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Perceptions of Sexual Orientation and Gender Identity Minority Adolescents about Labels

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Abstract

Young peoples' acceptance and use of non-traditional, descriptive identity labels (e.g., pansexual, genderqueer) require nurses in practice and research settings to consider moving beyond simple use of traditional terms (e.g. gay, transgender). This mixed methods study explores 1) labels used by sexual orientation and gender identity (SOGI) minority youth, 2) their expressed importance and meaning of these labels, and 3) differences in label usage. Sixty-six SOGI minority adolescents in British Columbia, Minnesota and Massachusetts (mean age 16.6) participated in "go-along" interviews; during interviews, 42 (63.6%) commented on labels. Chi-square and t-tests were used to compare traditional vs. non-traditional labels across participant demographic categories. Inductive thematic analysis was used to identify representative themes. Approximately 1/3 of participants used non-traditional sexual orientation identity labels; this finding was associated with a trans identity and non-traditional gender labels. Using terminology that is meaningful and representative to the youth themselves has potential to facilitate representative research and welcoming environments in practice.

Keywords

sexual orientation; gender identity; identity labels; identity development; mixed methods; research

Sexual orientation and gender identity (SOGI; see Figure 1 for definitions) minority adolescents are at a disproportionately high risk for poor health outcomes when compared to their heterosexual, cisgender peers (Eisenberg, Gower, McMorris, Rider, Shea, & Coleman, 2017; Institute of Medicine, 2011; Kann et al., 2016; Marshal et al., 2008; Marshal et al., 2011). Understanding the needs of these adolescents is essential to the development and provision of relevant prevention and health care services that advance equity.

A fundamental task in adolescence involves constructing a sense of identity (Erikson, 1968). SOGI are typically explored during adolescence and early adulthood. The adoption of SOGI – and the labels to describe them – is often a fluid and non-linear process. These identities may not be consistent with sexual behaviors, attractions or romantic partnerships throughout

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adolescence and adulthood (Diamond, 1998; Ott, Corliss, Wypij, Rosario, & Austin, 2011; Savin-Williams, 2011), or with gender presentation and social roles.

Identities as a continuum and the need for this approach in research and practice

Although SOGI have generally been described using discrete categories by the lay public, theorists and researchers focusing on these issues have come to recognize that both constructs are actually best represented on continua (Steensma et al., 2013; Mcphail, 2004). Youth themselves report non-categorical identities when given the opportunity to do so (Eliot, 2015; Russell, Clarke, & Clary, 2009; Wagaman, 2016). However, a continuum perspective is rarely adopted in health science research, particularly in surveillance studies involving adolescents, or in health care delivery settings serving young people. Even in studies where researchers acknowledge nuanced and multifaceted sexual orientation and gender identities, survey measures are typically closed-ended and utilize only a small number of categorical options (Saewyc, 2004). Different categories of SOGI are often combined in order to have adequate sample sizes for statistically valid analyses (Institute of Medicine, 2011).

Furthermore, measures of sexual identity almost always rely on traditional terms such as gay, lesbian, bisexual, homosexual and heterosexual/straight, with few examples of non-traditional labels, such as queer or pansexual. Similarly, studies almost exclusively dichotomize gender into only two categories (male or female). Some more recent research includes a transgender category, but few surveys allow respondents to express their gender as part of a non-binary spectrum, including non-traditional labels such as genderqueer or gender fluid. Evidence on the use of traditional terms is mixed. Some research indicates that youth find questions regarding sexual orientation questions difficult to answer, preferring survey questions with other or intermediate options such as “mostly heterosexual” (Austin, Conron, Patel, & Freedner, 2007). Some young people resist labeling altogether (Wagaman 2016; Savin-Williams, 2006). Russell and colleagues (2009) found that the labels “gay, lesbian and bisexual” were still commonly used and relevant for most sexual minority youth, consistent with previous research (Conron, Scout, & Austin, 2008). However, in the decade since their data were collected, there has been considerable social change, increased visibility of SOGI minorities, and the appearance of newer labels in the popular press (De Casparis, 2015). These changes prompt the question of whether traditional terms continue to be appropriate, particularly for this population.

