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An Integrated Theoretical Examination Of General Strain And Identity Theory To Describe Lesbian, Gay, And Bisexual (LGB) Youth Drug Use

Ciarra I. Hastings

AN INTEGRATED THEORETICAL EXAMINATION OF GENERAL STRAIN AND

IDENTITY THEORY TO DESCRIBE LESBIAN, GAY, AND BISEXUAL (LGB)

YOUTH DRUG USE

A Dissertation

by

CIARRA I. HASTINGS

Submitted to the Office of the Graduate School of
Prairie View A&M University
In partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

December 2023

Major Subject: Juvenile Justice

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Approved as to style and content by:

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ABSTRACT

An Integrated Theoretical Examination of General Strain and Identity Theory to Describe

Lesbian, Gay, and Bisexual (LGB) Youth Drug Use

(December 2023)

Ciarra I. Hastings, B.S., Prairie View A&M University

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In recent years, the United States has experienced an increase in LGBT+ youth perpetrating drugs, sex, and violent offenses. According to identity theory, individuals maintain three main identities that if incongruent can create friction which could lead to crime. The friction may involve the LGBT+ identity and other contributing factors such as demographics age, race, religion, level of education, adverse childhood experiences, stigmatization, discrimination, mental illness, and identity measures (masculine versus feminine identities and sexual minority identity).

This study examined how the LGBT+ identity may create a strain with an individual's three main identities, personal, group, and societal, and how any contradicting identities may create enough strain to lead an individual toward drug use, possibly as a means of coping. This study utilized secondary data from Wave 1 of the Generations: A Study of the Life and Health of LGB People in a Changing Society, United States, 2016-2019. The sample consisted of 1,518 participants taken from the initial sample size of 366,644 individuals across the United States. The research questions were 1. What aspects of LGB identity predict drug use in LGB youth? 2. What aspects of LGB strain (stigma/discrimination/adverse childhood experiences) predict drug use in

LGB youth? 3. Do sexual and gender identity strains, related to religion and mental health predict the likelihood of drug use? 4. Do negative societal perceptions of LGB individuals, childhood gender nonconformity, femininity versus masculinity, stigma, and discrimination, related to appearance as an acceptable-looking man or woman predict LGB youth drug use? The researcher used Ordinary Least Squares (OLS) regressions and binary logistic regressions to analyze the data.

The results suggest that the main contributors to LGB drug use are experiences of discrimination, feeling stigmatized, negative religious experiences/views, mental health issues, adverse childhood experiences, and given their identities sexual identity and sexual minority identity. Negative societal perceptions about LGB individuals' appearance in terms of whether they appear masculine when identifying as a man or feminine given an identity as a woman had no significance. The study has implications for LGB individuals, advocates, policymakers, and stakeholders who are interested in the well-being of LGB youth.

Keywords: LGB, youth, drug use, religion, general strain, identity theory

DEDICATION

I want to thank my mother and father, Nicole and Reginald Blow, who have been my strength when I did not have enough. My sister, Christina Hastings Blow, who was my soundboard day and night. Without the three of you, I would not be anywhere near where I am today. Your unwavering support and unshakable faith in me have pushed me to be the greatest version of myself possible. Words are not enough to thank you for your constant love and support. I want to thank all my friends both old and new who have been with me through this journey such as Andrew, Alex, Ama, Amber, Alejandra, Shepard, and Zueno. To Adrianna and Eric, while we do not speak frequently, I always knew I had your unwavering support when I needed it, and the amount of tea spilt has become a fond memory I will cherish. I would like to give a special thank you to my friends on Discord who became my friends in real life. Cora (Vi), Marc (Murtok), Krista (Queenie), Hazel (Bazel), and Axel (Quill), thank you all for your support over the years between staying up late with me, pushing me to write one more good page before bed, or just helping me relax via Teatime, video games, and anime. These are just some of the defining moments that have helped me achieve my current end goal. I also cannot thank you all enough. I dedicate my success, and my willingness to get back up again after failures to my family and friends. Thank you.

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CHAPTER I

INTRODUCTION

Background

The United States is represented by many different races, religions, and sexual identities ranging from heterosexuality (straight) to lesbian, gay, bisexual, and transgender (LGBT) and others. The LGBT community is an underrepresented community that tends to face much opposition, discrimination, and stigmatization (Chance, 2013). According to the 2020 United States Census, LGBT adults account for nearly eight percent of the population. Of that eight percent, four percent identify as bisexual, and one percent identify as transgender (Powell, 2021). Around 20 – 30% of the LGBT community experiences some form of struggle with substance abuse via drugs like fentanyl, hydrocodone, marijuana, and alcohol (SAMHSA, 2020). The rate presented is compared to the general population, which only experiences about nine percent of substance abuse overall (SAMHSA, 2020).

According to the UCLA Williams Institute (2019), approximately seven to nine percent of youth identify as LGBT. Of the less than seven to nine percent, 52% are youth of color compared to 39% of LGBT adult people of color (MAP, 2022; UCLA Williams Institute, 2019). Furthermore, around 300,000, or 13 – 15% of the LGBT youth population, have been confined to a facility within the juvenile justice system in recent years (Panfil, 2018). According to Jones (2021), LGBT youth account for approximately 20% of youth involved in the juvenile justice system via arrest. Given these dynamics,

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this study is an effort toward understanding how strain accompanied with the LGBT identity might predict juvenile delinquency and possibly also, adult criminality within the community predict youth drug use.

The LGBT community continuously deals with various forms and avenues of strain uniquely tied to their sexual identity, in response to societal stigmatization and discrimination given homophobia (Mallory et al., 2021; Silva et al., 2021). Robert Agnew's (2002) *General Strain Theory* detailed how an individual's stress or strain can contribute to that person committing a crime (Agnew, 2002). In this instance, the strain would come from navigating different identities including being LGBT. As Burke and Stets's (2009) explained using *Identity Theory,* an individual's identity is often measured in three ways: (1) personal identity, (2) group identity, and (3) societal identity Burke and Stets also discussed how an individual's identity can be a defining factor between being delinquent and or conforming. LGBT identity strain theory presents a theoretical approach and framework that examines the unique strain that the LGBT identity can evoke within individuals on how this may be related to criminality.

Problem Statement

Although empirical research into LGBT delinquency has increased in recent years, the LGBT population is still a uniquely understudied demographic in criminology, especially regarding people of color (POC) who identify as LGBT. Nevertheless, the literature reveals that LGBT youths' main avenue into crime begins with homelessness, following conflict because of coming out to their families. While on the streets, the juvenile is exposed to drugs, alcohol, and prostitution/sex trafficking, all of which are facets of delinquency (Janssen & DeMatteo, 2019; Levick & Mangold, 2022; McCandless, 2018).

As the LGBT population grows, criminological scholars are attempting to understand the difference and nuances between crimes committed by LGBT individuals versus their straight counterparts.

Research and crime reports show that LGBT youth commit disproportionally high, violent, or sex-related crimes. However, multiple negative connotations come with being LGBT. Many assume LGBT people within the community are pedophiles or that gay boys will attempt to molest their younger siblings (Gunderson, 2020; McNamara et al., 2021). This study examined the negative impact that these connotations may have on the LGBT identity that can contribute to the strain experienced by LGBT youth that could then lead to delinquency.

Significance of the Study

This study is vital to juvenile justice because there are gaps within the literature regarding how the LGBT sexual identity impacts an individual's temperament and any related engagement in criminal activity. Identifying as LGBT adds another layer of potential scrutiny that opens juveniles up to outside influences that can potentially lead to criminal activity (McCauley & Brinkley-Rubinstein, 2017; Silva et al., 2021). Specifically, this study examined whether there has been a change in the attitudes toward LGB individuals within the United States, potentially influencing their motivation to commit delinquency as acts of coping with their sexual identity strain.

Conceptualization of the LGBT Community

Identifying as LGBT means that an individual has an emotional or sexual attraction to people of the same-sex gender/sexual identity. The three main areas of the LGBT community that are discussed are: lesbian, women attracted to other women; gay, men

attracted to other men; bisexual, an individual attracted to both genders (Cronin & King, 2010; de Lira & de Morais, 2018) and transgender, an individual who was born in the wrong body at birth and often undergo gender confirming therapy and surgery to become their desired gender. LGBT-identifying people called "queer" is a universal catch-all terminology commonly used for individuals in the LGBT community who do not choose to disclose a specific gender with which they identify.

While LGBT are the four main categories, there are currently over 120 different subsections of the LGBT spectrum commonly referred to as "+" (Serrano Amaya & Rios Gonzalez, 2019; Toft et al., 2019). The term "queer" stems from 16th-century English, which initially meant *strange* or to describe something that was *not quite right*. The term was then used to describe the LGBT community because they were seen as abnormal or an abomination starting in the 19th century (Berlant et al., 1994; Blackburn & Clark, 2011). Nevertheless, there are some people who were raised to believe that homosexuality is a sin via Christianity, Islam, or other religions who have identified as LGBT (Kolker et al., 2020).

The Perception of LGBT Deviance

There has been evidence of homosexuality or same-sex love present throughout history in every documented culture (Morris, 2019). In Native American culture, individuals who did not adhere to traditional gender roles were known as *Two-Spirit* people because they had the body of a man but the spirit of a woman or the body of a woman but the spirit of a man (Morris, 2019). In Indian culture, these individuals are known as "Hijras" or Third Gendered people because they do not conform to the traditional binary gender roles (Nanda, 2007). In modern times, these individuals would be classified as cross-dressers

or transitioned (Kronk et al., 2022). Terminology such as genderfluid and non-binary exist to help include individuals who do not wish to adhere to the societal norms of conforming to one specific gender identity (Diamond, 2020; Galupo et al., 2017).

Prior to the influence of Christianity in Africa, homosexuality was not even a concept acknowledged because Africans at the time did not recognize set genders or gender roles. Instead, people were recognized by how, she or they presented themselves (Kaoma, 2018; Oladipupo & Ofuasia, 2019). The colonization of Africa introduced Christian ideologies, including the King James Version of the Holy Bible, that condemned homosexuality (Miller-Naudé & Naudé, 2022). With the popularity of Christianity in the early years of the United States, homosexuality was criminalized (Ndjio, 2012). Initially the laws banned any form of sodomy and by the 1980s the legal enforcement of these laws focused on the conduct of gay men. Pursuant to the tenets of Judeo-Christianity in the United States anti-LGBT sentiments persist. The heteronormative ideologies are rooted in dominant religious expectations and influences. Even persons who do not identify with religion will still follow its norms (Van der Toorn et al., 2020).

In the U.S. between 1861 to 2003 many states had anti-sodomy laws. Before 1861, sodomy was still illegal, with the terminology and sentencing for it reflecting public opinion rather than official sentencing and prosecution requirements (Eskridge, 2008). In the 19th century, sodomy was considered "a crime against nature, committed with mankind or with beast" (Mills, 2004; Weinmeyer, 2014, Pg. 2). The rationale for anti-sodomy laws has been to protect public morals and decency. As a result, sodomy was listed as a form of bigamy, adultery, obscenity, and incest (Hamowy, 1977; Weinmeyer, 2014), to protect women from weak men and children from sexual assault, or non-

consensual sexual activity. Two consenting adults were expected to keep their activities secret or inside the household (Blow, 2022; Hamowy, 1977; Weinmeyer, 2014). In this, LGBT individuals have been the target of stigmatization, prejudice, and discrimination for many decades.

Granted, in the United States, the 20th century brought about a change in sodomy laws which stated that performing oral or anal sex on another person, even if a consenting adult, was prohibited. These laws evolved to include more specific targets, such as men engaged in sex with other men in public areas such as bathrooms (Weinmeyer, 2014). Relatedly, city and government officials' emphasis on vigilante justice through newly created police forces caused public outcry against alleged public indecency, predation, and molestation of minors (Eskridge Jr, 1999; Weinmeyer, 2014). During McCarthyism in the 1950s, false allegations of homosexual men being child molesters persisted. Senator Joseph McCarthy founded McCarthyism with the intent of removing Communism from the American government (Morgan, 2020; Schrecker, 1999). The false accusations from many practitioners of McCarthyism lead to a modern-day witch hunt against homosexual men (Eskridge Jr, 1999; Mills, 2004; Weinmeyer, 2014).

In the 1960s and '70s there was reform to anti-sodomy laws to ensure that they were more in line with the Model Penal Code which supported decriminalizing consensual sodomy in 1955. Some states, such as Texas, Nevada, and Missouri, decriminalized opposite-sex sodomy but labeled same-sex sodomy as a misdemeanor offense. Other states, such as Idaho and Arkansas, recriminalized same-sex consensual sodomy even after adopting the new Model Penal Code (Mills, 2004; Weinmeyer, 2014). The most

well-known cases in the United States that address anti-sodomy laws are *Bowers v. Hardwick* (1986) and *Lawrence v. Texas* (2003) (Eskridge, 2008; Weinmeyer, 2014).

Bowers v. Hardwick (1986)

In 1982, Michael Hardwick was leaving his job as a bartender at a gay bar in Atlanta, Georgia, when police officers witnessed Hardwick throwing away an empty beer bottle. The officer cited Hardwick for drinking in public but accidentally wrote the incorrect court date on the summons, which resulted in Hardwick not appearing in Court (Bowers v. Hardwick, 1986). After a warrant for his arrest was issued, police officers tried tracking Hardwick down, which took two attempts. On the second attempt, Hardwick was found in his home engaging in oral sex with another man, which led to both being arrested for violating Georgia's sodomy laws (Bowers v. Hardwick, 1986*)*.

The Georgia case was appealed to the United States Supreme Court because the main issue that needed to be addressed was the fundamental right to privacy. As Hardwick was engaging in consensual homosexual activity within the safety of his own home, did police officers have a right to arrest him for violating sodomy laws? The Supreme Court ruled that being able to engage in sodomy was not deeply rooted in the nation's history and tradition, which meant sodomy could not be considered a fundamental right (Bowers v. Hardwick, 1986). When Hardwick attempted to challenge the statute, the Court stated that sodomy, even in the privacy of one's own home, would fall under the category of a victimless crime like illegal drug use. Just because the action took place behind closed doors did not mean the act was not still illegal (Bowers v. Hardwick, 1986). Following the ruling in *Bowers v. Hardwick* (1986), some legislators began to push the narrative that LGBT parents were immoral and would potentially corrupt or sexually assault their own

children. In many cases, children were removed from their family home for their spiritual

protection (Dayhoff, 2000; Hassel, 2000).

***Lawrence v. Texas* (2003)**

In September 1998, John Lawrence was spending the day with friends Tyrone Garner and

Robert Eubanks in his apartment when a drunken argument broke out. Eubanks and

Garner were in a tumultuous relationship known for involving outside people (Lawrence

v. Texas, 2003). Eubanks stormed out of the apartment for the night and left Lawrence

and Garner alone. Later that night, Harris County police received a call saying a Black

man was "going crazy with a gun" at Lawrence's apartment (*Lawrence v. Texas*, 2003).

Police, upon arriving at the address, entered the unlocked apartment looking for the

alleged gunman but instead found Lawrence and Garner supposedly engaging in sexual

activity. Both men were subsequently arrested for violating Texas Penal Code (Lawrence

v. Texas, 2003).

Unlike the *Bowers v. Hardwick* (1986) case Lawrence and Garner's defense focused less

on sodomy and more on relationships and privacy. During the trial, both Lawrence and

Garner pled no contest to the charges so they could challenge the legality of the sodomy

laws (Lawrence v. Texas, 2003). The court case eventually made it to the United States

Supreme Court, where Justice Kennedy framed the question as a violation of their Due

Process Clause and the Fourteenth Amendment to the Constitution. The sodomy statutes

addressed in *Bowers v. Hardwick* (1986) and *Lawrence v. Texas* (2003) sought to control

who and how citizens could conduct their relationships, violating their fundamental rights

to privacy (Lawrence v. Texas, 2003). Following the ruling of *Lawrence v. Texas* (2003)*,*

anti-sodomy laws across the nation were struck down and deemed unconstitutional.

Following the ruling in *Lawrence v. Texas* (2003), the United States experienced an influx of LGBT activism for equality and a decrease in bullying. The main purpose was to encourage LGBT representation among multiple cultures (Padva, 2007). Around this time, the LGBT community began to see more positive representation in popular culture and in television shows. Prior to *Lawrence v. Texas* (2003), LGBT persons were largely depicted in media as gays with HIV or with negative stereotypes like pedophiles (Monaghan, 2021).

