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Helene Marcy: Hello and Welcome to the CSCH Podcast. My name is Helene Marcy, Program Manager for the UConn Collaboratory on School and Child Health, or CSCH. The CSCH mission is to facilitate innovative and impactful connections across research, policy, and practice arenas relevant to school and child health. CSCH serves as a central resource to university and external partners engaged in efforts that inform healthy, safe, supportive, and engaging environments for all children. I invite you to take a look at our website at csch.uconn.edu.

Welcome to Part Two of our interview with Dr. Ryan Watson. Ryan is an Assistant Professor in the UConn Department of Human Development and Family Sciences. Just this past year he’s received both the Junior Faculty Research Excellence Award, from the Institute for Collaboration on Health, Intervention, & Policy (or InCHIP) and the 2019 Distinguished Faculty Research Award from UConn’s Rainbow Center. He has collaborated on multiple surveys with the largest national LGBTQ civil rights organization, the Human Rights campaign. We are also proud that he is a CSCH affiliate.

In our last podcast episode, we spoke with Ryan about his project looking at disparities in access to HIV prevention tools. In this episode, we jump back into discussion of Ryan’s second project.

Now, Ryan, your second project is more general in terms of the population. This project looks at sexual and gender minority youth and their substance abuse. First, please explain exactly who you’re talking about when you say sexual and gender minority youth and then what you’ve been seeing in terms of disparities between them and other youth?

Ryan Watson: So this is a topic that I've really explored most of my research career for the past 10 years I've focused mostly on, as you say, sexual and gender minority youth. And that's really a scientific term to describe what many of us know as LGBTQ+ youth. What I say—I would self-identify as a millennial—I say queer and this is a term that was pejorative at one time. Queer, for me, is a term that has been reclaimed by the LGBTQ community, something that's more of an umbrella and frankly easier to say than LGBTQ+. Decades and decades of research have found that queer youth just frankly

have it harder. It's just most health outcomes are worse for queer youth. Queer youth are bullied at higher levels. They report more depressive symptoms. They are more likely to be suicidal. And we've seen this for quite some time and we still see it today. And some of our previous research has found that LGBTQ youth are three to five times more likely to use substances—that's alcohol, marijuana, smoking tobacco—compared to their heterosexual counterparts. What's really interesting to me is despite the fact in the last decade we've had changes in laws—we've had same-sex marriage passed; we've had protections for trans individuals in the military— we would have expected, and a lot of researchers and stakeholders thought, “Wow it must be getting better. We see a lot of change in this country.” But as I mentioned a minute ago the research hasn't really shown that it’s gotten better for all folks. We still see large significant disparities in most substances between sexual minorities, gender minorities, and heterosexual cisgender people.

Helene: So as you've said we've come a long way in terms of attitudes around LGBTQ issues in general. Why do you think that scholars haven't been able to figure out why those disparities still exist?

Ryan: For quite a while when I was doing my dissertation just less than 10 years ago, I was surprised and bothered by scholars’ inability to be able answer questions like this because there was not enough data and the data that did exist was very limited. And so, some of the idea is that the government would not collect information about sexual orientation and gender identity. And so some of the best data—and when I say best data, I mean representative data; data that's balanced so that you can make generalizations to the whole nation—that kind of data does not collect information on identity. The data that did exist that is great data only was collected in places like New York or San Francisco. And we know that those experiences are very different than those folks living in the south or in the rural areas where they just can't come out.

Helene: So I understand there’s a new national sample that you plan to use for this research. Tell us about that and what you plan to do.

