


Evidence of Diverse Identities in a Large National Sample of Sexual and Gender Minority Adolescents

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Adolescence is a time of identity exploration, and preliminary evidence indicates the ways adolescents are describing their sexual and gender identities (SOGI) are changing. A nuanced understanding of SOGI is necessary for valid assessment in developmental research. Current measures do not capture the diversity of emerging identities among young people. Our study analyzed a national sample of 17,112 sexual and gender minority adolescents (13–17 years) to better understand how identity labels are reported across sexual, gender, and ethnoracial minorities. Adolescents reported 26 distinct SOGI categories; 24% of adolescents utilized nontraditional SOGI labels, such as pansexual and nonbinary. These identifications varied significantly as a function of ethnoracial identity. Results have implications for how scholars conceptualize and measure SOGI among adolescents.

Sexual and gender minority (SGM) adolescents experience significant challenges unique to their marginalized identities, including elevated levels of depression, suicidality, and self-harm (Haas et al., 2010; Institute of Medicine, 2011). It is currently estimated that 4.1% of adults in the United States identify as lesbian, gay, bisexual, or transgender (LGBT; Gates, 2017). The prevalence of LGBT identification among those born between 1980 and 1998 was 7.3% in 2016 (Gates, 2017); this increase from previous estimates is likely driven by younger generations, such as “Millennials” (Gates, 2011, 2017). There were also notable differences in LGBT identification found across ethnoracial minorities, with larger increases occurring among Asian and Latino groups (Gates, 2017).

Increased visibility and social acceptance of sexual and gender minorities may underscore these changes in identification and/or disclosure; however, these changes may also highlight important differences in the ways that different generations

and other sociodemographic groups think about and express their gender and sexual identities (Vaccaro, 2009). White, Moeller, Ivcevic, and Brackett (2018) utilized a large sample of LGBTQ ($n = 4,633$) high school students and found that, while most participants endorsed traditional sexuality and gender identity labels (e.g., gay, lesbian, transgender), a significant percentage of these youth described themselves using self-generated sexual identity labels (e.g., pansexual, demisexual, sexually fluid). These self-generated or emerging identity labels were commonly not gender-dependent, reflecting the tendency of younger generations to challenge traditional ideologies of sex and gender.

Ethnoracial, Sexual, and Gender Identities in an Adolescent Developmental Context

Sexual and gender identity patterns and labels may be particularly relevant and distinct for adolescents. Adolescence is a developmental period associated with rapid changes in cognitive abilities, changes in parent–adolescent relations, and development of the self (Steinberg & Morris, 2001). During adolescence, many come to understand and disclose their identities to others (Lerner & Galambos, 1998). Related to the development of identities, sexual and gender identity development may vary

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by ethnoracial identity (Rosario, Schrimshaw, & Hunter, 2004). In particular, Rosario et al. (2004) focused on whether a variety of LGB-specific experiences (such as psychosexual development milestones, sexual orientation, recent sexual behaviors, comfort with others knowing about one's sexual orientation, integration into the gay community) differed among 145 ethnoracial lesbian, gay, and bisexual youth living in New York City. Though the authors did not find significant differences in developmental milestones, sexual orientation, or sexual behavior, they did find a few racially disparate experiences in the involvement of LGBTQ-oriented activities and sexual identity disclosure among SGM youth and young adults. Specifically, Latino youth were less likely to disclose as a sexual minority as compared to White youth and Black youth were less involved with gay-related activities compared to White youth.

Sexual and gender identity development is influenced by cultural factors that may differ across ethnoracial groups. Racism experienced within gay communities, and homophobia experienced within ethnoracial minority communities, can exert a "dual oppression" for ethnoracial minority adolescents (Martinez & Sullivan, 1998). Competing identity demands manifest in the identity development process for youth of color and influence the way sexual and gender identities are understood and expressed (Han, Ayala, Paul, & Choi, 2017). As a result, emerging or alternative identities may be formed in opposition to hegemonic "gay" identities, which can be perceived as stereotypically "white" (Bérubé, 2001).

In adolescence, these developmental processes take place within broader contexts in which adolescents gain access to new groups of diverse individuals, sources of information, and contexts in which they can perform and affirm their various identities. In the context of these rapid changes in an adolescent's life, the types, numbers, and patterns of social identities may be more fluid and broad given the accompanying shifts in cognitive and social development. In this paper, we focus on the measurement and patterns of multiple social identities among a group of youth who, typically in this developmental context, experience noteworthy transitions in identity development.

Measuring the Intersections of SGM Identities for Adolescents

The dynamic social landscape of sexuality and gender complicates ongoing efforts to understand the unique health needs of sexual and gender minority

adolescents. For example, as it stands, sexual orientation is often classified by one's sexual attraction to a particular "gender". However, Van Anders (2015) challenges the existing classification of sexual orientation through the concept of "gender-sex," exploring the ways in which our sexualities can be explained by multiple sexual dimensions, including sex and gender.

