

Prevalence of Negative Life Experiences Amongst Queer Youth Compared to Cisgender, Heterosexual Counterparts

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ABSTRACT

The CDC's Youth Risk Behavior Surveillance System and Trevor Project's National LGBTQ Youth Mental Health Surveys conclude that LGBTQ youth are at a higher risk for both mental illness and dating violence when compared to their cisgender, heterosexual (cis/het) peers. However, both overlook negative life experiences such as loneliness, self-harm or emotional abuse amongst queer youth in relation to their cis/het counterparts. The purpose of this study is to evaluate the prevalence of understudied negative life experiences amongst queer youth. To accomplish this, an anonymous web-based survey was distributed to various youth-centric online communities. This survey employed a Likert scale to gauge respondents' attitudes and experiences. Cross-sectional analysis of the results confirms that queer youth are at a higher risk for negative life experiences, from depression and loneliness to physical bullying and dating violence. Novel findings include the fact that a large percentage of queer youth do not know how to respond to emotional abuse and are more likely than cis/het adolescents to engage in unhealthy coping mechanisms. These results highlight the desperate need for accessible resources and educational opportunities regarding healthy relationships and coping mechanisms for all youth, especially for those who self-identify as queer.

Introduction

In the 21st century, the general attitudes of the American public have shifted largely in favor of LGBTQ (lesbian, gay, bisexual, transgender, and queer) rights.¹ Despite increased support, however, LGBTQ youth both within the U.S and across the globe are still confronted by a complex network of issues, including discrimination, victimization, and a lack of community or familial support. These negative life experiences put LGBTQ youth at a higher risk for mental illness; according to the Trevor Project 2022 National Survey on LGBTQ Mental Health, 73% of LGBTQ youth reported having experienced symptoms of anxiety, and 58% having experienced symptoms of depression.²

Current Models

Within the United States, there exist two major organizations that record data regarding the attitudes and experiences of queer adolescents: the Center for Disease Control and Prevention, with its Youth Risk Behavior Surveillance System (YRBS) survey, as well as The Trevor Project, which annually conducts a National Survey on LGBTQ Youth Mental Health. Both studies consistently identify that LGBTQ adolescents suffer from a higher prevalence of mental illnesses such as anxiety and depression compared to their heterosexual peers. Overall, both found that 47% of LGBTQ adolescents have seriously considered suicide.^{2,3} This is nearly four times the percentage of heterosexual teenagers who have seriously struggled with suicidal ideation (13%).⁴

Though both the YRBS survey and National Survey on Youth Mental Health explore a variety of factors that might contribute to higher rates of mental illness rates and suicidal ideation amongst LGBTQ youth, neither is entirely comprehensive regarding issues faced by queer adolescents. While focusing on suicide and physically/sexually abusive relationships, both surveys tend to overlook statistics regarding coping mechanisms, loneliness, and emotional abuse.

Methodology

Research Objectives

The goal of this study was to evaluate the extent of mental health and relationship challenges faced by LGBA (lesbian, gay, bisexual/pansexual, asexual) youth, including experiences such as self-harm, suicidal ideation, anxiety, and potential difficulty finding romantic partners. Additionally, this study works to assess the prevalence of physical, sexual, and emotional relationship violence amongst LGBA youth. By evaluating the prevalence of these various negative life experiences in comparison to rates amongst cisgender-heterosexual (cisHet) youth), this study can identify negative experiences to which LGBA youth are particularly vulnerable.

Research Design

A qualitative, cross-sectional design was used to collect data through Microsoft Forms from August 12, 2022, to September 6, 2022. For most questions, respondents were given a statement and then were asked to rank their agreement with said statement upon a Likert scale, with the options of Strongly Disagree, Disagree, Neutral, Agree, or Strongly Agree. In order to standardize and compare results, questions relating to physical and sexual violence, as well as feelings of hopelessness, were replicated from the YRBS survey. Each question pertaining to potentially triggering topics, such as self-harm or suicide, contained above it a trigger warning and below it links to resources specific to each issue.

Respondents

Queer respondents were recruited through links posted to LGBTQ communities on Instagram and Reddit, such as r/BisexualTeens and r/GayTeenBros. Cisgender and heterosexual respondents were recruited via social media platforms as well, though no specific communities were utilized. To reduce risks for closeted adolescents (that is – youth who are not open about their sexual orientation and/or gender identity to those around them), the survey was entirely anonymous, not collecting any identifying information such as names or email addresses. Before being allowed access to the survey, all respondents were prompted to affirm that they had given informed consent to participate.

Data Analysis

Once collected, the survey responses were exported to Microsoft Excel. The data analysis feature on Excel was utilized to identify distributions of responses to particular statements across demographic characteristics, such as age and sexual orientation. Based on these distributions, 100% stacked bar graphs were created in order to compare the prevalence of certain conditions between demographic groups.

