse from family members and community members, and verbal abuse from mental and physical health care providers.

The purpose of the present study was to use individual- and microsystem-level data as an initial health risk assessment for LGBQ university students. The study incorporates the various levels of the ecological social model in an analysis of influential factors on the development of LGBQ health disparities.

The overall goal is to develop the foundations necessary to begin an informed conversation with LGBQ university students about the issues they are facing, so that feedback from students can be obtained and effective interventions can be developed in campus settings to reduce existing health disparities.

Method

The American College Health Association (ACHA)-National College Health Assessment (NCHA) was administered to students enrolled at a large public university in the mid-Atlantic region of the U.S. During Spring of 2016, a list of all students enrolled at the university was obtained from the registrar and sent to ACHA, who randomly selected 5,000 students. In mid-February of 2016, randomly selected students were notified to participate in the survey via email invitation. In line with the university’s NCHA response rates from previous years (ranging from 17.3%), a sample size of 856 people was collected (a response rate of 17%).

Participants completed a self-administered anonymous survey that included questions assessing a broad variety of health indicators, such as health education, alcohol, tobacco, and other substance use, sexual health, mental health, and personal safety and violence.

The average age of the sample was 23.5 years old (SD=6.47), with a range of 18-64 years old.

The majority of the sample identified as female (78.4%), with less identifying as male (25.0%) and few individuals identifying as genderqueer (1.1%) or having “another identity” (0.9%).

A plurality of participants were white (57.1%), followed by Asian/Pacific Islander (15.4%), African American (11.7%), Multiracial (9.0%), Hispanic/Latino (4.0%), and American Indian/Alaskan Native/Native Hawaiian (0.2%).

Most students reported that they were not in a relationship (43.9%), while fewer reported that they were in a relationship but not living together (34.1%) or in a relationship and living together (21.6%).

The overwhelming majority of participants identified as straight/heterosexual (78.4%, n=671); however a substantial minority of students identified as LGBQ. Figure 1 provides a breakdown of respondents’ LGBQ student identities.

Figure 1

<table>
<thead>
<tr>
<th>Number of Students in Sample Identifying as LGBQ, by Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Non-binary</td>
</tr>
</tbody>
</table>

Results

Substance Use. There were significant differences between heterosexual and LGBQ students in frequency of use for various substances.

As shown in Table 1, LGBQ students reported significantly higher frequencies of use for cigarettes, cigars, alcohol, marijuana, amphetamines, sedatives, hallucinogens, anabolic steroids, and ‘other illegal drugs.”

Heterosexual and LGBQ students did not differ significantly in their frequency of use for e-cigarettes, smokable tobacco, alcohol, cocaine, methamphetamine, opiates, inhalants, MDMA, or ‘other club drugs.”

<table>
<thead>
<tr>
<th>Substance</th>
<th>Heterosexual (%)</th>
<th>LGBQ (%)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>15.6%</td>
<td>41.9%</td>
<td>0.012</td>
</tr>
<tr>
<td>Alcohol</td>
<td>52.2%</td>
<td>71.4%</td>
<td>0.003</td>
</tr>
<tr>
<td>Marijuana</td>
<td>17.1%</td>
<td>41.9%</td>
<td>0.001</td>
</tr>
<tr>
<td>Club drugs</td>
<td>0.0%</td>
<td>3.0%</td>
<td>0.001</td>
</tr>
</tbody>
</table>

Violence. There were no significant differences between LGBQ and heterosexual students in experiences of physical assault, sexual assault, verbal threats, IPV, or stalking during the previous 12 months.

Academic Performance Issues. LGBQ students reported higher rates of experiences that negatively influenced their academic performance. Such experiences included having a cold or the flu, a physical injury, physical assault, difficulties with their roommate(s), experiences of discrimination, stress, anxiety, and depression.

LGBQ students were also more likely than heterosexual students to report experiences with issues of drug use and discrimination that did not influence their academic performance.

Discussion

The present study used individual- and microsystem-level data to compose an initial risk assessment for LGBQ university students. Results from this study further the understanding of the mental and physical health issues specifically faced by LGBQ students. Such resources are provided insight into areas that the universities should consider addressing under close collaboration with LGBQ students themselves.

A strong portion of the findings in the current study mirror those detailed in the literature surrounding LGBQ health disparities, such as LGBQ individuals having higher rates of many forms of tobacco and other substance use, mental health issues, and struggles in academic performance.

However, a proportion of the findings in this study also failed to replicate previous work. LGBQ students did not differ from heterosexual students in their experiences of violence, including issues with family members and IPV. LGBQ students also showed similar lifetime rates of self-mutilation and attempted suicide.

Similar rates of IPV between heterosexual and LGBQ students refutes common misconceptions that people in LGBQ relationships do not experience violence, or experience it at a lower rate. This finding will likely require further investigation to determine which factor(s) are at play; however, this could mean that no matter the driving force, more information is needed to develop healthy romantic relationships as a sexual minority could be beneficial for students.

Further, LGBQ students were more likely to report having issues with their roommates, and to report that experiences with violence negatively influenced their academic performance.

LGBQ students reporting significantly higher rates of difficulties with their roommates than heterosexual students could mean that additional conflict-resolution resources would be beneficial. Because the university serves an integral function in housing arrangements for students, it may be worthwhile for the university to investigate how it can encourage collaboration of resources to reach out to students and provide them with necessary resources to deal with issues of violence as those to which educational resources are lacking. In the study, an additional number of students who were not currently at the university were also interviewed, and should be evaluated as to whether or not their experiences change as they enter the university’s surrounding community and develop other resources available to them.

The university is in a position to create a culture of discrimination and harassment for LGBQ students, or one of support and celebration. So far, the particular university from which the data were collected has put effort into creating the latter, as it has developed many LGBQ resources and activities on campus.

It may be worthwhile evaluating how well-known such resources are among LGBQ students at this university. There may be areas for improvement in order to ensure that students’ needs are met.

Beyond this, there may be a need to further expand visibility of these services, particularly for heterosexual students at the school. In order to further engage them in the conversation around different sexual, gender and attitudes towards LGBQ individuals.

Further, the gay, lesbian, or otherwise queer “scenes” in the area are largely just the Sherbrooke and found through word-of-mouth. The most prominent settings that are above ground for LGBQ students in the area are bars, which excludes younger students and may also contribute to the negative behavioral outcomes related to tobacco and other substance use and addiction, as has been discussed in the research literature. Thus, it may be beneficial to connect with the university’s surrounding community and develop other LGBQ-safe and focused places for students to spend time that limit exposure to negative health factors like substance use.

Despite the limitations of this study, valuable insight into the experiences of the LGBQ students at a mid-Atlantic university was gained. This study serves as a strong first step in identifying risk factors and health disparities experienced among LGBQ students.

Future work with this population can use these findings to begin conversations within the LGBQ student community to pinpoint potential causes for the disparities found, as well as viable options for interventions and resources to benefit their community.

While this study offers ideas as to why the observed health outcomes may differ in the local and larger scale health landscape, the study is largely speculative. Any attempts to develop interventions or resources should be done in collaboration with specific universities’ LGBQ student involvement to ensure that they are accurate and provide true needs are being met.

Selected References