Central to efforts of classifying how sexuality is related to sex and gender is the fundamental understanding of who are sexual and gender minority youth. Existing definitions and measures—that is, those based on traditional response categories (e.g., lesbian, gay, bisexual)—may be insufficient in accurately describing these diverse populations. Recently, measures of sexual orientation and gender identity have been explored and critiqued in survey research (Sell, 2017; Williams Institute, 2009), clinical settings (Mayer et al., 2008), and in electronic health records (Cahill & Makadon, 2014). This scholarship that challenges SGM identity measurement is important in order to improve our understanding of health disparities experienced by sexual and gender minorities, and to provide culturally responsive health care in clinical settings. After all, scholars have noted distinct disparities for ethnoracial SGM youth compared to their White SGM counterparts in BMI (Katz-Wise et al., 2014), and a host of other health-related outcomes such as risk of stroke, cancer, drinking and sleep problems, and obesity (Trinh, Agénor, Austin, & Jackson, 2017). Lacking in the extant literature is a full consideration of emerging identity labels among youth. As it currently stands, most research that explicitly measures sexual and gender identity (SOGI) focuses on traditional identifications (e.g., lesbian, gay, bisexual, transgender) despite contemporary evidence that these self-identifications are changing among younger generations (White et al., 2018).

Intersecting identities. The complexities of marginalization across diverse, multiple, and intersecting identities is particularly relevant for ethnoracial minority SGM adolescents (Institute of Medicine, 2011; Parent, DeBlaere, & Moradi, 2013). Scholars in the field of psychology often recognize that members of two or more marginalized communities often experience the world in different ways compared to their mono-minority or majority counterparts (Grollman, 2012), yet there are various interpretations of the concept of intersectionality (McCall, 2008; Rosenthal, 2016). In particular, previous research shows that gender and race are

strongly correlated, while at the same time independently contribute variance in unique ways to health outcomes (Rogers, Scott, & Way, 2015). Intersecting identities prone to discrimination present unique challenges for adolescents (Rogers et al., 2015). Adolescents with multiple oppressed identities may experience the world in distinct ways by virtue of the identity intersections; adolescents with identities that are differently rooted in distinct cultural values (e.g., youth of color), gender expressions and/or oppressions (e.g., transgender/cisgender women), and sexuality experiences (e.g., queer or asexual) may not experience marginalization in the same ways, for the same identities, or in the same contexts.

Given that SOGI is conceptualized as a proxy for meaningful differences in lived experiences, friendship networks, and sociocultural environments that affect health outcomes, it is critical to understand the diversity of sexual identities and the intersection of these identities with other relevant social positions like race and ethnicity. The current recommended measures of sexual identity (Williams Institute, 2009), which suggest measuring traditional identities (e.g., lesbian, gay, bisexual) but not expanding identities, may be less salient to younger generations, gender and ethnoracial minorities (White et al., 2018), as discussed above.

Challenges of SOGI measurement. There are three key challenges to accurately measuring SOGI in questionnaire formats that are responsive to adolescent sexuality development. First, the response categories of SOGI questions should encompass the most variability in individual identity labels (i.e., the depth), while at the same time maximizing comprehension of these questions in the general population of youth (i.e., the breadth). Balancing the depth and breadth of SOGI questions is complicated by the dynamic nature of these constructs, particularly among youth and adolescents who will likely be at varying points in their sexuality development. Developmental theories of sexual identity development have focused on “stages” of development leading to increased tolerance and self-labeling (see Cass, 1979), or life span approaches that view sexuality as fluid and interconnected with other cultural experiences, other social identities, and environmental factors (D’Augelli, 1994).

Second, salient identity (i.e., sexual and gender) labels are not fixed—instead, they are dynamic and socially constructed, and they intersect in complex ways with other social identities like race and ethnicity (Stirratt, Meyer, Ouellette, & Gara, 2008).

Thus, survey response categories that accurately reflect the SOGI of respondents may change over time and may differ across generational cohorts. For example, older generations of sexual minorities find the term “queer” to be highly offensive; however, younger generations of sexual and gender minorities have accepted and adopted this term as an identity label (Brontsema, 2004). The queer identity label also reflects the complex relationship between gender and sexual identity. Gender identities, like “trans” or “non-binary”, are not sexualities, despite being conflated with sexual identity in some surveys, and should be measured as distinct concepts.

Third, most previous research of SGM youth has lacked focus on issues related to intersecting identities. Current frameworks suggest that the development of sexual, gender, and ethnoracial identities are interconnected. Thus, it is important to measure these concepts together in a way that allows for the identification of complex patterns of intersecting identities. Only a handful of studies have considered intersectional experiences among SGM youth (for examples see Austin, Nelson, Birkett, Calzo, & Everett, 2013; Diamond & Butterworth, 2008) while attention to myriad intersecting identities is largely absent in scholarship. Difficulties in measuring specific experiences of youth of color (Barbarin, Chinn, & Wright, 2014; Ladson-Billings, 2006; Russell, Seif, & Truong, 2001) have been highlighted by findings that SGM individuals of color experience unique stressors from LGBTQ White individuals (Diamond & Butterworth, 2008; Ladson-Billings, 2006; Lee & Burkam, 2002); thus, scholars should be especially adept in measuring experiences of SGM youth of color.

