The Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse are the state planning councils for behavioral health. Each has a statutory responsibility to advise the legislative and executive branches of state government on issues related to behavioral health; to plan, coordinate, and evaluate publicly funded behavioral health services; to educate the public on issues related to mental health and substance use prevention, treatment, and recovery; and to advocate with Alaskans experiencing behavioral health disorders and their families and communities for the best services possible. Public discourse in Alaska currently includes discussion of whether and how local and state government can or should protect and respond to the needs of lesbian, gay, bisexual, transgender, queer, and other sexual minority Alaskans. Board leadership requested an overview of the prevalence of behavioral health disorders, suicide, trauma, and other conditions among LGBTQ and other sexual minority populations.

For the purposes of this discussion, the term “sexual minority” is used to mean a population whose sexual identity, orientation or practices differ from the majority of the surrounding society. It can refer to lesbian, gay, bisexual, transgender, queer, questioning, genderqueer, intersex, asexual, or third gender individuals. The term is meant to be inclusive of any population whose sexual orientation is other than heterosexual and/or whose gender is non-binary.

The impact of discrimination and disparate treatment (regardless of the basis for such) to an individual’s or a population’s mental and emotional health is well researched. An overview of data and research related specifically to the impact of discrimination and disparate treatment on sexual minorities is provided herein.

**Background**

Sex and gender are not the same. Neither are sexual orientation and gender identity the same. The American Psychological Association employs the following definitions:

**Gender:** the condition of being male, female, or neuter; the psychological, behavioral, social, and cultural aspects of being male or female (masculinity or femininity).

**Gender Identity:** an individual’s self-identification as male, female, or other.

**Sex:** the physical and biological traits of maleness or femaleness.

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**Sexual Orientation**: an individual’s enduring sexual attraction to male partners, female partners, both, or neither.

Gender identity is influenced by biological and environmental factors, as well as societal structures, cultural expectations, and personal interactions. “Gender expression” is the way someone presents themselves to communicate their preferred gender (through clothing, accessories, communication style, etc.). Gender identity and gender expression are independent of, but may be affected by, each other (as well as by sexual orientation).

According to the 2015 National Health Interview Survey conducted by the Centers for Disease Control and Prevention (CDC), 1.6% of American adults (age 18 and older) identified as gay or lesbian and .8% identified as bisexual. Adults 18-44 were more likely to identify as gay or lesbian (2%) or bisexual (1.3%). Data on sexual minorities other than gay, lesbian, and bisexual individuals is less well collected. Research based on a meta-analysis of available population surveys estimates that 390/100,000 (.39%) of Americans identify as transgender. Based on this national data, an estimated 19,815 Alaskans may identify as a member of a sexual minority population.

**Impact of Social, Familial Rejection**

“Research findings that show the critical role of family acceptance and rejection – and earlier ages of coming out – call for a paradigm shift to serve LGBT children and adolescents in the context of their families.”

The research on the importance of connectedness – with family as well as community – to healthy development and resilience is compelling. Feeling connected (that you are accepted or “belong”) has been shown to reduce the risk of suicide, alcohol and/or drug use, risky sexual activity, and other risky behaviors in youth and to improve mental and emotional health and longevity in adults. The lack of that connectedness, whether due to familial rejection or social isolation, can increase the risk of negative health conditions and behaviors. Research conducted by San Francisco State University shows that familial acceptance of adolescents who identify as a sexual minority has a direct relationship to their health and wellness:

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3 *Id.*


“Gay and transgender teens who were highly rejected by their parents and caregivers were at very high risk for health and mental health problems when they become young adults (ages 21-25). Highly rejected young people were:

- more than 8 times as likely to have attempted suicide. Nearly 6 times as likely to report high levels of depression;
- more than 3 times as likely to use illegal drugs; and
- more than 3 times as likely to be at high risk for HIV and sexually transmitted diseases,

compared with gay and transgender young adults who were not at all or only rejected a little by their parents and caregivers – because of their gay or transgender identity.”

Behavioral Health Data on Sexual Minorities

**Background.** Research suggests that sexual minorities are at greater risk for substance use and mental health disorders compared to members of the population who identify as heterosexual. Many federally funded surveys have recently begun to identify sexual minorities in their data collections. In 2015, the National Survey on Drug Use and Health (NSDUH) added two questions, one about gender identity and one about sexual orientation, making it the first nationally representative, comprehensive source of federally collected information on substance use and mental health issues among sexual minority adults.

