



## SMOKING IN THE OREGON LGBTQ<sup>1</sup> COMMUNITIES PRIDE SURVEY, 2007

Youth, adult volunteers and staff members of the Sexual Minority Youth Resource Center (SMYRC) conducted a convenience sample survey<sup>2</sup> in Oregon during the summer and early fall of 2007 at Pride and other LGBTQ community events. In this document, LGBTQ refers to lesbian, gay, bisexual, transgender, queer, or questioning individuals. A total of 326 Oregon residents completed the survey in 2007, compared with 582 in 2006. In both years, 89% of respondents self identified as lesbian, gay, bisexual, transgender, queer, or questioning. In 2007, 80% of LGBTQ respondents described their race/ethnicity as Caucasian.

### TOBACCO HIGHLIGHTS - 2007

- Smoking Prevalence: 23% of LGBTQ respondents smoked. By gender, 21% of females, 24% of males and 28% of gender variant respondents smoked.
- High Risk Groups: LGBTQ respondents who identified as gender variant, bisexual, other, age 25-34, and people of color smoke more than other LGBTQ respondents.
- Initiation: Almost two-thirds of current LGBTQ smokers started smoking at age 17 or younger. Most current smokers reported their main reasons for becoming a regular smoker as “My Friends Smoked” or “Stress”.
- Awareness of LGBTQ smoking: 44% of LGBTQ respondents did not realize that LGBTQ people have a higher prevalence of smoking than the straight, non-transgender population.
- Quit Intentions: 73% of LGBTQ smokers thought about quitting or were trying to cut down or quit.
- Secondhand Smoke Exposure at Home: 77% of LGBTQ smokers indicated that they had completely smokefree homes compared with 93% of non-smokers.
- Support for Smokefree Bars: 78% of LGBTQ respondents would go to bars the same or more often if smoking were NOT allowed.
- Attitude Towards the Tobacco Industry: 71% of LGBTQ respondents stated that LGBTQ organizations should NOT accept funding from tobacco companies.

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*Breathe Free is a program of SMYRC, which is part of Cascadia Behavioral Healthcare, Inc.*

<sup>1</sup> LGBTQ refers to: lesbian, gay, bisexual, transgender and queer/questioning.

<sup>2</sup> A convenience sample collects data in locations that are convenient to researchers, and thus the data in this report may not be representative of the entire LGBTQ population in Oregon.

## RESPONDENT DEMOGRAPHICS

### Age

Age Groups	Percent of 2006 PRIDE LGBTQ Respondents	Percent of 2007 PRIDE LGBTQ Respondents	2006 Oregon Population Estimates
under 18	13%	8%	6%
18 - 24	11%	29%	14%
25 - 34	19%	23%	20%
35 - 44	19%	17%	20%
45 - 54	28%	17%	22%
55 and older	10%	7%	17%

When compared to the 2006 population estimates<sup>3</sup> for the matching age distribution (15 – 64), the 2007 convenience sample age distribution over-represents 18-34 year old adults and under-represents adults aged 55 and older.

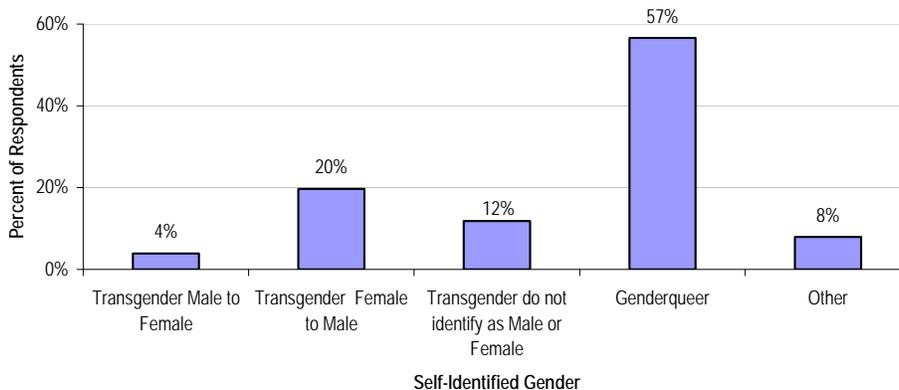
### Gender

Of LGBTQ respondents, 53% identified as female, 24% as male, 21% as gender variant and 2% as other or don't know/not sure.

“Gender variant” is a loose term balancing an understanding of the diversity among and between people who identify as transgender, transsexual and genderqueer with the knowledge that people with gender variant identities face specific barriers to healthcare that may be linked to higher risk of tobacco use. (A summary of definitions is included in the Appendix.)

In order to better elucidate gender in the 2007 Pride Survey, the gender question responses included “transgender – male to female”, “transgender – female to male”, “transgender – do not specifically identify,” in addition to “male”, “female” and “genderqueer”. Of gender variant respondents, 4% identified as male to female, 20% as female to male, 12% as transgender - not specified, 57% as genderqueer and 8% other, Figure 1.

Figure 1. 2007 Pride Survey Gender Variant Respondents

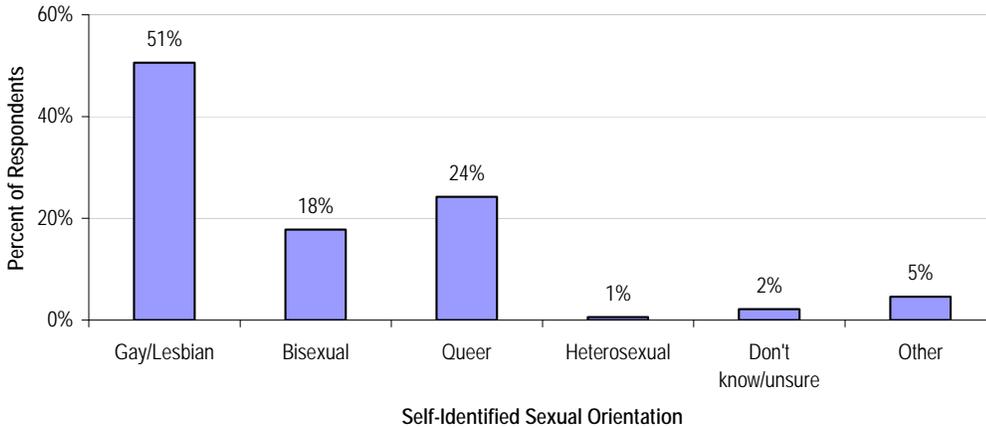


<sup>3</sup> July 1, 2006 Certified Population Estimates, Population Research Center, Portland State University.