Benefits of nuanced SOGI measurement. Capturing the complexity of SOGI on surveys and clinical assessment tools will bolster the validity of the scientific study of the health disparities experienced by sexual minority youth and help to ensure that clinical care accurately reflects the lived experience of individual patients. There is a tendency to represent sexual minority youth as a homogenous community (Institute of Medicine, 2011), both in the scientific literature and in the use of acronyms commonly used to describe them (e.g., SGM, LGBT, LGBTQ, LGBTQA+, etc.). However, existing evidence suggests that these are diverse populations representing multiple communities defined by gender, sexuality, and ethnoracial identities. For example, gay and bisexual identified youth have been shown to significantly differ on a number of

health indicators (Institute of Medicine, 2011), suggesting that the antecedents of these health outcomes systematically differ between the identity subgroups. Similarly, youth who do not identify as heterosexual, gay, lesbian, or bisexual but instead identify their sexual identities in some other way (i.e., those who check the “something else” or “other” response options in common survey formats) are also a very heterogeneous group, who differ on health indicators (Galupo, Mitchell, & Davis, 2015; White et al., 2018). The same has been found to be true among gender minority adolescents (Egan & Perry, 2001). Furthermore, there is evidence that asexuality—the absence of sexual attraction—is emerging as an alternative sexual identity, and that both asexual men and women systematically differ from other sexual identity groups (e.g., straight, bisexual, and gay/lesbian) on important health behaviors like tobacco use (Wheldon, Kaufman, Kasza, & Moser, 2018).

Current Study

To begin to address these significant research gaps in measurement of sexual identity among youth attune to adolescent developmental contexts, we utilized data from a large national survey of sexual and gender minority youth in the United States ($N = 17,112$). Our goals for this study were threefold: to (1) document contemporary gender and sexual identities among youth aged 13–17 across the United States; (2) describe intersections of sexual, gender, and ethnoracial identities; and (3) identify the proportion of youth who identify with established (i.e., gay, lesbian, bisexual) categories of sexual identity compared to emerging (i.e., pansexual, asexual) categories.

METHOD

Study Design and Participant Recruitment

Data were drawn from the *LGBTQ National Teen Survey*. Data were collected in partnership with the Human Rights Campaign (HRC), between April and December 2017. All respondents were English-speaking, identified as LGBTQ, 13–17 years of age, and resided in the United States at the time of survey completion.

LGBTQ adolescents were invited to participate in an anonymous, online, self-report survey hosted by the survey website Qualtrics.com. Participants were recruited through social media (Twitter, Facebook, Instagram, Reddit, and

Snapchat) via a survey weblink by way of HRCs wide-reaching network of community partners. Specifically, the HRC posted Facebook statuses (e.g., on the HRC Facebook timeline) and 140-character Twitter messages with a short message and link to the Qualtrics survey; one tweet, for example, read “Help researchers speak out for the next generation of LGBTQ teens. hrc.im/teen-survey”. Some advertisements included photos that depicted diverse young teens. HRC partner organizations (e.g., Youth Link, Trevor Project, Advocates for Youth, Planned Parenthood, and Big Brother/Big Sisters) helped disseminate the survey link to their networks via e-mail or direct communication. For their participation, teens were given the option to enter a random drawing for Amazon.com gift cards, and all participants were offered a 6-pack of HRC wristbands which were mailed to their provided address.

Data Screening and Cleaning Procedures

In total, 29,291 youth aged 13–17 across the United States entered the survey website (e.g., consent page) in the survey; among these respondents, 8,985 (30.67%) were not eligible to complete the survey because they were outside the eligible age range (13–17 years old), did not reside in the United States at the time of survey attempt, and/or did not identify as a sexual and/or gender minority, thus resulting in 20,306 participants who were eligible and started the survey. Among those eligible, 3,006 (14.8%) participants completed <10% of the survey (i.e., did not answer all demographic items) and were thus excluded from data analysis.

The survey was designed a priori to prevent ineligible responders and *bots* from completing the survey through a multistep consent and sorting process, which included a response tree protocol that diverted those participants who were ineligible by age or country of residence. A post hoc mischievous responder’s sensitivity analysis (i.e., individuals who participated in the survey but were not LGBTQ youth, and instead provided misleading or extreme values on multiple questions; see Robinson-Cimpian, 2014) was also conducted on the data from eligible responders ($n = 17,300$) who completed at least 10% of the survey in order to identify and delete problematic cases ($n = 74$). Researchers also analyzed open-ended responses and deleted suspicious entries not previously captured by the screening process (e.g., referring to oneself as Donald

Trump for gender identity; $n = 79$). Cases were not deleted when participants identified a gender identity that included expletives but was not problematic (e.g., "genderfuck"). Duplicate surveys, where a participant failed to complete a survey and then re-entered a new survey, were deleted ($n = 22$). This cleaning process resulted in the deletion of 175 cases.

