Published in final edited form as:

J Am Coll Health. 2018 ; 66(8): 809–812. doi:10.1080/07448481.2018.1432627.

Acknowledgement and Support Matter: A Brief Report on Gender Identity and Sexual Orientation at a Large, Urban University

Jessica L. Bourdon, B.S., B.A.^{1,2,*}, Trisha R. Saunders, M.Ed.², and Linda C. Hancock, F.N.P., Ph.D.²

¹Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, Virginia, USA

²The Wellness Resource Center, Virginia Commonwealth University, Richmond, Virginia, USA

Abstract

Objective.—To examine reporting trends of students identifying as LGBTQIA+ following changes made to the ACHA-NCHA-II survey about gender identity and sexual orientation.

Methods.—Data were analyzed from two sources for the purpose of triangulation: the ACHA-NCHA-II 2016 survey specific to our university and an electronic audience response survey.

Participants.—Primary analyses included first-year students from the ACHA-NCHA-II data (N = 158; spring 2016) and the audience response survey (N = 1,452; August 2016).

Results.—Five percent of students did not identify as cis-gender and 21% did not identify as straight/heterosexual. The sexual orientation trend was confirmed by the audience response survey.

Conclusions.—The percentage of students identifying as LGBTQIA+ increased nationally between the ACHA-NCHA-II 2014 and 2016 survey samples, a trend which was confirmed using an independent audience response survey. This information has implications for university programming and inclusivity efforts nationwide.

Keywords

college students; gender identity; sexual orientation; LGBTQIA+; gender and sexual minorities

Introduction

In a time when about a quarter of students who identify as lesbian, gay, bisexual, transgender, queer, questioning, asexual, and/or another gender or sexual minority (LGBTQIA+) identity experience being harassed and question their identity,¹ acknowledgement and support of these students on a college campus is crucial. The American College Health Association – National College Health Assessment II (ACHA-

*Correspondence: Correspondence concerning this article should be addressed to Jessica L. Bourdon, Virginia Institute for Psychiatric and Behavioral Genetics, Biotech One, 800 E. Leigh Street, Richmond, VA, 23219, USA. Contact: jlbou@vcu.edu; phone: (804) 828-3967; fax: (804) 828-1471.

Author Note: Jessica L. Bourdon is supported by the National Institute of Mental Health grant T32MH020030 (PI: M. Neale).

NHCA-II) survey is a key way that universities across the country track demographic, health, and academic outcomes among all students and has shown to be critical to studying LGBTQIA+ students specifically.^{2–4} Our university is no exception. In conducting bi-annual analyses of both our ACHA-NCHA-II survey results and the reference data for 2016, we noticed that the percentage of LGBTQIA+ students had increased compared to the 2014 data.^{5,6}

The 2016 ACHA-NCHA-II survey was more inclusive in the way that it asked additional questions related to gender identity and expanded the options for sexual orientation from four to ten (ACHA, 2016), better reflecting the range of identities and lived experience of our students. This could present one explanation of why the recent data reflects an increase in those who identify as LGBTQIA+. Nationally, 2% of students identify as a gender minority and 20% identify as sexual minority.⁶ The accuracy of this self-report survey data has been questioned by individuals reviewing the data at our institution and likely at other universities, so we chose to independently test the reliability of the results with a larger sample.

The purpose of this brief report is to highlight the noticeable rise in students identifying as LGBTQIA+ in the ACHA-NCHA-II data that may otherwise be overlooked, and to also share the results of our efforts to replicate these findings using a different data collection method. Accurate information on gender and sexual minority (GSM) students may not be collected by a university as a whole or represented using other data collection formats such as less inclusive demographic questionnaires in which students participate. It is important for college administrators, researchers, programmers, and health providers to understand their student population and receive appropriate training to offer culturally sensitive support for LGBTQIA+ students. In our opinion, that starts with acknowledging them by properly asking them how they identify.