Results and Discussion

LGBA Youth Are More Likely to Attribute Negative Life Experiences to Factors Relating to their Sexual Orientation

Previous surveys have shown that queer youth are more likely to suffer from anxiety and depression than their cisgender, heterosexual (cis/het) peers. Generally, it is accepted that this is a result of the negative impact that homophobia and discrimination have on the mental health of LGBTQ+ youth.²

This survey found that 63.5% of LGBA (lesbian, gay, bisexual/pansexual, asexual) adolescents, compared to 37.9% of their cis/het counterparts, had experienced at least a two-week period of general hopelessness and despondence (Figure 1). This greater prevalence of general hopelessness amongst LGBA youth corresponds with the findings from the 2017 YRBS survey, which the wording of this question was taken from. The 2017 YRBS survey found that 63.0% of LGB youth had experienced at least a two-week period of sadness or hopelessness, compared to 27.5% of heterosexual respondents. Both datasets reveal that queer youth are almost twice as likely to struggle with sustained sadness or hopelessness than their cis/het peers.

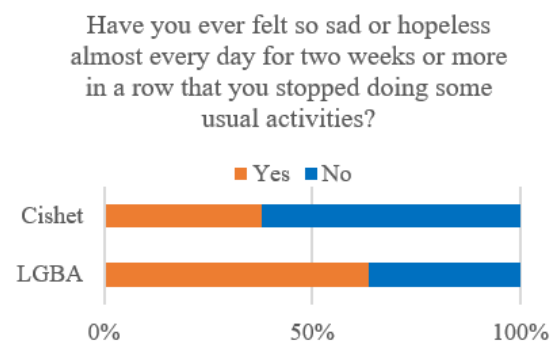


Figure 1. Feelings of hopelessness by sexual orientation.

To evaluate whether or not respondents believed that their sexuality had been a factor in negative life experiences, respondents were given a Likert scale and asked to classify their agreement with the statement “As a result of my sexuality or gender expression, I...” followed by a host of concluding statements.

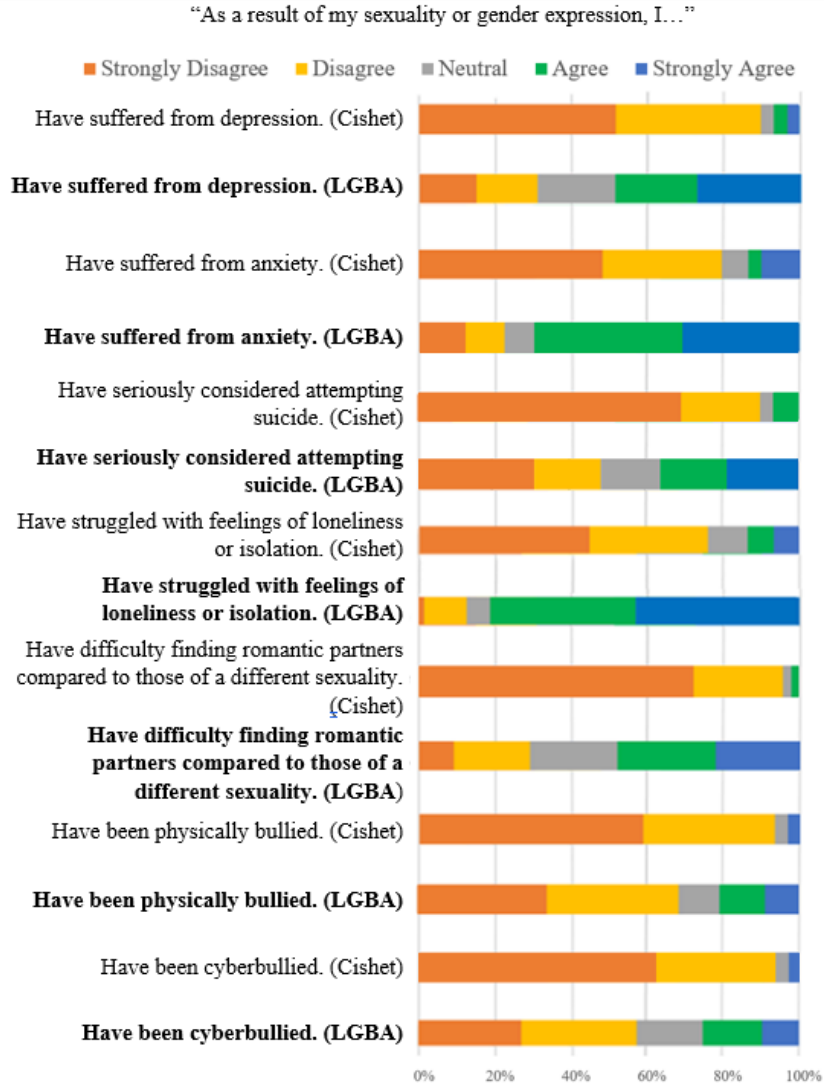


Figure 2. Prevalence of negative life experiences by sexual orientation.

As shown in Figure 2, a vast majority of cisnet respondents do not feel that their sexuality or gender has contributed to negative life experiences, such as anxiety, depression, or bullying, with over 75% of them responding “Strongly Disagree” or “Disagree” to each of the conditions. In contrast, a majority (>50%) of LGBA respondents responded “Strongly Agree” or “Agree” to statements correlating depression, anxiety, and difficulty finding romantic partners to factors derived from their sexual orientation or gender expression. Particularly notable are the 75.0% of LGBA respondents who agreed that they have struggled with feelings of loneliness or isolation as a result of their sexual or gender identity.