Measures

For the purposes of the present study, analyses focused on assessment of ethnoracial identity, gender identity, and sexual orientation. All study protocols were approved by the University of Connecticut Institutional Review Board. Completion time for participants who reached the end of the survey was on average 43.3 min (median = 28.2 min). The size and diversity of this sample provided a unique opportunity to examine within-group variability (e.g., sex assigned at birth, sexual/gender minority status, and race/ethnicity) while ensuring sufficient statistical power to test differences across groups.

Survey Items

Ethnoracial identity. One check-all-that-applies item asked participants, "How would you describe yourself?" Response options were, "White, non-Hispanic", "Non-Latino Black or African American", "American Indian or Alaska Native", "Asian or Pacific Islander", "Latino, Hispanic, or Mexican-American", and "Other". When participants checked more than one box, they were categorized as "Multiple Identities". Participants who checked only one box (e.g., White) were coded as that corresponding identity label. Participants who chose "Something else" and thus wrote in ethnoracial identities were back-coded and reclassified when necessary. Specifically, 663 of the 17,112 participants (3.9%) of the participants chose "Something else", and 304 of the identity labels that they wrote in this response category fit into existing labels already provided in the survey question (e.g., Irish was reclassified as White). Thus, after this back-coding process, 359 youth were classified as "Something else".

Sex assigned at birth. Participants were asked, "What sex were you assigned at birth?" Response options were "male" and "female".

Gender identity. Gender identity was assessed with an item that asked whether participants were

male, female, transgender boy/girl, gender queer, or something else. When a participant chose "something else", they were prompted to write-in the word(s) that described their gender identity. From this information, we created a gender identity variable: participants with concordant sex assigned at birth and gender identities were coded as female or male. Participants who were assigned female at birth and checked only binary male identities (i.e., male or trans male/boy) for their gender identity were coded as "trans male/boy", and those assigned male at birth who checked only binary female identities (i.e., female or trans female/girl) for gender identity were coded as "trans female/girl". Those assigned female at birth who checked nonbinary and/or genderqueer/nonconforming (even if they also selected binary identities) we recoded as "trans-masculine non-binary"; those assigned male at birth who checked nonbinary and/or genderqueer/nonconforming we recoded as "trans-feminine non-binary".

Sexual orientation. One item asked, "How do you describe your sexual identity?". Participants could choose one of the following options, "Gay or Lesbian", "Bisexual", "Straight, that is, not gay", or "Something else". If a participant chose "Something else", survey logic presented another question that stated, "By something else, do you mean that..." and presented the following response options: "Queer", "Pansexual", "Asexual", "Questioning", and "Other". In the event a participant chose "Other" ($n = 450$), the participant was asked to describe their identity using words via an open-ended text response box. These responses were back-coded so that participants who wrote in identities already presented were recoded, new categories were created when several participants responded with the same identity (e.g., demisexual), and a "multiple" category was created in the event participants wrote in more than one identity (e.g., demisexual fluid).

Taken together, these questions allowed for the assessment of 12 distinct gender identities (cisgender, trans boy, trans girl, gender queer, nonbinary, gender fluid, gender flux, agender, demigender, questioning gender, androgynous, bigender) and 14 distinct sexual orientation identities (straight, gay, lesbian, bisexual, queer, pansexual, asexual, asexual with romantic attraction, questioning, demisexual, polysexual, fluid, omnisexual, no label).

Sample

This project utilized data from 17,112 ($M = 15.57$, $SD = 1.27$) sexual and/or gender minority 13- to 17-year-old youth across the United States who completed at least all demographic questions in the *LGBTQ National Teen Survey*. Nearly 8% of the sample were 13 years of age, 14.8% were 14 years of age, 21% were 15 years of age, 26.2% were 16 years of age, and 30.5% were 17 years of age.

Respondents represented diverse subgroups of LGBTQ adolescents from all 50 states across the United States. Those states with proportionally larger populations were most strongly represented in our survey. For example, 10% of the total sample resided in California, 10% in Texas, 5% in Florida, 5% in New York, and 4% in Michigan. Smaller states were less likely to be represented in our survey (e.g., 1% of participants lived in Iowa, Nebraska, New Hampshire, and Oklahoma); however, there were at least 20 responses from every state. The state with the most responses was California ($n = 1771$, 10.3%).

Analysis

All participants ($N = 17,112$) included valid responses to all study measures included in this paper. Descriptive analyses were used to calculate the percentage of respondents who identified with a given sexual identity label across different categories (including cis, trans, and nonbinary) of gender identity. These distributions are reported for the total sample and stratified by ethnoracial identities. Bivariate associations were tested using the chi-square test of independence ($\alpha = 0.05$). Data were analyzed using SAS 9.4 (SAS Institute Inc., Cary, NC).