### Sexual Orientation of Respondents

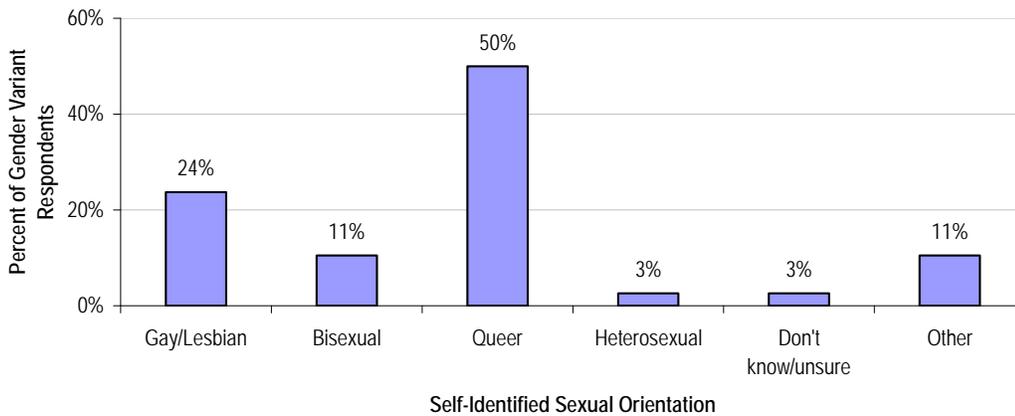
Respondents were asked to select which term best described their sexual orientation. Choices included gay/lesbian, bisexual, queer, heterosexual, don't know/unsure, or other. Unlike the 2006 Pride Survey, respondents were not allowed to "select all that apply." In 2007, respondents were given an opportunity to define what these terms mean in their own words and/or write in a sexual orientation term not listed in the question. (See Appendix.)

Figure 2. Sexual Orientation Among LGBTQQ Respondents



51% of LGBTQQ respondents self-identified as gay/lesbian, 18% bisexual, 24% queer, 1% heterosexual, 2% don't know/unsure and 5% other, Figure 2. 24% of gender variant respondents self-identified as gay/lesbian, 11% bisexual, 50% queer, 3% heterosexual, 3% don't know/unsure and 11% other, Figure 3.

Figure 3. Sexual Orientation Among Individuals Who Identified as "Gender Variant"



## Sexual Orientation of Oregon Respondents less than 35 years old, 2006 and 2007

SEXUAL ORIENTATION	2006*	2007
Gay/Lesbian	77%	34%
Bisexual	10%	19%
Queer	6%	30%
Heterosexual	10%	9%
Don't know/Not sure	--	2%
Other	--	6%

\* In 2006 Respondents were able to select all that apply, therefore totals do not equal 100%

## Sexual Orientation of Oregon Respondents 35 years and older, 2006 and 2007

SEXUAL ORIENTATION	2006*	2007
Gay/Lesbian	58%	59%
Bisexual	16%	12%
Queer	20%	11%
Heterosexual	11%	14%
Don't know/Not sure	--	3%
Other	--	2%

\* In 2006 Respondents were able to select all that apply, therefore totals do not equal 100%

2007 and 2006 Pride Surveys, while administered in similar locations, seems to have reached different segments of the Oregon LGBTQQ community. 77% of respondents under the age of 35 in 2006 reported their sexual orientation as gay/lesbian compared with 34% in 2007. While the changing of the question from “select all that apply” to “select one” may have influenced this change, only 7% of gay/lesbian respondents in 2006 selected an additional sexual orientation. This suggests that a different subset of the younger LGBTQQ population may have been dominant in the 2007 Pride Survey sample.

### Rural vs. Urban Residence

Only Oregon residents living in a zip code with a known population density were included in this analysis (n = 313). Using the U.S. Census data definition of urban as an area with an overall population density greater than 500 per square mile, 88% of LGBTQQ respondents lived in urban areas, which is comparable to the 2006 Pride Survey.

### Comments on the Demographics of This Convenience Sample

Because these data were collected in ways that attract specific participants – people who attend Pride events in specific cities and people who participate in online communities such as LiveJournal – our responses reflect particular segments of the population. For example, the overrepresentation of younger population of respondents may reflect the general participation at Pride events and/or in online communities, as well as the location of the Breathe Free participation at Northwest Pride (in Portland) within the booth for SMYRC programming as a whole (which serves youth, specifically). This oversampling suggests that members of the younger group (under age 35) are more likely to identify as “queer”.

## LGBTQQ AND SMOKING

20% of all Oregonians are current smokers (2002-05 BRFSS estimates). PRIDE respondents in all sexual orientation categories reported a higher smoking prevalence than the overall adult population in Oregon.

Pride survey data were compared to the results of the Oregon Behavior Risk Factor Surveillance System (BRFSS) 2002-2005 combined dataset. BRFSS is a statewide population-based telephone survey conducted by the Oregon Department of Human Service, Public Health Division, which examines health conditions and risk behaviors among adults. BRFSS only collects information on LGB (and heterosexual) identification, and does not include transgender or queer identities.

23% of LGBTQ respondents to the 2007 Pride Survey smoke compared with 31% of 2006 Pride respondents. *Current smokers* are defined as those who have smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. This decrease in smoking prevalence most likely represents a change in survey respondents, rather than an actual decline in smoking. Despite the lower overall smoking prevalence among LGBTQ respondents in 2007, higher prevalence among gender variant, bisexual and non-categorized sexual orientation persists (Figures 4 and 5).

Figure 4. Smoking Prevalence by Sexual Orientation

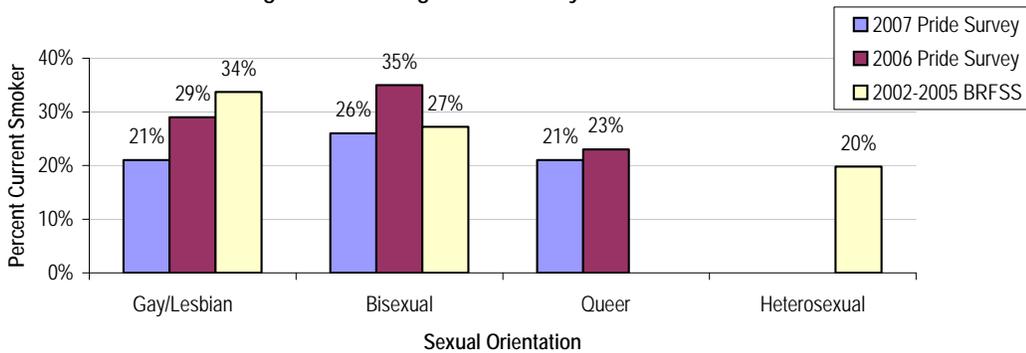
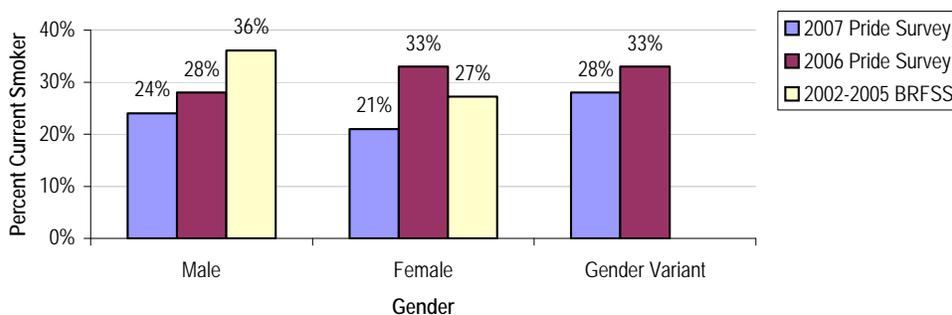