Conversely, not many cisnet nor LGBA respondents attributed physical bullying or cyberbullying to these aspects of their identities. Only 21.0% and 25% of queer youth responded “Strongly Agree” or “Agree” to the statement correlating their identity with physical bullying and cyberbullying, respectively. While this is not insignificant by any means, these responses indicate that the average LGBA adolescent is much more likely to suffer from mental health issues, especially feelings of loneliness and isolation, than bullying perpetrated both in in-person interactions and online.

The reduced prevalence of bullying compared to other negative life experiences may be attributed in part to school-based anti-bullying campaigns. A meta-analysis of studies on the effectiveness of school-bullying prevention programs has concluded that school-based anti-bullying campaigns, particularly bystander prevention trainings, are effective in reducing both bullying perpetration and victimization.⁵ The effectiveness of these programs is especially significant for queer youth; according to the Trevor Project, 29% of LGBTQ youth who experienced physical threat or harm due to their sexual orientation or gender identity attempted suicide in the past year, compared to only 10% of those who did not experience such victimization.² The Trevor Project study has also determined queer students who attend schools that implement zero-tolerance policies for the bullying of queer youth are less likely to struggle with suicidal ideation. Therefore, access to an affirming environment in which one can find support for their sexuality or gender expression is of critical importance for the health and wellbeing of LGBTQ youth.

LGBA Youth are More Likely to Resort to Unhealthy Coping Mechanisms

Respondents were asked to rank on a Likert scale their agreement regarding statements about the usage of three types of unhealthy coping mechanisms – self harm, substance abuse, and distractive hypersexuality. For the purposes of this study, self-harm includes self-induced physical harm to the body, such as cutting with razor blades or burning with a lighter, substance abuse was defined as drinking or taking drugs, and distractive hypersexuality was defined as seeking out sexual relations in order to cope with or distract oneself from negative feelings or emotions.

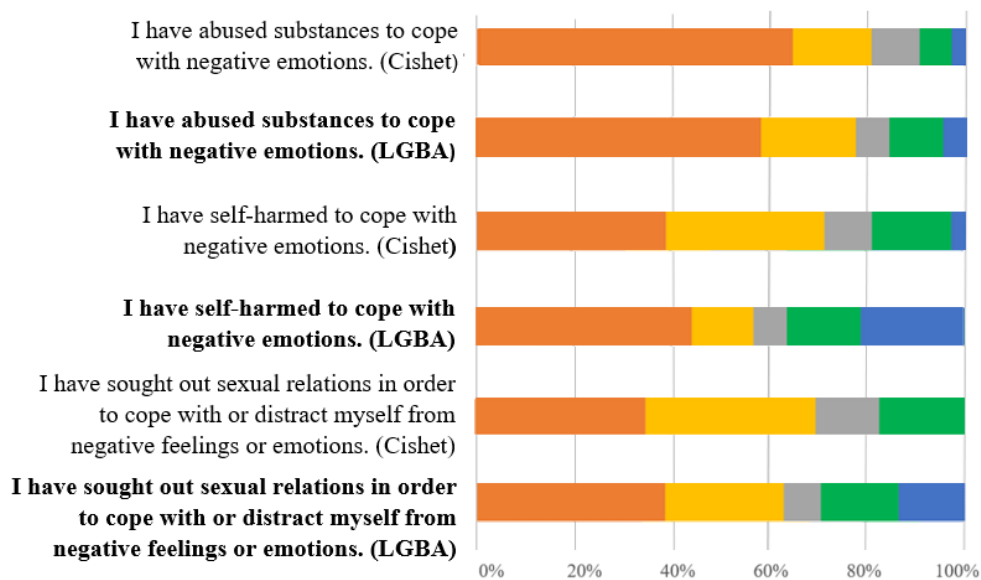


Figure 3. Unhealthy coping mechanisms by sexual orientation.

Figure 3 compares experiences with unhealthy coping mechanisms by sexuality. Though a majority of youth across all sexualities have never resorted to unhealthy coping mechanisms at all, a larger proportion of LGBA respondents have resorted to them in comparison to their cisgender counterparts. This corresponds with the greater prevalence of negative feelings amongst LGBA youth in terms of their vulnerability to depression, anxiety, and feelings of isolation and loneliness, as shown in Figure 2.

LGBA Youth are Vulnerable to Abuse in Romantic Relationships

Before characterizing the nature of romantic relationships amongst LGBA adolescents, it is important to first contextualize the dating world of queer youth. As visualized in **Figure 2**, 47.7% of LGBA youth believe that they have

difficulty finding romantic partners compared to those of a different sexuality. **Figure 4** demonstrates that a greater proportion of LGBA youth have never experienced a romantic relationship at all compared to their cishet peers (53.0% versus 45.2%).