In using a limited number of terms, researchers and health care providers run the risk of excluding certain SOGI minority participants altogether or of dropping or misclassifying those who identify as “other.” Understanding the needs of these adolescents is important because categorically ignored groups are often the most disenfranchised and thereby at greatest risk for poorer health outcomes. Indeed, in clinical encounters or risk prevention activities, use of terms that might not resonate with young people could result in youth feeling unwelcome or misunderstood and interpreting providers as out of touch. These young people may then avoid health services, not fully disclose their concerns, and miss or

ignore health promotion opportunities. For example, it is possible that a youth might disclose their identity to a health care provider as bisexual, but use the label of pansexual when they feel there is a higher likelihood that someone will understand this newer term; this speculation has not been explored in research to date, and highlights the need for greater insights. Understanding what terms SOGI minority adolescents use to describe themselves – and why – is expected to improve future research with this population and inform program providers, health care professionals and others working with these youth.

Therefore, this study explores three questions: 1) How do SOGI minority youth label their identity? 2) What do young people say about these identities and labels, and what do these labels mean to them? 3) How does use of traditional (e.g. gay, lesbian, bisexual, transgender) versus non-traditional labels (e.g. pansexual, queer, non-binary) differ by demographic characteristics?

Methods

Study design and sample

The present study is part of Project RESPEQT (Research and Education on Supportive and Protective Environments for Queer Teens), in which 66 SOGI minority adolescents in British Columbia, Minnesota and Massachusetts (mean age 16.6) participated in “go-along” interviews that involved talking about and traveling to resources in their communities (Porta et al., 2017a; Porta et al., 2017b; Wolowic et al., 2016; Eisenberg et al., 2018). Participants were recruited through LGBTQ youth-serving organizations, flyers, and word of mouth. Potential participants were told that they were “being invited to be part of a study to find out about LGBT supports like places, people, events in your community.” Eligible participants identified as a SOGI minority, and were ages 14–19. Institutional Review Boards at the University of British Columbia, the University of Minnesota, and San Diego State University (for data collection in Massachusetts) approved study protocols used in their location. A waiver of parental consent was approved for data collection in British Columbia and Massachusetts; participants provided their own consent in these locations. In Minnesota, parental consent and participant assent was required if the participant was comfortable with the study team approaching a parent for consent. Parental consent was waived for one Minnesota participant, who self-consented. Additional details of the recruitment process are available elsewhere (Porta et al., 2017).

As part of the intake protocol, research staff spoke with participants by phone or in person and asked them to describe their sexual orientation, gender and race/ethnicity identities. These were open-ended questions and the research staff wrote participant responses. The sample was diverse with regard to demographics including racial and ethnic background, urbanicity, and state/province, as shown in Table 1.

Data collection

Individual interviews were conducted by trained graduate research assistants used a semi-structured interview guide; in keeping with the goals of Project RESPEQT, open-ended questions focused on resources and supports in the participant’s community, neighborhood,

or school. For example, participants were asked, “If another LGBT friend was visiting you here, and needed help with something or had a problem, where would you recommend they go to get care or support?”, “How does your community make you feel about being LGBT?”, and “What other places in your community make you feel safe?” Interview questions did not specifically address SOGI labels, but 42 of the 66 participants (63.6%) offered comments on the topics. Demographic characteristics of the whole study sample and for those who provided comments about labels are shown in Table 1. Interviews took 78 minutes, on average (range=35–110), and participants received a financial incentive in appreciation for their shared time and insights. Interviews were audio recorded and professionally transcribed.