The Impact of Stigma and Discrimination for LGBT Persons

The United States context has historically reflected a Judeo-Christian heteronormative culture that perceives the LGBT lifestyle as deviant and indicative of pedophilia. Thus in the 1980s to early 1990s, many people concluded that the acquired immunodeficiency syndrome (AIDS) epidemic was the gay disease to stop pedophiles (Rocco et al., 2019; Stoller, 2021) and a sign of God's judgment (Babel et al., 2021; Nilsson, 2019; Parker & Aggleton, 2007). This characterization of gay men during the height of the AIDS epidemic was so severe that there was limited research about the disease until straight White men began contracting the disease and passing it to their wives. In this, gay men were further demonized as pursuing and raping straight married men. This prejudicial mindset and the resulting stigmatization and discrimination became quantifiable in the number of deaths from AIDS as the disease of *the others*, gay men (Rocco et al., 2019).

Further, during the height of the epidemic, many families would send their young gay men away from their homes to protect their younger siblings, especially if the siblings were boys, lest the siblings become gay or are molested. The pressures from religious

figures, such as those in the Catholic Church led to families becoming more hypersensitive to what is or is not considered gay. For example, boys were not allowed to play with dolls and girls were not allowed to wear pants. Boys were encouraged to play more manly sports like basketball or football, and girls were encouraged to take classes such as home economics to teach them how to cook and sew.

The increased emphasis on children adhering to gendered roles led to an increase in toxic masculinity and toxic femininity behaviors such as young boys and girls forced to engage in risky sexual behaviors to prove they were straight (Elliott, 2018; Herz & Johansson, 2015; McCann, 2022; Van der Toorn et al., 2020). For example, young boys interested in participating in gang activity must prove they were straight to the higher ups in the gangs. Some actions include but are not limited to participating in female gang initiations ("sexed-in") which often involves a process called "dice" where the young girl will roll a dice and whatever number the dice lands on is how many gang members she must have sex with (Quinn et al., 2019). According to Panfil (2020), young gang members who know they are gay have been known to purposefully impregnant fellow gang members or even rival gang members sisters to maintain the falsehood of appearing straight. The same belief is present in modern society. People tend to think twice about a young boy or girl being LGBT if they are also a teenage parent (Panfil, 2020; Saewyc, 2014; Saewyc et al., 2004).

Stigma and discrimination against LGBT people remain prevalent in the United States and manifest as bullying, conversion therapy, ostracization from friends, family, and the community, and various other forms of trauma. Homosexual men are still

assumed to be child predators. As a result they continue to be forced out of their families, homes, and communities (Morgan, 2020; Schrecker, 1999).

Given the risk of stigmatization, potential job loss and the ostracization by friends and family, many gay men have decided to live as down-low men (DL). A man who is DL often has the traditional wife and children but tends to cheat on his partner with men to help fulfill the *darker* or hidden part of his personality while portraying a heteronormative family lifestyle (Malebranche, 2008; Wolitski et al., 2006). With LGBT deemed an abomination, even those associated with LGBT persons are also bullied and accused (Macbeth et al., 2022). Women have been blamed for their husbands engaging in sexual activity with men, and classmates have bullied other children at school if their father was gay. The bullying typically turned from their father being gay to the child being gay. In other words, the status of "gay" was treated like a contagion, deviance, or a brain abnormality (Drescher, 2015; Silverstein, 2009).

As Freud (1913) found those associated with persons who were deemed "taboo" were often labeled as contaminated and taboo as well. The stigma and discrimination of being LGBT were so deeply rooted in heteronormativity and the overall rejection of the phenomenon of homosexuality from the first *Diagnostic and Statistical Manual of Mental Disorders* (DSM) (1952), that homosexuality was classified as a mental disorder. Homosexuality was not removed as a disorder until DSM-III-R (1987), but by then, much damage had already been done to many LGBT persons (American Psychiatric Assocation, 1987; American Psychiatric Association, 1952; Silverstein, 2009).

Importance of LGBT Research

LGBT research is still relatively new in terms of criminal/juvenile justice. There is no definitive reason why LGBT individuals are beginning to commit more crimes. Some theorists have hypothesized that it is not so much that LGBT individuals are committing more crimes but that the individuals who commit crimes are more willing to acknowledge their LGBT identity.

With the passing of laws to protect LGBT marriage and unions, the LGBT identity has been more accepted as increasingly people hold more positive views of sexual and gender identities that are non-conforming. Nevertheless, the condemnation of LGBT persons persists, and LGBT research is important in understanding the impact of the condemnation and the dynamics it creates. Thus, this study examined how factors that may be connected to LGB identities, such as victimizations can manifest as drug use, possibly as a maladaptive means of copying with strain.

Organization of the Study

This study utilized General Strain and Identity theory to detail how the LGBT identity may lead youth toward delinquency. Chapter II of this study discusses the previous studies conducted on LGBT individuals of interest and examines how the previous research has impacted present day studies of LGBT criminology. The examination of previous research provides insights into LGBT identity and how strain may have contributed to the criminological perspective of generational LGBT criminology. Chapter III presents the methodological approach that was undertaken to answer the research questions. This includes a conceptualization and operationalization of the variables under examination. Chapter IV presents the results of the statistical analyses. Finally, Chapter V

offers a discussion of the study's findings, limitations, possible implications, and

suggestions for future research.

CHAPTER II

LITERATURE REVIEW

This chapter reviews the current literature on General Strain and Identity theory, LGBT specific theories, and LGBT pathways to criminology in relation to juvenile delinquency, substance abuse, stigmatization, and discrimination. This includes a discussion of prevalent micro effect issues with the LGBT identity, given heteronormative ideologies; and the impact of LGBT youth status on homelessness that contributes to delinquency. The chapter ends with a summary of what is known about LGBT Identity Strain and how this study extends the literature.

Theoretical Perspective – An Overview

Race/ethnicity, gender, and sexual orientation have been some of the most controversial concerns within media, criminal/juvenile justice, and scholarly research. Scholars intentionally look for factors that make one juvenile delinquent different from their peers. Criminological theories typically fall under four main categories: biological, psychological, sociological, or an integration of two or three of the previously mentioned categories (Renzetti et al., 2003). For example, strain theories have been utilized in the criminological discipline for well over 100 years, but researchers are still finding new ways to expand upon the body of knowledge regarding strain related crime.

Theories such as anomie and strain typically go together when discussing the history of strain theories. Parts of Durkheim's Anomie Theory (1897) is what Merton (1938) utilized to help create Strain Theory, which was used to explain deviant behavior in the United States. Anomie theory detailed how in times of social upheaval the collective consciousness becomes weakened; therefore, there is a lack of moral conviction as

control begins to decline (Abrutyn, 2019; Deflem, 2017; Durkheim, 1897; Olsen, 1965; TenHouten, 2016). Collective consciousness explains how people tend to share the same values and beliefs within their community. Shared beliefs tend to lean toward socialization via friends, family, education, and core values, that is, safety and crime. The purpose is to ensure that society functions properly and remains orderly. The individuals who do not adhere to this collective consciousness (Deflem, 2017; Olsen, 1965; TenHouten, 2016) are thus problematic, a threat to order.

Identity

Overview of LGBT General Strain Theory

Modern General Strain Theory by Robert Agnew (1992, 2002, 2017), is the most well-known version of strain theory. Agnew attempted to discern what societal, emotional, physical, family, and other strains motivate a person to offend. Anomie theory focused on collective consciousness, while General Strain Theory detailed negative stimuli as the main contributors in crime and delinquency. Negative stimuli are defined as stressors, relative to the individual such as, adverse childhood experiences, poverty, abuse/neglect, and anger/frustration (Agnew, 1992, 2017). According to Snyder et al. (2016), LGBT crime is attributable to a failure to achieve valued goals due to frequent stress and strain brought about by unique variables. Some of these unique variables include experiences with others' homophobia, adverse childhood experiences, internalized homophobia, sexual identity, and sexuality based on stigma/discrimination (Snyder et al., 2016). The main drawback of General Strain Theory is that the model does not address the wealthy elite or upper-class socioeconomic demographic. Therefore, the theory is weak on how stress or strain applies to individuals who commit White collar crimes such as

money laundering. The primary forms of strain that impact individuals of a lower

socioeconomic bracket would be financial strain, family strain, and community strain

(Agnew et al., 2009; Holtfreter, 2015). For the wealthy elite and upper-class financial

strain is not commonly an issue which also negates most of the family strain as well.

Furthermore, most community strain stems from social disadvantages present within the

neighborhoods where crime is a constant way of life (Agnew, 2017; Eaton & Korach,

2016).

General Strain Theory measures an individual's strain and stresses through personal

impact, negative affect, and criminal activity. For example, one of the drawbacks of

General Strain Theory is that it only considers negative emotions such as anger (Agnew,

1992). A personal impact is the juvenile's anger from living in a socially disorganized

neighborhood. For many youths, their negative affect could be the anger that stems from

constantly seeing their friends joining gangs, consuming drugs, or selling their bodies for

money. Youth can retaliate for their negative experience by committing crimes if that is

the standard for their area. This is why General Strain Theory fits crimes in the lower-

class community (Morrison Gutman et al., 2005; Zimmerman & Katon, 2005). It does not

acknowledge LGBT strain as an overall source of strain like financial, family, and

community, but it can be utilized as another strain factor related to stigma and

discrimination.

Overview of LGBT Identity Theory

Identity theory does not necessarily apply to crime but can be utilized in a criminological

context. For example, an individual's identity is split into three main categories that

people must adhere to, personal, that is self, group, and social (Burke & Stets, 2022; Stets

& Burke, 2000). An individual's personal identity is how that person identifies based on self-perceptions from their upbringing and experiences (Burke & Stets, 2009). Identity theory addresses the various identities and the emotional attachments that come with the identities. For example, LGBT+ youth raised in Christian households are more likely to identify as Christians because their parents are. The same for juveniles who engage with delinquent youth, the emotional attachment formed in these groups brings juveniles more towards delinquency (Levy & Edmiston, 2014). The downside to Identity theory is that it does not address criminal identity or crime in general. While crime can be incorporated into the theory, the theory itself does not address crime in the same manner that General Strain or Labeling theory (Agnew, 2011). The theory also fails to address conflicting identities, such as an individual's self-identity versus cultural identity. An individual's identity is constantly changing, creating a need to be a way to address the changes in the three identities.

Cass's Model of Sexual Orientation Identity Formation

The Cass's Model of Sexual Orientation Identity Formation was developed in Australia in 1979 during the height of the LGBT movement. Cass, while conducting research noticed a pattern within the LGBT community which demonstrated that individuals move through different stages as they progress through their sexual identity journey. The stages are a combination of personal needs, and include biological, for instance, the sexual drive, along with variables such as class and race (Cass, 1979; Goodrich & Brammer, 2021). According to Cass (1979), a six-step path to identifying as homosexual is outlined by the framework of the Interpersonal Congruency Theory, which evaluated the main three interrelated components utilized to create a self-concept. The components include

an individual's behavior, his/her own concept of the self, and the ways others might perceive their behavior towards other people (Cass, 1979). According to the homosexual identification formation, the six-stage process includes (1) identity confusion, (2) identity comparison, (3) identity tolerance, (4) identity acceptance, (5) identity pride, and (6) identity synthesis (Cass, 1979). Cass also stated that not all individuals go through all six stages because sexual orientation is more fluid, and not necessarily linear.

Identity confusion is the stage where the perception of oneself as a heterosexual conflicts with the realization of gay/lesbian thoughts and feelings. In modern terminology this would be identified as the *questioning* period because typically individuals are not commonly raised to associate the LGBT identity with something acceptable or normal (Bilodeau & Renn, 2005). Questioning is a natural step for LGBT individuals especially when raised in a Christian/Muslim household that does not *believe* in homosexuality (Wood & Conley, 2014). For many people, especially adolescents, this new facet to their identity can be challenging and lead to denial (Boppana & Gross, 2019; Goodrich & Brammer, 2021).

Identity comparison is the stage were individuals begin to accept that they have a predominantly gay or lesbian sexual orientation. During this stage, the individual addresses the social alienation that results from committing to the gay and lesbian life. This can be one of the most difficult stages of identifying as LGBT as this stage requires the individual to become *okay* with potentially losing friends, family, and community as a result of accepting their key sexual identity (Cass, 1979; Goodrich & Brammer, 2021). According to Page et al. (2013), the period of identity comparison can be made more difficult if the individual was raised within a structured religion such as Christianity

because that is another facet of their identity with which they might struggle with potentially letting go when coming out.

Identity tolerance is the stage where an individual begins to admit to the self-having a gay or lesbian status. This step is vital to the acceptance of the LGBT identity because this is where the sexual orientation confusion begins to decrease and allows the individual the freedom to explore their emotional, social, and sexual needs. For example, during this stage LGBT youth will begin to seek contacts, friendships, and positive LGBT role models (Goodrich & Brammer, 2021). Identity tolerance is a pivotal moment in the LGBT identity formation because this is where heteronormative ideologies come into effect. Adolescents especially when they begin to examine their LGBT identity will determine whether this is a lifestyle to which they can adhere. If individuals do, then they progress to the next stage, if not they potentially begin to form resentment towards themselves and others, and subsequently seek role models who are not a part of the LGBT spectrum (Grant & MacDonald, 2020).

Identity acceptance is the stage where LGBT individuals begin to connect more with the LGBT community and their identity. Alienation often takes place during this stage from friends and family because the LGBT individual has begun to actively regret aspects of the heterosexual world. Some individuals, such as bisexuals, can find a space for themselves both within the LGBT world and the straight world, but that can come with a new set of challenges (Cass, 1979; Goodrich & Brammer, 2021). According to the Family Acceptance Project (FAP), having others accept a youth's LGBT status is vital to their future development and growth. Adolescents who lack acceptance from friends and family regarding their sexual identity can develop mental health issues such as depression

and anxiety. Rejection can also lead to behavioral issues such as juvenile delinquency as a means of alternative validation (Dennis, 2019; Garnette et al., 2011; Judge, 2015; Ryan et al., 2010).

Identity pride is the stage where gay and lesbian individuals who have accepted their identity will regret any attempts to hide themselves. Their actions will include refusing to attend churches that actively condemn homosexuality, actively talking to friends and family about LGBT rights/oppression, and rejecting heteronormative ideologies and institutions (Cass, 1979; Goodrich & Brammer, 2021). During this stage LGBT individuals will begin to lose close friends and family because of their decision to identity as LGBT. Similarly, LGBT youth will find themselves facing repercussions for their LGBT identity such as being put out of their homes by their families or forced into conversion therapy (Côté et al., 2023; McCandless, 2018; Mejia, 2019). Youth conversion therapy is commonly a form of talk therapy that encourages minors that their LGBT thoughts are impure and influenced by the media or LGBT friends (Jenkins & Johnston, 2004).

Identity synthesis is the stage where individuals who are still new to the LGBT lifestyle will notice the dichotomy between the LGBT and straight world. At this stage the LGBT individuals will also begin to realize that their sense of self is multifaceted and thus their sexual identity becomes less important (Cass, 1979; Goodrich & Brammer, 2021). With the novelty of being LGBT diminished, these individuals realize that there is more to their life than being LGBT (Goodrich & Brammer, 2021). Thus, at this stage youth will begin to lose interest in leading social interactions with the fact that they are LGBT because there is more to their personality than being LGBT. The

Following the completion of the six steps for homosexual identity formation a commonly asked question is, "Now what?" Where does the LGBT individual go from here? As stated previously some individuals process their identity via all six steps, but there are individuals who tend to skip steps or just stop the steps all together. For example, individuals who stopped during identity tolerance have a longer struggle with their identity due to their internalized homophobia which commonly leads to toxic masculinity or femininity (Elliott, 2018; Goodrich & Brammer, 2021; Harrington, 2021; McCann, 2022; Snider, 2018).

Gender Non-Conformity and Societal Perceptions

Gender nonconformity in the United States reflects adherence to Old Testament or Biblical tenets. For example, women are to never wear pants for fear they will appear too masculine, and men shall never cook or clean for fear of appearing too feminine (Bøsterud, 2021; Tucker Jr, 2008). Gendered roles in society moved away from just being placed on household chores and transitioned into occupations as well once women were allowed to work following the World Wars. Men could be surgeons, lawyers, accountants, engineers, and police officers while women were mainly regulated to jobs such as secretaries, childcare workers, or housekeepers (Crompton, 1999; Monaghan, 2002; Murray, 2000).

Masculinity versus Femininity

Byproducts of heteronormative ideologies include the concepts of toxic masculinity and toxic femininity. Toxic masculinity, also known as, hegemonic masculinity aligns with the traditional definition of manliness but goes beyond to be misogynistic in depicting men as superior to women (Elliott, 2018; Harrington, 2021; Salter, 2019). Toxic

femininity are traits, beliefs, and behaviors that encourage shaming women for expressing their negative emotions while also creating pressure on them to adhere to the traditional female role as being "lesser" than men, limited to the roles of mother, and homemaker. The toxicity can manifest as women encourage other women to remain in abusive relationships and further even condemn other women who are not experiencing the same struggles (McCann, 2022; Risam, 2015; Snider, 2018).