Write-in responses were analyzed using thematic coding. Each write-in response was reviewed and coded with a descriptive label. These codes were then grouped together into a smaller number of broader categories representing the reasons for the write-in response (e.g., those describing aspects of asexuality). This resulted in small number of overarching themes that describe issues to consider in the construction of response categories for measures of sexual identity. Coding and theme generation were iterative processes involving two independent coders.

RESULTS

Sample Characteristics

Demographic characteristics of the overall sample are reported in Table 1. The distribution of

TABLE 1
LGBTQ Teen National Survey—Sample Characteristics
($N = 17,112$)

Age	M	SD
	15.57	1.27
	n	%
Biological sex		
Male	4,740	27.7
Female	12,372	72.3
Race/Ethnicity		
White	10,225	61.9
Hispanic/Latino	1,888	11.4
Black	952	5.8
Asian American	677	4.0
Native American	95	0.6
Multiple identities	2,360	14.3
Other	342	2.1
Socioeconomic status (proxy)		
1st caregiver		
Less than high school	933	5.8
High school or GED	2,774	17.1
Vocational/technical school	578	3.6
Some college	223	14.4
College graduate	5,121	31.7
Postgraduate degree or higher	3,329	20.6
Does not apply	146	0.9
Do not know	995	6.0
2nd caregiver		
Less than high school	832	5.8
High school or GED	2,768	19.1
Vocational/technical school	595	4.1
Some college	1,731	12.0
College graduate	4,170	28.8
Postgraduate degree or higher	2,924	20.2
Does not apply	137	0.9
Do not know	1,310	9.1

ethnoracial identities were as follows: 61.9% White, 14.3% multiple identities, 11.4% Hispanic/Latino, 5.8% Black, 4.0% Asian American, 2.1% indicated another race that was not listed (e.g., "Something else"), and 0.6% Native American. The distributions across gender and sexual identities are reported in Table 2, which are also stratified by ethnoracial identity. Approximately 67.0% identified as cisgender boys or girls, with the remaining adolescents identifying as transgender boys (8.0%), transgender girls (1.0%), nonbinary transmasculine (20.9%), or nonbinary transfeminine (2.8%). For sexual identity, 73.0% were identified as gay, lesbian, bisexual, or heterosexual. Twenty-four percent identified their sexual identities as pansexual, queer, asexual, or questioning. These emerging identity labels represented the majority of respondents who were not identified as gay/lesbian, bisexual, or heterosexual (24.0% across the total sample). These identity labels described the sexual

TABLE 2
Frequencies of LGBTQ Teen Survey Demographics by Sexual, Gender, and Ethnoracial Identity (N = 17,112)

