

The National Academies of
SCIENCES • ENGINEERING • MEDICINE



COMMITTEE ON POPULATION

STANDING COMMITTEE ON UNDERSTANDING THE STATUS AND
WELL-BEING OF SEXUAL AND GENDER DIVERSE POPULATIONS

Understanding the Well-Being of LGBTQI+ Populations



Study Charge: Overview

The Committee on Population (CPOP) of the National Academies of Sciences, Engineering, and Medicine will undertake a consensus study that will review the available data and future research needs on persons of diverse sexualities and genders (e.g., LGBTQ+ and MSM), as well as persons with differences in sex development (sometimes known as intersex), along multiple intersecting dimensions across the life course.

Study Charge: Overview

Areas of focus included, but were not limited to, the following:

- Families and social relationships
- Patterns of stigma, violence and victimization
- Role of community, cultural, educational, healthcare, and religious organizations and institutions
- Civic engagement, political participation, and military service
- Socioeconomic status/stratification, housing, and workforce issues
- Justice and legal systems
- Social change and geographic variations in public attitudes and public policies
- Population health and well-being

Committee

Charlotte J. Patterson (*Co-Chair*)

Department of Psychology, University of Virginia

Martín-José Sepúlveda (*Co-Chair*)

CLARALUZ Consulting LLC; Health Systems and Policy Research, IBM Corporation (retired); member, National Academy of Medicine

M.V. Lee Badgett, Department of

Economics, University of Massachusetts Amherst

Marlon M. Bailey, Department of Women and Gender Studies, Arizona State University

Katharine B. Dalke, Pennsylvania Psychiatric Institute

Andrew R. Flores, Department of Government, American University

Gary J. Gates, Williams Institute (retired)

Angelique C. Harris, Department of Medicine, Boston University

Mark L. Hatzenbuehler, Department of Psychology, Harvard University

Nan D. Hunter, Georgetown University Law Center

Tonia C. Poteat, Department of Social Medicine, University of North Carolina Chapel Hill

Sari L. Reisner, Brigham and Women's Hospital & Harvard University

Stephen T. Russell, Department of Human Development and Family Sciences, University of Texas at Austin

Debra J. Umberson, Population Research Center, University of Texas at Austin

Project Consultant

KELLAN BAKER, Bloomberg School of Public
Health at Johns Hopkins University

Staff

JORDYN WHITE, *Study Director*

KENNE DIBNER, *Senior Program Officer*

TARA BECKER, *Program Officer*

MARY GHITELMAN, *Senior Program Assistant*

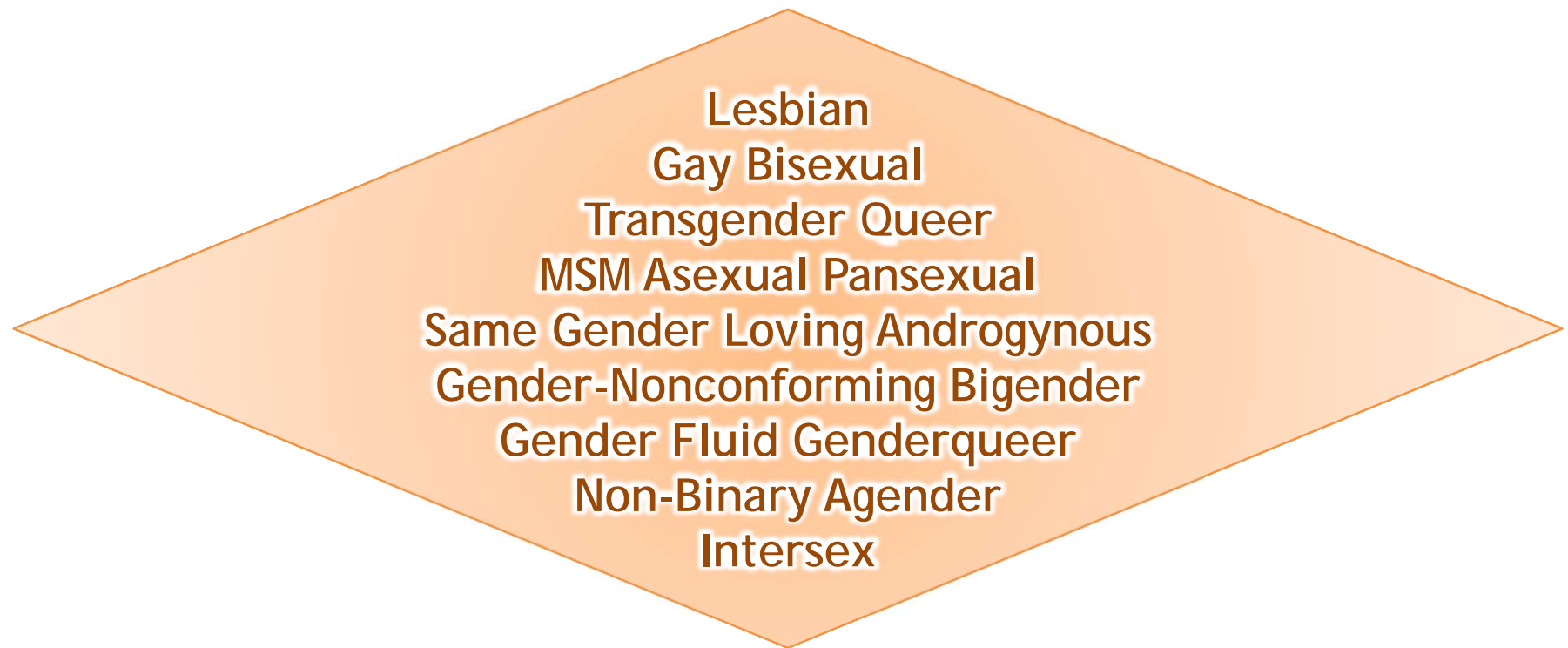
MALAY K. MAJMUNDAR, *Director, Committee
on Population*