Data analysis

For the quantitative analysis, in order to examine possible patterns in the use of traditional vs. non-traditional sexual orientation labels, identities of gay, lesbian, bisexual, homosexual and straight were combined (traditional) and all other labels were categorized as non-traditional. Similarly, participants were grouped as cisgender male, cisgender female, trans (including trans male, trans female), and the others combined as non-traditional labels. We acknowledge that in creating two categories for this analysis, we have done what we have criticized in others’ study designs. However, unlike the previous studies, our study is explicitly examining potential differences between those who identify with traditional versus non-traditional labels rather than collapsing label categories to have adequate group sizes to examine health outcomes, for example. Chi-square tests of association were used to examine relationships between label groups and race/ethnicity, metropolitan vs. non-metropolitan location, and three states/provinces; t-tests were used to examine differences in age.

For the qualitative data, inductive thematic analysis was used to generate codes and organize themes and sub-themes in two stages (Braun & Clarke, 2008; Thomas, 2006). In the first stage, an interdisciplinary, multi-site coding team assigned descriptive labels to sections of text and arrived at consensus on a set of broad descriptive codes. All transcripts were coded independently by two coders and discrepancies were discussed to resolution, which was a rigorous, in-depth process that contributed to the trustworthiness of the resultant coded data (Rolfe, 2006). In the second stage, we selected all codes related to identity, including “identity,” “identity label,” and “identity presentation.” Authors reviewed quotes within each code and organized the data descriptively into themes representing label definitions and selection processes, and the meanings of labels to these youth. Representative quotes are used to illustrate findings below.

Results

How Young People Identify Themselves with Labels

Participants used a wide variety of terms to refer to their sexual orientation, with approximately two-thirds relying on traditional labels and the remainder using common non-traditional labels or providing unique self-descriptions (Table 1). Similarly, a majority identified as cisgender male or female, with others identifying as trans (12.1%) or a non-traditional label reflecting being somewhere on, or outside of, a gender continuum (19.7%).

Although interviewers rarely asked about defining the terms gay and lesbian, they often asked participants to discuss other identity labels. Several young people elaborated on their definitions and interpretations without a specific prompt. One participant offered this definition, unprompted:]

“I [originally] came out as pansexual. It’s similar to bisexual, like ‘pan’ meaning ‘all,’ so all genders, but I just kind of switched back to bisexual, because -- and, like, explaining it was hard to her [female friend], because I was really insistent that bi and pansexual were different, which they aren’t for me, now. But it’s always the explaining, because pansexual and then non-binary and transgender stuff isn’t really that well-known.” (Bisexual, trans non-binary, age 18).

Another was asked why he used the bisexual label and responded, “*I’ve never really been attracted to, like, more than, like, the regular two genders. So I just thought bisexual instead of pansexual*” (Bisexual, male, age 19).

Young people shared a desire to identify a label that fit with their sense of self, saying for example, “*we have a couple of students in our GSA who are like, ‘I don’t know my gender,’ and they want to put a label on it*” (Pansexual, female, age 16). As in this example, many participants learned about different labels and came to find one that “clicks” through their school’s gay/straight alliance, peer conversations or other in-person interactions. Later in the interview, this participant elaborated:

We found out they were bi-romantic demi-sexual..... We asked questions. We’re like, ‘Do you feel this when this happens?’ ... and then we’re like, ‘Well, this is what this is. Do you feel comfortable with that?’ and they were like, ‘Not really,’ or they were like, ‘Yeah! That’s it!’ (Pansexual, female, age 16).

Label discovery through internet searching or social media was another common experience. One participant shared: “*YouTube. I remember I came across, like, the way I found out that I could be trans, like, I found a video of, like, a transition. I was, like, holy crap. That is me. That is me right there*” (Panromantic asexual, trans male, age 17).