Ethnoracial * Sexual Identity Total	Gender Identity													
	Total		Cisgender Boy		Cisgender Girl		Transgender Boy		Transgender Girl		Transmasculine NonBinary Boy		Transfeminine NonBinary Girl	
	n	%	n = 4,079		n = 7,396		n = 1,404		n = 185		n = 3,573		n = 475	
		n	%	n	%	n	%	n	%	n	%	n	%	
Total sample														
Gay/Lesbian	6401	37.4	2875	70.5	2254	30.5	248	17.7	33	17.8	772	21.6	218	46.1
Bisexual	5970	34.9	1018	25.0	3569	48.3	388	27.6	56	30.3	836	23.4	103	21.7
Heterosexual	279	1.6	0	0.0	0	0.0	157	11.2	31	16.8	74	2.1	17	3.6
Pansexual	2256	13.2	82	2.0	761	10.3	341	24.3	37	20.0	968	27.1	67	14.1
Queer	699	4.1	27	0.7	210	2.8	84	6.0	8	4.3	345	9.7	25	5.3
Asexual	725	4.2	28	0.7	278	3.8	80	5.7	8	4.3	315	8.8	16	3.4
Questioning	424	2.5	29	0.7	205	2.8	60	4.3	7	3.8	110	3.1	13	2.7
Write-in	358	2.1	20	0.5	119	1.6	46	3.3	5	2.7	153	4.3	15	3.2
White														
Gay/Lesbian	3896	38.1	1644	72.1	1456	33.3	158	17.0	22	18.3	506	22.4	110	41.7
Bisexual	3402	33.3	525	23.0	1995	45.6	268	28.8	38	31.7	511	22.7	65	24.6
Heterosexual	173	1.7	0	0.0	0	0.0	104	11.2	14	11.7	47	2.1	8	3.0
Pansexual	1295	12.7	57	2.5	394	9.0	209	22.4	26	21.7	573	25.4	36	13.6
Queer	487	4.8	15	0.7	144	3.3	63	6.8	8	6.7	240	10.6	17	6.4
Asexual	491	4.8	15	0.7	192	4.4	53	5.7	4	3.3	213	9.4	14	5.3
Questioning	257	2.5	14	0.6	118	2.7	45	4.8	4	3.3	70	3.1	6	2.3
Write-in	224	2.2	9	0.4	77	1.8	32	3.4	4	3.3	94	4.2	8	3.0
Black														
Gay/Lesbian	331	34.8	162	59.3	118	24.9	4	8.5	1	11.1	27	21.8	19	73.1
Bisexual	409	43.0	97	35.5	274	57.9	10	21.3	3	33.3	21	16.9	4	15.4
Heterosexual	18	1.9	0	0.0	0	0.0	10	21.3	3	33.3	3	2.4	2	7.7
Pansexual	125	13.1	3	1.1	54	11.4	15	31.9	0	0.0	52	41.9	1	3.8
Queer	20	2.1	1	0.4	9	1.9	2	4.3	0	0.0	8	6.5	0	0.0
Asexual	17	1.8	1	0.4	6	1.3	5	10.6	1	11.1	4	3.2	0	0.0
Questioning	18	1.9	4	1.5	7	1.5	0	0.0	1	11.1	6	4.8	0	0.0
Write-in	14	1.5	5	1.8	5	1.1	1	2.1	0	0.0	3	2.4	0	0.0
Latino														
Gay/Lesbian	748	39.9	401	72.1	224	27.1	22	19.1	3	23.1	66	20.9	32	65.3
Bisexual	702	37.4	137	24.6	433	52.3	35	30.4	4	30.8	86	27.2	7	14.3
Heterosexual	24	1.3	0	0.0	0	0.0	12	10.4	2	15.4	9	2.8	1	2.0
Pansexual	242	12.9	5	0.9	111	13.4	33	28.7	3	23.1	87	27.5	3	6.1
Queer	56	3.0	4	0.7	15	1.8	2	1.7	0	0.0	31	9.8	4	8.2
Asexual	44	3.2	2	0.4	23	2.8	4	3.5	0	0.0	15	4.7	0	0.0
Questioning	31	1.7	6	1.1	10	1.2	3	2.6	1	7.7	9	2.8	2	4.1
Write-in	30	1.6	1	0.2	12	1.4	4	3.5	0	0.0	13	4.1	0	0.0
Asian American														
Gay/Lesbian	244	36.0	134	73.6	67	20.7	7	19.4	1	12.5	27	24.5	8	47.1
Bisexual	266	39.3	42	23.1	181	55.9	10	27.8	4	50.0	28	25.5	1	5.9
Heterosexual	8	1.2	0	0.0	0	0.0	3	8.3	2	25.0	3	2.7	0	0.0
Pansexual	71	10.5	1	0.5	29	9.0	9	25.0	1	12.5	25	22.7	6	35.3
Queer	24	3.5	0	0.0	12	3.7	5	13.9	0	0.0	6	5.5	1	5.9
Asexual	31	4.6	4	2.2	11	3.4	0	0.0	0	0.0	16	14.5	0	0.0
Questioning	25	3.7	1	0.5	17	5.2	2	5.6	0	0.0	4	3.6	1	5.9
Write-in	8	1.2	0	0.0	7	2.2	0	0.0	0	0.0	1	0.9	0	0.0
Multiple														
Gay/Lesbian	812	34.4	351	67.6	269	28.1	43	22.4	4	14.8	108	18.3	37	4.9
Bisexual	821	34.8	141	27.2	458	47.8	45	23.4	7	25.9	154	26.1	16	21.3
Heterosexual	40	1.7	0	0.0	0	0.0	20	10.4	7	25.9	11	1.9	2	2.7
Pansexual	385	16.3	10	1.9	128	13.4	48	25.0	6	22.2	178	30.2	15	20.0
Queer	87	3.7	6	1.2	25	2.6	7	3.6	0	0.0	49	8.3	0	0.0
Asexual	103	4.4	6	1.2	32	3.3	13	6.8	2	7.4	48	8.1	2	2.7
Questioning	64	2.7	3	0.6	33	3.4	10	5.2	0	0.0	15	2.5	3	4.0
Write-in	48	2.0	2	0.4	13	1.4	6	3.1	1	3.7	26	4.4	0	0.0

Note. Percentages do not add up to 100% because this table excludes participants who chose another ethnoracial identity (total n = 359) due to wide variability within this category and subsequent low cell sizes. Native American youth not presented due to low cell sizes (n = 95).

TABLE 3
 Unique Themes Pertaining to Sexual Identity among “Something Else” Responses Provided by Participants ($n = 450$)

Themes	Example Write-in Responses for Sexual Orientation
1. Individually focused without reference to commonly used identity labels	Sexually Ambiguous
2. Focus on the maleness or femaleness of the objects of sexual attraction	Andro Sexuality; Gyno/Gyne Sexuality
3. Focus on asexuality	Asexual and Queer; Asexual with Romantic Attraction
4. Individually focused with reference to LGB sexual identity labels	Sexual identity with caveats
5. Avoiding identity labels or in a state of self-discovery or continually changing	Flexible; No label
6. Fetish	Objectum sexual
7. Sexuality is defined through a given person for which there is a current romantic and/or sexual relationship	Focused on dating status
8. Idiosyncratic	Metasexual
9. Person-centered sexual attraction	Omnisexual
10. Differentiate sexual and romantic attraction	Romantic-focused identity
11. Sexuality is defined through queer concepts of nonbinary gender	Polysexual

identities of 4.1% of cisgender boys, 19.7% of cisgender girls, 40.3% of transgender boys, 32.4% of transgender girls, 48.7% of nonbinary transmasculine respondents, and 25.5% of nonbinary transfeminine respondents. The remaining 2.1% provided a write-in response that differed from these other identity labels.