Toxic feminine and masculine persons commonly are also homophobic. Within these social environments LGBT youth may begin to develop negative perceptions about their LGBT identity which commonly leads to self-hatred (Habarth, 2015; Yep, 2002). These youth may also then submit themselves to risky practices such as conversion therapy. Conversion therapy is typically done through discussion that has been known to include extreme practices such as forcing patients to watch heterosexual pornography or engage in normal sex to help cure their homosexuality (Jenkins & Johnston, 2004; Mejia, 2019). For most juveniles, conversion therapy is an ineffective method and often creates more problems than it solves (Cates, 2007; Thomas, 2020). For example, one of the problems created by conversion therapy is an increase in mental illness among participating youth and a diminished sense of right from wrong (Thomas, 2020).

Hegemonic masculinity is the foundation of toxic masculinity. It focuses mainly on legitimizing a man's dominance within society and justifies the more socially destructive aspects of this dominance in terms of endorsing misogyny, homophobia, greed, violence, and rejecting the belief that men can have feminine ways. Connell and Messerschmidt (2005) revolutionized the concept of hegemonic masculinity by examining its utilization in addressing the disparities between men and women. They also wrote about hegemonic

femininity which they described as a pattern of behavior adopted by women to better help them conform to men's power without overstepping gender boundaries. They emphasized that femininity is the precursor to toxic femininity. The latter legitimizes the hierarchical and complimentary relationships on which hegemonic masculinity is founded. Commonly individuals who deviate from these frameworks are often demonized for failing to fulfill their "roles in society" (Kincaid, 2022).

Blackwood (2012) discussed the impact that Kennedy and Davis's (1993) work *Boots of Leather, Slippers of Gold: The History of a Lesbian Community* had on the lesbian community in the 1990s in terms of identity affirming attire. Prior to, there was a lot of discourse among the community and lesbian community about who classified as a lesbian and how women should dress versus how lesbians dress. The book provided insight on how clothes should not be exclusive to a person's gender identity because that thought process was too limiting. This led to the increase in exclusive terminology for how to define a lesbian who also maintained her gender and sexual identity (Blackwood, 2012; Kennedy & Davis, 2014). According to Snapp et al. (2015), LGBTQ youth violate gender norms such as dressing outside of what is considered normal are more likely to encounter issues with school resource officers (SROs) that can lead to entry into the proverbial school-to-prison pipeline. Youth who are raised in more gay hostile areas such as the south along the Bible Belt tend to experience stigma and discrimination for not adhering to feminine and masculine norms more frequently than their straight counterparts (Knight et al., 2016; Nadal et al., 2011; Snapp et al., 2015).

Strain

The Integrated LGBT Identity Strain Theory

LGBT Identity Strain Theory is the theoretical combination of both General Strain

Theory (Agnew, 1992) and Identity Theory to better explain the strain that sexual

identity has on self-identity, group identity, and societal identity (Burke & Stets, 2009).

General Strain Theory addresses the violation of criminal law while Identity Theory

addresses the violations of societal norms. Therefore, LGBT Identity Strain Theory

would define crime as a combination of a violation of criminal law and societal norms

(Agnew, 2011). LGBT Identity Strain Theory would actively focus on the strain that the

LGBT identity places on individuals who subsequently commit crimes. The only LGBT

specific theory is Queer Theory and even then the cause of LGBT delinquency is not

explained.

Queer Theory coined by Teresa de Lauretis' in 199,1 is both a theory and a call to

political action. It is a framework or catalyst to address the oppressive powers of gender-

based normativity, also known as heteronormativity. Queer Theory only examines the

body of criticisms on issues regarding gender and sexuality in fields such as politics,

sociology, and history (Ball, 2016; Woods, 2014). The purpose of the theory is to bring

LGBT issues to the forefront, by challenging the constructed ideology of *normal*. To

understand LGBT criminality integrating LGBT identity and strain theoretical

perspectives seems promising (King, 2022; Weiss, 2022).

LGBT Identity Strain Theory attempts to contextualize the issues within society that

create a lack of cohesion in identities. The rate of LGBT offenders has been on the rise

both among adults and juveniles. The question is, what are the defining factors that

contribute to this growing rate of crime? LGBT Identity Strain Theory could offer

insights addressing the issue at its core. Agnew's General Strain Theory can adequately

address how negative emotions caused by unique strain can contribute to criminality (Agnew, 1992, 2017). The LGBT identity would be deemed a unique strain because of the negative connotations that come with coming out as LGBT.

An example of LGBT Identity Strain Theory would be in the case of Aaron Hernandez. Hernandez was accused of being gay by former friend and murder victim, Odin Lloyd. Many believe this was the initial reason for Lloyd's homicide although there are no official reports stating what led to the incident (Fruen, 2020). Hernandez was raised mostly by his mother, Terri Hernandez, and older brother, D. J. Hernandez, following the death of their father in 2006 (Brown, 2020). Hernandez struggled with his sexual identity where he would sometimes violently deny the fact that he ever participated in a homosexual relationship with his best friend from high school, Dennis SanSoucie (Fruen, 2020; Henne & Ventresca, 2020).

From a young age Hernandez was an avid participant in football. Even now, gay football players are shunned or deemed less than by fans, coaches, and other players (Moscowitz et al., 2019; Sartore-Baldwin, 2012). The struggle between Hernandez' football identity clashed with his sexual identity. The strain from this potential internal struggle is a possible cause behind him lashing out toward Lloyd resulting in Lloyd's death.

Hernandez' classic strains manifested in signs of depression, anxiety, adverse childhood experiences, and the societal pressure to be the best he could for his job as a professional football player (Gallagher, 2017; Henne & Ventresca, 2020). LGBT identity strain theory is utilized to address how an individual's sexual identity, specifically their LGBT sexual identity, clashes with their other more prominent identities. The main

clashes experienced are the religious/cultural identity and the sexual identity because many cultures/religions, such as Christianity and Islam, actively condemn homosexuality (Coley, 2018; Talwar, 2021). In the Hispanic culture homosexuality is frowned upon and stigmatized because much of the Hispanic/Latino(a) culture is rooted in their ties to the Catholic religion (Mukherjee et al., 2018). The stigma of the LGBT status has both formal and informal control forces against it, formal in the laws and informal by people's norms enforcement against perceived deviance.

As a result, a major contribution to LGBT criminality is policing as it relates to hyper-incarceration and youth homelessness among different races and classes of LGBT persons (Nadal et al., 2017; Peck, 2022; Robinson, 2020). During the 1969 Stonewall riots, there was a significant rise in harassment of LGBT individuals by police officers. A systematic and intentional target was placed on LGBT individuals with the passing of anti-sodomy laws that created a whistle-blowing effect among community members. At this time, neighbors were known for surveilling each other and reporting individuals who were suspected of engaging in homosexual activity within their home in the early 2000s. Behaviors such as this lead to a series of traps designed by law enforcement with the intent to target gay men as recent as the 2010s (Goldberg et al., 2019). Police were known to surveil well-known LGBT areas with a higher chance of finding homosexual activity (Goldberg et al., 2019). LGBT minority youth were almost twice as likely to interact with police officers (Robinson, 2020).

Some law enforcement officials utilized excessive force or denied LGBT persons in need of service assistance given their perception of them as sexual predators who were morally corrupt, deviant, and as such, unworthy of much. Their beliefs have caused many LGBT

individuals to be demonized by their friends, family, and community which subsequently leads to homelessness and overrepresentations within the criminal justice system (Peck, 2022). Given these patterns it is important to understand just how the experiences of LGBT persons turns into criminality and how these pathways to deviance may differ from those taken by persons in the general non-LGBT population.

Religion and Strain

Religion in the United States has many branches such as Hinduism, Buddhism, Islam, Paganism, and the most common is Christianity. Christianity has many sub-branches, such as Judaism, Catholic, Protestant, Lutheran, Baptist, Southern Baptist, and Evangelical just to name a few, that make up the religious demographics in the United States. According to Roggemans et al. (2015), research shows that religious individuals tend to have prejudice against the LGBT community while their non-religious counterparts show signs of having less prejudice.

One of the potential causes for this prejudice is that the Bible teaches that homosexuality is immoral and furthermore, is demonized (Adamczyk et al., 2016; Horn, 2006; Roggemans et al., 2015).

For youth, the added pressures from their religious background in the United States may push them to go to extremes to reject their sexual identity. For example, youth conversion therapy is only illegal in 22 states and Washington, District of Columbia (D.C.) (Ashley, 2020; Campbell & van der Meulen Rodgers, 2023; Mallory et al., 2019). The Black, commonly Baptist, and Hispanic, commonly Catholic, communities are more integrated into religion and thus are more likely to follow the teaching of the Bible. These

teaching have led to conflict within the community surrounding their LGBT children because there is little no room for acceptance for them (Moore et al., 2020).

LGBT Homelessness and Strain

LGBT youth who engage in various criminal actions utilize crime as a means for survival. For example, a common practice in religious households when one of their children come out as LGBT is to remove them from the home. Parents will claim removing the minor is to protect their other children from sins brought about by the deviant child (Ashurst et al., 2023; Côté et al., 2023; Durso & Gates, 2012; Hogan & Roe-Sepowitz, 2023; McCandless, 2018). The result of being forced out is that many LGBT youth end up homeless which can lead to them engaging in more risky behaviors to help make ends meets. Some of these risky behaviors include engaging in prostitution, selling drugs, making drugs, drinking alcohol, or a combination of all four (McCandless, 2018; Rodriguez, 2021b).

Page (2016), building on the intersectionality work of Crenshaw regarding Black women (1991), emphasized the intersectionality impact of being a LGBT youth, who is also a person of color and homeless. The rate of victimization and stigmatization within the family increases by almost 50% if the youth is from a predominantly Black or Hispanic (Latinx) household (Page, 2016). A byproduct of the stress and rejection is the trauma related to the realities of being homeless such as not having a home, not knowing when or where their next meal will be, being forced to find a job with potentially no experience, and the negative influences present on the street encouraging juveniles to participate in crimes to support themselves (Page, 2016). For example, studies have shown that youth between the ages of 13 to 21 are more likely to engage in drug crimes

such as buying, selling, making, and using drugs like cocaine, crack, and

methamphetamines (Keuroghlian et al., 2014; Page, 2016).

Risky sexual behavior such as prostitution to survive is also common amongst

males and females who are homeless. This behavior jeopardizes the health of homeless

LGBT youth (Cochran et al., 2002; Page, 2016). For example, a study conducted in New

York in 1992 showed that five out of every 20 Black or Hispanic LGBT youth engaged in

some form of prostitution for money, drugs, or both (Savin-Williams, 1994). Besides

surviving prostitution while on the streets, drug use may become a part of coping to help

them forget their encounters with their clients (Côté et al., 2023; de Campos & Moretti-

Pires, 2022). Relatedly, multiple studies have shown that LGBT youth are around 53%

more likely to attempt suicide if they are also homeless (Haas et al., 2010; Page, 2016;

Savin-Williams, 1994, 2001; Savin-Williams & Ream, 2003).

The intersectionality between race, gender, and LGBT status leads to an increased chance

of discrimination within public spaces such as in encounters with police officers (Côté et

al., 2023) and in the judicial system. Côté et al. (2023) utilized qualitative data to explain

how police officers either racially or environmentally profiled suspects to determine their

guilt or innocence before even talking to the people in question. Many police officers

exhibit signs of homophobia, which is defined as discrimination against individuals who

are sexually/emotionally attracted to people of the sex sex/gender identity, biphobia,

discrimination against people who identify as bisexual, and transphobia, discrimination

against people who identify as transgender, which can lead to violence (Côté et al., 2023).

In addition, the court is more likely to pass swift judgment on individuals who identify as

LGBT rather than believe them to be victims of their circumstances (Côté et al., 2023; de

Campos & Moretti-Pires, 2022). As a result, claims of self-defense are less likely to be accepted for LGBT persons who are often treated as if their deviance warrants criminal victimization. This behavior has directly led to an increase in LGBT criminality within the United States.

The most publicized case of a homeless youth being prosecuted for being forced into prostitution is Cyntoia Brown. While Brown is not a member of the LGBT community, during her trial, evidence of her engaging in LGBT activity was utilized to demonize her character and make her appear more liable for charges related to being a sexual deviant turned murderer. The strategy negatively impacted her (Page, 2019; Wingfield-Smith, 2019). As a result, when Brown was 16 years old she was sentenced to 51 years in prison for murdering a client while she was a victim of human sex trafficking. During her trial, Brown claimed that she shot the victim a 43-year-old man, Johnny Allen, in self-defense (Brown-Long, 2019; Rodriguez, 2021a). Brown claimed that on multiple occasions her pimp, Garion McGlothen, also known as, Kut Throat, forced her to engage in sex with any client willing to pay, whether male or female (Brown-Long, 2019; Page, 2019; Rodriguez, 2021a).

The Milieu of Heteronormative Ideologies in the United States

Since slavery, the U.S. depiction of the deviant has often featured African Americans. As such, historically, U.S. Whites have long been portrayed as symbols of the wholesome family ideal with males and females adhering to their heteronormative gender roles. For men, this includes being the breadwinner of the family, the dominant personality within the marriage, which means the head of the household with the final say over what the family will and will not do. The female role is to be the submissive partner who oversees

the household chores such as cooking, cleaning, and child rearing (Herz & Johansson, 2015; Van der Toorn et al., 2020). On the other hand, LGBT behaviors were deemed to be a part of those things that the savage Blacks did in accordance with their less than human status, three-fifths human, according to the United States' Constitution (Ferguson (2000).

Myrdal's *American Dilemma* (1944) offered insights on the social forces that helped to render African Americans nonheteronormative (Herz & Johansson, 2015; Myrdal, 2017; Van der Toorn et al., 2020; Warner, 1991). Given the legacy of slavery and its discriminatory aftermath, Black females often had to assume male roles such a breadwinner. LGBT conduct further deviated from these norms of the traditional nuclear family (Herz & Johansson, 2015; Ray & Parkhill, 2021).

White supremacy philosophically created disparities in economic and social access to opportunities including a quality education. This continues to limit the social mobility of many Blacks (Delgado, 2012). With these limitations, some African American youth have turned to alternative access to means such as via criminality as a part of a gang or independently. (Panfil, 2020). Heteronormative ideologies come with a sense of entitlement and a dynamic hierarchy that places men at the top and women below them. When adding the LGBT identity to the hierarchy many straight men tend to disregard the fact that gay men are still men (Habarth, 2015; Van der Toorn et al., 2020).

LGBT Adverse Childhood Experiences

Research on how adverse childhood experiences impact juveniles toward delinquency is extensive, but when factoring in LGBT+ youth the literature becomes more limited. For example, Craig et al., (2020) were among the first to conduct an in-

depth exhaustive study on how adverse childhood experiences negatively impact LGBT+ minors. This is one of the few studies that featured LGBT minors as participants given how closeted LGBT youth tend to be while in adolescence (Craig et al., 2020). Utilizing a cross-sectional survey, the researchers determined that juveniles who were actively out to their parents and community experienced a higher rate of adverse childhood experiences that impacted their mental health. Juveniles who were a part of another minority group such as Latinx or Native American reported even higher rates of adverse childhood experiences via parental abuse (Craig et al., 2020).

Mental Health and Strain

Morgan et al (2023) used data on a national sample of 10,897 school-based youth to test General Strain Theory and delinquency. They found that depression did not mediate a relationship between problems at school given an LGBT+ identity and delinquency. This raises the question then of whether delinquency involving drug use is related to a choice to resist religious and societal influences in the absence of some mental maladaptation (Morgan et al., 2023).

According to Campbell and van der Meulen Rodgers (2023), conversion therapy, which involves intrusive talk therapy, led to an increase in the mental health crisis among LGBT youth. The states that have made conversion therapy illegal claim that its harms go well beyond mere talk (Campbell & van der Meulen Rodgers, 2023; Mallory et al., 2019). There are claims that it involves covertly forcing LGBT youth to engage in sexual activity with the opposite sex, forcing them to watch heterosexual pornography, or in some extreme cases electroshock therapy to help rewire their brains to be normal (Drescher et al., 2016; Hicks, 1999; Taglienti, 2021).

Most of these methods once discovered have been deemed illegal and inhumane, but many conversion therapy survivors stated that these practices still go on but are commonly ignored (Drescher et al., 2016; Moss, 2014; Taglienti, 2021). LGBT youth potentially use drugs as a means of coping with a multitude of things such as their environment, sexual identity, and mental health. For many LGBT youth, the mental health crisis is increasing.