What Labels Mean to These Young People, in the Context of Identity and Other People

Many participants chose the word “queer” as a preferred label but pointed out its unpleasant interpretations. One said “*I know queer used to be a slur and some people still consider it a slur, but I like it a lot ‘cause it’s super broad and it’s an umbrella term*” (Pansexual, female, age 16). Several participants, particularly those who identified as bisexual females, shared experiences that included comments made by others, particularly cisgender males, who found their sexual orientation to be attractive or suggestive of certain sexual behaviors. Two participants had been confronted with this specific stereotype of bisexual or lesbian women being involved in “three-way” sexual activities; another gave the following comments about these perceptions by others of their sexual orientation:

It’s difficult because when my guy friends somehow find out I am bisexual... they automatically are like ‘oh my god that’s so hot.’ And it’s just like – it’s annoying! It’s not supposed to be attractive (Bisexual, female, age 17).

Even though several participants mentioned originally coming out with one label and later identifying with a different label, they emphasized that the underlying orientation and gender identity are not chosen and do not change with a label. One participant illustrated this with the example of his racial background:

We do choose kind of what label and what identity to present ourselves as. But the actual deep-rooted identity is not something we choose.... When I was trying to help some of my friends understand it ... I used Asian as an example. I'm Asian. I'm not Asian because I don't like white people. I'm not Asian because I don't want to be a white person. I simply am Asian. So that's the same thing with gender identity. It's not that I don't like girls or boys. It's not that I don't wish to be one or the other. It's just the simple fact that I am not (Queer, other gender, age 16).

Another young person shared how similarly deep-seated was her feeling of being female, to the point that she didn't feel she could live any other way:

I wish they would make kids more aware that being gay is not a joke or a choice. It's just something you're born with... and that's who they are. Honestly, I wish I wasn't trans. I wish I could live with myself being a dude or just being gay, but I can't. It's just who I am. I literally cannot live with it. I don't understand how to explain it; I just can't live with it. I would kill myself. I tried to change to a dude just for one day, to show somebody.... I took off my bra, and in two seconds, literally everything, all my spirit, just left. Everything just left (Straight, trans, age 16).

Importantly, the experience of identifying a well-fitting label was associated with positive emotions, from relief to euphoria. The participant who helped her peers identify their labels (above) described her own experience:

That's when I found pansexual.....I don't know how to describe it. Once I found out what it was and I realized I was it, I was really, really happy for like two weeks. I was happy before, but it was a different kind of happy. I couldn't stop talking, and I was smiling all the time.... That really did help, knowing stuff, because I identified as bisexual before, and I was fine with it – and then it just felt complete, learning what I was (Pansexual, female, age 16).

Participants expressed frustration with being perceived predominantly as their sexual orientation or gender identity, to the detriment of other parts of themselves. They recognized the breadth of their own experiences and interests, and didn't want to be viewed solely by their label: *"You're not a label and you still have everything else that a regular person would have. You still have feelings. You still have things you like to do. You still have hobbies. It's just there's one little thing different about you"* (Lesbian, female, age 14). Ironically, for some, the overemphasis on one's label could also be part of an effort to be supportive. One participant shared his story:

Whenever people are like, 'You're gay, and that's okay,' and focusing on acceptance and making it into a really big deal, I just lost the understanding that I'm still on the same earth as everybody else and have the same goals in life as everybody else. It was sort of like I was wrestling with trying to not feel ... like it

was the only thing about me, where it was just the focus and center of my life.... It sort of made me feel like less of a guy, too, because I wasn't a guy anymore; I was a *gay* guy. And it took me until -- again, it's still something I'm working on -- to be able to understand that I'm a guy that is gay, not a "gay guy" (Homosexual, male, age 18).