Methods

Participants & Data Collection

Two samples were used in the current analyses for the purpose of triangulation – the ACHA-NCHA-II university-specific random sample and a convenience sample from an electronic audience participation survey. While triangulation is more typically seen in qualitative studies, it was appropriate here to serve as an additional method of verifying the trend seen in the nationwide ACHA-NCHA-II data. It is a way to provide additional credibility to a study to confirm data and ensure it is complete.⁷

ACHA-NCHA-II Sample.—The university-specific ACHA-NCHA-II data is part of a national, standardized assessment collected across the country annually, and administered bi-annually at this university (for more information, see acha-ncha.org). The final ACHA-NHCA-II sample included 856 undergraduate and graduate students who responded to an online survey randomly sent out to 5,000 students enrolled at the university in Spring 2016. Current analyses were limited to first year students ($N = 158$; $M_{age} = 19$ years; African American or Black = 15%; American Indian, Alaskan Native, or Native Hawaiian = 4%; Asian or Pacific Islander = 20%; Biracial or Multiracial = 8%; Hispanic or Latino(a) = 4%;

White = 46%; another = 3%). This roughly represents the larger campus, which does not report race/ethnicity in the same manner as ACHA.⁸ Institutional review board (IRB) approval was received for this ongoing data collection.

Electronic Audience Response Sample.—This was a convenience sample of first-year students who attended a welcome week program offered in Fall 2016. They were given electronic audience response devices to use during the presentation as a way of providing quick responses to various questions. This electronic method of collecting data has been shown to be as valid as traditional pen-and-paper methods, as well as fully anonymous and less error-prone.⁹ In total, there were 1,452 participants who responded to the question of interest for this report. No other demographic information was collected as a result of the anonymity of the data collection method. This part of the current study did not meet the requirements for human subjects research per IRB guidelines and discussion with a panel member.

Measures

Variables of interest in the ACHA-NCHA-II 2016 data include those related to gender identity and sexual orientation (see Table 1). For gender identity, we used the only question that explicitly asked students to choose which term they use to describe their identity. Options were “woman,” “man,” “trans woman,” “trans man,” “genderqueer,” and “another identity.” In regard to sexual orientation, students were asked to choose whether “asexual,” “bisexual,” “gay,” “lesbian,” “pansexual,” “queer,” “questioning,” “same gender loving,” “straight / heterosexual,” or “another identity” best describes them. The electronic audience response data included one question asking students to choose their sexual orientation that mirrored the ACHA-NCHA-II question. Options were limited to nine due to software restrictions; these were the same as those already listed above except “another identity” was not included.

Statistical Analyses

All statistical analyses were performed in the R software package.¹⁰

Results

Table 1 presents detailed results of trends related to gender identity and sexual orientation of all students (undergraduate and graduate) across ACHA-NCHA-II data from 2014 to 2016. It also includes specific analyses of first-year students conducted to verify the trends of increasing students who identify as LGBTQIA+. As already discussed, the question format related to gender identity and sexual orientation changed between these years of data collection. The following results are presented with the caveat that there is no ability to test for significant differences across years.

Gender Identity.

There was an increase in students identifying as a gender minority beginning in 2016, which was even more pronounced with our first-year, university-specific ACHA-NCHA-II data. Specifically, 2% of individuals from both the ACHA-NCHA-II reference group and

university-specific sample reported not being cis-female or cis-male, while 5% of first-year students identified this way. These are increases from the less than 1% of students nationwide and at our university who reported identifying as a gender minority in 2014.

Sexual Orientation.

In regard to sexual orientation, the 2016 data brought a more noticeable decrease in students who identify as straight/heterosexual. As a reminder, 10% of students in the reference data identified as a sexual minority in 2014 and 20% in 2016. This trend was even more dramatic in our university-specific NCHA-ACHA-II data (21%) and verified with our two first-year samples. Twenty-seven percent of first year students at our university identified as a sexual minority in the ACHA-NCHA-II data, which is similar to 24% in the electronic audience response data. Percentages of students who identify as specific sexual minority orientations are also nearly identical across first-year ACHA-NCHA-II and the audience response samples.

Comments

The recent changes to the ACHA-NCHA-II survey questions about gender identity and sexual orientation appear to have had a positive impact on being able to accurately represent the percentage of LGBTQIA+ students at this university. This highlights the importance of inclusive assessments which can lend greater significance to university inclusivity initiatives and campus programming supporting LGTQIA+ students. The trends noted in this study show increases in those who identify as a GSM, with a bigger increase in sexual minorities than gender. Notably, they temporally align with the expansion of gender identity and sexual orientation questions on a standardized survey instrument.