Millennial and Generation Z (Zoomers) Drug Use

According to Curtis et al. (2019), drug use among the younger generations such as Millennials (1981-1996) and Generation Z (Zoomers) (1997-2012) increased significantly from previous generations. One cause for the increase is in part due to the availability of marijuana, also known as cannabis or weed, and the increased legality of weed in some states plus the widespread utilization of cannabidiol (CBD oil). Another main cause is the constant crisis of some sort, especially in the United States, that has led to an increased need to be able to cope (Curtis et al., 2019).

For example, following the 2020 COVID-19 pandemic, more LGBT youth were on lockdown in the house away from their friends/support system and instead were potentially surrounded by their heteronormative/homophobic families (Benotsch et al., 2023; Fish et al., 2020). Corliss et al. (2010) conducted a longitudinal cohort study between 1999 and 2005 which showed that there was a significant correlation between sexual orientation and drug usage among adolescents across the United States. Major correlates of the use of illicit drugs included sexual orientation which leads to other negative factors such as lack of family support, misusage of prescription drugs, stress, and internal struggles with their sexual identity (Corliss et al., 2010). The most popular

drugs used among Millennials and Zoomers are marijuana, prescription drugs, common party drugs such as molly, ecstasy, and LSD (Curtis et al., 2019).

With the increase in drug use especially in states where marijuana is illegal, users are vulnerable to falling victim to marijuana laced with something else. The process of cutting the drugs include lashing the drugs with other chemicals/drugs to help increase the product to make the resell value higher than the dealers initially paid (Broséus et al., 2016; Coomber, 1999). One of the main issues surrounding cutting drugs is that to cut corners drug dealers will use products such as baking soda, talcum powder, rat poison, and baby powder in products like cocaine and meth to increase the volume, so they are really selling less actual product for more money (Cole et al., 2011; Coomber, 2010; Morelato et al., 2019). For cannabis, dealers will lace their product with another drug that increases the addictive quality to ensure that their clients return for more. In Texas, one of the main drugs that is being laced into cannabis is fentanyl which makes it very easy for youth to overdose (Carroll et al., 2020; Hagan III, 2022).

LGBT Identity Strain Model Explanation

LGBT Identity

The literature indicates that engagement in delinquency, whether violent or non-violent, differs based on the person's specific LGBTQ identity and gender. Button and Worthen (2014) offered an intersectional General Strain Theory framework that integrated elements of LGBT identity and strain. The model was designed to explain the increased delinquency, suicidality, and substance abuse numbers among LGBTQ youth. They analyzed data from 539 youth in grades 9 to 12 and found that victimization experiences

amongst the LGBTQ population had a direct effect on outcomes such as poor academic performance, suicidality, and substance use.

Figure 1 begins with the input of the identity, LGBT individuals input their personal group, and societal identities. According to Burke and Stet (2009), personal identity is how a person perceives the self. For example, a personal identity would be young teenagers perceiving themselves to be LGBT, female, and single (Woods, 2018). Personal identity is different from self-perception. According to Pistella et al. (2023), an individual's self-perception is inherently connected to their community which means friends, family, and classmates. Persons can alter their self-perception without altering their self-identity. For example, a young LGBT individual can have a strong self-perception rooted in confidence and the acceptance of others, but society can still view that person as an abomination (Hossain & Ferreira, 2019; Pistella et al., 2023).

Figure 1

Button and Worthen (2014) Intersectional General Strain Theoretical Diagram
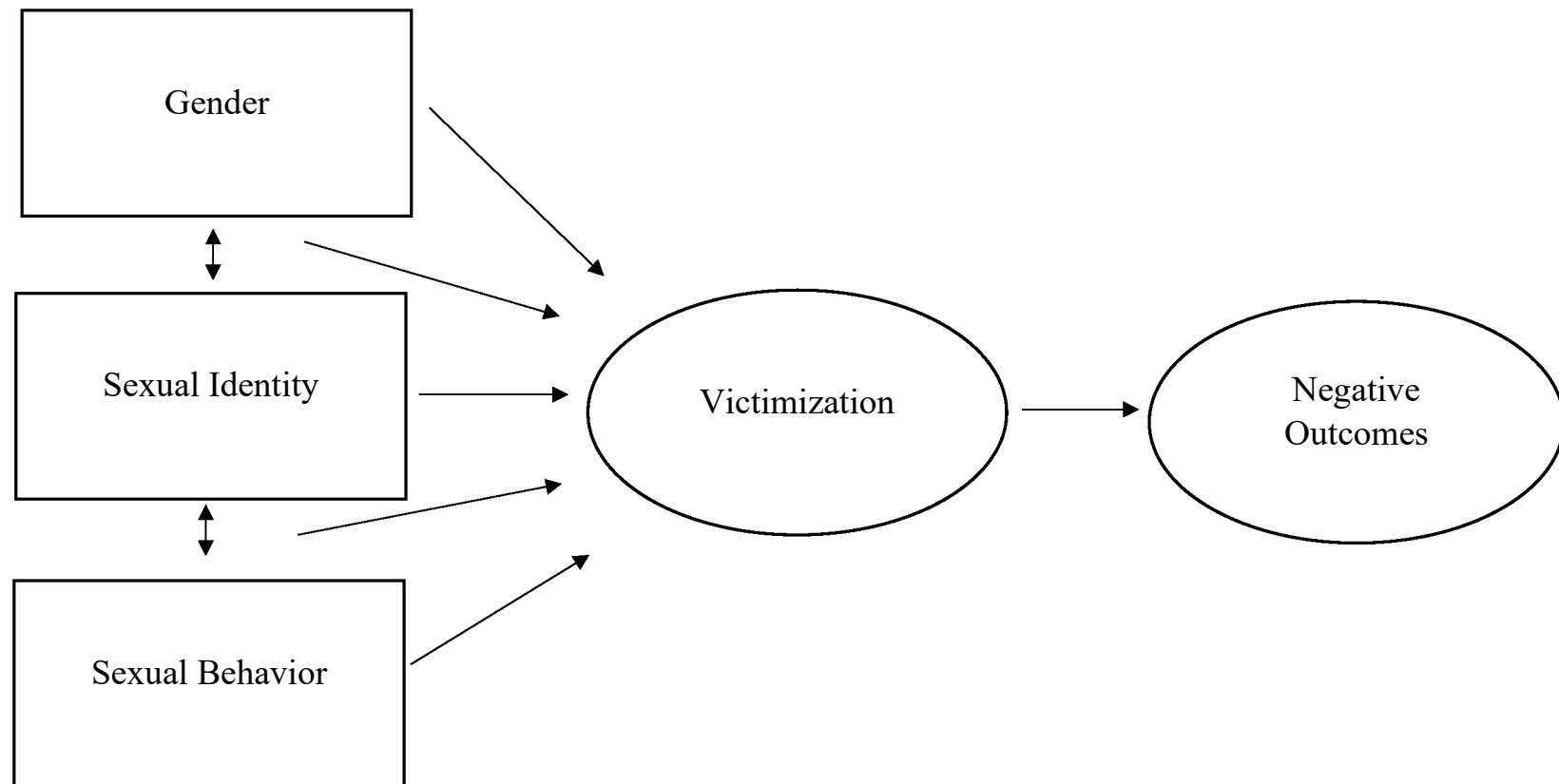
In the model from Button and Worthen (2014), both the identity and strain factors are taken into consideration. Starting with perceptions, at this stage an individual's identity is still being figured out (Button & Worthen, 2014). Their gender identity, sexual identity, and sexual behavior are not mutually exclusive to their sexual identity. During this stage, individuals are determining who they are and who they want to be. This is also when societal perceptions have the most influence. After an identity is sorted the youth will go toward the next stage where victimization is commonly experienced. At this stage, persons' self-perceptions are compared to societal opinions of them. For example, societal opinions have the potential to lead to stigmatization, discrimination, gender nonconformity, and internalized homophobia amongst LGBT persons.

LGBT Strain

Individuals who refuse to adhere to societal standards are often subjected to stigma and discrimination because they choose to be different and go against the agreed upon societal contract of normal. Many personalities are created from societal and cultural influences. A prime example would be individuals who are raised in religious households. They are more likely to adhere to expectations set by the religion such as attending a church or mosque every week, praying regularly, and maintaining friendships with individuals involved in the same religion. If an LGBT person's self-identity does not align with the community or societal norms, that person is prone to experiencing strain. Their victimization is linked to a lack of societal support given the LGBT identity. The rejection of a person's LGBT identity can create a disturbance within the entire identity. Often the disturbance can lead a person to attempt conformity which is different

for everybody. For example, one way young men conform is by increasing their outward masculine opinions. These masculine opinions are often portrayed as toxic masculinity.

For young women, the rejection of their LGBT identity can lead to hyper-sexualization to prove their heteronormativity which can also directly contribute to teenage pregnancy (Boyce et al., 2018; Ryan et al., 2009; Ybarra et al., 2020). The rejection of one's LGBT identity is considered a strain because an outcome could be an increase in internalized homophobia. The last step is negative outcomes, which addresses what happens if a youth does not receive the societal support of validation needed to fully accept their LGBT identity. For many youths, the negative outcome is drug use (Batchelder et al., 2023; Pape et al., 2022; Schuler et al., 2018).

CHAPTER III

METHOD

The Current Study

Burke and Stet's (2009) Identity Theory and Agnew's (1992) General Strain Theory created the framework for LGBT Identity Strain Theory utilized in the current study. According to Identity Theory, individuals have three main identities that over time can begin to clash and overlap. General Strain Theory suggests that this overlapping and clashing can create a negative effect. LGBT Identity Strain Theory addresses the unique sexual identity that contributes to the strain experienced which can lead to crimes committed as a means of coping.

The current study examined how LGB youth experienced and coped with stigma, discrimination, and other oppression factors given their sexual identities. According to Ball (2019), research shows that there is a lack of knowledge regarding queer youth who reside in African American and Latinx households. Most research regarding LGBT individuals feature adults and White persons. However, the dataset utilized in this study has a sufficient race/ethnicity demographic spread. The purpose was to gain an understanding of how the LGB identifier, experiences of strain, and exposure to specific risk factors predict substance abuse amongst a diverse sample of LGB youth, 18-25 years old.

Research Purpose and Questions

This study expands the literature on strain associated with being lesbian, gay, or bisexual (LGB) for youth. This strain is what many LGBT+ youth experience as adverse

childhood experiences within a broader population context where heteronormative ideologies are dominant. For some, this seems to lead to status offenses. With the LGBT community increasing in the United States among Generation Z and youth (Jones, 2021) more definitive insight is needed regarding increases in deviance.

The following research questions were addressed:

Research Question 1: What aspects of LGB identity predict drug use in LGB youth?

Research Question 2: What aspects of LGB strain (stigma/discrimination/adverse childhood experiences) predict drug use in LGB youth?

Research Question 3: Do sexual and gender identity strain, related to religion and mental health predict the likelihood of drug use?

Hypothesis 3: Sexual and gender identity strain predict drug use.

Research Question 4: Do negative societal perceptions of LGB individuals, childhood gender nonconformity, femininity versus masculinity, stigma, and discrimination, related to appearance as an acceptable-looking man or woman predict LGB youth drug use?

> **Hypothesis 4:** Negative societal perceptions of LGB individuals related to childhood gender nonconformity, femininity versus masculinity, stigma, and discrimination predict drug use.

Research Design

This was a quantitative predictive study. The goal was to identify defining factors that have contributed to LGB offending for the youngest generation of LGB persons in the sample under examination. In addition, this study described the everyday stigmatization and discrimination of a marginalized unique population of LGB persons during their youth. A series of Ordinary Least Squares (OLS) and binary logistic regressions were

used to examine the impact of traditional strain, that is, adverse childhood experiences and mental health and LGB unique strain, that is, gender identity and sexual identity. Meyer (2019) recommended that studies pertaining to generational LGB should be examined utilizing a mixture of traditional and unique variables. This is because LGB individuals experience a higher level of discrimination both from society and family solely on account of their sexual identity. Their unique identities need further examination to explain how and why they impact youth trajectories.

The Dataset

The current study utilized secondary data from the Inter-University Consortium for Political and Social Research (ICPSR) titled *Generations: A Study of the Life and Health of LGB People in a Changing Society, United States, 2016-2019* (Meyer, 2019). The overall purpose of the dataset was to establish how the LGB identity affected their lives from school age to present. The initial sample size consisted of 366,644 participants, but only 3.5% of the initial Gallup sample identified as LGBT. Of the 3.5%, only 27.5% of the sample size fit their study's eligibility criteria. The criteria were: (1) age must fall within the preset generational cohorts, 18-25, 34-41, and 52-59, (2) must have attended some form of formal schooling either Grade 1 through Grade 11, high school graduate/GED, technical/trade school, or college degree, (3) must have completed at least 6th grade or higher, (4) must identity as lesbian, gay, bisexual, queer, or same gender loving. Answers of "I don't know" or "Refuse to answer" were also accepted into the sampling baseline. Therefore, with these criteria utilized to eliminate participants the final sample size was 1,518 participants.

According to Meyer (2019), the Generations study is a five-year study designed with the intent to examine the physical/mental health, educational, and overall well-being of three generations of lesbians, gay men, and bisexuals (LGB). The initial researchers obtained participants via Gallup, Inc., a survey research consulting company (Meyer, 2019). Generation participants were enrolled from March 16, 2016, through March 30, 2017. For greater diversity the researcher conducted another round of enrollment for Black and Latino participants from April 1, 2017, through March 30, 2018 (Meyer, 2019). The Daily Tracking Survey was utilized to conduct telephone interviews with consenting participants who qualified for the survey over the course of 350 days. Gallup utilized a dual-frame sampling procedure that included random-digit dialing (RDD) to aid in reaching both cellphone and landline participants. Gallup went a step further by stratifying the RDD list to be able to proportionately sample the U.S Census regions and time zones to complete the interviews in a reasonable timeframe (Meyer, 2019).

The Generations study used a two-step recruitment procedure that first questioned the willing Gallup respondents who initially identified as LGBT. The final question for all of the telephone interviews were, "Do you, personally, identify as lesbian, gay, bisexual, or transgender?" (Meyer, 2019, Pg. 19). From this point, the researchers could determine in which study to place the participants.

If participants identified as lesbian, gay, or bisexual (LGB) they were placed in the Generations study. If the participants identified as transgender then they were screened for another study known as Transgender Population (TransPop) (Meyer, 2019). The respondents who were eligible to participate were invited through email or a mailed survey to complete by self-administration via a web link or printed questionnaire. All

respondents were sent a $25 gift certificate as incentive to participant (Meyer, 2019). For every Wave, the participants received another $25 gift certificate.

Given that gaining access to LGB youth across the United States is complex, the initial researchers utilized older participants across three generational cohorts and evaluated their youth experiences that impacted their adult lives. The questionnaires captured felt stigma, sexual identity, gender identity, everyday discrimination, adverse childhood experiences, chronic strains, childhood gender non-conformity scale, internalized homophobia, community connectedness, and alcohol/drug use disorders. The dataset included three ages cohorts, 18-25, 34-41, and 52-59. The initial researchers created these gaps to better understand the generational impact that the broader community has had on the LGBT community. The generational gap was also utilized to better measure coping and resilience levels across three cohorts.

The three cohorts represented the effects of the very beginning of the LGBT Movement, the middle like the passing of laws like *Lawrence v. Texas* (year), the end of the old movement, and the beginning of the more modern-day LGBTQIA2+ era. The current study used data from 1,518 persons from the data on the 18–25-year-olds. The Generational LGB data initially evaluated which age cohort experienced the most discrimination, stigmatization, and prejudice from friends, family, and society. It captured whether there had been any distinct change in the community support of LGB individuals and if they thought that the stigma and discrimination that they perceived affected their income and education.

Measures

Control Variables (Identity)

Race was controlled from the baseline. It included Black, White, Hispanic, Middle Eastern, Pacific Islander, or American Indian. Given that the three largest groups were Black, White, Hispanic, Multi-race, those individuals who identified as mixed race, and the Other race/ethnicities were coded as "Other" to help condense the data presented. The researcher recoded the race/ethnicity variables to: 1 = , 2 = Black, 3 = Hispanic, 4 = Multirace, and 5 = Other. As shown in Table 1, the total sample for the current study after removing participants who did not meet the qualifications was White, 931 (61.3%), African Americans, 180 (11.9%), Hispanic, 158 (10.4%), Multi-race, those individuals who identified as half Black/half White or a mixture of Asian/Black/White, 230 (15.2%), and Other, a combination of Asian, Native Indian, Pacific Islander, and Middle Eastern accounts for 19 (1.2%).

