



Short communication

## Missing data in substance abuse research? Researchers' reporting practices of sexual orientation and gender identity



Annesa Flentje<sup>a,b,\*</sup>, Cristina L. Bacca<sup>c</sup>, Bryan N. Cochran<sup>d</sup>

<sup>a</sup> Department of Community Health Systems, University of California, San Francisco, CA, United States

<sup>b</sup> Department of Psychiatry, University of California, San Francisco, CA, United States

<sup>c</sup> Department of Psychology, University of San Francisco, 2130 Fulton Street, San Francisco, CA 94117, United States

<sup>d</sup> Department of Psychology, The University of Montana, 32 Campus Dr, Missoula, MT 59812, United States

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### ABSTRACT

**Background:** Lesbian, gay, bisexual, and transgender individuals are at higher risk for substance use and substance use disorders than heterosexual individuals and are more likely to seek substance use treatment, yet sexual orientation and gender identity are frequently not reported in the research literature. The purpose of this study was to identify if sexual orientation and gender identity are being reported in the recent substance use literature, and if this has changed over time.

**Method:** The PsycINFO and PubMed databases were searched for articles released in 2007 and 2012 using the term “substance abuse” and 200 articles were randomly selected from each time period and database. Articles were coded for the presence or absence of sexual orientation and gender identity information.

**Results:** Participants' sexual orientation was reported in 3.0% and 4.9% of the 2007 and 2.3% and 6.5% of the 2012 sample, in PsycINFO and PubMed sample articles, respectively, while non-binary gender identity was reported in 0% and 1.0% of the 2007 sample and 2.3% and 1.9% of the 2012 PsycINFO and PubMed sample articles. There were no differences in rates of reporting over time.

**Conclusions:** Sexual orientation and gender identity are rarely reported in the substance abuse literature, and there has not been a change in reporting practices between 2007 and 2012. Recommendations for future investigators in reporting sexual orientation and gender identity are included.

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## 1. Introduction

Previous research indicates heightened rates of substance use disorders (Kecojevic et al., 2012; McCabe et al., 2013; Mereish and Bradford, 2014) and treatment-seeking for substance misuse (Cochran and Mays, 2000; McCabe et al., 2013) among lesbian, gay, bisexual<sup>1</sup>, and transgender<sup>2</sup> (LGBT) individuals compared to

heterosexual and cisgender (see footnote 2) individuals. In addition, LGBT populations experience other mental health disparities, including higher rates of depression and suicide attempts (Burton et al., 2013; Conron et al., 2010; Lick et al., 2013). These mental health disparities have been attributed to stigma, discrimination, bullying, internalized homophobia, family conflict, abuse, and sexual minority specific victimization experienced by LGBT individuals (Burton et al., 2013; Kecojevic et al., 2012; Lick et al., 2013; Meyer, 2003).

Despite awareness of these health disparities experienced by LGBT individuals, federally funded surveys have failed to collect data on sexual orientation and gender identity (Cahill and Makadon, 2014a; Institute of Medicine, 2011) although there is a push to integrate these variables into electronic health records (Cahill and Makadon, 2014b). Recently, the United States Department of Health and Human Services (2010, see Healthy People 2020) and the Institute of Medicine (2011) laid out research agendas to advance the understanding of LGBT Health. Due to the lack of sexual orientation and gender identity data, researchers are missing important predictors that could account for variability in health research. The collection of sexual orientation and gender

\* Corresponding author at: Department of Community Health Systems, 2 Koret Way, Room N505, San Francisco, CA 94143, United States. Tel.: +01 415 502 0697; fax: +01 415 206 8942.

E-mail address: [Annesa.Flentje@ucsf.edu](mailto:Annesa.Flentje@ucsf.edu) (A. Flentje).

<sup>1</sup> Heterosexual, lesbian, gay, and bisexual refer to sexual orientation: that is the gender that someone is attracted to, sexually active with, or wants to partner with. Non-heterosexual individuals may be referred to as sexual minorities.

<sup>2</sup> Transgender and cisgender refer to gender identity, which describes the gender with which an individual identifies, which is not necessarily consistent with sex (determined by physiological characteristics) assigned at birth. Transgender identity describes a gender identity that is not consistent with the identity assigned to an individual at birth, while cisgender is defined as a gender identity wherein an individual experiences a gender identity that is congruent with the individual's assigned sex at birth. Non-cisgender individuals may be referred to as gender minorities.

identity as basic demographic variables, alongside demographic variables such as race, sex, and age, could inform existing research, better identify health disparities, and aid in the development of substance use interventions specific to the needs of LGBT individuals.