*What follows is a summary of a report developed from the National Survey of Drug Use and Health (NSDUH) created by Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse staff. The full report can be found at this link.*

**Drug and Alcohol Use, Substance Use Disorders**

In 2015, sexual minority adults were more likely than heterosexual/sexual majority adults to be past year users of any *illicit drug*, and to be past year users of each of the 10 categories of illicit drugs NSDUH queries. Among sexual minority adults, 39.1% used illicit drugs in the past year, while 17.1% of heterosexual adults reported illicit drug use. Nearly one third of sexual minority adults (30.7%) used marijuana in the past year, while 12.9% of heterosexual adults reported marijuana use. About 1 in 10 sexual minority adults (10.4%) misused prescription pain relievers, compared to 4.5% of heterosexual adults.

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8 Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children, Ryan, C. Marian Wright Edelman Institute, San Francisco State University (2009).
Comparisons between sexual majority and sexual minority subpopulations for all adults aged 18 or older should be interpreted with caution. There are demographic differences associated with substance use and mental health outcomes. In particular, a higher percentage of adults identifying as a sexual minority are young (aged 18 to 25). Comparison of sexual minority and majority populations age 18-25 still reflects heightened risk of drug and/or alcohol use.
Rates of **binge drinking** (defined for males as drinking five or more drinks on an occasion on at least one day in the past 30 days and for females as drinking four or more drinks on an occasion on at least one day in that period) and **heavy drinking** (binge drinking on five or more days in the past month) are higher among sexual minorities.
Substance use disorders (SUDs) represent clinically significant impairment caused by the recurrent use of alcohol or other drugs (or both), including health problems, disability, and failure to meet major responsibilities at work, school, or home. NSDUH includes a series of questions to estimate the percentage of the population aged 12 or older who had SUDs in the past 12 months. Sexual minority adults report substance use disorders at twice the rate of heterosexual adults (15.1% vs. 7.8%).

Sexual minority adults were more likely than sexual majority adults to need substance use disorder treatment, and were more likely than sexual majority adults to receive any substance use disorder treatment in the past year (3.3% vs. 1.3%).

Mental Health Disorders

NSDUH provides estimates of adults experiencing any mental illness (AMI) and serious mental illness (SMI). AMI is defined as any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental disorders and SUDs). SMI is defined as any mental, behavioral, or emotional disorder in the past year that substantially interfered with or limited one or more major life activities. AMI and SMI are not mutually exclusive categories. Adults experiencing SMI are included in estimates of adults experiencing AMI. Adults with AMI who do not meet the criteria for having SMI are categorized as having AMI excluding SMI. This section includes past year estimates of adults with AMI, SMI, and AMI excluding SMI.
Adults who identify as sexual minorities report AMI at twice the rate of sexual majority adults.

Adults who identify as sexual minorities report SMI at nearly four times the rate of sexual majority adults.

NSDUH also provides estimates of adults experiencing a **major depressive episode (MDE)** (defined using DSM-IV criteria) in the past year. Adults were considered to have experienced an MDE if they had a period of two weeks or longer in the past year when they experienced a depressed mood or loss of interest or pleasure in daily activities and if they had at least some
additional symptoms, such as problems with sleep, eating, energy, concentration, and self-worth. Adults identifying as a sexual minority report three to four times the rate of MDE as sexual majority adults.

NSDUH asks whether people received treatment or counseling for any problem with emotions, "nerves," or mental health in the past year in any inpatient or outpatient setting or if they used prescription medication in the past year for a mental or emotional condition. Respondents are asked not to include treatment for use of alcohol or illicit drugs. While sexual minorities report higher rates of mental health treatment, it is not to the dramatic degree seen with rates of receiving substance use disorder treatment.
Alaska Data

What follows is a summary developed from the Alaska Behavioral Risk Factor Surveillance System. It has been condensed by Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse staff from the original report. The full report can be found at this link.

The Alaska Behavioral Health Risk Factor Surveillance (BRFSS) asks respondents about their sexual orientation: "Do you think of yourself as A. gay or lesbian, B. straight, that is, not lesbian or gay, C. bisexual, or D. something else?" Responses of "Straight, that is not lesbian or gay" are contrasted with the combined responses to "gay or lesbian" and "bisexual." Responses of "something else" and "don't know /not sure" are excluded, which creates a weakness in the data by excluding people who are questioning or identify as some other sexual minority. "Refused" is also excluded. In 2015, 2.9% of adults responded that they were gay, lesbian, or bisexual.

