



The Effect of ACEs on Sexual and Ethnic/Racial Identity Among LGBTQ+ Individuals

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Abstract

The purpose of the current study was to assess the relationship between Adverse Childhood Experiences (ACEs) and racial/ethnic identity and sexual identity centrality. The population within this study consisted of 1,518 self-identified LGBTQ+ individuals utilized from the *Generations* Gallup study. Participants completed surveys, identifying ACE type and frequency, racial/ethnic identity centrality, and sexual identity centrality. The incidence of ACEs was divided into three (3) groups: No ACEs experienced, one (1) to three (3) ACEs experienced, and four (4) or more ACEs experienced. A negative relationship between ACEs and identity centrality was hypothesized. An ANOVA was utilized to observe the relationship between the three (3) ACE groups and identity. Results rejected the proposed hypotheses. No relationship was found between ACE frequencies and racial/ethnic identity. Differences were, however, found among sexual identity centrality levels and ACE frequencies. Analysis revealed that participants who experienced four (4) or more ACEs had a significantly higher level of sexual identity centrality than those who experienced one (1) to three (3) ACEs. The current study's findings suggests that, dependent on the number of ACEs experienced, childhood trauma influences sexual identity centrality in adulthood. Further studies must be conducted to elaborate on the proposed relationship.

Introduction

Significance of Study

- ACEs have been shown to increase adult health risks in over 40 domains, including life potential, developmental functioning, behavior, as well as an augmented risk for overall adulthood disease and mortality rates (Wong, et al., 2019).
- 45% of children reported experiencing an ACE (Sacks & Murphey, 2018).
- Children of ethnic/racial minority status, along with sexually marginalized youth (LGBTQ+), disproportionately experience ACEs at greater rates than their Caucasian, cis-gender, heterosexual counterparts (Sacks & Murphy, 2018; Walker, Hernandez, & Davey, 2012).

Purpose of Research

- This study aims to examine the relationship between ACEs and (1) racial/ethnic identity, and (2) sexual identity.

Research Questions

- Do ACEs affect racial/ethnic identity development?
- Do ACEs affect sexual identity centrality?

Research Hypotheses

1. LGBTQ+ individuals with a higher prevalence of ACE scores will report lower sexual identity centrality scores.
2. LGBTQ+ individuals who report higher ACE scores will report a lower centralized racial/ethnic identity scores.



Literature Review

ACEs and Identity

- Prejudice, discrimination, and social exclusion, often experienced by LGBTQ+ and ethnic/racial minority individuals, exacerbates the effects of ACEs, complicating the resulting trauma and health impacts (Craig, et al., 2020).

Identity Formation

- Research has shown that maltreatment among children, including abuse, covert/overt racism or homophobia, and household disruption(s), impacts self-esteem, self-concept, and ultimately, identity (Sawyer & Bagley, 2017).

Theoretical Framework

- **Erikson's Stages of Psychosocial Development:** Interpersonal relationships have crucial effects on developmental stages throughout childhood, failing to master the stage of identity is suggested to induce identity diffusion and confusion (McLean & Syed, 2014).
- **Meyer's Minority Stress Theory:** minority stress (e.g., excess distress caused by social schemas upon marginalized and minority groups) is an additional and unique trauma requiring additional adaptation to stressful situations when compared to non-minority individuals (Pitoňák, 2017).

Research Gaps

- Existing research suggests that ACEs directly impact identity, however, literature regarding the effect of ACEs among racial/ethnic identity formation was not found.
- Studies pertaining balanced racial/ethnic demographics among LGBTQ+ populations were highly limited.
- Studies assessing effects of ACEs on ethnic/racial and sexual identity were nonexistent.

Methods

Research Design and Data Collection Procedures

- The current study is a secondary analysis of the data from *Generations: A Study of the Life and Health of LGB People in a Changing Society*, United States, 2016 – 2019.
- The *Generations* study provides data from perspectives of the LGBTQ+ community, including but not limited to ACEs, level of cohesion with identity, perception of identity and self, and ethnic background.

Sample and Sampling Method

- Respondents from the *Generations* study were recruited by Gallup Inc., a survey recruitment company, using the Gallup Daily Tracking Survey.
- Gallup uses a dual-frame sampling method, which includes random-digit dialing (RDD) to contact both landlines and cellphones.
- The final sample size was 1,518 individuals. Participants ranged from 18 – 55 years old, were collected from across the U.S. and Costa Rica, were identified as a part of the LGBTQ+ community and represented various ethnicities.
- Racially, White individuals (74.1%) made up a majority of the sample population. Hispanic, Latino, or Spanish individuals (18.4%) were the second largest ethnic group, followed by Black/African Americans (16.9%). American Indian/Alaskan Natives (3.4%), Asian/Asian Americans (2.4%), Middle Eastern/ North Africans (0.9%), and Native Hawaiian/ Pacific Islanders (0.6%) made up the remaining ethnic/racial representation in the current study.