Sexual, Gender, and Ethnoracial Identities of Adolescents

Sexual identities varied widely across gender and ethnoracial identities (Table 2). Youth with trans identities (e.g., trans boy, trans girl, or nonbinary gender) were statistically less likely than cisgender youth to identify with established sexual identities categories, $\chi^2(5, N = 16754) = 2498.6, p < 0.0001$. For example, the vast majority of cisgender boys (95.1%), in contrast to a minority of nonbinary transmasculinity responders (49.2%), were identified as gay, lesbian, bisexual, or heterosexual/straight (GLBS). Similarly, 80.0% of cisgender girls, 58.4% of trans boys, 66.7% of trans girls, and 73.7% of nonbinary transfeminine responders were identified as GLBS.

There were some differences in these patterns across ethnoracial minorities. The association between race and sexual identity was statistically significant among cisgender girls, $\chi^2(10, N = 6987) = 10.7, p = 0.05$. Approximately 75.9% of cisgender girls with multiple identities also identified as GLBS compared to 82.8% of Black cisgender girls. Similarly, a larger percentage of black nonbinary transfeminine responders were identified as GLBS (96.2%) compared to other ethnoracial groups (e.g., 52.9% and 71.5% of Asian and White nonbinary transfeminine respondents, respectively), $\chi^2(5, n = 431) = 13.7, p = 0.02$.

There were no statistically significant associations between ethnoracial and sexual identities (GLBS vs. emerging identities) among cisgender boys, trans boys, trans girls, or nonbinary transmasculine respondents.

The remainder of respondents provided additional details about their sexual identities through open-response format ($n = 450$). Individuals with trans gender identities were more likely to write in their sexual identities compared to cisgender respondents, $\chi^2(5, N = 17112) = 155.8, p < 0.0001$. These responses were qualitatively coded and found to represent 11 unique themes (Table 3). Approximately 50.0% of these responses described adolescents who identified as asexual (and provided some description of their romantic attraction), demisexual, or those who differentiated their romantic and sexual identities ($n = 67$; e.g., “Bisexual Heterosexual”). An additional 28.7% preferred to avoid identity labels, were in a state of self-discovery or continual change (e.g., sexually fluid), or described their sexuality through queer concepts (e.g., “queer polysexual”) and nonbinary gender (e.g., “skoliosexual”). The remainder described additional aspects of asexuality (e.g., “aegosexual”; 10.7%) or another nuanced aspect of sexuality or identity (e.g., “androsexual”; 10.6%).

DISCUSSION

In this study, we found that a large proportion of sexual and gender minority youth do not identify with traditional sexual identity labels (e.g., gay, lesbian, bisexual), but instead describe their sexual identities using emerging labels (e.g., pansexual, nonbinary, asexual). Of the overall sample, 4,462 youth (26%) chose emerging sexual identity labels.

Furthermore, our study shows that adolescent endorsement of these emerging identities varies as a function of gender (i.e., nonbinary) and ethnoracial identity. Given the complexities of sampling these populations, gender minority youth are often explored as a homogenous population (Sell, 2017); however, we found support for pronounced heterogeneity in sexual identity among diverse gender minority youth. These findings are highly relevant to contemporary scholarship and discourse regarding SGM youth given the recent proliferation of scholarship focused on the health (Institute of Medicine, 2011), school (Russell & McGuire, 2010; Toomey & Russell, 2016), and community (Fergus, Lewis, Darbes, & Kral, 2009) experiences of SGM youth.

Our finding that sexual identity varied significantly as a function of gender and ethnoracial is particularly noteworthy. While previous research concluded that cultural factors do not impede the formation of sexual identity among ethnoracial minorities, our findings suggest that identity formation is more complex and varied among ethnoracial minorities and is contingent upon gender identity (Rosario et al., 2004). We found that cisgender girls with multiple ethnoracial identities were more likely to identify with an emerging sexual identity subgroup; however, these associations were not found among other gender identities. Our results also suggest that, rather than developing emerging identities in opposition to culturally dominant sexual identities (e.g., pansexual), the general pattern of sexual identification among the majority of Black, Latino, and Asian adolescents in this study was similar to that of the White adolescents; however, these patterns diverged somewhat among the noncisgender subgroups, suggesting a complex interaction between sexual, gender, and ethnoracial identities. Current measures of sexual orientation based on traditional identity labels (i.e., gay, lesbian, bisexual) do not reflect these complex relationships. As a result, some youth may refuse to answer items in structured surveys or choose the “other” category where the data are typically uninterpretable. In smaller samples of SGM adolescence, it has been difficult to capture the distinct patterns of identities endorsed by ethnoracial minorities. Future research should continue exploring the implications of these differences.