Table 1

Race/Ethnicity

Race	Total	Valid Percent	Cumulative Percent
Black/African American	180	11.9	11.8
Hispanic/Latino	158	10.4	22.3
White	931	61.3	83.6
Multirace	230	15.2	98.8
Other	19	1.2	100
Total	1518	100	

During Wave 1, participants were asked with which *gender identity* they most associated and were provided three options, male, female, and nonbinary/gender queer. Only these three options were taken into consideration because transgender was removed from this dataset and included in another unpublished dataset known as TransPop. Individuals who identified as women comprised 750 (49.4%) of the sample, individuals who identified as men 674 (44.4%), and individuals who identified as non-binary or genderqueer made up 94 (6.2%).

Table 2

Gender

Gender	Total	Valid Percent	Cumulative Percent
Woman	750	49.4	49.4
Man	674	44.4	93.8
Non-binary/Genderqueer	94	6.2	100
Total	1518	100	

The LGBT+ community is a spectrum that needs to be adequately represented in terms of gender and sexual identity. The variable for *sexual identity* was measured as 1 = straight, 2 = lesbian, 3= gay, 4 =bisexual, 5 = queer, 6 = same-gender loving, 7 = other, 8 = asexual spectrum, 9 = pansexual, and 10 = anti-label. Notably the dataset included sub-categories for their groupings. For example, within lesbian, there was lipstick lesbian which is a lesbian who dresses and acts more feminine. If the gay man identified as a bear, it meant a homosexual male who is hairy, and, or more heavy-set. There was also the more traditional terminology used such as top which is the individual who would play

the more dominant or *man* role in the gay/lesbian relationship, and the bottom who is the more submissive or *female* (Meyer, 2016; Meyer, 2019).

For this study, the variables were condensed to help produce better results. Because the study is about LGB, the values for the straight participants were removed and the others were recoded so that 1 = lesbian, 2 = gay, 3 = bisexual, and 4 = other. The descriptive statistics for sexual identity in Table 3 demonstrate that lesbians accounted for 292 (19.2%), gays 541 (35.6%), bisexual 493 (32.5%), and other (i.e., same gender loving, pansexual, asexual spectrum, and queer) 192 (12.7%).

Table 3

Sexual Minority Identity

Sexual Identity	Total	Valid Percent	Cumulative Percent
Lesbian	292	19.2	19.2
Gay	541	35.6	54.8
Bisexual	493	32.5	87.3
Other	192	12.7	100
Total	1518	100	

The sexual minority identity of the participant is vital for testing the theory LGBT Identity Strain. Individuals who acknowledge their sexual identity from a younger age tend to face more challenges as they develop because of this identity. Youth who come out during adolescence are more at risk for mental health issues created by the removal of social support from their family, friends, and community (Formby, 2015). Another side effect is potential bullying and risk of homelessness brought about by the lack of social

support (D'augelli, 2002; Formby, 2015). For this study, the variable for *Sexual Minority Identity,* was measured as 1 = lesbian, 2 = gay, 3 bisexual, 4 = other.

The control variables are important for testing LGBT+ Identity Strain Theory because the main premise of the theory is the sexual minority identity aspect and how that identity is measured. The primary way to measure the sexual minority identity is by understanding how people choose to apply that label to themselves via gay/lesbian/bisexual or via top/bottom/switch. Table 4 depicts the identity portion of the theory which consisted of gender identity, sex at birth, sexual identity, and sexual minority identity established with a Cronbach's alpha of .559.

Table 4

Perceptions of Identity

Item	Mean	SD
Gender Identity	2.85	1.16
Sex at Birth	3.50	.965
Sexual Identity	3.68	1.01
Sexual Minority Identity	3.50	.965

$\alpha = .559$

Feminine versus masculine and *childhood gender nonconformity* are variables that are examined throughout the study mainly because gender presentation to the public is a factor in LGBT community engagement. There are many sub-groups under the label of lesbian such as butch, femme, lipstick, or stem which refers to the outward presentation of the individuals (Blackwood, 2012; Blair & Hoskin, 2014; Martino & Cumming-Potvin, 2019). For example, butch lesbians are typically more masculine and can often be mistaken for men. Femme or lipstick lesbians are typically the ones who are

more feminine presenting and are often mistaken for being too pretty to be a lesbian.
Finally, stems are individuals who experience more fluidity in their outward appearance
such as dressing either more masculine or more feminine depending on their mood.

Classifying as a stem is different from being gender fluid because regardless of
how the individual dresses they still identify as a woman (Blackwood, 2012; Blair &
Hoskin, 2014; Martino & Cumming-Potvin, 2019). For the study, *feminine versus
masculine* is measured via a Likert scale of 1 – 7, 1 = very feminine to 7 = very
masculine. For the variable *childhood gender nonconformity,* the data are measured via a
scale of 1 – 3, 1 = Top decile (most gender nonconformity), 2 = Median-top decile, 3 =
Median (least gender nonconformity). *M* = 2.36 and *SD* = .683.

Predictor Variables (Strain)

In this study, the predictor variables of LGBT Identity Strain Theory were the
variables of *stigma, discrimination, adverse childhood experiences, mental health,
religion, feminine versus masculine,* and *childhood gender nonconformity. Stigma,
discrimination, mental health, religion,* and *adverse childhood experiences* address the
strain portion for LGBT youth. While *feminine versus masculine, childhood gender
nonconformity,* and *sexual minority identity* addressed the identity portion for LGBT
youth.

For s*tigma,* the variable "felt stigma" was measured using questions that pertained to
information such as (1) most people where I live think less of people who are LGB, (2)
most employers where I live will hire openly LGB people if qualified, and (3) most
people where I live would not want someone who is openly LGB to take care of their
children. The variable is measured on a Likert scale of 1 – 5, 1 = strongly disagree, 2 =

somewhat disagree, 3 = neither agree nor disagree, 4 = somewhat agree, and 5 = strongly

agree. Gower et al. (2016) examined the stigma of bullying and microaggressions against

LGBT youth in both Canada and the United States. The primary themes were (1) enacted

stigma occurred in many contexts, (2) enacted stigma restricted movement via

socialization, that is, fitting in with one's peers/community, and (3) second-hand accounts

of enacted stigma shaped perceptions of safety (i.e., learning how to blend in with the

community limited the stigma felt) (Gower et al., 2021). LGBT juveniles who learn from

an early age how to blend in with their community decrease the risk of being ostracized

by their peers later. The removal of social support during adolescents or puberty can

potentially influence youth toward individuals who will give them the validation that they

seek and remove the feelings of being stigmatized given their LGBT identity (Panfil,

2018; Panfil, 2020; Serrano Amaya & Rios Gonzalez, 2019; Woods, 2018).

Discrimination was measured via the variable "everyday discrimination" which

asked respondents if (1) they were treated with less courtesy than other people, (2) treated

with less respect than other people, (3) if people acted as if they thought they were

dishonest, (4) if people acted as if they were better than them (the respondent), (5) called

names or insulted, and (6) threatened or harassed. The variable was measured via a Likert

scale of 1 – 4, 1 = often, 2 = sometimes, 3 = rarely, 4 = never. According to Panfil

(2018), one of the main contributors to LGBT adolescents engaging in delinquency is the

fear/lived experience of discrimination. Many individuals, especially people of color,

experience discrimination daily for a multitude of factors such as skin color, hair texture,

religion, or socio-economic status. Adding their sexual identity increases their

vulnerability to discrimination (Corliss et al., 2010; Page et al., 2013; Panfil, 2018;

Panfil, 2020). The item consistency for *discrimination* and *stigma* is shown by a

Cronbach's alpha score of .423.

Table 5

Discrimination/Stigma

Item	Mean	SD
Everyday Discrimination	1.90	.691
Felt Stigma	2.66	.945

α=.423

      For *adverse childhood experiences,* the variable measures actions such as

emotional abuse, incarcerated household member such as mother, father, or sibling,

intimate partner violence, household mental illness like depression, mentally ill, or

suicidal, physical abuse like punching, slapping, kicking, or hitting, parental

separation/divorce, sexual abuse by an individual at least five years older/an adult, or

household substance abuse that includes illegal street drugs or abused prescription

medications. This dependent variable was measured utilizing a dichotomous response

survey (0 = no and 1 = yes). The items consistency of how prevalent *adverse childhood*

experiences are in the study is demonstrated by a Cronbach's alpha score of .704.

Table 6

Adverse Childhood Experiences

Item	Mean	SD
Emotional Abuse	.67	.470
Physical Abuse	.39	.489
Sexual Abuse	.37	.483
Household Separation/Divorce	.34	.474
Household Substance Abuse	.46	.499
Household Incarceration	.14	.345

Household Mental Illness	.45	.497
Household Intimate Partner Violence	.33	.469

α = .704

Mental Health coded as Kessler-6, is a concern for many youths, but especially LGBT youth. According to Russell and Fish (2016), over the past decade there has been an increase in prevention, intervention, and treatment for LGBT youth with severe mental health problems. The three main causes are (a) victimization brought about by societal pressure to come out, (b) victimization or rejection related to the expectations that accompany coming out, and (c) the internalization of negative social attitudes such as internalized homophobia brought about by religious influences (Hatzenbuehler, 2009; Russell & Fish, 2016). This variable is measured using the frequency of six symptoms such as "feeling nervous," "hopeless," "restless or fidgety," "so depressed that nothing could cheer you up," "that everything was an effort," or "worthless." They were measured on a Likert scale of 0 to 4 with 0 = None of the time and 4 = All the time. Mental health had a mean of *M* = 7.66 and *SD* = 5.481.

Religion tends to play a very important role in the LGBT community because of the lasting impact that growing up in a religious region/household has on developing LGBT youth. According to Fuist (2016), scholars have examined the religious identities that surround the LGBT community in terms of "identity reconciliation" which focuses on how being LGBT and religion can conflict. The conflict is what leads to homophobia, given the prevalence of LGBT stereotypes like gay men are pedophiles, and the belief that being gay is an automatic ticket to Hell (Coley, 2017; Fuist, 2016; O'Brien, 2014;

Wilcox, 2006). For this study, *religion* was measured as 1 = Protestant, 2 = Roman

Catholic, 3 = Mormon, 4 = Orthodox, 5 = Jewish, 6 = Muslim, 7 = Buddhist, 8 = Hindu,

9 = Atheist, 10 = Agnostic, 11 = Spiritual, 12 = Something else, 13 = Nothing in

particular; were recoded to 1 = Protestant, 2 = Roman Catholic, 3 = Other Spiritual

Beliefs and 4 = Non-Believing/Other. The purpose of this recode is to consolidate the

variables with smaller numbers. *Religion* had a mean of *M* = 3.61 and *SD* = 4.243.

Table 7

Religion

Youth Religion	Total	Valid Percent	Cumulative Percent
Protestant	681	45.5	45.5
Roman Catholic	439	29.3	74.8
Other Spiritual Beliefs	172	11.4	86.2
Non-Believing/Other	226	13.8	100
Total	1518	100	

Conversion therapy has had a negative impact on the LGBT community because

most individuals who are involved are either there against their will (i.e., youth), or they

have been shamed by their parents, community, and religion and feel as though being

straight is their only option (i.e., internalized homophobia). Conversion therapy was

separated into three different variables: (1) discusses general conversion therapy and

whether the participant has even been subjected to the practice, (2) discusses conversion

therapy by a religious leader such as a Pastor, Father, Deacon, or any other denomination,

(3) specifically mentioned whether conversion therapy was attempted by a healthcare

provider such as a doctor or psychologist. All three variables were coded dichotomous as

1 = yes and 2 = no. For *conversion therapy* in Table 8, the Cronbach's alpha score is .796.

Table 8

Conversion Therapy

Item	Mean	SD
General Conversion Therapy	.07	.257
Religious Figure Conversion	.06	.229
Healthcare Professional Conversion	.02	.152

α = .796

Outcome Variable (Drug Use)

For the outcome variable, drug use, the *Drug Use Disorders Identification Test (DUDIT)* was used to determine adolescents' likelihood of engaging in risky drug behavior. DUDIT was measured with 11 items pertaining to drugs such as marijuana, methamphetamine, crack, heroin, ecstasy, gamma-hydroxybutyric acid (GHB), and pills such as sleeping pills and painkillers (Meyer, 2019). The 11-point questionnaire asked the participants detailed questions about their potential drug usage. The questionnaire addressed topics such as (1) how often were drugs used over alcohol, (2) was more than one drug used at a time, (3) how many times a day were drugs taken, (4) how often was the participant heavily influenced by drugs, (5) how often they felt the longing for drugs that were too strong to resist, (6) how often the participants were able to stop taking drugs once they started, (7) have you taken drugs and then neglected to do something you should have, (8) have you needed to take drugs the morning after heavy drug use the day before, (9) have you felt guilt or had a bad conscience because of drug usage, (10) has mental or physical harm come to you or anybody because of your (the participants) drug

usage, and (11) has a friend, relative, doctor, or nurse been worried about your (the

participants) drug usage?

Of the 11-points in the Drug Use Disorders Identification Test, 8 points were measured

on a scale of 0 = *never used drugs to* 4 = *daily/almost daily drug usage or 4 times or*

more a week. One item ranged from 0 = *0 times* through 4 = *7 or more times*. The

remaining two items addressed the mental and physical harm of their drug usage and

whether others have expressed concern (worried) about their drug use is measured as 0 =

no, 1 = *yes.* The variable labeled DUDIT, a combined variable for all 11 questions was

measured on a scale of 1 = no to all questions, 2 = answered questions, but not all, and 3

= yes to all questions. DUDIT is measured utilizing a continuous interval scaling but can

also be adjusted to dichotomous scaling for certain questions. The scaling is per the

researcher's discretion. According to Hildebrand (2015), the Drug Use Disorders

Identification Test attempted to identify at-risk drug use and drug dependency of the

participant. The positive of DUDIT is that the questions are mainly measured on a

continuous scale (Basedow et al., 2021; Hildebrand, 2015; Pape et al., 2022). The item

consistency is demonstrated by a Cronbach's alpha score of .851.

Analysis

The data were cleaned and checked for a linear relationship, no significant outliers,

independence of observations, continuous dependent variable, and homoscedasticity.

Secondly, descriptive statistics were conducted to gain a better understanding of how the

variables correlated or related to each other. The outcome variable measured the level of

drug use experienced by the LGB participants when they were below the age of 18 years

old, possibly as a coping mechanism for daily struggles.

Table 9

DUDIT: Drug Use Disorders Identification Test

Item	Mean	SD
Often Drug Use	1.90	1.372
More than One Type	1.20	.598
How Many Drugs Used	1.47	.758
Influenced Heavily by Drugs	1.36	.866
Strong Longing for Drugs	1.16	.627
Not Been Able to Stop Drugs	1.09	.487
Neglected Others for Drugs	1.23	.640
Needed Drugs in the Morning	1.10	.490
Feeling Guilty After Drug Use	1.22	.654
Hurt Mentally/Physically from Drugs	1.11	.313
Others Worried about Drug Use	1.12	.321

$\alpha = .851$

To analyze the quantitative data, several OLS and binary logistic regressions were run to determine how prevalent drug use was among the Millennial/Zoomer generation. The research questions were:

1. What aspects of LGB identity predict drug use in LGB youth?

2. What aspects of LGB strain (stigma/discrimination/adverse childhood experiences) predict drug use in LGB youth?

3. Do sexual and gender identity strains, related to religion and mental health predicts the likelihood of drug use?

4. Do negative societal perceptions of LGB individuals, childhood gender nonconformity, femininity versus masculinity, stigma, and discrimination, related to appearance as an acceptable-looking man or woman predict LGB youth drug use?

Data were analyzed with OLS and binary logistic regressions. The first nine questions of the DUDIT questionnaire were examined with OLS regressions, and the last two with binary logistic regressions for insights on specific aspects of drug utilization engagement. The researcher also ran an OLS regression on the combined DUDIT variables to determine overall what was significant for the study.

OLS regressions were utilized in the study because the data are linear. With an OLS regression significance was expected per ANOVA. For two of the questions, the variables were measured on a yes or no scale, therefore, a binary regression was the appropriate regression to utilize.

CHAPTER IV

RESULTS

This study attempted to assess the impact of the LGB identity and related unique strains with LGB drug usage. The 11-point Drug Use Disorder Identification Test examined each variable individually to determine which factors played a role in drug usage from Wave 1 of the longitudinal dataset on 18–25-year-olds. By examining the impact the LGBT identity has when examined given the unique strain involving everyday discrimination and felt stigma, along with more traditional strains such as adverse childhood experiences and mental health issues the current study can indicate any connections to drug usage among LGB youth. The study utilized linear data along with OLS regressions and binary logistic regressions to help form a better picture regarding key instances where an identity compounded with strain contributes to drug use. A summary of the descriptive statistics was completed with all the variables utilized throughout the study as seen in Table 10.