Project History/Stakeholder Engagement

- Planning Meeting on the Demography of Sexual and Gender Minorities (2018)
- Expert Meeting on the Demography Of Sexual And Gender Minorities (2019)
- Stakeholder Session at Committee's First Meeting (2019)
- Amplifying Visibility Seminar (2019)

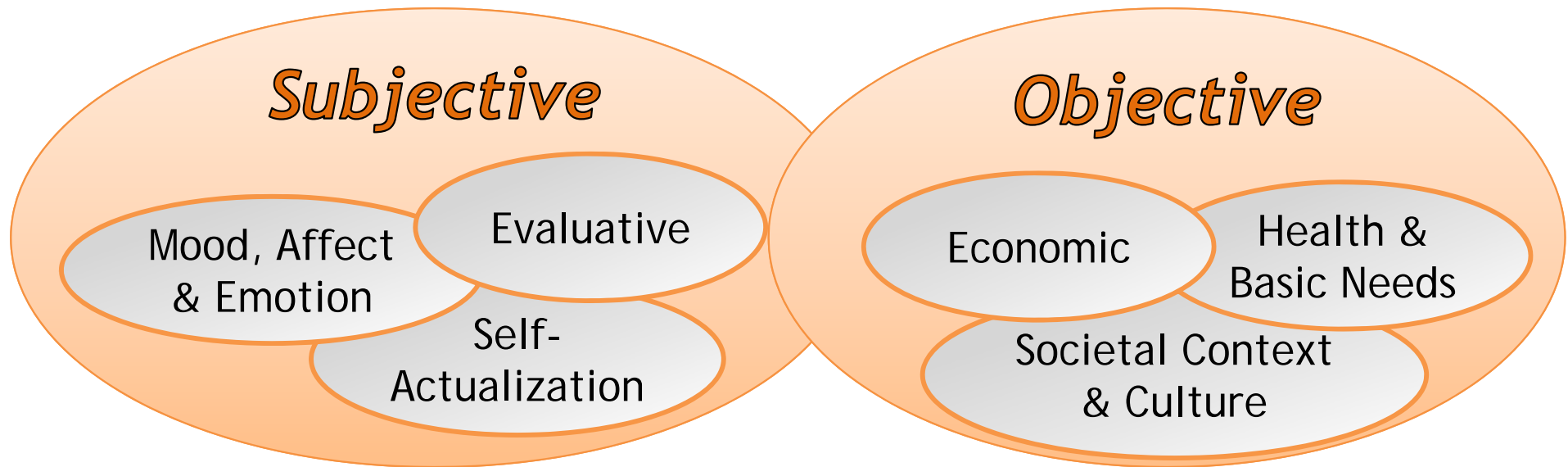
Use of the term *Sexual and Gender Diverse*

Contemporary understandings of sexual orientation and gender identity, and the terms used to describe them, continue to evolve.