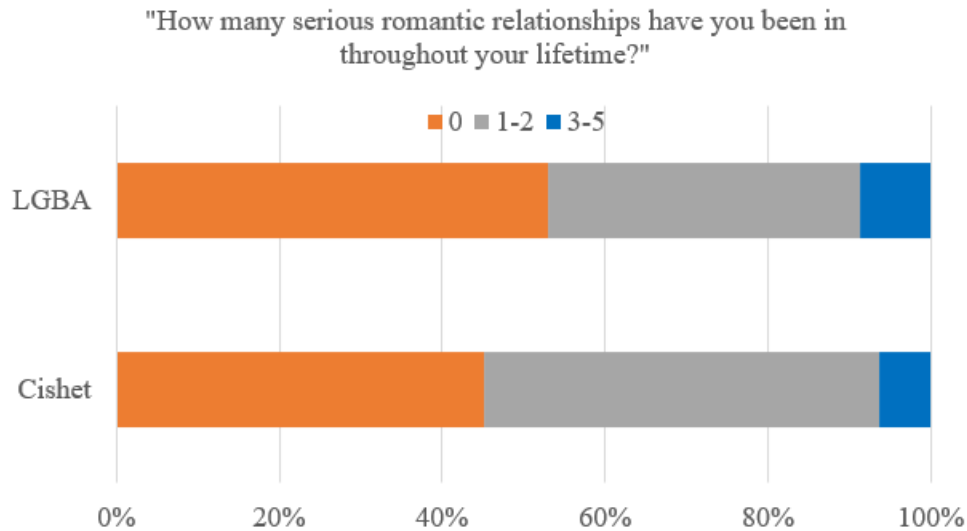


Figure 4. Number of romantic relationships by sexual orientation.

The 2017 Youth Risk Behavior Surveillance Survey (YRBS) found that 5.5% of teenaged heterosexuals in the United States have experienced sexual dating violence, compared to 15.8% of their LGB (lesbian, gay, and bisexual) peers.⁴ The same study also found that just 6.4% of heterosexual respondents had experienced physical dating violence, compared to 17.2% of LGB respondents. This data suggests that queer youth experience a higher rate of unhealthy romantic relationships compared to their heterosexual peers.

This survey also found that amongst LGBA youth who had been in romantic relationships, there was a greater prevalence of experience with sexual and physical abuse than what cishet respondents reported (**Figures 5, 6**). Though the YRBS covers sexual and physical dating violence, it does not include questions pertaining to emotional abuse. To assess the prevalence of emotional abuse within romantic relationships, this study presented respondents with the statement "I have experienced emotional abuse from a romantic partner," to which respondents ranked their agreement along a Likert scale. Unlike physical and sexual abuse, LGBA respondents who had been in at least one relationship were actually *less likely* to have experienced emotional abuse from a romantic partner than their cishet counterparts (**Figure 6**).

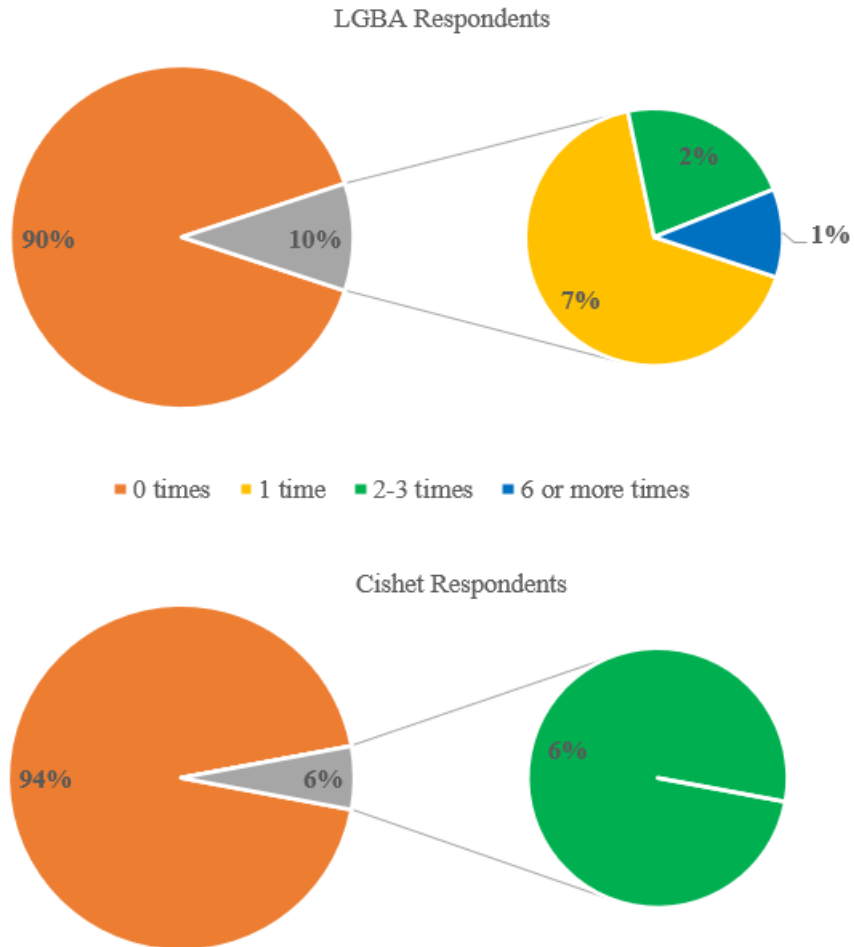


Figure 5. Experience with physical dating violence by sexual orientation.