Measures

- Ethnic identity was assessed by the **Multi-group Ethnic Identity Measure** (MEIM; Phinney, 1992), a 15 self-report items and focuses on two dimensions of ethnic identity; 1) ethnic identity search; and 2) ethnic identity affirmation, belonging, and commitment.
- **Sexual Identity Centrality scale** a 5-item subscale from Mohr and Kendra's (2011) 27-item Lesbian, Gay, and Bisexual Identity Scale (LGBIS) was used to evaluate the degree to which respondents' sexual identities were central tenants in their life.
- The **Adverse Childhood Experiences (ACEs) scale** was utilized to identify which type and how many ACEs participants experienced before their 18th birthday. The incidence of ACEs was divided into three (3) groups: No ACEs experienced, one (1) to three (3) ACEs experienced, and four (4) or more ACEs experienced

Results

One Way ANOVA

- A one-way ANOVA test was conducted to analyze the relationship between ACEs and ethnic/racial identity and sexual identity

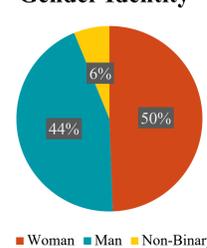
ACEs and Racial/Ethnic Identity

- **No significant difference** was identified among ACE groups when comparing across ethnic/racial identity means

ACEs and Sexual Identity Centrality

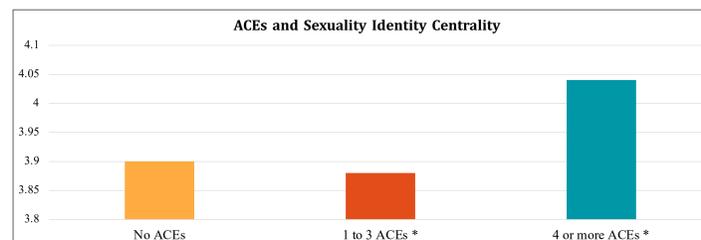
- A **significant** mean difference was found among the groups
- Bonferroni's post hoc test was utilized to determine the difference in sexual identity between the identified ACE groups.
- This analysis revealed that participants who experienced four (4) or more ACEs had a **significantly higher level** of sexual identity centrality than those who experienced one (1) to three (3) ACEs.
- Participants who experienced no (0) ACEs **were not significantly different** from either of the two other ACE groups.

Gender Identity



	No ACEs	One to Three ACEs	Four or More ACEs	Post hoc
	M	M	M	F (df) =
	SD	SD	SD	
Ethnic/Racial Identity	3.22	3.30	3.33	F(2,1515) = 1.009
	0.88	0.8	0.91	
Sexual Identity Centrality	3.90	3.88*	4.04*	F(2,1515) = 3.584*
	1.17	1.11	1.13	

*p < .05



Conclusion

Interpretation of Findings

ACEs and Racial/Ethnic Identity

- Strong ethnic-racial identity (ERI) and sense of community may buffer the effects of ACEs among POC, possibly creating the deafened mean difference between racial/ethnic identity centrality among ACE groupings.

- It is theorized that no relational difference was identified between the effect of ACEs and racial/ethnic identity was partially due to the lack of a diverse sample population.

ACEs and Sexual Identity

- It is theorized that either (a) LGBTQ+ individuals who experienced four (4) or more ACEs found solace in their sexual identity and within the queer community, thus enhancing their level of identity centrality, and/or (b) LGBTQ+ individuals who are more open about their sexuality during childhood and LGBTQ+ adolescents incur a higher risk of experiencing ACEs.

Limitations

- The existing sample was limited in POC participants, largely representing a White perspective. A more comprehensive sample representative of the true population should be collected and further elaborated upon
- The current population sample, obtained from the *Generations* LGBTQ+ study, collected data between age cohorts, however, this data is not shared due to confidentiality limits. Results could be skewed dependent on the age cohorts, i.e., older LGBTQ+ may report lower sexual identity centrality due to the stigma associated during the era in which they grew up in, impacting their identity development.

Implications for Integrated Behavioral Health

- Understanding the role of childhood traumas on identity development can be crucial for one's self-esteem and self-concept
- Addressing and understanding the function of ACEs in LGBTQ+ and/or POC can increase self-efficacy and reduce intergenerational harm (Wong, et al., 2019).
- Recent decades have embraced ACEs screenings within clinical settings, understanding the catalytic role they play in health outcomes (Barnett, Sheldrick, Liu, Kia-Keating, & Negriff, 2021).
- Proactive engagement with patients, ACE screenings, and additional research to understand the relationship(s) between childhood traumas, sexual identity, and racial/ethnic identity will aid in creating effective and individualized care plans to address patient well-being.



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