These trends are striking and are likely due to two possibilities. First, by providing students with more inclusive answer options, they were able to answer questions about gender identity and sexual orientation in ways that better fit with their orientation and identity. This is evident by the fact that there was an increase in LGBTQIA+ students in the nationwide and university-specific NCHA-ACHA-II data that was then verified with our first-year samples. Also, this can serve as evidence that students are able to properly identify themselves and are not simply confused by what specific terms mean. For example, it has been suggested by administrators at our university that students in the ACHA-NCHA-II data didn't know what "asexual" meant and mistakenly selected that response. The current findings show that is not the case and that in fact, without the "asexual" option, such individuals likely identified as "straight / heterosexual" in past ACHA-NCHA-II surveys.¹¹ Second, changes in data specific to our university may also be due to the fact that it is known for its diversity and support of LGBTQIA+ individuals (i.e., queer coffee hour, ally trainings, safe zone training, LGBTQ+ relationship workshops, etc.). Being known as a safer school for LGBTQIA+ students may explain the additional increase in the reporting of GSM in our school-specific data above the nationwide ACHA-NCHA-II data.

This information is important to know for several reasons. Without it, universities do not have an accurate understanding of the intersecting identities of students. Knowing this can lead to responsible resource allocation, informed support, and more affirming inclusivity

initiatives. Compared to students who identify as a majority gender or sexual orientation, students who identify as LGBTQIA+ report higher rates of verbal threats, harassment, suicidal ideation, depressive symptoms, and mental health issues broadly as well as different patterns of alcohol consumption.^{1–3,12,13} Among those who report forms of discrimination, rates of lower self-esteem, greater stress, and greater anxiety have been found.¹⁴ Further, LGBTQIA+ individuals with intersecting marginalized identities (e.g., race, class, ability, etc.) experience higher rates of these issues.¹⁵ These negative physical and mental health outcomes may in turn affect academic success. Thus, it is important to look at all factors that affect student outcomes, especially identity. By learning more about their students, universities can both create tailored programs for specific students and make current programs more inclusive. As this study shows, the first step is allowing students to properly identify themselves and paying close attention to those trends over time.

Limitations

This brief report is not without limitations. First, we only had access to the raw university-specific ACHA-NCHA-II data from 2016. Hence, reports for 2014 ACHA-NCHA-II trends are based on executive summaries and other reports. This prevents assessing true significant differences over time; everything reported here is a trend. Second, this data is specific to a large, urban university that is known for its diversity. It is impossible to know what proportion of changes in how students identify are due to more inclusive ACHA-NCHA-II questions versus more LGBTQIA+ enrolling at this university between 2014 and 2016. Finally, the electronic audience response data did not allow for more than nine answers, leaving off “another identity” for sexual orientation. This collection method also did not ask students about their gender identity, reducing ability to further triangulate that data, nor did it allow for demographic data to be collected due to its purely anonymous nature.

Conclusions

The way in which data on gender identity and sexual orientation is asked and collected among college students makes a difference in the number of LGBTQIA+ students able to accurately report their identity. Small but significant questions changes such as those that recently occurred in the 2016 ACHA-NCHA-II survey are key for universities better serving their students because it allows LGBTQIA+ students to be acknowledged. It also allows for subsequent appropriate and inclusive programming, resource allocation, and other supportive services.

Acknowledgements:

We would like to acknowledge all students who participated in the ACHA-NCHA-II and welcome week data collection. Special thanks are also extended to Kaylin Tingle, M.S.W. and Amelia Liadis from the Wellness Resource Center for providing invaluable feedback on earlier drafts of this brief report and to Mary Hoban, Ph.D., from the American College Health Assessment for encouraging us to pursue this scientific inquiry.