How Label Use Differs By Demographic Characteristics

Associations between SOGI categories and other demographic characteristics are shown in Table 2. Participants who used non-traditional sexual orientation identity labels were also significantly more likely to use non-traditional gender identity labels (37.5%) or identify as trans (25.0%) compared to those who used traditional sexual orientation identity labels (9.5% and 4.8%, respectively, $X^2=17.7$, $p<.001$). The proportion of those using traditional vs. non-traditional labels was very similar across white youth and youth of color. Some apparent differences were noted between use of non-traditional labels in metropolitan and non-metropolitan locations (e.g. 41.5% vs. 28.0% for sexual orientation) and across states (e.g. 10.5% in Massachusetts vs. 20.8% in Minnesota for gender identity); however, these were not statistically significant, likely due to small numbers.

Discussion

Youth offered a range of descriptive labels they used for their SOGIs, and notably, non-traditional labels were commonly used by the young people who participated in this study. Our findings demonstrate that some youth who choose non-traditional labels for sexual orientation identity also tend to do so for their gender identity. Use of non-traditional labels was not restricted to white youth, youth of color, or any type of geographical location, which simply reinforces the value of exploring and appreciating youths' preferences for SOGI labels, regardless of what they look like or where they live. Young people who elaborated in their interviews about label choice were for the most part quite intentional about choosing the labels that best represented their personal SOGIs and expressed feeling that the process of finding a label was beneficial to their development. Most youth expressed feeling that their labels were important, but that labels did not define their whole selves.

The adoption of terms such as queer, pansexual, genderqueer, non-binary and others – evident in both our quantitative and qualitative findings – suggests that these young people do not view gender as having only binary categories, which is consistent with existing literature (White et al, 2018; Elliot, 2015; Russell et al., 2009; Wagaman, 2016). Furthermore, an understanding of gender as a continuum necessitates sexual orientation labels that recognize the possibility of being attracted to not only the "same" or "opposite" sex, but to those at any point along this spectrum. It is, therefore, unsurprising that those who identified their gender as neither male nor female also tended to use a similarly positioned sexual orientation identity label, and vice versa. Both researchers and health care providers would benefit from having a broader understanding of gender and the various ways in which adolescents perceive themselves. Health care providers will benefit from being aware of how complex yet important the search for fitting identity and labels can be, while acknowledging that these may change in the future. If health care providers know that

identity exploration is important, they can recommend resources for the youth. They can also consider how best to tailor or personalize health care encounters with young people. Health care providers should be familiar with websites, local organizations or other support networks where they could refer young patients when this topic arises in their interactions. Findings from this study are similar to previous research (Watson, Wheldon & Puhl, 2019; White et al, 2018; Russell et al, 2009; Morandini et al, 2016). For example, Russell and colleagues' (2009) research with adolescents found that 71% of participants selected traditional labels on a survey, with significant differences by gender but not by race/ethnicity. However, they found a somewhat smaller group identifying as queer or other non-traditional labels (14% vs. 36% in the current study). This discrepancy may be due to the data collection method (i.e. listed survey responses plus coded "other" category vs. open-ended question asked verbally) or to a shift towards greater awareness, acceptance, and usage of non-traditional labels in the intervening 10 years. Indeed, White, Moeller, Ivcevic, and Brackett (2018) in their recent large network analysis of adolescent label use offer compelling data demonstrating shifts in both the type and number of labels used and call for ongoing research exploring and describing shifts over time in label use among young people. Watson, Wheldon & Puhl (2019) found that when asked about labels, adolescents identified 26 distinct SOGI categories, with nearly 1 in 4 using nontraditional labels such as pansexual. Large-scale surveillance studies demonstrate the viability and need for write-in options to collect representative demographic and specifically, SOGI, data. Certainly, for researchers, this study offers useful insights into who is using different labels, given that this is a relatively new area of inquiry. This gained insight can potentially inform future data studies in terms of measurement and interpretation, especially considering ways in which SOGI labels might intersect with other identities.