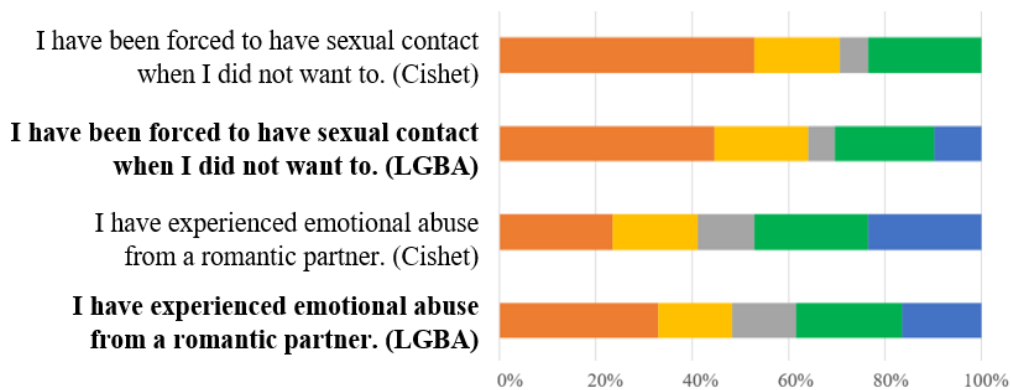


Figure 6. Experience with sexual abuse and emotional abuse by sexual orientation.

Of all respondents in this study, 22.3% reported having experienced emotional abuse from a romantic partner, 0.43% reported physical dating violence, and 19.1% reported sexual abuse. This demonstrates that overall, amongst both LGBA and cishet youth, emotional abuse is more prevalent than sexual or physical relationship violence.

Ability to Respond to Emotional Abuse

LGBA youth are less likely to know how to respond to emotional abuse (Figure 7). This unpreparedness positively correlates with to their inability to express themselves, as well as the lack of at least one supportive adult in their lives. Figure 8 breaks down the responses to the statement “I know how to respond to emotional abuse by a romantic partner” by the response to the statement “I feel comfortable expressing my gender and sexuality to those around me.” Those responding “Agree” or “Strongly Agree” to the statement regarding comfortability of expression were most likely to agree that they knew how to respond to emotional abuse. This breakdown reveals a clear trend – the more comfortable that an individual feels expressing their identity to others, the more likely it is that they know how to respond to emotional abuse from a romantic partner.

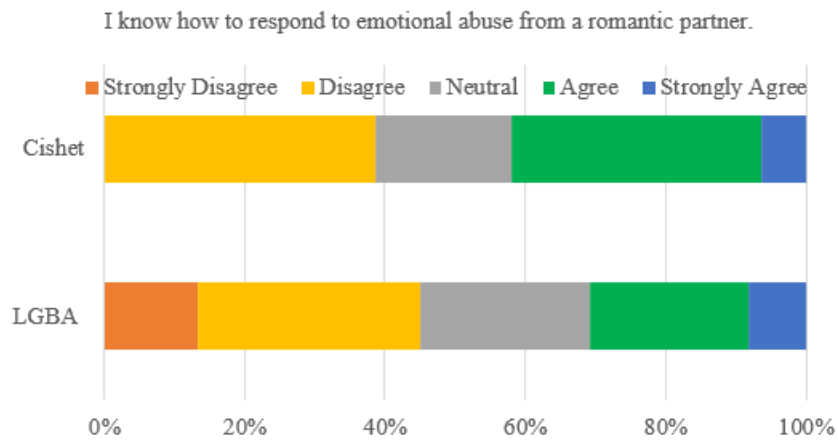


Figure 7. Preparedness to respond to emotional abuse from a romantic partner by sexuality.

