



Original article

The Effects of Gender- and Sexuality-Based Harassment on Lesbian, Gay, Bisexual, and Transgender Substance Use Disparities

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ABSTRACT

Purpose: We tested three competing models about whether gender- and sexuality-based harassment at school have nonindependent, additive, or interactive effects on adolescents' electronic cigarette use (i.e., vaping), cigarette smoking, alcohol use, and heavy episodic drinking (HED). We also tested whether harassment mediated substance use disparities between lesbian, gay, bisexual, transgender (LGBT) adolescents and their cisgender heterosexual peers.

Methods: We analyzed cross-sectional data from the 2013–2014 California Healthy Kids Survey, including 316,766 students in grades 7, 9, and 11 from more than 1,500 middle and high schools. We used logistic regression models and interaction terms to estimate associations of past-year gender- and sexuality-based harassment at school on past-month substance use, and the Karlson-Holm-Breen method to test whether harassment mediated LGBT disparities in substance use.

Results: Vaping, smoking, drinking, HED, and gender- and sexuality-based harassment were higher for transgender adolescents than for cisgender males and females, and for adolescents who were lesbian, gay, or bisexual only versus heterosexual only. Gender- and sexuality-based harassments were independently associated with greater odds of using each substance in every grade. These two types of harassment had positive interactions with each other for vaping in grade 11, smoking in grade 11, and HED in grades 9 and 11. Gender- and sexuality-based harassment significantly mediated many of the LGBT disparities in substance use.

Conclusions: Gender- and sexuality-based harassment at school independently or interactively produced LGBT disparities in substance use. Reducing these types of discrimination in schools will likely mitigate these disparities.

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IMPLICATIONS AND CONTRIBUTION

Gender- and sexuality-based harassments have additive or interactive effects on adolescents' electronic cigarette use, cigarette smoking, alcohol use, and heavy episodic drinking depending on the substance and the adolescents' grade. Gender- and sexuality-based harassment at school mediate many of the substance use disparities for lesbian, gay, bisexual, and transgender adolescents.

Conflicts of Interest: The authors have no conflicts of interest to disclose.

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Lesbian, gay, and bisexual (LGB) adolescents are more likely than heterosexuals to smoke cigarettes [1–3], drink alcohol [3–6], and engage in heavy episodic drinking (HED) [3–6]. LGB adolescents have 123%–323% higher odds of lifetime cigarette and alcohol use than heterosexuals [3]. These disparities are larger

for females than for males, and for younger than for older adolescents [1–5]. Scant research has examined differences in substance use behaviors between transgender and cisgender adolescents [7], but existing research suggests transgender youth have 18%–72% higher odds of lifetime alcohol and cigarette use than cisgender adolescents [8,9]. Less research has examined how these transgender–cisgender disparities differ by age or grade and sexual identity; however, this kind of intersectionality research [10] was deemed a priority by the Institute of Medicine [7]. Additionally, few studies have examined gender and sexual identity disparities in electronic cigarette use (i.e., vaping) [11,12], despite vaping being more prevalent among adolescents than conventional cigarette smoking [13]. Although the negative effects of adolescent smoking and alcohol use are well established [14,15], the effects of vaping are nascent. Nonetheless, vaping has been associated with nicotine dependence [16], poisonings [17], and inhalation of metals and toxins [18], thereby warranting vaping prevention during adolescence.

Minority stress theory [19] posits LGB and transgender (LGBT) adolescents experience an excess burden of discrimination and victimization related to their sexual- and gender-minority statuses, which can lead them to cope by using substances. Victimization is more prevalent among LGBT than among cisgender heterosexual adolescents [8,20–23]. Sexual identity disparities in peer victimization are larger for females than for males, and for younger than for older ages [24,25], but little is known about whether transgender disparities in victimization vary by sexual identity or age/grade. Nevertheless, experiencing any form of victimization places adolescents at greater risk of several health risk behaviors, including smoking and drinking [26], and victimization has been shown to mediate LGBT disparities in smoking and drinking [8]. Notably, discriminatory types of victimization—such as gender- and sexuality-based harassment—are more strongly associated with substance use than non-biased victimization [27], but rarely [28] have they been tested as mediators of LGBT disparities in adolescent substance use. Furthermore, few studies have examined the predictors of vaping [29], including harassment [30].