The themes in our findings regarding both the importance of finding an appropriate label and the belief that SOGI are relatively small parts of the whole person reflect findings by Savin-Williams (2011). He finds that many adolescents are thoughtful about how they describe their sexuality and the labels they do or do not use, and do not simply adopt a traditional, categorical label. He proposed a new theory of sexual identity development that focuses not on sexual orientation as the single defining feature of an individual (as in generations past), but considers this characteristic as one increasingly minor element. The similar themes noted in the present study, with a recent sample of youth in many different locations, reinforce previous findings on this topic.

This research must be considered in light of several limitations and strengths. First, our interview questions did not specifically address SOGI labels. Therefore, the qualitative analysis is limited to those who either brought this topic up spontaneously or who were asked by an interviewer about a label (interviewer follow-up questions were more common for non-traditional labels). Second, because identity labeling was not the original topic of the parent study, identity labels provided during intake may have been altered slightly. For example, a response of "transgender, but on the masculine side" may have been recorded as "transmasculine," a more succinct and commonly used term. Additional nuance that may have been evident in verbatim responses is therefore not available here. However, any minor changes of this sort did not affect the traditional or non-traditional categorization of the label. Third, the requirement of parental consent in one location may have precluded

involvement of some adolescents, such as those who were not out to parents (Mutanski, 2011). In general, the recruitment strategy (predominantly through LGBTQ youth support organizations, events, or word-of-mouth) also made it more likely that we were able to contact those who had disclosed their sexual orientation and/or gender identity publicly, which may not represent all SOGI minority youth.

The mixed methods approach to data collection and analysis is a strength of this investigation and offers a unique opportunity to compare and contrast within and across quantitative and qualitative results. The sample size of 66 was adequate for a modest statistical analysis, yet also provided a relatively large number of interviews that supported in-depth analysis of participant responses. Finally, the diversity of the sample with regards to sexual orientation, gender identity, race/ethnicity, urbanicity, and state/province is an additional strength.

The common use of non-traditional SOGI labels among these participants suggests that using diverse terminology around SOGI is important to young people and critical to consider in health care settings, health promotion and outreach strategies, and research initiatives. Survey researchers should consider revising the ways in which they ask about SOGI (White et al, 2018; Frohard-Dourlent, Dobson, Clark, Doull, & Saewyc, 2017; Harrison, Grant, & Herman, 2012). New items and methods should be rigorously tested, as has been done by Austin and colleagues (2007). Health care providers, youth service providers, and others working with sexual and gender minority youth should be aware of non-traditional labels and their meanings and importance to many youth, and incorporate their use in services and programs. Further, there is value to continuing to disaggregate sexual orientation and gender identity in appreciation of their diverse representations, as suggested and supported by Galupo et al (2014). Respectful inquiries about preferred terms – and their subsequent use – can set a positive and supportive tone in clinical and service interactions. Attention to inclusive use of labels has potential to advance meaningful research, practice, and policy outcomes for young people.

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Sexual orientation: A component of identity that includes a person's sexual and emotional attraction to another person and the behavior and/or social affiliation that may result from this attraction. A person may be attracted to men, women, both, neither, or to people who are genderqueer, androgynous, or have other gender identities. Individuals may identify as lesbian, gay, heterosexual, bisexual, queer, pansexual, or asexual, among others.

(<https://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf>)

Gender identity: One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

Figure 1.
Definitions of Sexual Orientation and Gender Identity

Table 1:

Characteristics of the sample (N=66, mean age=16.6, SD=1.4)