In this report, when discussing these populations at large, the phrase sexual and gender diverse (SGD) is used to acknowledge the broad spectrum of natural human variation in sexual orientation, gender identity, and sex development.

Understanding Well-Being



The committee focused on eight domains of well-being: laws and the legal system; public policies and structural stigma; community and civic engagement; families and social relationships; education; economic experiences; physical and mental health; and health care access and gender affirming interventions.

Understanding Diverse Populations: Frameworks and Concepts

Social Ecology — *an individual's embeddedness in the world around them*

Social Constructionism — *the meaning individuals and others give to their lives, experiences and events*

Identity Affirmation — *how people express their identity, including sexual orientation and gender identity*

Life Course — *how experiences accumulate through life and affect health and well-being at various stages*

Understanding Diverse Populations: Frameworks and Concepts (*cont'd*)

Stigma — *how cultural beliefs and differences in access to power can lead to labeling, stereotyping, and discrimination for those who do not align with societal norms*

Intersectionality — *how multiple forms of structural inequality and discrimination, such as racism, sexism, and classism, combine to produce complex, cumulative systems of disadvantage*

SGD POPULATION DEMOGRAPHY

- ❖ Visibility among SGD groups is rapidly changing.
- ❖ Social climate towards SGD populations is generally improving.
- ❖ Numbers of people who identify as SGD are increasing.

Understanding the changing demography of SGD populations is important for guiding policy efforts and in the allocation of often limited resources to address well-being and other disparities.

DATA COLLECTION

Sexual orientation and gender identity questions:

- ❖ Do not appear on all major demographic surveys
- ❖ Are asked inconsistently
- ❖ Often use antiquated or incomplete measures of gender
- ❖ Do not give a picture of trends over time
- ❖ Rarely include questions on intersex status

Point-in-time and longitudinal demographic data on sexual orientation, gender identity, and intersex status are needed to drive research agendas, monitor population trends, guide resource allocation, and inform policies to advance equity for SGD populations.

LAW AND LEGAL SYSTEMS

Overall, the treatment of SGD people in the legal system has improved during the last 20 years. However:

- ❖ Inequalities and inconsistencies still exist.
 - The U.S. legal system still fails to require uniformly equal treatment of SGD people
- ❖ SGD people suffer greater levels of violence in their interactions with law enforcement.
- ❖ Gaps in law harm SGD people of color, transgender people and other marginalized groups.
 - SGD people of color and transgender individuals are also disproportionately victimized by bias crimes related to sexual orientation and gender identity.

COMMUNITY AND CIVIC ENGAGEMENT

Having access to affirming and safe physical, virtual and social space is essential to SGD populations.

Affirming physical spaces are *Vanishing*, and not all sexual and gender diverse people have equal access.

Why Community is Important:

- ❖ Helps to build connectedness, foster resilience, and enhance feelings of inclusion
- ❖ Encourages social engagement, mobilization, and sociopolitical involvement
 - Civic engagement is key to the struggle for equality, inclusion, and social justice for SGD populations.

PUBLIC POLICY AND STIGMA

Tracking shifts in *public policy* and public opinion is important to understand how changes affect SGD populations.

- ❖ Policy change requires widespread support, which means:
 - policies need to be socially and politically acceptable to majority voters
 - legal inclusion in one area can produce backlash in another area or cause erasure for specific SGD groups

Structural stigma contributes to inequalities in well-being for sexual and gender diverse populations across numerous domains (health, economic, safety, etc.).

To understand the effects of stigma we need more longitudinal and geographic data tracking the status and enforcement of laws and policies relevant to SGD populations.

ECONOMIC WELL-BEING

There is clear evidence of economic inequality for individuals in sexual and gender diverse populations.

- ❖ Vulnerabilities are greater for certain groups.
 - transgender people, bisexual people, lesbian women, and SGD people of color
- ❖ SGD people face discrimination in employment.
 - impact of *Bostock v. Clayton County* will depend on continued enforcement of Title VII
- ❖ SGD people face discrimination with buying and renting homes, and applying for mortgages and credit.
- ❖ SGD youth (and possibly SGD adults) have an elevated risk of homelessness.

EDUCATIONAL ENVIRONMENTS

Many SGD students experience discrimination, bullying, or victimization from K-12 through higher education.

- ❖ These experiences can affect mental health, behavioral health, and academic achievement.