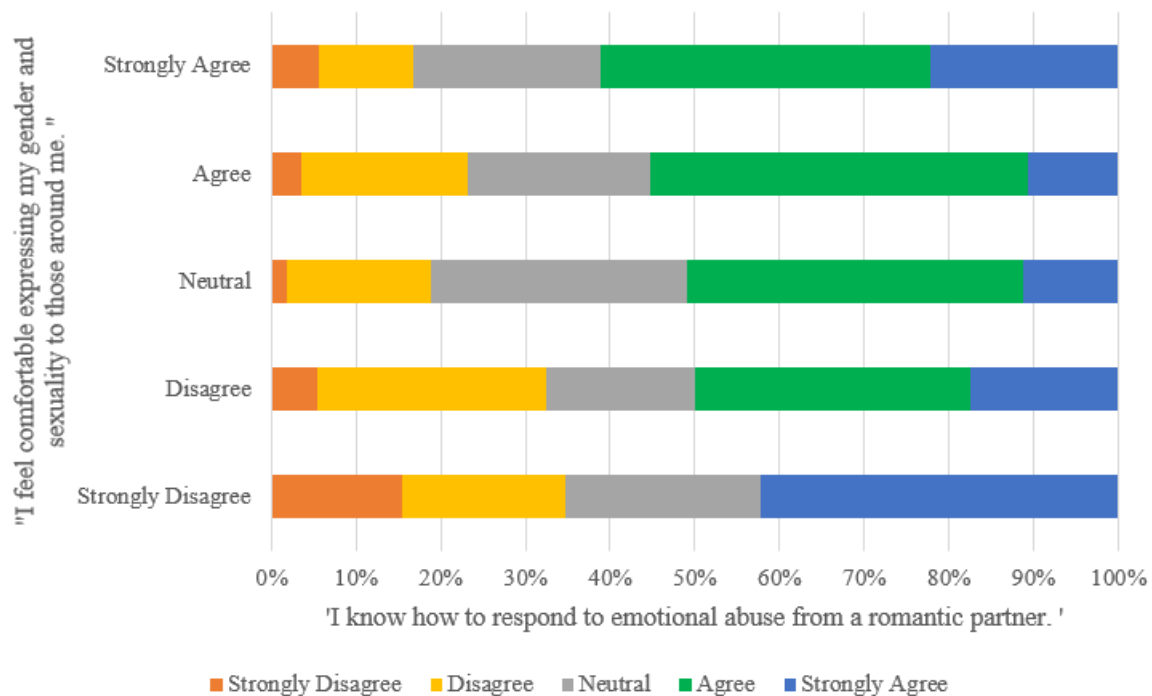


Figure 8. Preparedness to respond to emotional abuse from a romantic partner by comfortability self-expressing sexual orientation or gender identity to others.

When broken down by age, there were no clear trends present in terms of preparedness to respond to emotional abuse (Figure 9). While a larger proportion of 18–19-year-olds agreed that they knew how to respond to emotional abuse than those of other ages, the same was true for the proportion of 18-19 years who did *not* know how to respond. The lack of a trend in terms of age and the preparedness to respond to emotional abuse makes clear that any effort to educate youth on how to react to emotional abuse would be warranted for youth regardless of age.

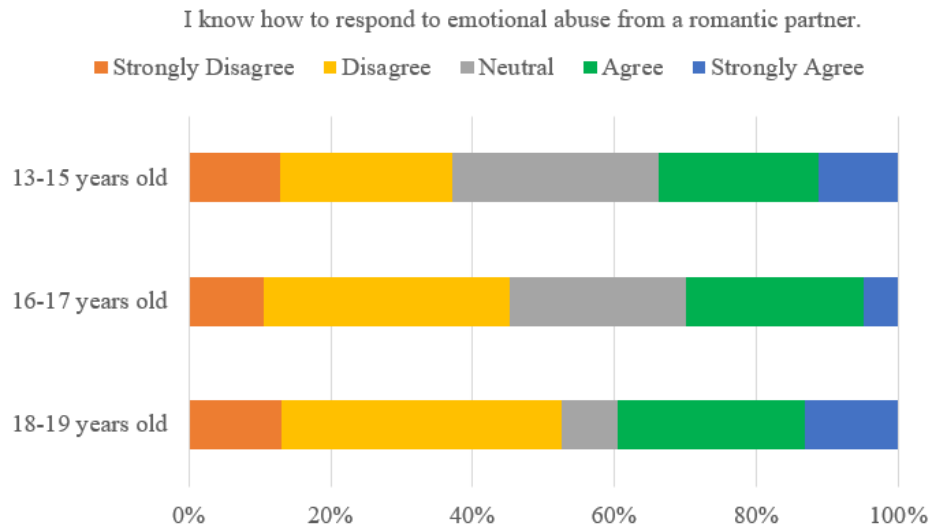


Figure 9. Preparedness to respond to emotional abuse from a romantic partner by age.

Demographics

There were 232 total respondents.

The primary demographic difference covered in this survey was sexual orientation and gender identity. Respondents were asked “Which of the following sexual orientations do you identify as?” and given the options ‘Heterosexual’, ‘Bisexual/Pansexual’, ‘Gay’, ‘Lesbian’, ‘Asexual’, or ‘Prefer not to say/I do not know’. They were also given the option to select ‘Other’. As shown in Figure 9 below, 80% respondents (n=197) were Lesbian, Gay, Bisexual/Pansexual, or Asexual (LGBA), whereas 14% (n=31) were heterosexual.

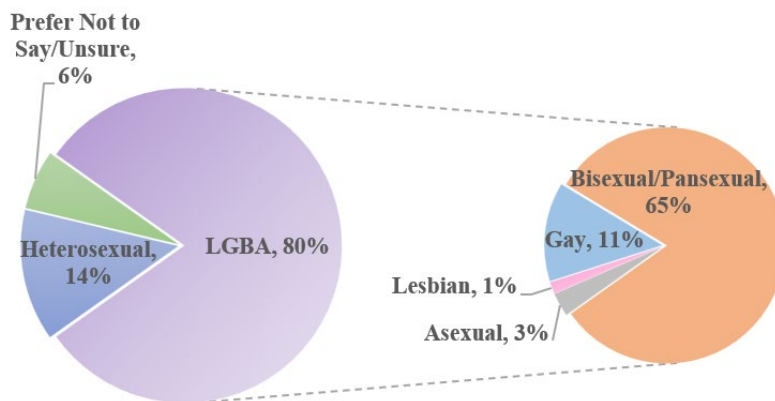


Figure 10. Respondents by sexuality.