Moreover, few studies have examined how multiple types of discrimination—especially gender- and sexuality-based harassment—work in concert to influence adolescents' use of substances. Multiple forms of harassment may influence health in three distinct ways [31,32]. In *nonindependent models* (e.g., prominence or inurement models [31,32]), the combined effect of multiple types of discrimination on health is not worse than the effects of just one form. In *additive models*, each type of discrimination produces independent effects on health, and, when both are present, their combined effect is equal to the sum of their independent effects. In *interactive models* (e.g., synergistic or exacerbation models [31,32]), the combined effect of multiple types of discrimination produce greater effects on health than simply adding together the independent effects of each type of discrimination. Research on discrimination among adolescents has found evidence of *nonindependent models* for suicidal ideation [31], marijuana use [31], and HED [31]; *additive models* for depressive symptoms [23,31], psychological distress [33], self-rated health [23]; and *interactive models* have yet to be found. Research has primarily examined sexuality- and race-based discrimination, limiting knowledge about the effects of gender- and sexuality-based harassment on substance use among adolescents. Multicollinearity and lack of statistical power are common statistical problems in conducting research on multiple types of

discrimination [31], but these problems are mitigated when analyzing data from large samples.

We analyzed data from Californian adolescents in grades 7, 9, and 11 to investigate gender and sexual identity disparities in gender- and sexuality-based harassment at school, as well as past month vaping, smoking, drinking, and HED. We examined how these disparities varied across grades, and how sexual identity disparities differed by gender within grades. We explored whether gender- and sexuality-based harassment have nonindependent, additive, or interactive effects on substance use, and tested the mediational effects of these types of harassment in producing gender and sexual identity disparities in substance use. We hypothesized that substance use and harassment at school would be higher among LGB than among heterosexual adolescents, and for transgender than for cisgender adolescents. We hypothesized sexual identity disparities would be larger for younger than for older adolescents, and for cisgender females than for cisgender males. Because scant research has tested the combined effects of gender- and sexuality-based harassment on substance use, we did not have a priori hypotheses about these associations. We hypothesized gender- and sexuality-based harassment would mediate gender and sexual identity disparities in substance use.

Methods

Study design

We analyzed cross-sectional data from the 2013–2014 California Healthy Kids Survey (CHKS), administered to students in grades 7, 9, and 11. The original sample included 439,743 students attending 1,584 middle and high schools in California. Average school response rates were 77.0%, 67.0%, and 56.2% for grades 7, 9, and 11, respectively. Schools notified parents about the survey and offered them the opportunity to grant or withhold consent for their child(ren)—using either passive or active parental consent. Eligible students voluntarily completed anonymous confidential surveys, either online or using paper surveys depending on their school's administration method. Sampling frames were diverse across schools and developed in collaboration with WestEd. Generally, census sampling was employed in schools with ≤900 students per grade, and randomly selected classrooms were sampled in schools with >900 students per grade. The University of Pittsburgh Institutional Review Board deemed the current study exempt.

Measures

Our primary independent variables were gender and sexual identity. The following question measured LGBT status: “Which of the following best describes you?” Response options included heterosexual (straight); gay or lesbian or bisexual; transgender; not sure; and decline to respond. Because surveys instructed participants to “mark all that apply,” we created four sexual identity groups based only on the first two response options. The four sexual identity groups were LGB only; heterosexual only; both heterosexual and LGB; and neither heterosexual nor LGB (participants who did not select either option). We removed participants who selected “decline to state” ($n = 31,637$) or “not sure” ($n = 23,121$) because we could not discern whether this corresponded with their gender or sexual identity. We created a three-category measure of gender by coding participants who selected “transgender” as transgender adolescents, and those who

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