Figure 5. Smoking Prevalence by Gender among LGBTQ Respondents

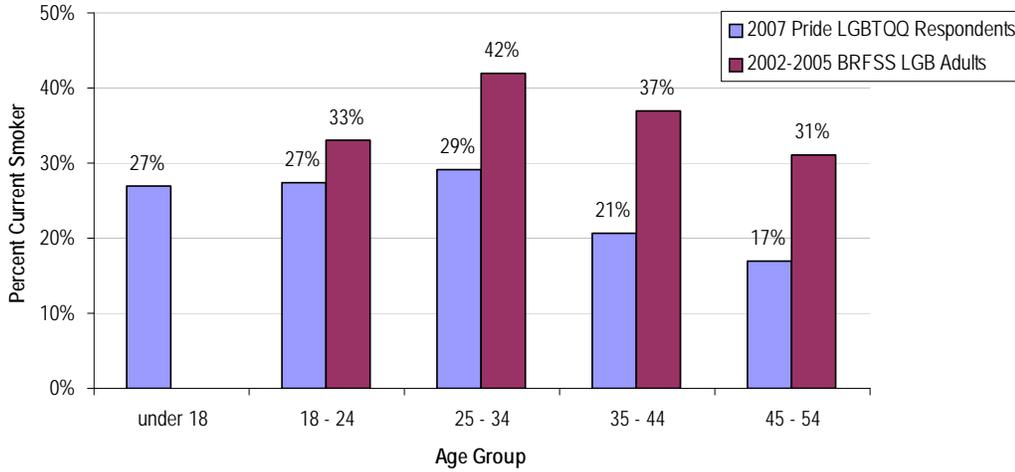


\*The 2006 Pride Survey allowed respondents to select all that apply and there is overlap among the categories for both gender and sexual orientation.

\*\*The Behavioral Risk Factor Surveillance System (BRFSS) assigns gender based on the interviewer's interpretation of the sound of a respondent's voice. In addition, a respondent may only select Heterosexual, Gay/Lesbian or Bisexual in regards to self-identified sexual orientation.

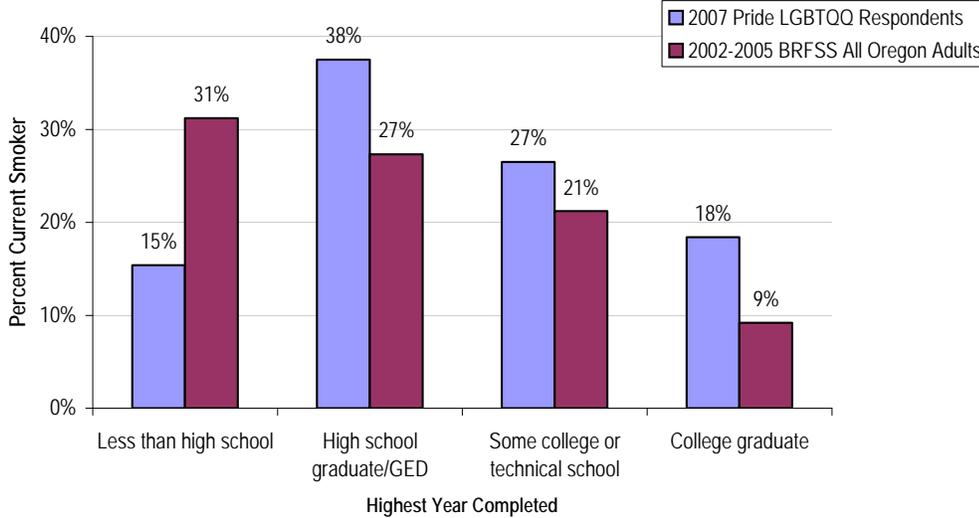
LGBTQQ respondents aged 25 – 34 had a higher prevalence of smoking that all other age groups, Figure 6. This is similar to LGB data from the 2002-2005 BRFSS survey where the same age group had a higher prevalence, 29%, compared with other age groups.

Figure 6. LGBTQQ Smoking Prevalence by Age



Unlike the overall Oregon trend of decreasing prevalence of smoking among individuals with more education, the Pride Survey indicates the highest prevalence of smoking among LGBTQQ respondents is among those who graduated high school but have not entered college.

Figure 7. Smoking prevalence by highest year of completed education



## Race/Ethnicity

Among LGBTQ respondents who self-identified as Caucasian, 23% smoke. Due to small sample sizes in 2007, smoking prevalence among other racial groups could not be calculated. However, using data from the 2006 Pride Survey, the smoking prevalence of non-white LGBTQ respondents is 36% compared to 29% among white respondents. This agrees with research that indicates a higher prevalence of smoking among LGBTQ people of color.<sup>4</sup>

## Characteristics of LGBTQ Smokers

Fifty-two percent of LGBTQ respondents have never smoked cigarettes, 25 percent are former smokers and 23 percent currently smoke. Among LGBTQ current smokers, 76% smoke less than a pack a day and 87% describe themselves as social smokers. The majority of LGBTQ smokers started smoking between the ages of 15 and 17, Figure 8. Both stress and having friends who smoke were listed as main reasons for becoming a smoker, Figure 9.

Figure 8. Age of initiation among current LGBTQ smokers

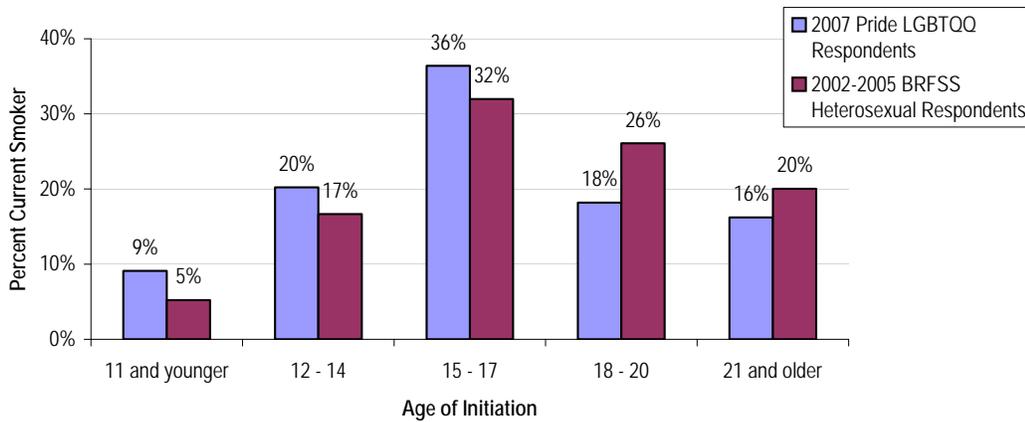
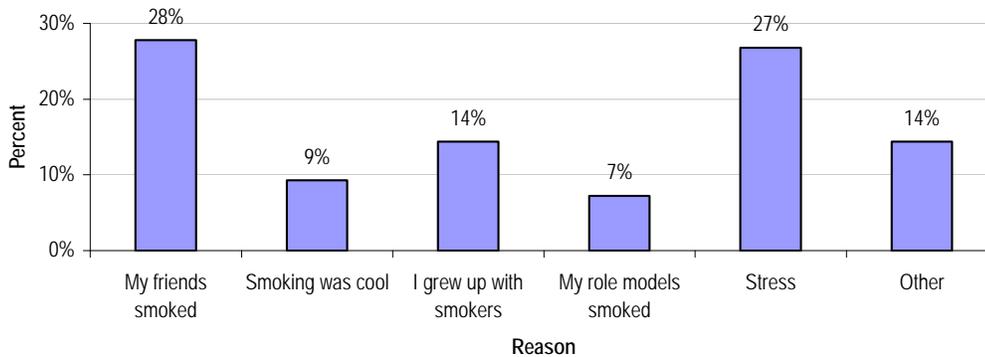