We found that cisgender youth were nearly twice as likely to endorse traditional sexual identities as compared to their gender minority counterparts. This finding implies that researchers

should consider new approaches for measuring sexual and gender identities. First, our findings lend merit to a two-step approach in measuring sexual identity in youth. The increasing proportion of youth in our sample who used emerging labels to describe their sexuality indicates the importance of offering youth the option to select traditional (e.g., GLBS) identities or “Something Else” in which they can choose from a different list of emerging labels and have the opportunity to provide their own label. Second, adolescents’ write-in responses showed important distinctions in their romantic and sexual identities, thus, measurement may be most informative if it includes multiple components of sexuality in youth—such as identity, attraction, and behavior.

Moreover, our findings have important implications for multiple levels of stakeholders: scholars, practitioners, and policymakers. Scholars who measure behavioral experiences known to vary according to SGM status (e.g., mental health; Institute of Medicine, 2011) should be aware that an increasing proportion of SGM young people are endorsing self-generated and lesser known identities, and thus accurately measure these identities. Without careful measurement of these diverse social identities, scholars are unable to untangle health disparities that have been well documented to disproportionately affect sexual, gender, and ethnoracial minority individuals (Institute of Medicine, 2011). Practitioners who treat physical and mental health issues among SGM youth should be aware of these divergent patterns of social identities if they are to provide the most culturally competent care possible. Policymakers who determine laws related to a number of rights related to SGM status (such as who can use particular facilities at certain times) should ensure that their work can be inclusive of the emerging groups of young people with intersectional social identities.

Several limitations should be noted. First, we measured social identities in one cross-sectional survey using nonprobability sampling methods. Since we know these identities are dynamic and change over time (Diamond, 2008), future researchers should continue to follow populations in order to document changes in emerging sexual and gender identity labels. Additionally, future research can and should explore how ethnoracial, sexual, and gender minority identities may vary by age—this work may be carried out using qualitative or narrative methodologies. Second, despite the large sample size, certain subgroups (especially those with multiple minority identities)

could not be identified or studied due to sampling limitations. Though we had a large proportion of ethnoracial youth in our sample, we cannot report patterns of SGM status as it intersects with “bi/multiracial” ethnic minority youth because we are unsure which ethnic label(s) each participant would select as their primary identity, or if the participant was actually identified as bi/multiracial. As a result, we cannot understand the experiences of youth with various combinations of nonmonoracial identities. We were, however, able to confidently report the various patterns of monoracial youth by sexual and gender identity, and these youth made up the majority of our sample. Future research should utilize a two-step approach to measure ethnoracial identity (i.e., ethnicity [Hispanic/Latino or Non-Hispanic/Latino] and then race, which would allow for differential classifications of ethnoracial identity. Third, given the large-scale nature of this survey, we were unable to measure additional contexts related to these identities that would be informative to understand the temporality of these identities related to self-recognition of being a SGM young person. Finally, by virtue of our sampling techniques, our results cannot be generalized to youth who do not have or utilize access to online networks where HRC advertised the study. HRC, like other national organizations, is subject to criticism regarding their priorities and efforts in reaching various minority subgroups. This serves as a limitation in that the researchers sampled youth with particular affinities for LGBTQ organizations, attendance/interest in LGBTQ-related events, and/or engagement with LGBTQ cultural icons/trends. As such, our methodology may have targeted a disproportionately White- and/or cisgender-identified samples, as “mainstream” LGBTQ organizations and culture may not be fully inclusive or representative of people of color and/or transgender communities. Preliminary analyses presented here mirror LGBTQ patterns in health behaviors reported in national data (i.e., Youth Risk Behavior Surveillance Survey).

Despite these limitations, our study possesses unique strengths, including data from a new, large, and diverse sample of SGM youth from across the United States which provided the power to detect important nuances across multiple identities. In addition, our study documents that emerging sexual identities are becoming more prevalent, and vary significantly by gender and ethnoracial identity among youth from diverse contexts. This

contribution is timely given the increased attention of the need for accurate measurement of SGM experiences across the United States. Without this knowledge, researchers will continue to miss a significant portion of their SGM youth samples by failing to include these emerging identities. Our findings offer novel and important insights about the heterogeneity of identities in sexual and gender minority youth.

In conclusion, we found evidence of a growing number of new sexual and gender identities that are shared at different proportions across subgroups of SGM young people. If we are to understand the development and lived experiences of SGM populations over time and across multiple identities, it is imperative to begin collecting data that are inclusive of dynamic and intersecting identities such as those assessed in our study. Improving measurement of these dynamic social identities in youth is a key and necessary step forward to improve efforts by scholars, practitioners, and policy makers to improve the quality of life for diverse populations of sexual and gender minority youth.

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