Table 10

Descriptive Statistics

	M%	SD	Minimum – Maximum	α
Age	.441	.497	18 – 25	
Race				
Black/African American	11.9%			
Hispanic	10.4%			
White	61.3%			
Multirace	15.2%			
Other	1.2%			
Identity				

Perceptions of Identity				.559
Gender Identity	1.69	.978	1 – 5	
Sex at Birth	1.47	.499	1 – 2	
Sexual Identity	3.54	1.448	1 – 10	
Sexual Minority Identity	1.57	.697	1 – 3	
Childhood Gender Nonconformity	2.36	.683	1 – 3	
Femininity versus Masculinity	2.87	1.118	1 – 5	
Strains				
Discrimination/Stigma				.423
Everyday Discrimination	1.90	.691	1 – 4	
Felt Stigma	2.66	.945	1 – 5	
Adverse Childhood Experiences	3.15	2.138	0 – 8	.704
Emotional Abuse	.67	.470	0 – 1	
Physical Abuse	.39	.489	0 – 1	
Sexual Abuse	.37	.483	0 – 1	
Household Separation/Divorce	.34	.474	0 – 1	
Household Substance Abuse	.46	.499	0 – 1	
Household Incarceration	.14	.345	0 – 1	
Household Mental Illness	.45	.497	0 – 1	
Household Intimate Partner Violence	.33	.469	0 – 1	
Conversion Therapy				.796
General Conversion Therapy	.07	.257	0 – 1	
Religious Figure Conversion	.06	.229	0 – 1	
Healthcare Professional Conversion	.02	.152	0 – 1	
Religion	3.61	4.243	1 – 13	
Internalized Homophobia	1.62	.757	1 – 5	
Mental Health	7.66	5.481	0 – 24	
DUDIT	3.32	5.487	0 – 35	.851
Often Drug Use	1.90	1.372	1 – 5	
More than One Type	1.20	.598	1 – 5	
How Many Drugs Used	1.47	.758	1 – 5	
Influenced Heavily by Drugs	1.36	.866	1 – 5	
Strong Longing for Drugs	1.16	.627	1 – 5	
Not Been Able to Stop Drugs	1.09	.487	1 – 5	

Neglected Others for Drugs	1.23	.640	1 – 5
Needed Drugs in the Morning	1.10	.490	1 – 5
Feeling Guilty After Drug Use	1.22	.654	1 – 5
Hurt Mentally/Physically from Drugs	1.11	.313	1 – 2
Others Worried about Drug Use	1.12	.321	1 – 2

Research Question 1: What aspects of LGB identity predict drug use in LGB youth?

Tables 11 – 16 all have identity variables that show significance, and therefore answer the question of what aspects of LGB identity predict drug use. Table 11 depicts the factors that played into drug usage overall as opposed to alcohol usage. The reason why this variable was run by individuals is because typically drugs and alcohol are often combined, therefore, a variable that measures solely drugs over alcohol was vital to see any significant differences. This finding is important because DUDIT examines multiple drugs used such as marijuana, THC, ecstasy, and a multitude of other uppers and downers. ANOVA showed that Table 11 has a high statistical significance at $p < .001$. Variables in the identity category that showed significance toward drug usage over alcohol usage were sexual identity ($t = -2.258$, $p < .024$), sex at birth ($t = 2.194$, $p < .028$), and sexual minority identity ($t = 3.152$, $p < .002$).

Research Question 2: What aspects of LGB strain (stigma/discrimination/adverse childhood experiences) predict drug use in LGB youth?

Tables 11 – 22 all have strain variables that show significance, and therefore answer the question of what aspects of LGB strain predict drug use. For strain, the variables that played a significant role in the drug use over alcohol use were felt stigma ($t = -3.288$, $p < .001$), religion ($t = 2.282$, $p < .023$), mental health ($t = 3.577$, $p < .001$), household substance abuse ($t = 2.455$, $p < .014$), sexual abuse ($t = 2.687$, $p < .007$), and

physical abuse ($t = 2.113$, $p < .035$). Household substance abuse, sexual abuse, and physical abuse fall under the adverse childhood experiences category. They were separated here to address the specific strains individually.

Table 11

OLS Regression Model 1 Frequency of Drug Use Besides Alcohol ($N = 1518$)

Variable	B	SE	Beta	t	Sig.
Age (18-25)	.160	.083	.059	1.923	.055
Race	-.011	.21	-.015	-.529	.597
Identity					
Gender Identity	.021	.047	.015	.457	.648
Sexual Identity	-.127	.056	-.129	-2.258	.024*
Sex at Birth	.222	.101	.082	2.194	.028*
Sexual Minority Identity	.381	.121	.194	3.152	.002**
Childhood Gender Nonconformity	-.052	.058	-.026	-.901	.368
Feminine vs. Masculine	.019	.034	.015	.550	.582
Strain					
Felt Stigma	-.137	.042	-.095	-3.288	.001***
Everyday Discrimination	.109	.065	.056	1.687	.092
Internalized Homophobia	-.085	.051	-.048	-1.673	.095
Religion	.019	.008	.059	2.282	.023*
Mental Health	.030	.008	.118	3.577	.001***
Conversion Therapy					
General Conversion	.364	.530	.072	.687	.492
Religious Figure	-.207	.505	-.036	-.410	.682
Healthcare Provider	-.327	.447	-.038	-.731	.465
A.C.E.					
Household Substance Abuse	.206	.084	.076	2.455	.014*
Household Intimate Partner Violence	.032	.097	.011	.332	.740
Household Mental Illness	-.093	.081	-.034	-1.142	.254
Household Incarceration	-.009	.118	-.002	-.076	.939

Sexual Abuse	.221	.082	.079	2.687	.007**
Physical Abuse	.191	.090	.069	2.113	.035*
Emotional Abuse	.020	.090	.007	.226	.821
Parental Separation or Divorce	.012	.082	.004	.142	.887

*indicates $p < .05$, **indicates $p < .01$, ***indicates $p < .001$.

In Table 12, the research question was to assess risky conduct as combined drug use can be more fatal for youth. The ANOVA showed high statistical significance at $p < .001$. For identity, the variables that showed significance toward more than one type of drug being used on the same occasion the only variable that showed significance is sex at birth ($t = 2.375$, $p < .018$). For strain, the variables that played a significant role in more than one type of drug being used on the same occasion were everyday discrimination ($t = 3.235$, $p < .001$), religion ($t = 2.157$, $p < .031$), and emotional abuse ($t = -2.653$, $p < .008$).

Table 12

OLS Regression Model 2 for More Than One Drug Taken Per Occasion ($N = 1518$)

Variable	B	SE	Beta	t	Sig.
Age (18-25)	.002	.038	.002	.049	.961
Race	.001	.010	.003	.092	.927
Identity					
Gender Identity	.009	.022	.014	.416	.678
Sexual Identity	-.015	.026	-.034	-.589	.556
Sex at Birth	.111	.047	.091	2.375	.018*
Sexual Minority Identity	.101	.056	.115	1.826	.068
Childhood Gender Nonconformity	-.007	.027	-.008	-.271	.786
Feminine vs. Masculine	.019	.034	.015	.550	.582
Strain					
Felt Stigma	-.029	.019	-.045	-1.523	.128

Everyday Discrimination	.096	.030	.109	3.235	.001***
Internalized Homophobia	-.011	.023	-.013	-.460	.646
Religion	.008	.004	.056	2.157	.031*
Mental Health	.006	.004	.056	1.640	.101
Conversion Therapy					
General Conversion	.107	.244	.047	.441	.659
Religious Figure	-.082	.232	-.032	-.352	.725
Healthcare Provider	-.088	.206	-.022	-.428	.669
A.C.E.					
Household Substance Abuse	.043	.038	.036	1.125	.261
Household Intimate Partner Violence	.040	.045	.031	.902	.367
Household Mental Illness	-.060	.037	-.049	-1.608	.108
Household Incarceration	-.036	.054	-.021	-.656	.512
Sexual Abuse	.015	.038	.012	.403	.687
Physical Abuse	.069	.041	.055	1.672	.095
Emotional Abuse	-.110	.042	-.085	-2.653	.008**
Parental Separation or Divorce	.070	.038	.055	1.867	.062

*indicates $p < .05$, **indicates $p < .01$, ***indicates $p < .001$.

In Table 13, the frequency of drugs being taken per day is significant because if a youth engages in drug usage once or twice a month that is considered causal drug use and can be tied to them engaging in typical youth parties. If LGB youth engages in drug usage more than one or two times a week that is commonly linked to significant everyday strains. The ANOVA showed high statistical significance at $p < .001$. Under the category for identity, the initial question was asked with the intent to show the significancy of how many drugs were taken on a typical day. The variables that showed significancy was the age of the participants ($t = 2.427$, $p < .015$), sexual identity ($t = -2.332$, $p < .020$), and sexual minority identity ($t = 3.009$, $p < .003$). For strain, the variables that played a significant role in how many times drugs were taken on a typical day was felt stigma ($t =$

-3.844, $p < .001$), religion ($t = 2.979$, $p < .003$), mental health ($t = 4.508$, $p < .001$),

household substance abuse ($t = 2.647$, $p < .008$), sexual abuse ($t = 2.902$, $p < .004$), and

physical abuse ($t = 2.925$, $p < .004$).

Table 13

OLS Regression Model 3 for Drug Use on a Typical Day ($N = 1518$)

Variable	B	SE	Beta	t	Sig.
Age (18-25)	.111	.046	.074	2.427	.015*
Race	.000	.012	.000	-.012	.990
Identity					
Gender Identity	.024	.026	.030	.922	.357
Sexual Identity	-.072	.031	-.132	-2.332	.020*
Sex at Birth	.100	.055	.067	1.796	.073
Sexual Minority Identity	.199	.066	.183	3.009	.003**
Childhood Gender Nonconformity	-.013	.032	-.011	-.399	.690
Feminine vs. Masculine	.009	.018	.013	.482	.630
Strain					
Felt Stigma	-.088	.023	-.111	-3.844	.001***
Everyday Discrimination	.069	.036	.063	1.940	.053
Internalized Homophobia	-.023	.028	-.023	-.807	.420
Religion	.014	.005	.077	2.979	.003**
Mental Health	.021	.005	.148	4.508	.001***
Conversion Therapy					
General Conversion	.177	.290	.063	.608	.543
Religious Figure	-.189	.276	-.059	-.685	.494
Healthcare Provider	-.097	.245	-.020	-.398	.691
A.C.E.					
Household Substance Abuse	.121	.046	.081	2.647	.008**
Household Intimate Partner Violence	-.019	.053	-.012	.348	.728
Household Mental Illness	-.059	.044	-.040	-1.335	.182

	B	SE	Beta	t	Sig.
Household Incarceration	-.002	.064	-.001	-.024	.981
Sexual Abuse	.131	.045	.084	2.902	.004**
Physical Abuse	.145	.049	.094	2.925	.004**
Emotional Abuse	-.015	.049	-.010	-.312	.755
Parental Separation or Divorce	.039	.045	.025	.874	.382

*indicates $p < .05$, **indicates $p < .01$, ***indicates $p < .001$.

In Table 14 the frequency results related to heavy drug use is examined. Commonly when youth utilize heavy drugs as a means of coping there are strains in their everyday life. The ANOVA showed high statistical significance at $p < .001$. In the identity category that showed significance toward how often the participant was heavily influenced by drugs, the variables with high significance were age of the participants ($t = 2.334$, $p < .020$), sexual identity ($t = -2.667$, $p < .008$), and sexual minority identity ($t = 3.682$, $p < .001$). For strain, the variables that played a significant role in how often the participant was heavily influenced by drugs were felt stigma ($t = -2.012$, $p < .044$), religion ($t = 2.885$, $p < .004$), and mental health ($t = 3.649$, $p < .001$).

Table 14

OLS Regression Model 4 Being Influenced Heavily by   Drugs ($N = 1518$)

Variable	B	SE	Beta	t	Sig.
Age (18-25)	.125	.054	.072	2.334	.020*
Race	-.013	.014	-.028	-.983	.326
Identity					
Gender Identity	.032	.030	.035	1.066	.287
Sexual Identity	-.097	.037	-.153	-2.667	.008**
Sex at Birth	.039	.065	.023	.603	.547
Sexual Minority Identity	.288	.078	.227	3.682	.001***
Childhood Gender Nonconformity	-.017	.037	-.013	-.443	.658
Feminine vs. Masculine	.003	.022	.004	.147	.883

Strain

Felt Stigma	-.054	.027	-.059	-2.012	.044*
Everyday Discrimination	.061	.042	.049	1.472	.141
Internalized Homophobia	-.053	.033	-.046	-1.612	.107
Religion	.015	.005	.075	2.885	.004**
Mental Health	.020	.005	.121	3.649	.001***
Conversion Therapy					
General Conversion	.022	.341	.007	.064	.949
Religious Figure	.038	.3240	.010	.118	.906
Healthcare Provider	.167	.288	.030	.580	.562
A.C.E.					
Household Substance Abuse	.084	.054	.048	1.554	.120
Household Intimate Partner Violence	.012	.063	.007	.198	.843
Household Mental Illness	-.058	.052	-.033	-1.114	.266
Household Incarceration	.016	.076	.007	.216	.829
Sexual Abuse	.043	.053	.024	.821	.412
Physical Abuse	.074	.058	.042	1.278	.201
Emotional Abuse	.057	.058	.031	.981	.327
Parental Separation or Divorce	-.036	.053	-.020	-.690	.490

*indicates $p < .05$, **indicates $p < .01$, ***indicates $p < .001$.

In Table 15, the reason this variable was examined individually is because many drugs, especially common street drugs such as meth, cocaine, and crack, all come with negative side effects such as withdrawal. While these drugs are highly addictive, if there is an added amount of strain that pushes LGB youth towards heavier drugs these avenues need to be addressed. The ANOVA showed high statistical significance at $p < .001$. In the identity category, the variable that showed significance toward whether the participant felt a longing for drugs so strong they could not resist was sex at birth ($t = 2.058$, $p < .040$). For strain, the variables that played a significant role whether the

participant felt a longing for drugs so strong they could not resist were everyday

discrimination ($t = 2.417$, $p < .016$) and mental health ($t = 3.810$, $p < .001$).

Table 15

OLS Regression Model 5 of Irresistible Longing for Drugs ($N = 1518$)

Variable	B	SE	Beta	t	Sig.
Age (18-25)	-.036	.038	-.029	-.941	.347
Race	-8.937	.010	.000	-.009	.993
Identity					
Gender Identity	8.248	.022	.000	.004	.997
Sexual Identity	-.014	.026	-.030	-.523	.601
Sex at Birth	.096	.047	.078	2.058	.040*
Sexual Minority Identity	.056	.056	.062	1.005	.315
Childhood Gender Nonconformity	-.015	.027	-.016	-.546	.585
Feminine vs. Masculine	.030	.016	.054	1.932	.054
Strain					
Felt Stigma	-.014	.019	-.021	-.711	.477
Everyday Discrimination	.072	.030	.081	2.417	.016**
Internalized Homophobia	-.013	.023	-.016	-.569	.570
Religion	.004	.004	.025	.977	.329
Mental Health	.015	.004	.128	3.810	.001***
Conversion Therapy					
General Conversion	.361	.245	.154	1.472	.141
Religious Figure	-.335	.233	-.127	-1.436	.151
Healthcare Provider	-.299	.207	-.075	-1.443	.149
A.C.E.					
Household Substance Abuse	.040	.039	.032	1.039	.299
Household Intimate Partner Violence	-.005	.045	-.004	-.115	.908
Household Mental Illness	.012	.037	.009	.308	.758
Household Incarceration	-.055	.054	-.031	-1.007	.314
Sexual Abuse	.097	.038	.076	2.566	.010**

	.021	.042	.017	.514	.607
Physical Abuse	.021	.042	.017	.514	.607
Emotional Abuse	.045	.042	.034	1.070	.285
Parental Separation or Divorce	.054	.038	.041	1.414	.158

*indicates $p < .05$, **indicates $p < .01$, ***indicates $p < .001$.

DUDIT items 5 and 6 are similar (see Appendix), so only results for item 5 are included here.

Research Question 3: Do sexual and gender identity strain, related to religion and mental health predict the likelihood of drug use?

In Tables 11 – 16, religion and mental health showed significance alongside identity variables such as gender or sexual identity/sexual minority identity. In Tables 17 – 19, there are no identity variables that showed significance, but religion and mental health still did. Therefore, strain related to religion and mental health still predicted LGB drug use, and the hypothesis is supported. In Table 16, the variable was measured individually because often when heavy drugs are taken, individuals become so consumed by their addiction that other obligations such as work or school, family/friends, sports, and community involvement become second to their drug usage. Therefore, for this research, the significant variables that played a part in these slip in obligations are important to LGB research. The ANOVA showed high statistical significance at $p < .001$. In the identity category, the variables that showed significance regarding whether once drugs were taken, did the participant neglect other obligations were age ($t = 3.095$, $p < .002$) and sexual minority identity ($t = 2.149$, $p < .032$). For strain, the variables that played a significant role whether once drugs were taken, did the participant neglect other obligations were religion ($t = 2.867$, $p < .004$) and mental health ($t = 3.383$, $p < .001$). DUDIT item 8 was skipped given its similarity to item 7 (see Appendix).