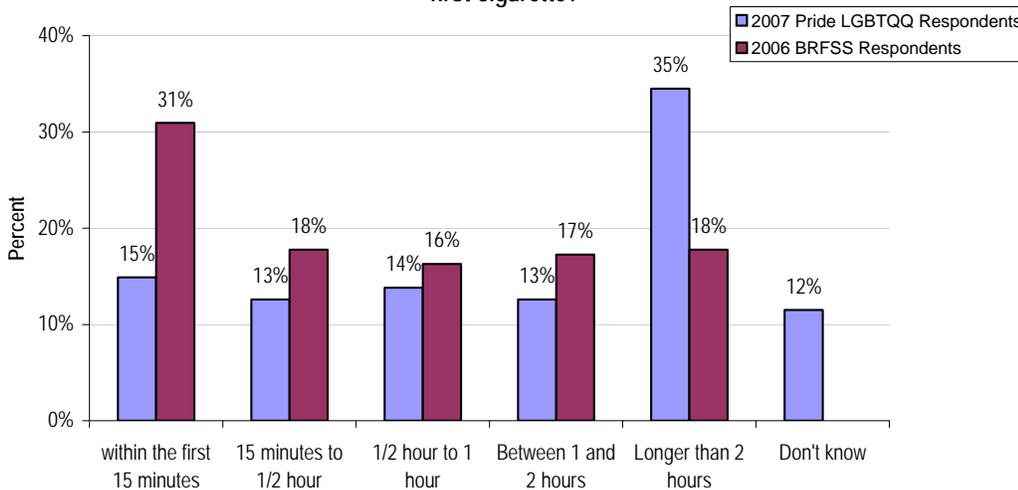
Figure 9. Main reasons for smoking among current LGBTQ smokers



<sup>4</sup> Sanchez, John P., Peter Meacher, and Robert Beil. 2005. "Cigarette Smoking and Lesbian and Bisexual Women in the Bronx." *Journal of Community Health*.30(1):23-36.

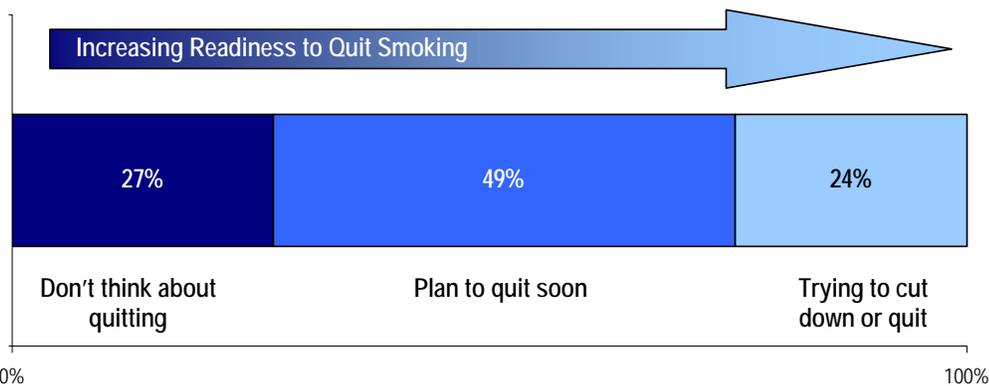
Forty-eight percent of LGBTQQ smokers do not need a cigarette within the first hour of waking up. The ‘time to the first cigarette of the day’ (TTF) is one measure of nicotine dependence. The high percentage of LGBTQQ smokers with longer TTF may indicate lower nicotine dependence and corroborate self-reports of smoking related to social settings.<sup>5,6</sup> In addition to being a proxy for the level of nicotine dependence, the amount of time one can wait without feeling symptoms of discomfort due to nicotine withdrawal is a good indicator of success when attempting to quit. Unfortunately, 15 percent of LGBTQQ smokers report smoking a cigarette within 15 minutes of waking up.

Figure 10. How soon after you wakeup in the morning do you usually smoke your first cigarette?



### LGBTQQ Smokers and Quit Intentions

Sixty-six percent of current smokers stopped smoking for one day or longer in the last 12 months because they were trying to quit smoking.



<sup>5</sup> Heatherton, Todd et. al. Measuring the Heaviness of Smoking: using self reported time to first cigarette and number of cigarettes smoked per day. *British Journal of Addiction* (1989) 84, 791-800.

<sup>6</sup> Baker, Timothy et. al. Time to first cigarette in the morning as an index of ability to quit smoking: Implications for nicotine dependence. *Nicotine & tobacco Research* Volume 9, Supplement 4 (December 2007) S555-S570.

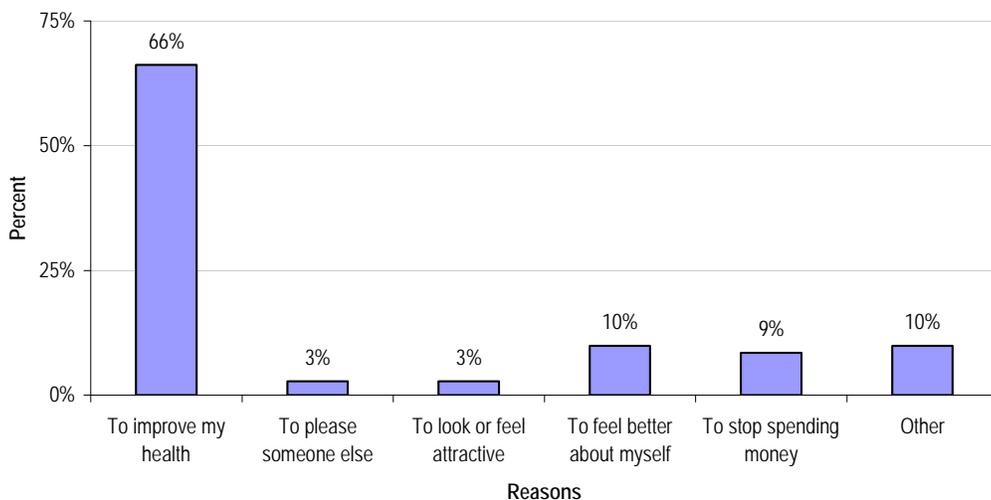
The graph on the previous page shows readiness to quit using the categories of the Transtheoretical Model.<sup>7</sup> According to this model, smokers who do not want to quit are in the pre-contemplation phase. Those planning to quit in the next six months or state they plan to quit soon are contemplating; while those planning to quit in the next 30 days or are trying to quit or cut down are in the preparation stage of change.