SGD parents are equally or more engaged in their children's education.

- ❖ SGD Parents also often experience discrimination in school settings.

What schools can do to improve educational environments for SGD students:

- ❖ Adopt and enforce inclusive and enumerated nondiscrimination and anti-bullying laws and policies
- ❖ Educate and train teachers and staff to support SGD students
- ❖ Incorporate curricula that support sexual and gender diverse students
- ❖ Create positive and safe spaces for SGD students

FAMILIES AND SOCIAL RELATIONSHIPS

Family relationships are important to SGD youth development and well-being, but for many, those can be strained.

- ❖ Supportive relationships with parents and teachers are tied to positive development.
- ❖ Relationships with peers and romantic partners can also support positive adjustment.

Children with SGD parents develop in typical ways.

- ❖ Parental sexual orientation is not a major determinant of parenting ability or child development.
 - Family processes and stability are more important determinants.

Marriages of same sex couples are associated with better health outcomes.

- ❖ Marriage is also associated with other markers of advantage and disadvantage, such as income and education.

PHYSICAL AND MENTAL HEALTH

Sexual and gender diverse populations experience numerous physical and mental health disparities, which are:

- ❖ varied for different SGD groups because of social determinants of health such as poverty, housing insecurity, race, and access to health care
- ❖ poorly understood because of gaps in SGD population research
- ❖ driven by negative social forces, such as stigma, prejudice, and discrimination
- ❖ compounded by minority stressors, such as racism, sexism, and xenophobia

There are notable gaps in research on interventions that address the influences of stigma, discrimination, and intersectional minority stress.

- ❖ Intervention research has focused on specific SGD populations and conditions (e.g., gay and bisexual men and HIV).

The health disparities SGD people face are not intrinsic personal characteristics related to sexual orientation, gender identity, or intersex status.

HEALTH COVERAGE AND EVIDENCE-BASED CARE

SGD populations need access to a full range of preventive, chronic, and acute health care.

- ❖ Services should be delivered in welcoming, affirming, clinically appropriate, and culturally responsive settings.

Gender-affirming care is associated with improved mental and physical health for transgender people.

- ❖ This includes puberty delay medications, mental health services, hormone therapy, and surgeries.

Conversion therapy to change sexual orientation or gender identity and elective genital surgeries on children with intersex traits who are too young to participate in consent are dangerous to the health and well-being of SGD people.

Recommendation 1: *Population Data*

Entities throughout the federal statistical system; other federal agencies; state, local, and tribal departments and agencies; private entities; and other relevant stakeholders should consider adding measures of sexual orientation, gender identity, and intersex status to all data collection efforts and instruments, such as population-based surveys, administrative records, clinical records, and forms used to collect demographic data.

Recommendation 2: *Measurement Challenges*

Federal statistical agencies, state, local, and tribal departments and agencies, private entities, and other relevant stakeholders should fund and conduct methodological research to develop, improve, and expand measures that capture the full range of sexual and gender diversity in the population—including but not limited to intersex status and emerging sexual and gender identities, sexual behaviors, and intersecting identities—as well as determinants of well-being for sexual and gender diverse populations.

Recommendation 3: *Critical Data Gaps*

Public and private funders should support, and researchers should conduct, studies using a variety of methods and sampling techniques driven by the questions under study, in order to examine family and other social relationships, community, health, education, economic, and legal issues that will enhance understanding of sexual and gender diverse populations.

Recommendation 4: *Data Use*

The U.S. Office of Management and Budget should convene federal, state, and private funders, as well as other relevant stakeholders, to address significant problems in linking data from different datasets to facilitate research on health status and well-being of SGD people. These stakeholders will differ by content area but could include researchers, legal advocacy groups, research institutions and centers, think tanks, policy tracking groups, health, and surveillance organizations.

Recommendation 5: *Evidence-Based Programming and Interventions*

Public and private research funders, together with federal statistical agencies, should prioritize research into the development, implementation, and evaluation of evidence-based services, programs, and interventions that promote the well-being of SGD populations.

Sponsors

Robert Wood Johnson Foundation

Gilead Sciences

National Institutes of Health - Sexual and Gender Minority Research
Office

TAWANI Foundation

Tegan and Sara Foundation

Project Page

nationalacademies.org/sgdiversity

Questions?

Jordyn White: jwhite@nas.edu

Kenne Dibner: kdibner@nas.edu