### 1.1. Considerations for measurement

It is important to consider the best options for the measurement of sexual orientation and gender identity. Measurement guidelines are still evolving, which may be daunting for the researcher. Nonetheless, some good options for measurement are emerging. For example, the Center of Excellence for Transgender Health at University of California, San Francisco advocates the use of a two-step question that captures a transgender person's current gender identity as well as their assigned sex at birth: This two-step process first queries "current gender identity" then follows with a question querying "assigned sex at birth" (Sausa et al., 2009). Cahill and Makadon (2014) also recommend the two step method, but in the reverse order. It has been found that this technique provides more detailed and accurate demographic information and also increases overall rates of identification of transgender individuals as compared to a single question asking respondents' gender with choices of "male," "female," "transgender," or "other" (Tate et al., 2012).

Sexual orientation can also be challenging to measure, as it is a multi-dimensional construct and its measurement has varied considerably over time (Sell, 1997). At minimum, a measure of identity (i.e., the category of sexual orientation with which one identifies such as heterosexual, lesbian, gay, or bisexual) can be included, although it is important to consider that sexual orientation can also include behavioral and attraction domains, which can be incongruent with one another (Korchmaros et al., 2013) and that substance use behaviors can differ depending on which component of sexual orientation is being measured (McCabe et al., 2013).

It is also possible to use open-ended responses to capture both sexual orientation and gender identity, which can result in a wealth of responses (Harrison et al., 2011). Non-binary, open response scales could more accurately describe each individual, although they can make data compilation more complicated.

### 1.2. Purpose of this study

The purpose of the present study is to evaluate the degree to which sexual orientation and gender identity have been reported within the substance abuse literature. Additionally, we evaluated if there has been a change in the reporting of these variables from 2007 to 2012, a time period which corresponds to the prioritization

of LGBT health (United States Department of Health and Human Services, 2010; Institute of Medicine, 2011).

## 2. Method

To identify articles for this study, the PsycINFO and PubMed databases were searched with specific criteria, and 200 articles were randomly selected from 2007 and 2012 from each of the two databases (resulting in a total of 800 randomly selected articles). PsycINFO contains over 3.7 million records from an estimated 2500 journals from over 50 countries covering multiple disciplines related to psychology including: medicine, nursing, and neuroscience (American Psychological Association, 2014). PubMed includes over 23 million biomedical records from both the MEDLINE® database, which includes biomedical journal article citations from over 5500 journals, and citations submitted to PubMed Central voluntarily by publishers or authors (U.S. National Library of Medicine, 2014). In PsycINFO, search parameters included: the keyword "substance abuse", publication type "peer-reviewed journal", and methodology limited to "empirical study"; while in PubMed, search parameters were search terms "substance abuse" and publication type "Journal". Search parameters differed between the two databases due to different search capabilities in the databases (e.g., it is not possible to search for peer-reviewed articles in PubMed, U.S. National Library of Medicine, 2013). PubMed uses Medical Subject Headings (MeSH), a thesaurus of terms, which expanded the search to include "substance-related disorders" in addition to "substance" and "abuse". At the time the searches were conducted, the PsycINFO search yielded 559 articles for 2007 and 1861 articles for 2012, while PubMed returned 8333 articles for 2007 and 10,002 articles for 2012. Notably, articles could have been included in the results if they were published in some form in those years; for example, an online publication date of 2012 and a print publication date of 2013 would still show up in a search restricting articles to 2012. Two hundred articles were randomly selected from each of the 2007 and 2012 records using a random number generator. Articles were then read and coded by a team of undergraduate, post-baccalaureate, and graduate level researchers.

Articles were retained for analysis if they were available in English and had human subjects for whom they reported basic demographic information. Excluded articles included studies where the subjects were not human individuals but were instead: animals, institutions, cell cultures, genes, and autopsies. Methods and results sections of articles were thoroughly reviewed in order to determine a presence or absence of the reporting of sexual orientation or gender identity. The measurement of sexual orientation was recorded as existing in the article if the article contained any indication of the sexual orientation of participants based on

**Table 1**  
Reporting of sexual orientation and gender identity in articles.

	All articles N=800	PsycINFO		PubMed	
		2007 n=200	2012 n=200	2007 n=200	2012 n=200
Articles meeting inclusion criteria n (% of total sampled)	553 (69.1%)	166 (83.0%)	177 (88.5%)	103 (51.5%)	107 (53.5%)
Report sexual orientation n (% of articles included)	21 (3.8%)	5 (3.0%)	4 (2.3%)	5 (4.9%)	7 (6.5%)
Report non-binary gender identity n (% of articles included)	7 (1.3%)	0 (0.0%)	4 (2.3%)	1 (1.0%)	2 (1.9%)
No. of participants in included studies	5,546,158	706,312	802,386	3,134,605	902,855
No. of sexual minorities identified (% of no. of participants in included studies)	12,289 (0.2%)	1163 (0.2%)	408 (0.1%)	3797 (0.1%)	6921 (0.8%)
No. of gender minorities identified (% of no. of participants in included studies)	836 (<0.1%)	0 (0.0%)	25 (<0.1%)	3 (<0.1%)	808 (0.1%)

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