Quitting smoking is a complicated, nonlinear process for many people. A person often plans to quit, and then even quits for some period of time, before relapsing and starting the process again. The average person attempts to quit smoking two to three times before achieving lasting success.<sup>8</sup>

The Oregon Tobacco Quit Line is a free telephone service available to all Oregon residents who want to stop using tobacco. The Quit Line offers free quitting information, one-on-one telephone counseling and referrals. According to the Quit Line, 9.8 per 1,000 LGB Oregon smokers accessed this service in 2006.

The main reason reported by LGBTQQ smokers for wanting to quit was to improve health (66%), Figure 11.

Figure 11. Reasons for LGBTQQ smokers to want to quit



Having a partner who smokes makes it more difficult to quit and often triggers relapse among smokers who want to quit. Forty-one percent of LGBTQQ smokers have a partner who smokes.

<sup>7</sup> Prochaska, James O. *Changing for good: the revolutionary program that explains the six stages of change and teaches you how to free yourself from bad habits.* New York : W. Morrow, 1994.

<sup>8</sup> You Can Quit Smoking: Consumer Guide. U.S. Department of Health and Human Services, Public Health Service. June 2000.



### Summary of Tobacco Use Findings

The 2007 Pride survey estimate of smoking among LGB people is lower than that from BRFSS, 23% compared with 31%. However, the 2006 Pride survey was more comparable to BRFSS and the difference may simply reflect different respondent demographics between years. In both 2006 and 2007, gender variant, bisexual and respondents with non-categorized sexual orientation had the highest prevalence of smoking.

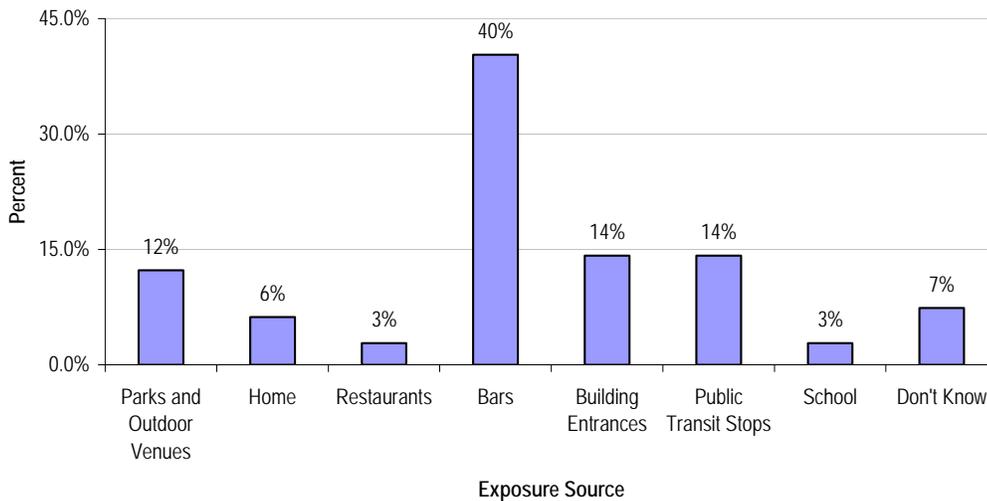
Both the 2006 and 2007 Pride surveys and the 2002-2005 BRFSS estimates show higher prevalence among 25 – 34 year old LGB respondents. This appears similar to the overall Oregon trend of higher prevalence among adults under the age if 35.

A majority of LGBTQQ smokers appear to be social smokers who are not heavily addicted to cigarettes. Nearly half of current smokers want to quit, two-thirds of whom want to quit to improve their health.

### LGBTQQ AND EXPOSURE TO SECONDHAND SMOKE

According to the 2006 Surgeon General’s Report – *The Health Consequences of Involuntary Exposure to Tobacco Smoke* – “There is no risk-free level of exposure to secondhand smoke: even small amounts of secondhand smoke exposure can be harmful to people’s health.”<sup>9</sup> Bars are the most frequent locations where the LGBTQQ community reports exposure to secondhand smoke, Figure 12.

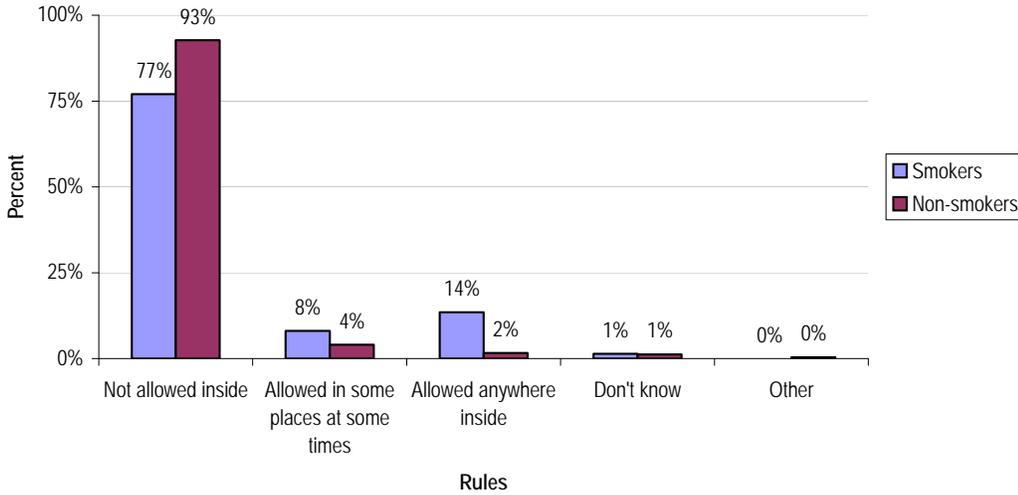
Figure 12. Where are you most frequently exposed to secondhand smoke?



<sup>9</sup> U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

While only six percent of respondents reported exposure to secondhand smoke in the home, 14 percent of smokers allow smoking anywhere inside their home, Figure 13.