References

1. Beemyn G, Rankin S. Introduction to the special issue on “LGBTQ campus experiences”. *Journal of homosexuality*. 2011;58(9):1159–1164. [PubMed: 21957853]

2. Brittain DR, Dinger MK. An examination of health inequities among college students by sexual orientation identity and sex. *Journal of public health research*. 2015;4(1).
3. Oswalt SB, Wyatt TJ. Sexual orientation and differences in mental health, stress, and academic performance in a national sample of US college students. *Journal of homosexuality*. 2011;58(9): 1255–1280. [PubMed: 21957858]
4. Pelts MD, Albright DL. An exploratory study of student service members/veterans' mental health characteristics by sexual orientation. *Journal of American college health*. 2015;63(7):508–512. [PubMed: 25102441]
5. II ACHA-NCHA. U.S. reference group data report. Hanover, MD: American College Health Association;2014.
6. II ACHA-NCHA. U.S. reference group data report. Hanover, MD: American College Health Association;2016.
7. Houghton C, Casey D, Shaw D, Murphy K. Rigour in qualitative case-study research. *Nurse researcher*. 2013;20(4):12–17.
8. [Redacted University Name]. Facts & Rankings. 2017; [Redacted University Website].
9. LaBrie J, Earleywine M, Lamb T, Shelesky K. Comparing electronic-keypad responses to paper-and-pencil questionnaires in group assessments of alcohol consumption and related attitudes. *Addictive Behaviors*. 2006;31(12):2334–2338. [PubMed: 16626878]
10. Team RC. R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria 2013. ISBN 3-900051-07-0; 2014.
11. Scherrer KS. Coming to an asexual identity: Negotiating identity, negotiating desire. *Sexualities*. 2008;11(5):621–641. [PubMed: 20593009]
12. Coulter RW, Marzell M, Saltz R, Stall R, Mair C. Sexual-orientation differences in drinking patterns and use of drinking contexts among college students. *Drug and alcohol dependence*. 2016;160:197–204. [PubMed: 26827292]
13. Hirsch JK, Cohn TJ, Rowe CA, Rimmer SE. Minority Sexual Orientation, Gender Identity Status and Suicidal Behavior: Serial Indirect Effects of Hope, Hopelessness and Depressive Symptoms. *International Journal of Mental Health and Addiction*. 2017;15(2):260–270.
14. Seelman KL, Woodford MR, Nicolazzo Z. Victimization and microaggressions targeting LGBTQ college students: Gender identity as a moderator of psychological distress. *Journal of Ethnic & Cultural Diversity in Social Work*. 2017;26(1–2):112–125.
15. Kulick A, Wernick LJ, Woodford MR, Renn K. Heterosexism, Depression, and Campus Engagement Among LGBTQ College Students: Intersectional Differences and Opportunities for Healing. *Journal of homosexuality*. 2017;64(8):1125–1141. [PubMed: 27680491]

Table 1.

Breakdown of student-reported gender identity and sexual orientation

	All Students			1 st Year Students		
	ACHA-NCHA Nationwide 2014	ACHA-NCHA School Data 2014	ACHA-NCHA Nationwide 2016	ACHA-NCHA School Data 2016	ACHA-NCHA School Data 2016	Electronic Audience Response Data 2016
<i>Gender Identity</i>						
Female / Woman	64%	62%	67%	73%	77%	--
Male / Man	34%	37%	32%	25%	18%	--
Transgender	.3%	.1%	--	--	--	--
Trans woman	--	--	.1%	0%	0%	--
Trans man	--	--	.1%	0%	0%	--
Genderqueer	--	--	.6%	1.1%	3%	--
Another identity	--	--	1%	1%	3%	--
<i>Sexual Orientation</i>						
Asexual	--	--	6%	4%	4%	4%
Bisexual	5%	5%	6%	7%	11%	8%
Gay	--	--	2%	2%	3%	3%
Lesbian	--	--	1%	1%	1%	1%
Gay/Lesbian	3%	4%	--	--	--	--
Pansexual	--	--	2%	2%	3%	3%
Queer	--	--	1%	1%	2%	1%
Questioning	--	--	2%	2%	3%	3%
Same gender loving	--	--	.1%	0.2%	0%	0.4%
Straight / Heterosexual	90%	89%	80%	79%	73%	76%
Another	--	--	1%	0.6%	0.6%	--
Unsure	3%	3%	--	--	--	--

Notes: Dash (--) indicates a response option that was not included that year in that assessment. Percentages may not round up to 100 due to rounding error.