Full sample (N=66)						Identity comments sample (n=44)		
Analytic category	Label	n	%	n	%			
Sexual orientation								
Traditional (63.6%)	Straight	1	1.5	1		2.3		
	Lesbian	8	12.1	5		11.4		
	Gay	11	16.7	5		11.4		
	Homosexual	2	3.0	1		2.3		
	Bisexual	20	30.3	14		31.8		
	Same-sex attraction	2	3.0	1		2.3		
	Bicurious	1	1.5	0		0		
	Lesbian but flexible	1	1.5	1		2.3		
	Queer	9	13.6	6		13.6		
	Pansexual	7	10.6	7		15.9		
Non-traditional (36.4%)	Panromantic asexual	1	1.5	1		2.3		
	Asexual	1	1.5	1		2.3		
	Rainbow sexual	1	1.5	0		0		
	Other	1	1.5	1		2.3		
	Gender identity							
	Cisgender (68.2%)	Male	24	36.4	13		29.5	
		Female	21	31.8	15		34.1	
Trans (12.1%)	Trans	5	7.6	2		4.5		
	Transmasculine	3	4.5	2		4.5		
	Transfeminine	0	0	0		0		
Non-traditional (19.7%)	Non-binary	1	1.5	1		2.3		
	Trans non-binary person	2	3.0	2		4.5		
	Fluid/gender fluid	3	4.5	2		4.5		
	Gender queer	1	1.5	1		2.3		

Analytic category	Label	Full sample (N=66)		Identity comments sample (n=44)	
		n	%	n	%
Race/ethnicity	Gender neutral	2	3.0	2	4.5
	It	1	1.5	1	2.3
	N/A, non-gender	1	1.5	0	0
	Other	2	3.0	2	4.5
Urbanicity	White only (50.0%)	33	50.0	21	47.7
	Black or African American (only)	3	4.6	0	0
	Hispanic/Latino (only)	3	4.6	3	6.8
	Asian (only)	4	6.1	3	6.8
	Am. Indian/Native/Aboriginal (only)	2	3.0	2	4.5
	Multiple groups and other races ^a	21	31.8	15	34.1
State/province	Urban	19	28.8	13	29.5
	Suburban	22	33.3	14	31.8
	Small-medium city ^b	8	12.1	3	6.8
	Small town/rural ^b	17	25.8	14	31.8
State/province	British Columbia	23	34.9	17	38.6
	Massachusetts	19	28.8	8	18.2
	Minnesota	24	36.4	19	43.2

^a Includes n=6 American Indian/Aboriginal and white/European, n=3 white Hispanic, n=2 Black Hispanic, n=2 Asian and European, n=2 American Indian and Black, n=1 Aboriginal and Asian, n=1 Black and white, n=1 French Caribbean, n=1 Israeli-Canadian, n=1 Aboriginal and European and Asian and Black, n=1 "mixed race"

^b Small-medium city: population 50,000–99,999; small town/rural: population <50,000

Table 2: Bivariate associations between sexual orientation and gender identity labels and demographic categories (%)

	Orientation			Gender				Chi sq, p
	Traditional labels	Non-traditional labels	Chi sq, p	Cisgender female	Cisgender male	Trans	Non-traditional labels	
TOTAL								
Orientation								17.7, p<.001
Traditional labels				35.7	50.0	4.8	9.5	
Non-traditional labels				25.0	12.5	25.0	37.5	
Gender			17.7, p<.001					
Cisgender female	71.4	28.6						
Cisgender male	87.5	12.5						
Trans	25.0	75.0						
Non-traditional labels	30.8	69.2						
Race/ethnicity			0.0, p=1.00					.54, p=.910
White (only)	63.6	36.4		30.3	36.4	18.2	15.2	
All other groups	63.6	36.4		33.3	36.4	12.1	18.2	
Urbanicity			1.2, p=.270					0.7, p=.875
Metropolitan	58.5	41.5		31.7	34.2	14.6	19.5	
Non-metro	72.0	28.0		32.0	40.0	16.0	12.0	
State/province			1.3, p=.510					1.1, p=.981
BC	56.5	43.5		30.4	34.8	17.4	17.4	
MA	73.7	26.3		36.8	36.8	15.8	10.5	
MN	62.5	37.5		29.2	37.5	12.5	20.8	
	Mean	Mean	t-test, p	Mean	Mean	Mean	Mean	F-value, p
Age	16.4	16.8	1.1, p=.271	16.3	16.4	17.1	17.1	1.4, p=.250