Figure 13. Rules about smoking in the home

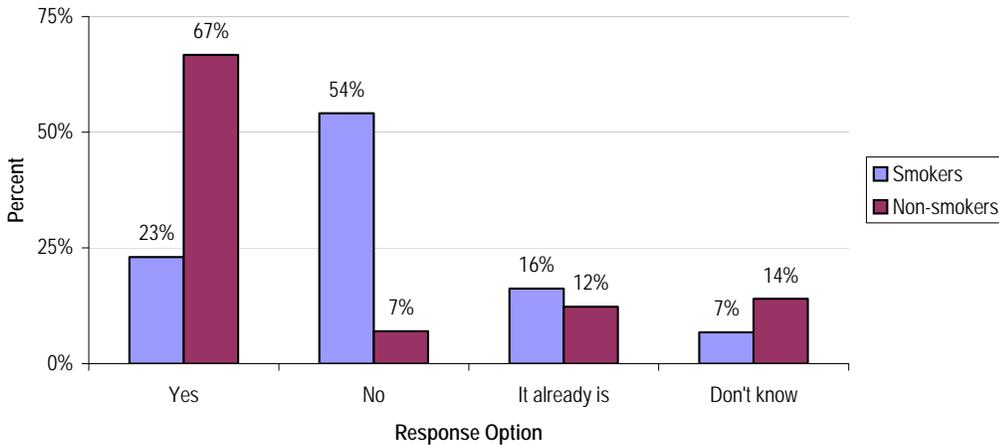


At the same time, 93 percent of non-smokers do not allow smoking anywhere in their home.

### LGBTQQ Smokefree Workplace and Policy

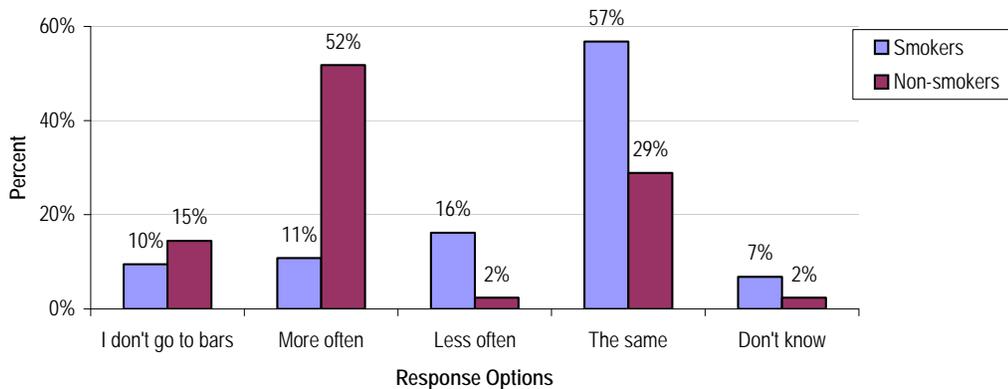
Ninety-one percent of LGBTQQ respondents agree smoking should not be allowed in indoor work areas. However, a lower percentage of respondents wanted their favorite bar to smokefree, even though bar employees, performers and patrons continue to be exposed to secondhand smoke, Figure 14.

Figure 14. Do you want your favorite bar to smokefree?



Seventy-eight percent of LGBTQQ respondents stated they would go to bars the same or more often if smoking were no longer allowed. Only 16 percent of current LGBTQQ smokers stated they would go to bars less often, Figure 15.

Figure 15. How often would you go to bars if smoking were NOT allowed?



### Summary of Secondhand Smoke Exposure

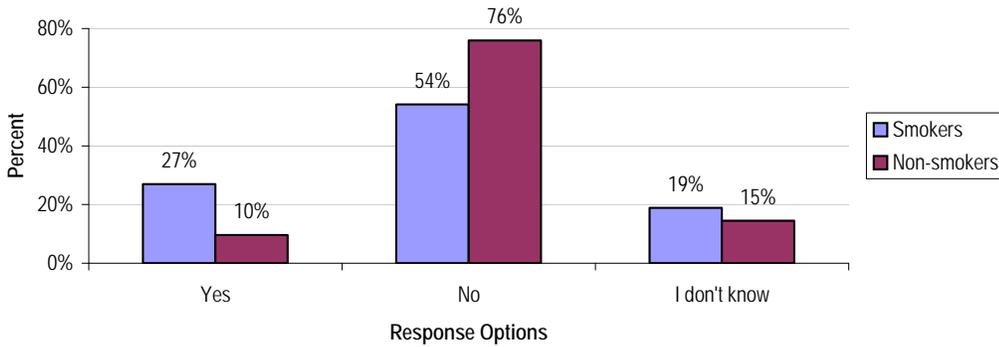
The LGBTQQ community recognizes the harm associated with secondhand smoke exposure. A majority of respondents reported rules prohibiting smoking in their homes and a desire for bars to go smokefree.

Bars are the most common source of secondhand smoke exposure. In June 2007, the Oregon State Legislature passed Senate Bill 571, which expands the Oregon Clean Indoor Air Act to bars beginning January 2009.

**LGBTQQ OPINIONS REGARDING TOBACCO SPONSORSHIP AND LGB RISK**

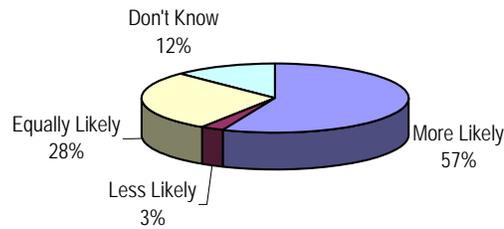
Tobacco, alcohol and pharmaceutical company corporate sponsorship is controversial within LGBTQQ communities. These contributions often require recognition of the funder and may include product placement or marketing that contradicts program goals. The Coalition of Lavender Americans on Smoking and Health (CLASH), one of the long standing LGBTQQ tobacco prevention organizations, notes: “Sponsorship of cultural events and donations to nonprofit organizations that have substantial visibility and credibility in their communities represent two of the fastest growing ‘non-traditional’ tobacco and alcohol industry strategies.”<sup>10</sup> For examples of non-traditional strategies in the LGBTQQ community, refer to promotional items for Pride events, LGBTQQ film festivals, and local LGBTQQ organizations.

**Figure 16. Should LGBTQ organizations accept money from tobacco companies?**



When respondents were asked if they thought LGBT individuals were more likely to smoke than the straight, non-transgender population, over half answered correctly (YES). However, 44 percent remain unaware that smoking rates for LGBT individuals are significantly higher than the straight, non-transgender population, Figure 17. Smoking prevalence among LGBTQQ individuals may be higher because of the impacts of homophobia and transphobia, targeted marketing by tobacco companies, limited access to healthcare, and the prevalence of smoking at community and social events.<sup>11</sup>

**Figure 17. Compared to straight, non-transgender people, how likely to smoke are LGBT people?**



<sup>10</sup> Drabble, Laurie. 2001 revision. *Ethical Funding: The Ethics of Tobacco, Alcohol, & Pharmaceutical Funding, A Practical Guide for LGBT Organizations*. Coalition of Lavender Americans on Smoking and Health and Progressive Research and Training for Action. 1999.