The BRFSS asks thirteen questions about Adverse Childhood Experiences. While the individual adverse childhood experience (ACE) an Alaska adult may have experienced is important, the strength of the research lies in multiple ACEs an individual has during childhood. Research shows a graded dose-response relationship between ACEs and negative health and well-being outcomes across the life course. Dose response describes the changes in an outcome (e.g. substance use disorder) associated with differing levels of exposure (or doses) to a stressor (e.g. ACEs). A graded dose-response means that as the dose of the stressor increases the intensity of the outcome also increases.

Alaskans who identify as gay, lesbian, or bisexual were less likely to report experiencing zero ACEs, and more likely to report two or more ACEs, than heterosexual Alaskans. This means that sexual minorities are at greater risk of the serious physical, mental, and emotional health conditions associated with multiple ACEs.
In 2011, Identity, Inc. conducted the Anchorage LGBTQ Discrimination Survey of 268 adults. Of those surveyed, 72.3% identified as either gay or lesbian, 19.8% identified as bisexual, 7.1% identified as queer, and .7% identified as asexual. The survey population was 81.5% white/Caucasian, 4.2% were African-American, 3.8% were Alaska Native or American Indian, .8% were Asian, .8% were Native Hawaiian or Pacific Islander, and 16.6% were “Other” or “Multiracial.” Most of the survey population (79.7%) had lived in Anchorage five years or more.

The Anchorage LGBTQ Discrimination Survey showed that 76.5% of respondents reported experiencing at least once incident of verbal abuse in Anchorage on the basis of their sexual orientation or gender identity; 44.7% reported three or more incidents of verbal abuse in Anchorage on the basis of their sexual orientation; and 18.5% reported three or more incidents of verbal abuse in Anchorage on the basis of their gender identity. Other discriminatory actions committed in Anchorage on the basis of gender identity or sexual orientation were also reported:

- 42.5% reported physical threats and intimidation;
- 32.8% reported incidents of being followed or chased;
- 18.3% reported being the victim of at least once incident of physical violence;
- 6% reported being the victim of at least one sexual assault; and
- 29.9% reported property damage.

Sexual minorities in Anchorage report experiencing discrimination in the workplace. Of respondents, 44% reported being harassed by employers or co-workers and 16% reported being forced to leave a job due to harassment. Respondents reported being turned down for jobs for which they were qualified (20.9%), denied promotions (17.5%), and terminated from employment (14.6%) because of their sexual orientation or gender identity.

Sexual minorities in Anchorage report experiencing discrimination in schools and universities. Of respondents, 41% reported bullying harassment by students and 14.2% reported bullying/harassment by teachers – and 6.3% of respondents left school due to harassment. Sexual minorities in Anchorage also face discrimination in housing. Of those surveyed, 18.7% reported being harassed by their landlord or other tenants, being denied a lease (10.1%), or evicted (22%) because of their sexual orientation or gender identity.

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10 Id. at 17.
11 Id. at 18.
12 Id. at 30. The experience of discrimination reported by survey respondents is similar to that reported by ethnic minorities in the Anchorage Community Survey 2009. See Id. at 61-63.
13 Id. at 30.
14 Id. at 33.
15 Id.
16 Id. at 38.
17 Id. at 36.
The Anchorage LGBTQ Discrimination Survey showed not only the incidence of discrimination experienced by sexual minorities, but also the consequences of that discrimination:

- 73.1% reported hiding their sexual orientation, gender identity, or gender transition out of fear of discrimination;\(^\text{18}\)
- 1.9% said they were currently homeless;
- 15.3% said that that had been (at least once) forced to move with no place to go, and of these, 35% had been forced to move with no place to go in the past year;\(^\text{19}\)
- 20% of transgender respondents reported being unemployed and looking for work, while 8.3% of other respondents reported being unemployed and looking for work;\(^\text{20}\)
- 53.4% of respondents (72% of transgender respondents) reported household incomes of less than $60,000 (compared to 40.5% of all Anchorage households).\(^\text{21}\)

**Youth Data**

In 2015 many states asked about the sexual orientation of the students they surveyed in their high schools through the *Youth Risk Behaviors Survey (YRBS)*. The report of this data can be found at this [link](#). Alaska did not ask these questions related to sexual orientation, so a summary of national data is provided.