Table 16

OLS Regression Model 6 Neglect of Obligations Given Drugs ($N = 1518$)

Variable	B	SE	Beta	t	Sig.
Age (18-25)	.120	.039	.096	3.095	.002**
Race	-.015	.010	-.043	-1.505	.133
Identity					
Gender Identity	.005	.022	.007	.214	.830
Sexual Identity	-.046	.026	-.102	-1.773	.076
Sex at Birth	.076	.047	.061	1.609	.108
Sexual Minority Identity	.120	.056	.134	2.149	.032*
Childhood Gender Nonconformity	-.021	.027	-.023	-.783	.434
Feminine vs. Masculine	.005	.016	.009	.326	.744
Strain					
Felt Stigma	-.017	.019	-.025	-.861	.389
Everyday Discrimination	.030	.030	.033	.995	.320
Internalized Homophobia	.005	.024	.007	.228	.819
Religion	.011	.004	.074	2.867	.004**
Mental Health	.013	.004	.113	3.383	.001***
Conversion Therapy					
General Conversion	.130	.190	.073	.686	.493
Religious Figure	-.174	.181	-.086	-.963	.336
Healthcare Provider	-.095	.161	-.031	-.589	.556
A.C.E.					
Household Substance Abuse	.052	.030	.054	1.720	.086
Household Intimate Partner Violence	-.015	.035	-.015	-.443	.658
Household Mental Illness	.009	.029	.010	.325	.745
Household Incarceration	-.042	.042	-.031	-.993	.321
Sexual Abuse	.029	.029	.030	.992	.322
Physical Abuse	.057	.032	.058	1.753	.080
Emotional Abuse	.006	.032	.006	.182	.856
Parental Separation or Divorce	-.034	.029	-.034	-1.151	.250

*indicates $p < .05$, **indicates $p < .01$, ***indicates $p < .001$.

In Table 17, the variable guilt after drug use captures mental health status. Youth experiencing guilt after taking heavy drugs can potentially contribute to their continued drug usage and emotional deficits. The ANOVA showed high statistical significance at $p < .001$. In the identity category, there are no significant variables that focus on questions regarding how often the participant feels guilty or has a bad conscience because of drug use. For strain, the variables that played a significant role regarding how often the participant feels guilty or has a bad conscience because of drug use were mental health ($t = 4.311, p < .001$), household substance abuse ($t = 2.415, p < .016$), household mental illness ($t = 2.129, p < .033$), and sexual abuse ($t = 2.029, p < .043$).

Table 17

OLS Regression Model 7 Guilt or Bad Conscience After Using   ($N = 1518$)

Variable	B	SE	Beta	t	Sig.
Age (18-25)	.046	.041	.035	1.122	.262
Race	-.003	.010	-.009	-.311	.756
Identity					
Gender Identity	.025	.023	.037	1.100	.271
Sexual Identity	-.019	.028	-.040	-.701	.483
Sex at Birth	.045	.050	.034	.908	.364
Sexual Minority Identity	.033	.059	.035	.565	.572
Childhood Gender Nonconformity	-.033	.029	-.034	-1.162	.245
Feminine vs. Masculine	.007	.016	.012	.443	.658
Strain					
Felt Stigma	-.034	.020	-.050	-1.693	.091
Everyday Discrimination	.017	.032	.018	.552	.581
Internalized Homophobia	.037	.025	.043	1.493	.136
Religion	.002	.004	.012	.454	.650
Mental Health	.018	.004	.145	4.311	.001***

Conversion Therapy					
General Conversion	.240	.259	.097	.927	.354
Religious Figure	-.324	.246	-.116	-1.313	.189
Healthcare Provider	-.217	.219	-.052	-.993	.321
A.C.E.					
Household Substance Abuse	.099	.041	.076	2.415	.016*
Household Intimate Partner Violence	-.048	.048	-.034	-1.000	.317
Household Mental Illness	.084	.400	.064	2.129	.033*
Household Incarceration	-.054	.058	-.029	-.938	.349
Sexual Abuse	.082	.040	.060	2.029	.043*
Physical Abuse	-047	.044	-.035	-1.056	.291
Emotional Abuse	.048	.044	.034	1.077	.282
Parental Separation or Divorce	.047	.040	.034	1.162	.245

*indicates $p < .05$, **indicates $p < .01$, ***indicates $p < .001$.

In Table 18, the variable was run individually because drugs, especially meth, cocaine, and crack, have the potential to make the users physically or mentally violent. Of course, such conduct could add to a person's feelings of strain. The Omnibus Tests of Model Coefficients showed high statistical significance at $p < .001$. In the identity category, the variable that showed significance for factors that indicated whether anybody had been hurt mentally or physically due to the participant's drug use was race of the participant ($t = 1.179$, $p < .003$). For strain, the variables that indicated whether anybody had been hurt mentally or physically due to the participant's drug use were religion ($t = 1.270$, $p < .034$), household substance abuse ($t = 2.051$, $p < .001$) and sexual abuse ($t = 2.052$, $p < .001$). This means that religion is a key factor in whether an individual will become mentally or physically violent following drug use. Drug use within the household also play a significant role because youth already have access to said drugs. Finally, youth who have trauma regarding sexual abuse use drugs possibly as a means of coping with this trauma.

Table 18

Binary Logistic Regression Model 1 Anyone Hurt Given Your Use (*N* = 1518)

Variable	B	SE	Wald	Exp (B)	Sig.
Age (18-25)	-.001	.212	.000	.999	.995
Race	.165	.055	9.010	1.179	.003**
Identity					
Gender Identity	.118	.099	1.405	1.125	.236
Sexual Identity	.060	.126	.224	1.061	.636
Sex at Birth	.060	.241	.061	1.061	.804
Sexual Minority Identity	.086	.274	.100	1.090	.752
Childhood Gender Nonconformity	.068	.149	.211	1.071	.646
Feminine vs. Masculine	.000	.086	.000	1.000	.999
Strain					
Felt Stigma	-.158	.105	2.255	.854	.133
Everyday Discrimination	.256	.157	2.655	1.292	.103
Internalized Homophobia	.155	.122	1.616	1.168	.204
Religion	.239	.113	4.470	1.270	.034*
Mental Health	.017	.020	.711	1.017	.399
Conversion Therapy					
General Conversion	1.310	1.286	.781	3.706	.308
Religious Figure	-1.022	1.232	.125	.360	.656
Healthcare Provider	-1.007	1.140	.688	.365	.407
A.C.E.					
Household Substance Abuse	.718	.214	11.234	2.051	.001***
Household Intimate Partner Violence	-.260	.237	1.210	.771	.271
Household Mental Illness	.213	.205	1.085	1.238	.298
Household Incarceration	-.095	.269	.125	.909	.724
Sexual Abuse	.719	.203	12.524	2.052	.001***
Physical Abuse	-.082	.223	.134	.922	.126
Emotional Abuse	.108	.243	.198	1.114	.656
Parental Separation or Divorce	.303	.198	2.346	1.354	.126

*indicates $p < .05$, **indicates $p < .01$, ***indicates $p < .001$.

In Table 19, this question was vital to the research because whether the participant ever experienced somebody asking/telling them to stop using drugs shows some social/community support. A common factor that leads to LGB drug usage is the lack of support towards their mental, emotional, and physical wellbeing. The Omnibus Tests of Model Coefficients showed high statistical significance at $p < .001$. In the identity category, the variables that showed significance on whether once drugs were taken did the participant neglect other obligations were age ($p < .002$) and sexual minority identity ($p < .032$). For strain, the variables that indicated significance towards worry about an individual's drug use were mental health ($t = 1.042$, $p < .034$) and household substance abuse ($t = 1.384$, $p < .007$).

Table 19

Binary Logistic Regression Model 2 Worried Party Said to Stop ($N = 1518$)

Variable	B	SE	Wald	Exp (B)	Sig.
Age (18-25)	-.222	.205	1.168	.280	.801
Race	.145	.053	7.461	1.156	.006**
Identity					
Gender Identity	-.002	.104	.000	.998	.984
Sexual Identity	.000	.122	.000	1.000	.998
Sex at Birth	.321	.239	1.801	1.378	.180
Sexual Minority Identity	.426	.260	2.680	1.000	.102
Childhood Gender Nonconformity	.163	.147	1.238	1.177	.266
Feminine vs. Masculine	.043	.083	.268	1.044	.605
Strain					
Felt Stigma	-.144	.102	1.967	.866	.161
Everyday Discrimination	.132	.153	.743	1.141	.389
Internalized Homophobia	.111	.119	.864	1.117	.353
Religion	.215	.113	3.665	1.240	.056
Mental Health	.041	.020	4.501	1.042	.034*

Conversion Therapy					
General Conversion	2.030	1.256	2.612	7.617	.106
Religious Figure	-1.393	1.210	1.326	.248	.249
Healthcare Provider	-1.241	1.128	1.210	.289	.271
A.C.E.					
Household Substance Abuse	.554	.206	7.198	1.740	.007**
Household Intimate Partner Violence	.177	.225	.617	1.194	.432
Household Mental Illness	-.151	.198	.579	.860	.447
Household Incarceration	-.124	.262	.225	.883	.635
Sexual Abuse	.362	.197	3.369	1.436	.066
Physical Abuse	-.090	.215	.176	.914	.675
Emotional Abuse	.247	.240	1.062	1.280	.303
Parental Separation or Divorce	.325	.192	2.863	1.384	.091

*indicates $p < .05$, **indicates $p < .01$, ***indicates $p < .001$.

Research Question 4: Do negative societal perceptions of LGB individuals, childhood gender nonconformity, femininity versus masculinity, stigma, and discrimination, related to appearance as an acceptable-looking man or woman predict LGB youth drug use?

There are no results that show significance toward childhood gender nonconformity and femininity and masculinity. Tables 11 – 15, and Tables 20 – 22 show significance for stigma and discrimination. Therefore, the hypothesis is partially supported. In Table 17, the ANOVA showed high statistical significance at $p < .001$. In the identity category, the variables that showed overall significance amongst DUDIT were sex at birth ($t = 2.169$, $p < .030$) and sexual minority identity ($t = 2.826$, $p < .005$). For strain, the variables that played a significant role amongst DUDIT were felt stigma ($p < .004$), everyday discrimination ($t = -2.904$, $p < .007$), religion ($t = 2.734$, $p < .006$), mental health ($t = 4.904$, $p < .001$), household substance abuse ($t = 3.323$, $p < .001$), and sexual abuse ($t = 3.312$, $p < .001$).

Table 20

OLS Regression Model 8 the Combined DUDIT Variable (*N* = 1518)

Variable	B	SE	Beta	t	Sig.
Age (18-25)	.523	.326	.048	1.606	.108
Race	.032	.082	.011	.390	.697
Identity					
Gender Identity	.111	.183	.020	.607	.544
Sexual Identity	-.391	.221	-.099	-1.771	.077
Sex at Birth	.856	.395	.079	2.169	.030*
Sexual Minority Identity	1.338	.474	.170	2.826	.005**
Childhood Gender Nonconformity	-.166	.227	-.014	-.511	.609
Feminine vs. Masculine	.079	.132	.016	.599	.549
Strain					
Felt Stigma	-.471	.162	-.082	-2.904	.004**
Everyday Discrimination	.691	.254	.088	2.724	.007**
Internalized Homophobia	-.032	.199	-.004	-.159	.874
Religion	.091	.033	.071	2.734	.006**
Mental Health	.159	.033	.159	4.904	.001***
Conversion Therapy					
General Conversion	2.975	2.083	.146	1.429	.153
Religious Figure	-2.692	1.982	-.117	-1.358	.175
Healthcare Provider	-1.805	1.757	-.052	-1.028	.304
A.C.E.					
Household Substance Abuse	1.086	.327	.100	3.323	.001***
Household Intimate Partner Violence	.071	.378	.006	.188	.851
Household Mental Illness	-.105	.317	-.010	-.331	.740
Household Incarceration	-.299	.462	-.019	-.648	.517
Sexual Abuse	1.063	.321	.095	3.312	.001***
Physical Abuse	.415	.352	.038	1.180	.238
Emotional Abuse	.149	.354	.013	.420	.675
Parental Separation or Divorce	.121	.321	.011	.376	.707

*indicates $p < .05$, **indicates $p < .01$, ***indicates $p < .001$.

In Table 21, the variable measured is whether the participant tried to stop using drugs. The reason this variable was run separately is because the significant variables that potentially led to their failed attempt to stop using drugs is important to the body of knowledge. The ANOVA showed high statistical significance at $p < .001$. In the identity category, there were no variables that showed any significance. Therefore, the LGB identity was not connected to whether a participant stopped their drug use. For strain, the variables that confirmed the timeframe of the participants longing for drugs once started were everyday discrimination ($t = 2.019$, $p < .044$), mental health ($t = 2.597$, $p < .010$), and sexual abuse ($t = 1.981$, $p < .048$).

Table 21

OLS Regression Model 9 An Attempt to Stop Using ($N = 1518$)

Variable	B	SE	Beta	t	Sig.
Age (18-25)	.010	.030	.010	.326	.745
Race	.002	.008	.008	.274	.784
Identity					
Gender Identity	-.011	.017	-.022	-.651	.515
Sexual Identity	-.014	.020	-.041	-.700	.484
Sex at Birth	.064	.037	.067	1.745	.081
Sexual Minority Identity	.044	.043	.064	1.010	.313
Childhood Gender Nonconformity	-.016	.021	-.023	-.779	.436
Feminine vs. Masculine	.011	.012	.026	.904	.366
Strain					
Felt Stigma	.005	.015	.010	.321	.748
Everyday Discrimination	.047	.023	.068	2.019	.044*
Internalized Homophobia	-.006	.018	-.009	-.316	.752
Religion	.001	.003	.009	.341	.733

	B	SE	Beta	t	Sig.
Mental Health	.008	.003	.088	2.597	.010**
Conversion Therapy					
General Conversion	.156	.191	.087	.819	.413
Religious Figure	-.204	.181	-.101	-1.124	.261
Healthcare Provider	-.103	.161	-.034	-.640	.522
A.C.E.					
Household Substance Abuse	.024	.030	.025	.796	.426
Household Intimate Partner Violence	.034	.035	.034	.982	.326
Household Mental Illness	-.023	.029	-.024	-.773	.439
Household Incarceration	-.057	.042	-.042	-1.348	.178
Sexual Abuse	.058	.030	.060	1.981	.048*
Physical Abuse	.008	.032	.008	.234	.815
Emotional Abuse	.022	.032	.022	.669	.503
Parental Separation or Divorce	-.038	.030	-.038	-1.296	.195

*indicates $p < .05$, **indicates $p < .01$, ***indicates $p < .001$.

In Table 22, the outcome variable was run individually because it indicates the severity of the addiction with an interest in identifying the main strain that contributes to the drug use. The ANOVA showed high statistical significance at $p < .001$. In the identity category, there are no variables that show any statistical significance. Therefore, the LGB identity is not related to a participant's need to take more drugs after engaging in a night of heavy drug use. For strain, the variables that played a significant role whether the participant felt a longing for drugs so strong they could not resist were everyday discrimination ($t = 2.610$, $p < .009$) and mental health ($t = 2.632$, $p < .009$).

Table 22

OLS Regression Model 10 Need Drugs the Night After Heavy Use ($N = 1518$)

Variable	B	SE	Beta	t	Sig.
Age (18-25)	.016	.030	.017	.550	.582
Race	-.001	.008	-.005	-.159	.874

Identity

Gender Identity	-.015	.017	-.030	-.896	.371
Sexual Identity	-.013	.020	-.038	.658	.511
Sex at Birth	.019	.036	.020	.525	.600
Sexual Minority Identity	.014	.043	.020	.317	.752
Childhood Gender Nonconformity	-.012	.021	-.017	-.578	.563
Feminine vs. Masculine	.009	.012	.021	.730	.466

Strain

Felt Stigma	-.020	.015	-.039	-1.316	.189
Everyday Discrimination	.061	.023	.088	2.610	.009**
Internalized Homophobia	.025	.018	.039	1.355	.176
Religion	.005	.003	.046	1.769	.077
Mental Health	.008	.003	.089	2.632	.009**
Conversion Therapy					
General Conversion	.130	.190	.073	.686	.493
Religious Figure	-.174	.181	-.086	-.963	.336
Healthcare Provider	-.095	.161	-.031	-.589	.556
A.C.E.					
Household Substance Abuse	.052	.030	.054	1.720	.086
Household Intimate Partner Violence	-.015	.035	-.015	-.443	.658
Household Mental Illness	.009	.029	.010	.325	.745
Household Incarceration	-.042	.042	-.031	-.993	.321
Sexual Abuse	.029	.029	.030	.992	.322
Physical Abuse	.057	.032	.058	1.753	.080
Emotional Abuse	.006	.032	.006	.182	.856
Parental Separation or Divorce	-.034	.029	.030	.992	.322

*indicates $p < .05$, **indicates $p < .01$, ***indicates $p < .001$.