<sup>11</sup> For example, American Cancer Society estimates that “Tobacco use kills at least 30,000 gay and lesbian people in the United States each year. “Tobacco and the GLBT Community.” 2003. *American Cancer Society*. <http://www.glbthealth.org/documents/GLBTTobacco.pdf>.

## DISCUSSION

The Pride survey corroborates population-level data pertaining to attitudes and behaviors regarding cigarette use in the LGB community while adding to the body of knowledge on smoking within this community. Sell and Becker note that “One of the greatest threats to the health of lesbian, gay, and bisexual (LGB) Americans is the lack of scientific information about their health.”<sup>12</sup> The Pride survey asks questions similar to population-based surveys while expanding gender and sexual orientation categories to include gender variant and queer identities. By capturing portions of the population who are often not represented in population-based studies, health risks and attitudes regarding smoking are better understood and provide opportunities for targeted interventions. However, convenience sample data is limited to the sample collected and it may be prudent to identify alternative methods to draw a random sample of the LGBTQ population in the future.

Findings from the Pride survey suggest that a majority of LGBTQ smokers begin smoking before the age of 18 because of stress and peer smoking. This information can be compared to population-based data collected in 2007 for Oregon 11<sup>th</sup> graders. According to the Oregon Healthy Teens survey, Oregon 11<sup>th</sup> graders who identify as LGB or questioning are more likely to report being susceptible to social pressures and harassment than heterosexual 11<sup>th</sup> graders.

Twenty-eight percent of Oregon 11<sup>th</sup> graders who identify as LGB or questioning report being harassed at school because of their sexual identity. LGB or questioning Oregon 11<sup>th</sup> graders are almost twice as likely to say they would smoke if their best friend offered them a cigarette than heterosexual 11<sup>th</sup> graders. In addition to being twice as likely to smoke Oregon 11<sup>th</sup> graders who self identify as LGB or questioning are twice as likely to report poor physical health and almost three times as likely to report poor emotional health than heterosexual 11<sup>th</sup> graders. Pride survey findings are corroborated by the 2007 Oregon Health Teens survey and suggest that harassment and fitting in with peers may be connected with higher tobacco usage.

The Pride survey also indicates the majority of LGBTQ smokers are social smokers with lower levels of addiction than the Oregon population, in general. This concept may shed light on potential interventions to target LGBTQ smokers and help identify more appropriate quit methods for this population.

Overall, this study’s findings highlight the need for more educational efforts in the LGBTQ community regarding high prevalence of social smoking, quitting methods and the health hazards of smoking and secondhand smoke. The Oregon Tobacco Prevention and Education Program and SMYRC have already begun to increase awareness of tobacco issues and have built capacity to deliver LGBTQ specific services. A better

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<sup>12</sup> Sell, Randall L. and Jeffrey Blake Becker. 2001. “Sexual Orientation Data Collection and Progress Toward Healthy People 2010. *American Journal of Public Health*. 91:876-882; 71.

understanding of this community, such as that gained through this survey and other methods, allows for the development and delivery of more effective tobacco use prevention and cessation services to LGBTQ Oregonians.

## **METHODS**

Survey responses were collected using palm pilots at LGB events and on the Internet using SurveyMonkey. Palm pilot surveys were conducted by Breathe Free volunteers, SMYRC youth and adult volunteers, and SMYRC staff at the following events: Portland Pride, Salem Pride, Bend Pride and Springfield/Eugene Pride. People were referred to the Internet survey through SMYRC/Breathe Free, Just Out, Live Journal, Multnomah County and the Native American Rehabilitation Association (NARA).

Unlike previous versions of this survey, we asked respondents to select one option that best describes their sexual orientation and gender. We expanded the gender categories to include transgender male to female, transgender female to male and transgender does not exclusively identify as male or female. “Other” was an option for both gender and sexual orientation questions, though less than five percent of the LGB sample chose this option. The 2007 Pride survey also collected respondents’ definitions of the terms used within the question to clarify a person’s identity, see Appendix I.

The 2007 Pride Data respondents had a similar age distribution as the 2006 population estimates, see page 2, and data are presented as crude estimates. Data from the Behavioral Risk Factor Surveillance System (BRFSS) are presented age-adjusted for comparison purposes. Age-adjustment is used to control for differences in estimates that are due purely to populations having different age distributions. BRFSS tends to collect data from an older segment of the population, thus adjustment is necessary. Unless otherwise noted, a four-year 2002-2005 BRFSS dataset was used to ensure adequate sample size for analysis.

Pride events and the Internet may capture different cross-sections of the LGBTQ community. This population may or may not be included in the BRFSS sample, which uses landline phones. However, looking at the data from different sources and replicating trends helps programs better capture risks and characteristics of smokers within the LGBTQ community.

## **ACKNOWLEDGEMENTS**

We wish to extend special thanks to James Padilla of the New Mexico Department of Health for sharing the survey instrument and methods information about the New Mexico PRIDE Surveys about LGBTQ tobacco use.

Special thanks to Dayna Morrison, MPH, Research Analyst with Oregon Tobacco Prevention and Education Program, for her technical assistance with this project. Dayna conducted the quantitative analysis for this project, which included: organizing the questions, creating our Survey Monkey tool, uploading the surveys to the PDAs, crunching

the numbers, turning them into pretty graphs, and drafting this report – all with an unfailing sense of humor and cheer.

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## APPENDIX: COMMUNITY DEFINITIONS OF SEXUAL ORIENTATION AND GENDER TERMS

Gender and sexual orientation terminology may vary by region, age group and social environment. Gender incorporates a number of facets, including how a person feels on the inside (gender identity), how they express that on the outside (gender expression), and how other people might perceive them (gender perception). Sexual orientation identifies romantic/erotic/physical attraction. Sexual orientation and gender are independent of each other, and a person may express any combination of gender and sexual orientation categories.

To better understand sexual orientation and gender categories among the Oregon LGBTQQ community, the 2007 Pride Survey included a section for respondents to define the terms they use to identify their sexual orientation and gender. An example read: “If you identify as Lesbian, please define ‘Lesbian’ in your own words.” Opportunities were also provided to define gay, bisexual, and queer, as well as genderqueer and transgender.

These questions were added in order to capture the range of identities existing among the LGBTQQ communities in Oregon.<sup>13</sup> This Appendix provides a brief overview of the findings from this portion of the survey in order to further define the words used throughout the 2007 Pride Report. SMYRC staff members and volunteers put the responses into categories representing different meanings attributed to the terms. These categories are presented below with sample quotes that exemplify these meanings.

### ***SEXUAL ORIENTATION***

describes “who a person is romantically/erotically/physically attracted to.”<sup>14</sup>

**Ranges of Sexual Orientation.** Whether respondents were defining lesbian, gay, or bisexual, most definitions fit into one of three categories: love or romance, sex or physical attraction, and broader ideas about relationships or life partnerships. Queer had a wider scope within the definitions.