Ryan: Because of the lack of data that was out there on LGBTQ youth, we wanted to collect a sample that was large enough for us to be able to look at intersections and identities. To understand how might a pansexual youth look different from a bisexual youth experience. Or how a non-binary youth—we had a lot of people say they're non-binary in our sample—how are they different than transgender youth. So we wanted to be able to explain experiences based off of the intricate combinations of identities like the ones I just said. And so I partnered with the Human Rights Campaign. And they're not necessarily a research organization—they do do some research—but their focus is really on changing laws; making environment safe. And so they have a large reach; they have millions and millions of people who follow their social media and I knew that they would be a good partner to get the word out. I as a researcher in Connecticut could never get the kind of access to the population that the Human Rights Campaign had. So we partnered up. We made a survey that was hundreds of items. And we collected some, we collected a lot of data with the Human Rights Campaign. 17,000 youth responded to our survey. And so the grant that we're talking about is only focusing on substance use. And some of that is because substance use, or problematic substance use, is linked to some really negative health outcomes later in life and can be detrimental at the time of using it when you're a young person. But we know and the government knows that there are many other problems as well: mental health, eating disorders, bullying at school, truancy at school. And so we asked about many, many other experiences. For the most part, we've been finding some differences across groups in substance use, for example, and some of these other groups. As you might imagine, white gay boys are usually the most resilient. We do see that that those youth—we would call it intersectionality—those youth who have more identities that are oppressed and they intersect—and so an example might be a trans, non-binary kid who's black, right, they have multiple oppressed identities in our society—those youth, we find, have some of the most alarming outcomes. Those youth might be need most attention. So part of us trying to understand why these disparities exist is identifying which factors or mechanisms might uniquely explain differences in substance use behaviors. A framework scholars oftentimes turn to in this realm of research is called the minority stress model. And what that says is that all youth—it acknowledges that all youth experience stressors and so all youth have to ask a date out or may have to take a test that's stressful. Queer youth of course experienced those two, but of above and beyond that where youth have distal they call them and proximal stressors. So distal stressors related to your sexual orientation are things like being harassed, being beat up because you're queer. Proximal stressors are our expectations of being harassed because you're queer. It's—you don't want to come out you have internalized homophobia because you think it's bad to be LGBTQ. And those are things that of course straight folks are not experiencing because they are not queer themselves. And so a lot of research posits that some of these disparities can be explained in part by these minority stressors. So folks will say: to what degree does internalized homophobia actually drive a bisexual young person of color, as an example, to go and binge drink? Sure enough, a lot of research has identified that these minority stressors themselves are related to these outcomes. Well the question is: haven't allows minority stressors decreased over time because we have laws, because we have environments that are safer? And most of the answers I found through my research has been not really.

Helene: As a part of that minority stress framework, you're going to be looking into a few things that you think might help LGBTQ youth. Tell us about that.

Ryan: the minority stress model; it suggests that there may be opportunity for protective factors to intervene in that process between stress equals worse outcomes. There is a possibility for an intervening factor, a protective factor. Social support is an example. And a lot of the research and the research that we're doing with this grant is focusing on what are those social supports. What opportunities do we see to mitigate, to buffer that relationship between bad experiences and bad outcomes? And there's a lot of things—we've seen a lot of things in the—through anecdotal or through the research—that might be able to buffer this relationship. One that we're focusing on in this project is family acceptance. We might always think that family supports—alright if your parents tell you that they love you and your parents are there for you; we know for all kids across all cultures that that is true—that that support from family might buffer some negative experiences. But something I've been really interested in—and we focus in this project on—is family acceptance. And so that is: do does your family accept you for being gay? That, in particular, I see as a related but separate construct from just support, from just making a warm environment. So one of the questions we have is in the study does family acceptance buffer that relationship. But most importantly for our research does that relationship differ for different groups? Might family acceptance be even more important for a highly stigmatized group compared to you know a more resilient group like gay white boys? Some other protective factors that we're looking at are things like: what do schools offer? Gay/straight alliances are something that—just having one in your school might make a safer experience for LGBTQ youth. In addition to families, we also think that things like teacher support might be important for mitigating some of these health outcomes. It’s not always the case that kids are out to their families or that they have accepting families. So one thing we look at is: do kids have supportive teachers at school? Do those teachers know that they're queer? We're looking at these kind of relationships to to determine what is it that's most important? What is it that is the lowest cost strategy we can pursue to make the lives better of LGBTQ youth? And so what we want to do in the end is try to try to come up with some guidelines that are, that apply to the most youth as possible, but also are attuned to the complications that we need to think about when making prevention and intervention programs.

Helene: Tell us how listeners can keep up to date on the progress of your project.

Ryan: So, the Human Rights Campaign, hrc.org, they have quite a few resources they've created from this dataset. So we called the dataset the national LGBTQ teen survey. If you type that into Google or you went to hrc.org you could find a very user-friendly, accessible, colorful report where you can find some of these stats for all outcomes: for trans-specific, for LGB-specific experiences. We also have quite a few empirical, peer-reviewed papers. In these research papers we apply some more rigorous models to try to understand what we call the moderators and mediators. And so those are variables that might explain differences in substance use—things like family support or things like harassment.

Helene: Thank you Ryan for joining us today and telling about your research. I look forward to hearing about the results and how they can help LGBTQ youth. This is important work. And a reminder to our listeners that you can find information about Ryan and all of our affiliates at the CSCH website, csch.uconn.edu. And you can also follow us on social media @UConnCSCH. Thank you, Ryan.

Ryan: Thanks for having me.
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