Summary of Results

Results demonstrated that both identity and strain, both unique and traditional, played a factor in youth engaging in drug usage. Overall, the youngest generational cohort

experienced a disconnect between their self-identity compounded from strain. The results showed a negative association with their identity and strains which contributed to their reports of drug use overtime. The variables that showed the most significance were gender identity, sex at birth, sexual identity, and sexual minority identity. Identity did not correlate with drug use for every DUDIT question, but for the summation of DUDIT identity did play a factor in drug use amongst the youngest age cohort. Data from this study showed that stigma and discrimination adequately predicted the likelihood of drug use among LGB youth. Other strain variables that showed consistent significance were mental health, religion, and adverse childhood experiences.

Overall, the research results showed that gender identity, sex at birth, and sexual identity/sexual minority identity only partially played a role in the drug use among LGBT youth. Therefore, (H_3) is partially supported by the research. Negative societal perceptions focused solely on just looking at an individual can accurately determine one's identity was not supported by the research. Childhood gender nonconformity nor femininity versus masculinity did not show any significance in determining drug use among youth, but stigma and discrimination often showed significance. Therefore, (H_4) is partially supported by the research.

CHAPTER V

CONCLUSION

This study sought to investigate whether certain identity factors and strains predicted drug use amongst 18–25-year-old LGB youth. Regarding the impact of the LGB identity, when DUDIT scale items were examined individually variables such as gender identity, sexual identity, sex at birth, and sexual minority identity demonstrated significance in predicting drug use. Variables such as femininity versus masculinity and childhood gender nonconformity did not demonstrate significance as factors in LGB youth drug use. Regarding the impact of LGB related strain on LGB youth drug use, the main variables that showed impact were stigma, discrimination, religion, mental health, and adverse childhood experiences.

In every regression run one of these variables showed significance toward drug use among LGB youth. These findings are in accord with the literature. Research conducted by Mallory et al. (2021) indicated that stigma and discrimination against LGBT people was related to an increase in religious trauma and mental health issues. The stigma and discrimination tended to involve bullying and harassment from school aged peers and family rejection given religious beliefs.

Masculinity/femininity was not significant and neither was conversion therapy, but, stigma and discrimination along with religion often had significance predicting drug use. These results also support existing literature (Macbeth et al., 2022; Page et al., 2013; SAMHSA, 2020; Talwar, 2021). Drug use is commonly assumed to be a way of escape or coping given strong negative emotions (Fish et al., 2021; Russell & Fish, 2016; SAMHSA, 2020). Research conducted by Miller et al. (2020) utilized data from the LGBTQ National Teen Survey and examined the intersectional relationship between

family acceptance and religion on mental health among LGBTQ youth. The findings showed that religious affiliation was strongly associated with depression among LGBTQ youth (Miller et al., 2020).

Femininity and masculinity are two terms commonly addressed in the LGBT community because there are men who are *too* feminine, and women who are *too* masculine. The crossover for negative societal perceptions would have to pinpoint them experiencing strain from these specific factors which is not shown here. Hatzenbuehler et al. (2015) addressed the stigma and societal discrimination that contributes to creating negative stereotypes about the LGBT community. For many youth, especially those involved in religion and who were raised with negative thoughts about the LGBT community, there is often a felt need to hide their sexual and gender identity (Boppana & Gross, 2019; Corliss et al., 2010; Hatzenbuehler et al., 2015). Therefore, the fourth hypothesis that negative societal perceptions of LGB individuals related to childhood gender nonconformity, femininity versus masculinity, stigma, and discrimination predicted drug use is partially supported.

The theoretical assumption surrounding negative societal perceptions of the LGBT identity and strain showed that youth who grow up in a community with negative perceptions or sources of strain, are more likely to engage in drug use. However, negative societal perceptions of masculinity and femininity and childhood gender nonconformity had no significance in a youth's likelihood to engage in drug use. In keeping with literature like Schulz et al. (2022), youth who fail to adhere to perceived societal norms and attitudes are more susceptible to drug usage as a means of coping with their abnormality. These results indicate that the impact of strain is more potent on a micro

level from persons in the youth's day to day life than by the societal regard of the LGB identity.

Nevertheless, the negative societal perceptions provide the context for the micro level experiences of the lack of social support within the community. This then seems to lead to an increase in the need to cope and in the absence of more positive and appealing options, youth engage in drug use. In terms of drugs of choice, some researchers have found common use of uppers to help improve their outlook on life and put them in a more positive mood, that is, increase their serotonin by using drugs such as Xanax or downers to numb their emotions by using drugs such as Ambien (Batchelder et al., 2023; Salvati et al., 2021). Among street drugs, marijuana is another choice. Of course, these drugs offer temporary relief, but long term can perpetuate negative mental health for LGB youth.

Implication of the Results

Given that individual level interpersonal experiences of stigma and discrimination within LGB youth's upbringing increases their chances of engaging in drug use (Hatzenbuehler et al., 2015; SAMHSA, 2020) having ways to counter this effect on the individual level is an important short term goal. With urgency, this can involve school and other therapy or education sessions on how to process these situations. A longer-term goal would be changing the broader context and societal attitudes. Legislatures and service organizations could facilitate this instruction and make resources available as a public health response to a serious problem. These proactive measures should prove far less expensive than the current reactive approve to youth substance use.

The Substance Abuse and Mental Health Services Administration Annual Report in 2018 showed a significant increase in drug usage among LGB young adults/youth, ages18-25

years old. Frequent marijuana usage was also associated with opioid misuse. The main drug of choice amongst LGB youth was marijuana because of how easy the drug is to access, especially in states where marijuana is legal (SAMHSA, 2020). Next in popularity are psychotherapeutic drugs commonly found in most pain killers such as hydrocodone, fentanyl, and Vicodin, or sleep aids such as Lunesta and Ambien. The drug second to least used by LGB youth was methamphetamines (meth). Studies show that meth is difficult to make and the signs of a meth addict are more noticeable by the community, therefore, the signs are harder to hide, hence, its lack of youth appeal (SAMHSA, 2020). The least used drug among LGB youth is heroin because the method of use, injection, leaves a lot of room for error and it is not perceived as a party drug which youth prefer (SAMHSA, 2020; Schuler et al., 2019; Schuler et al., 2018). According to Kincaid (2022), negative societal perceptions of men who appear feminine automatically placed them in a more masculine role which aligns with hegemonic masculinity, while females take a follower approach commonly known as emphasized femininity. Cultural stereotypes also play a role in societal expectations for masculinity and how men are supposed to behave and portray themselves (Kincaid, 2022). The results of Kincaid (2022) showed that age and cultural background had less impact on societal perceptions of masculinity and femininity, but instead the traditional frameworks of hegemonic masculinity. Therefore, the research supports the idea of negative societal perceptions stemming from religion playing a role in perceived masculinity and femininity. The current study failed to align with or add to the existing body of research surrounding LGBT appearances.

Results of the study also show that mental health and religion played a significant role in LGBT youth drug use. According to a study conducted by Paschen-Wolff et al. (2022), LGBT youth were more likely than their straight counterparts to engage in drug use because the lack of mental health treatment services. LGBT youth are exposed to unique strains that contribute to their mental health crisis such as sexual identity specific strain connected to stigma and discrimination (Paschen-Wolff et al., 2022). A notable finding in this study was that the more stigma and discrimination LGB youth experienced the more likely they were to use drugs.

Adverse childhood experiences showed the same level of significance, but one variable, household substance abuse, showed significance more frequently than the other A.C.E. variables. Youth having a more direct connection to substances could contribute to drug use because of ready access to drugs in their homes from family members. This suggests a need for a multisystemic therapeutic approach that addresses the entire family unit for sustainable positive impacts for the youth and the family.

Limitations of the Study

A limitation present is that the sexual identity *transgender* was removed from the present dataset. The dataset containing the transgender variable has not yet been completed nor published for public usage. This is a limitation because the study is attempting to utilize LGBT Identity Strain theory to show how the LGBT identity potentially influenced youth toward offending via the strain caused by their sexual identity. Another limitation is the lack of racial significance emphasized both in the dataset and in the research. Lastly, this study does not offer a comparison between straight youth offenders versus their LGB

counterparts. Regardless, there is enough information to find sufficient information regarding the LGB identity creating strain within youth.

Future Research

Future research should consider additional measures of LGBT strain and LGBT identification. Exploring how subgroups within the LGBT community experience strain and identity issues would also be informative given the diversity of statuses in the community. The ability to analyze longitudinal data to be able to assert what factors impact others over time would also be important. This would allow more precise theoretical modeling regarding impacts with approaches such as structural equation modeling. Studies could also closely examine even subtle differences between LGBT youth who do not resort to substance abuse to understand their protective factors and how to effectively replicate trajectories away from delinquency.

Another angle that could be utilized in future research is exploring how race plays a factor in LGBT identity strain. For example, Black and Hispanic communities often have close ties to religion which can potentially influence their being rejected given their LGBT identity. Along with further racial examination, there should also be a continuation of the current research to follow the newest generational group, Generation Alpha. While this research did not utilize all three age cohorts available, the opportunity to examine the generational motivators toward LGB drug use is present. Therefore, a continuation to examine whether society has improved toward LGBT persons is vital for an advanced understanding of factors that contribute to LGBT criminality.

Conclusion

Past strain theories have acknowledged that the cause of criminal activity is often a direct need to cope with circumstances. The same can be said for LGBT individuals who experience discord within themselves regarding their self-identity, whether gender, sex at birth, or sexual identity, and the societal expectations to which they are supposed to adhere. LGBT youth constitute a unique population that is commonly exploited or mistreated. The strains for this group are in response to discrimination and stigma given their identity in a context of religious condemnation of homosexuality and often amidst the influence of some adverse childhood experience. In the absence of more positive coping paths, LBG youth drug use is possible. The factors that impact drug use are still prevalent in society and so suggestions for prioritizing the response to the LGB youth public health crisis are offered here- namely urgently focusing on offering micro level interpersonal supports to LGB youth to divert them from negative coping via deviance such as substance abuse and, or other delinquency.

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APPENDIX 1

Id. nr.

DUDIT   Drug Use Disorders Identification Test

Here are a few questions about drugs. Please answer as correctly and honestly as possible by indicating which answer is right for you.

	Man ☐ Woman ☐			Age	

	Never	Once a month or less often	2-4 times a month	2-3 times a week	4 times a week or more often
1. How often do you use drugs other than alcohol? (See list of drugs on back side.)	☐	☐	☐	☐	☐
2. Do you use more than one type of drug on the same occasion?	☐	☐	☐	☐	☐

	0	1-2	3-4	5-6	7 or more
3. How many times do you take drugs on a typical day when you use drugs?	☐	☐	☐	☐	☐

	Never	Less often than once a month	Every month	Every week	Daily or almost every day
4. How often are you influenced heavily by drugs?	☐	☐	☐	☐	☐
5. Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?	☐	☐	☐	☐	☐
6. Has it happened, over the past year, that you have not been able to stop taking drugs once you started?	☐	☐	☐	☐	☐
7. How often over the past year have you taken drugs and then neglected to do something you should have done?	☐	☐	☐	☐	☐
8. How often over the past year have you needed to take a drug the morning after heavy drug use the day before?	☐	☐	☐	☐	☐
9. How often over the past year have you had guilt feelings or a bad conscience because you used drugs?	☐	☐	☐	☐	☐

	No	Yes, but not over the past year	Yes, over the past year
10. Have you or anyone else been hurt (mentally or physically) because you used drugs?	☐	☐	☐
11. Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs?	☐	☐	☐

Turn the page to see the list of drugs

LIST OF DRUGS
(Note! Not alcohol!)

Cannabis	Amphetamines	Cocaine	Opiates	Hallucinogens	Solvents/inhalants	GHB and others
Marijuana Hash Hash oil	Methamphetamine Phenmetraline Khat Betel nut Ritaline (Methylphenidate)	Crack Freebase Coca leaves	Smoked heroin Heroin Opium	Ecstasy LSD (Lisergic acid) Mescaline Peyote PCP, angel dust (Phencyclidine) Psilocybin DMT (Dimethyltryptamine)	Thinner Trichlorethylene Gasoline/petrol Gas Solution Glue	GHB Anabolic steroids Laughing gas (Halothane) Amyl nitrate (Poppers) Anticholinergic compounds

PILLS – MEDICINES

Pills count as drugs when you take

- more of them or take them more often than the doctor has prescribed for you
- pills because you want to have fun, feel good, get "high", or wonder what sort of effect they have on you
- pills that you have received from a relative or a friend
- pills that you have bought on the "black market" or stolen

SLEEPING PILLS/SEDATIVES

Alprazolam	Glutethimide	Rohypnol
Amobarbital	Halcion	Secobarbital
Apodorm	Heminevrin	Sobril
Apozepam	Iktorivil	Sonata
Aprobarbital	Imovane	Stesolid
Butabarbital	Mephobarbital	Stilnoct
Butalbital	Meprobamate	Talbutal
Chloral hydrate	Methaqualone	Temesta
Diazepam	Methohexital	Thiamyal
Dormicum	Mogadon	Thiopental
Ethcholorvynol	Nitrazepam	Triazolam
Fenemal	Oxascand	Xanor
Flunitrazepam	Pentobarbital	Zopiklon
Fluscand	Phenobarbital	

PAINKILLERS

Actiq	Durogesic	OxyNorm
Coccilana-Etyfin	Fentanyl	Panocod
Citodon	Ketodur	Panocod forte
Citodon forte	Ketogan	Paraflex comp
Dexodon	Kodein	Somadril
Depolan	Maxidon	Spasmofen
Dexofen	Metadon	Subutex
Dilaudid	Morfin	Temgesic
Distalgesic	Nobligan	Tiparol
Dolcontin	Norflex	Tradolan
Doleron	Norgesic	Tramadul
Dolotard	Opidol	Treo comp
Doloxene	OxyContin	

Pills do NOT count as drugs if they have been prescribed by a doctor and you take them in the prescribed dosage.

APPEDNIX 2

PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

To: **Camille Gibson, Ph.D.,** Principal Investigator
           Ciarra Hastings, Co-Investigator

From: Marco L. Robinson, M.A.Ed.
           Director, Research Regulatory Compliance
           Office of Research Compliance

Date: October 5, 2023

Re: IRB Protocol #2023-098
           An Integrated Theoretical Examination of General Strain and Identity Theory to
           Describe Lesbian, Gay and Bisexual (LGB) Youth Drug Use

After review of your application, it has been determined on September 21, 2023 that the
proposed activities described do not meet the definition of research with human subjects
according to federal regulations and IRB approval is not needed.

Thank you for the time and effort put into preparing and submitting your application. If you have
any further questions, please call the Office of Research Compliance at (936) 261-1589.

DocuSigned by:

Marco Robinson

ABC C3976440 14E C.

Marco L. Robinson, M.A.Ed.
Director, Research Regulatory Compliance
Office of Research Compliance
Email: mlrobinson@pvamu.edu

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Office of Research Compliance
P.O. Box 519, Mail Stop 2800   Prairie View, Texas 77446
Phone (936) 261-1589/1588   Fax (936) 261-3529

CURRICULUM VITAE

Ciarra Indiana Hastings

Chastings1@pvamu.edu

EDUCATION
- Ph.D., Juvenile Justice, Prairie View A&M University, Prairie View, TX 2023
- M.A. Criminal Justice, Midwestern State University, Wichita Falls, TX 2018
- B.A. Criminal Justice, Prairie View A&M University, Prairie View, TX 2017

ACADEMIC & WORK EXPERIENCE
- Company: Prairie View A&M University, Prairie View, TX
- Position: Graduate Research Assistant, 2020-2022
- Job: Conduct scholarly research

- Company: Prairie View A&M University, Prairie View, TX
- Position: Graduate Teaching Assistant, 2022-2023
- Classes taught: Crime in America and Introduction to Criminal Justice

PROFESSIONAL PUBLICATIONS

- Hastings-Blow, C. (2022) How life during the pandemic may have contributed to homicide in Houston, Texas. *Journal of Family Strengths. 21(2), 5.*

- Hastings-Blow, C. I. (2022). A comparative analysis of anti-LGBT+ oppression in Kenya and the United State. In S. Sungi, & N. Ouassini (Eds.), *Comparative Criminology Across Western and African Perspectives* (pp. 37-55). IGI Global.