#### Lesbian:

- *Love or Romance:* “A female-identified person who enjoys and has romantic relationships with others who are female-identified.”
- *Sex or Physical Attraction:* “Lesbians are female identified people who are attracted to other female identified people.”
- *Broad:* “I am a female who is attracted to other females for emotional support, companionship, and sexual intimacy.”

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<sup>13</sup> For example, youth at the Sexual Minority Youth Resource Center (SMYRC) currently identify the organization as serving: LGBTQIAPPA (lesbian, gay, bisexual transgender, queer, questioning, intersex, asexual, pansexual, polyamorous, and allies).

<sup>14</sup> Definition used by SMYRC’s Bridge 13 community education program.

### Gay:

- *Love or Romance:* “I’m a man...who likes men.”
- *Sex or Physical Attraction* “A man who prefers sex with the same gender.”
- *Broad:* “I choose to build my life emotionally and sexually with another man.”
- *An umbrella term:* For many respondents, “gay” refers to same-gender attraction, sex, and/or relationships, and is not limited to male-to-male interactions.

### Bisexual:

- *Love or Romance:* “Loving males and females.”
- *Sex or Physical Attraction* “One who is attracted to both sexes, not necessarily equally (I’m more comfortable with boys but more attracted to girls) but definitely attracted to both sexes.”
- *Broad:* “Bisexual means having the ability being both sexually and emotionally attached to men and women.”

NOTE: The definitions above reinstate the binary gender system – referring to “men and women” or “both sexes.” However, many people also defined bisexual with a broader idea of gender. For example, one respondent wrote: “Bisexual is not being limited in the people one is attracted to according to their genitals or gender identity.”

### Queer: Definitions for queer applied the word as:

- *An inclusive term* for gay, lesbian, bisexual and sometimes transgender people  
“Queer is an umbrella term used to describe people who are sexual and gender minorities. This term should be used with caution, as for many years was used as a pejorative, and only should be used as a self describer or if you know for sure that an individual/s ask to be described this way.”
- *Applying sexual orientation beyond categories*  
“I use queer for myself because I have a rather interesting gender history that influences me now, and because I’m attracted to a lot of different kinds of people. I also use it because my partners tend to have interesting gender expressions and the word queer can cover all our old gender stuff and new gender stuff and future gender stuff.”
- *Outside of the norm*  
Within this subgroup of definitions, respondents included gay, lesbian, bisexual, or trans and genderqueer identities, as well as practices such as BDSM (bondage, discipline, sado-masochism), polyamory / non-monogamy, or “anything other than vanilla heterosexuality<sup>15</sup>.”
- *Having political connotations*  
“To me queer has more political images that go with it. I came out in the 80’s with Queer Nation and ACT UP, radical groups like that. I wasn’t really a part of that movement - but I did appreciate what they did for HIV awareness” (Gay-identified).  
“Being queer is about believing in universal access to rights, anti-racism, [and] anti-capitalism” (Queer-identified).

**Comment [D1]:** You may want to define vanilla?

<sup>15</sup> “Vanilla” sex generally refers to sex, particularly the “missionary position,” that is thought to be “normal” for male-female sexual intercourse.

## ***GENDER***

incorporates a number of facets, including how a person feels on the inside (gender identity), how they express that on the outside (gender expression), and how other people perceive them (gender perception). LGBTQ communities include identities that might be lumped into a broad “gender variant” category, referring to identities that exist outside of heteronormative<sup>16</sup> masculinity and femininity. Heteronormative refers to a perception that defines “normal” as including only two genders, male and female, where males are sexually attracted to females, and females are sexually attracted to males. For the purposes of this study, we asked specifically for definitions of genderqueer and transgender.

Genderqueer definitions included:

- *Neither male nor female*: “Genderqueer means someone who doesn't identify as male or female, and may identify somewhere in the middle.”
- *Fluid*: “It's about breaking out of the boxes we've been handed and making our gender our own.”

Transgender definitions comprised a range:

- *MTF (male to female) or FTM (female to male)*  
“My definition of transgender is someone who identifies as the gender opposite to the one they were assigned at birth.  
“I am a female to male transgender person. That means I was born a female but identify as a male and will eventually go through hormone treatments and surgery to match my inside with my out.”  
NOTE: Not all people choose hormones or surgeries.
- *Male or female (not trans identified)*.  
“I marked FTM on the survey for your statistics but I am very strongly male identified and not involved in the trans community at all.”  
To emphasize that some people who have transitioned do not identify as transgender, a gay-identified respondent wrote the following in describing his sexual orientation: “I'm a boy who likes boys. I guess I should have put myself under genderqueer or transgendered, because I was born female-bodied, but that's not how I identify. I'm just a boring fag that looks a little different under his clothes :P”
- *Fluid*  
“I am fluid. Going back and forth between being woman and man in between or nothing, back and forth between wanting woman or man or in between or nothing.”

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<sup>16</sup> “Heteronormative thinking, in theory and in practice, assumes that heterosexual experience *is synonymous with* human experience. The equation ‘heterosexual experience = human experience’ renders all other forms of human sexual expression as pathological, deviant, invisible, unintelligible, or written out of existence.” (Yep, G.A. 2002. From homophobia and heterosexism to heteronormativity: Toward the development of a model of queer interventions in the university classroom. In E.P. Cramer, ed. *Addressing homophobia and heterosexism on college campuses*. New York: Haworth Press; pp. 163-176; p. 167.)

- *Non-normative*

“Transgender means someone whose social dynamics differ from the those dominantly expected of that person with regards to masculinity or femininity.”

### ***BEYOND THE BASICS.***

Although LGBTQQ seems like a long list to many people (both within and outside of the communities), many sexual orientation and gender identities exist beyond these labels. The 2007 Pride Survey included space for respondents to define identities not included in the list above: “If you describe your personal gender or sexual orientation as something other than what has been listed in this survey, please define it here.”

An example of a gender listed by a respondent is Nongender, defined as “neither male or female, neither third gender nor in between.” Other listed sexual orientations included: “Pansexuality or Omnisexuality means to me that I am attracted to all genders, and when I fall in love, I fall in love with a person no matter if they are female, gender variant, or male. It does not mean that I am attracted to all genders equally, but that my choice does not depend solely on what sexual organs someone has or gender/nongender they are.” Other sexual orientation terms included: asexual, bi-dyke, queersexual, and two-spirit.

### ***CONCLUSION***

These data demonstrate that terminology within the LGBTQQ communities reflects an array of meanings, even among people who share a common label for their identities. Acknowledging this range is an important component of providing competent, accessible healthcare and social services and identifying risk and protective factors for tobacco use as well as other behaviors. For more information on gender and sexual orientation, please see: Advocates for Youth. “Frequently Asked Questions about Sexual Orientation and Gender Identity.”

<http://www.advocatesforyouth.org/publications/safespace/faq.htm>.

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Further information about the results of this portion of the survey can be obtained by contacting Breathe Free: 503.784.5813, [http://www.smyrc.org/breathe\\_free.html](http://www.smyrc.org/breathe_free.html).