While transgender, nonbinary, gender fluid, and gender nonconforming persons can identify as heterosexual, all respondents who fit into each of these groups also identified as a sexual orientation that was queer. Therefore, for the purpose of this study, the respondents were broken into two groups – the LGBA (which the transgender, genderfluid, nonbinary, and gender non-conforming respondents all fall into), and the cisgender-heterosexuals (cishets).

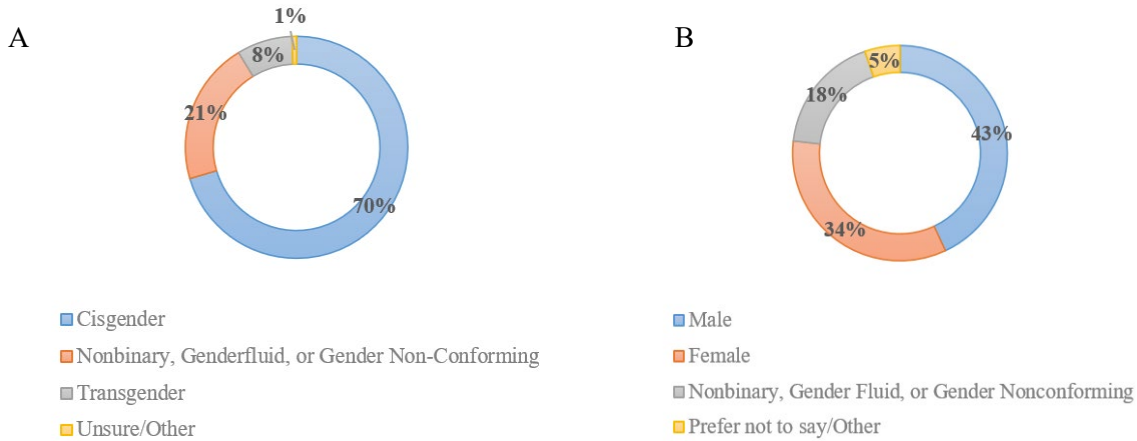


Figure 11. Respondents by self-proclaimed gender identity.

For the purposes of this survey, “youth” was defined as those within the age range of 13-24, in accordance with the Trevor Project National LGBTQ Mental Health Survey. This resulted in those 12 or younger (n=3) being screened out. No respondents indicated that they were within the age range of 20-21, 22-24, or 25 or above. Additionally, those who responded as being within the age range of 20-21 (n=1) were screened out as well due to a small sample size, resulting in statistical insignificance. This resulted in the survey having an actual age range of 13-19.

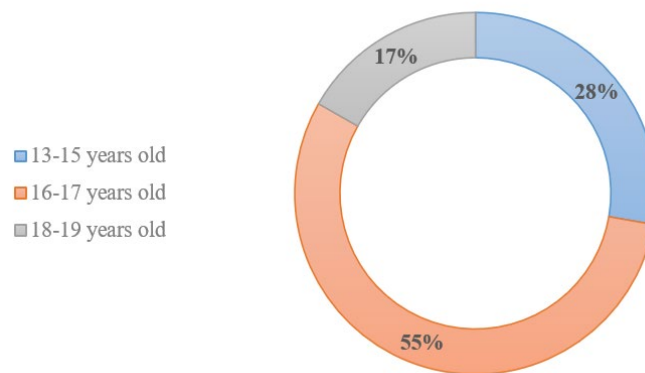


Figure 12. Respondents by age.

Respondents were also asked to classify their residency within the four basic regions of the U.S as identified by the U.S Census Bureau in Figure 12.⁵ To address potential international respondents, an additional option labeled "I do not live in the United States" was provided. As shown in Figure 13, around 2/3rds of respondents resided within the United States, with 1/3rd living elsewhere.