Based on YRBS data from states that surveyed students about sexual orientation, 2% of youth identify as gay or lesbian, 6% identified as bisexual, 3.2% were unsure of their orientation, and 88.8% identified as heterosexual.\(^\text{22}\) Detailed analysis of sexual minority youth responses to the YRBS shows that most transition successfully from childhood through adolescence to adulthood. However, sexual minority students have a higher prevalence of many health-risk behaviors compared to heterosexual students.

Sexual minority students reported far higher incidence of serious depression (defined as feelings of sadness or hopelessness every day for two or more weeks in a row that stopped them from participating in their usual activities).

\(^{18}\) *Id.* at 33.

\(^{19}\) *Id.* at 21.

\(^{20}\) *Id.* at 26.

\(^{21}\) *Id.* at 28.

\(^{22}\) *Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites, 2015.* Kann L. et al. MMWR Surveill. Summ. (August 12, 2016).
Given the higher incidence of depression among sexual minority youth, it is no surprise that rates of suicide attempt are higher in this population: 29.4% of gay, lesbian, and bisexual students and 13.7% of unsure (questioning) students reported one or more suicide attempt is the past year (compared to 6.4% of heterosexual students).

YRBS data is similar to NSDUH data, showing that sexual minorities engage in alcohol use at a higher rate. While 32.1% of heterosexual youth nationally report drinking alcohol in the past month, 40.5% of sexual minority youth reported drinking alcohol in the past month. Sexual minority students also reported higher rates of binge drinking (21.8% vs. 17.3%).

### Impact of Discrimination

Discrimination on the basis of gender identity and/or sexual orientation has direct impact on the health and wellness of sexual minorities. Social determinants affecting the health of sexual minorities include:

- Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits;
- Lack of laws protecting against bullying in schools;
- Lack of social programs targeted to and/or appropriate for sexual minority youth, adults, and elders;
- Shortage of health care providers who are knowledgeable and culturally competent in the specific health needs of sexual minorities.

According to the CDC, discrimination and stigma create barriers to accessing health care, exacerbate behavioral health conditions, and reduce access to supportive social networks.

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23 Alaska YRBS data shows that 22% of Alaska traditional high school students reported drinking alcohol in the past month, significant lower than the national average. Alaska YRBS 2015, Division of Public Health, DHSS.

Adverse, punitive, and traumatic reactions from parents and caregivers in response to children’s sexual orientation were closely correlated with poor mental health and an increase in substance use. Sexual minority youth are two to three times more likely to attempt suicide and are more likely to be homeless.

Sexual minority females experience more mental health disorders — such as major depression and post-traumatic stress disorder — than heterosexual women. Sexual minority females report greater incidence of suicidal ideation and attempts. Sexual minority males report higher rates of depression and anxiety than the general population, with the highest rates reported by those who are not “out.” Rates of suicide and suicide attempts are higher among sexual minority males than the general population. According to SAMHSA, “recent studies have also shown that bisexual men and women report consistently higher levels of depression and anxiety than heterosexuals,” and “in some studies, bisexual adults were twice as likely (37.2%) to report depression-related symptoms than heterosexual adults (17.2%).”

Research indicates that sexual minority females are more likely to engage in risky drinking behaviors than heterosexual women. The same is true of sexual minority males. This may be due in part to the fact that bars and nightclubs are a significant (and sometimes the only safe) place for sexual minorities to gather and socialize.

Research in 2013 showed that transgender individuals were more likely to experience depression and anxiety than the general population, due in part to a lack of social supports. Research shows that suicidal ideation affects 38-65% of transgender individuals, and suicide attempts are reported by 16-32% of transgender individuals.

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30 Id.
31 Id. at D-1.
32 Id.
33 Id. at E-3.
34 Id. at C-2.
35 Id. at D-2.
36 *Anxiety and Depression in Transgender Individuals: The Roles of Transition Status, Loss, Social Support, and Coping*, Budge, S. *Journal of Consulting and Clinical Psychology*, June, 2013.
Conclusion

Disparate and discriminatory treatment of sexual minorities contributes to childhood trauma, adult trauma and victimization, underemployment, unstable housing, poor mental health, and riskier drug and alcohol use. Equitable access to the full array of health, education, housing, employment, and community services may reduce the health disparities and negative outcomes experienced by sexual minorities.