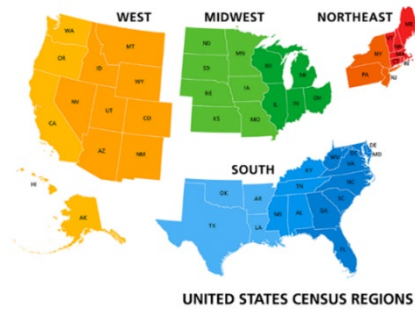


Figure 13. United States Census Regions

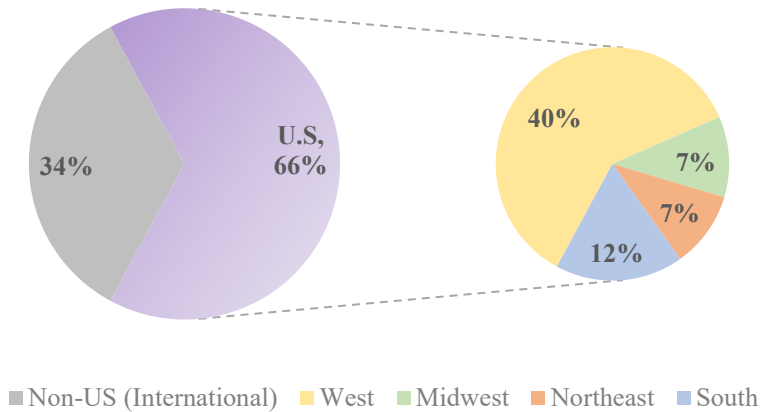


Figure 14. Respondents by region of residency.

For the purposes of this survey, a familial income of “\$52,000-\$156,000” was labeled middle income, with any less being classified as lower income and any more being classified as upper income. Based on these descriptions, respondents within the United States were gauged were to classify themselves as lower income, middle income, or upper income.

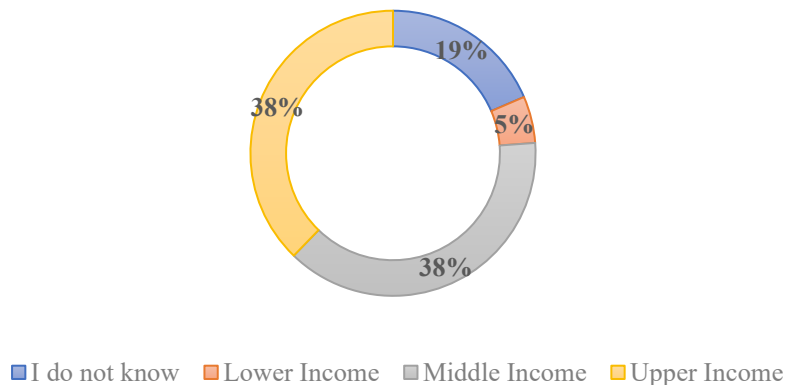


Figure 15. Respondents by income level.

Conclusion

The purpose of this study was to assess and compare the prevalence of understudied negative life experiences amongst LGBA (lesbian, gay, bisexual/pansexual and asexual) and cisgender (cisgender and heterosexual youth). Through identifying negative life experiences that LGBA are particularly vulnerable to, steps may be taken in order to reduce the extent of these issues and improve the quality of life of LGBA youth overall.

This study confirms previous findings that LGBA youth experience depression, anxiety, bullying, sexual abuse, and physical dating violence at higher rates than their cisgender, heterosexual peers. The results from this survey also indicate various new findings. When compared to their cisgender counterparts, LGBA youth are more likely to have struggled with feelings of loneliness or isolation, resort to unhealthy coping mechanisms at greater rates, and are less prepared to respond to emotional abuse in romantic relationships. Overall, emotional abuse in romantic relationships was more prevalent than both sexual abuse and physical dating violence.

These results demonstrate that emotional abuse is a serious and pressing issue and should no longer be overlooked. In future surveys, the CDC and Trevor Project should include questions pertaining to the experience of emotional abuse within their Youth Risk Behavior Surveillance and National LGBTQ Mental Health surveys. This consideration of emotional abuse would both facilitate a better understanding of this issue and bring awareness to its surprising commonness.

The results of this study also show that there is a great need for educational resources regarding the recognition and rebuttal of emotional abuse. Considering the wide success of school-based anti-bullying programs, it is clear that schools are an effective means of preventing negative life experiences amongst youth. Anti-bullying programs that are based on education and awareness, such as bystander prevention training, offer a framework for further education on other issues pertinent to youth. Therefore, educational programs offered through schools would be the most effective method through which youth can be educated about how to recognize and respond to emotional abuse.

Organizations such as OneLove and The Trevor Project offer accessible resources and workshops that define healthy relationships and raise awareness about how to escape unhealthy ones. Schools should utilize these educational resources in building more inclusive abuse prevention curriculums. Additionally, schools may be able to reduce the incidence of emotional abuse by designating staff members as affirming adults to whom LGBA youth may express their concerns relating to their sexuality or gender.

Considering the success of anti-bullying programs, schools that have not implemented zero-tolerance programs for bullying and discrimination should do so. This would create affirming environments in which queer youth have a reduced risk of struggling with loneliness, depression, anxiety, or suicidal ideation. In reducing the prevalence of negative emotions, the incidence of queer youth resorting to unhealthy coping mechanisms would further be reduced.

Limitations

Though weighted by percentage, the data procured through this study was not representative of the American nor global population as a whole. The results concerning LGBA (lesbian, gay, bisexual/pansexual and asexual) respondents skewed very heavily towards bisexual/pansexual, who made up 65% of all respondents. Additionally, most American respondents were wealthy or upper class. Of those who responded to the income demographic question, only 5% (n=8) self-reported themselves as lower income. This means that no conclusion can be drawn from the results of this study regarding any correlations between economic status and prevalence of negative life experiences.

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