Title

Firearm Ownership, Risk of Firearm Violence, and Fear of Firearm Victimization among LGBT Adults in California

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POLICY BRIEF

UCLA Center for Health Policy Research

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Firearm Ownership, Risk of Firearm Violence, and Fear of Firearm Victimization Among LGBT Adults in California

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UCLA School of Law Williams Institute

CHIS california health interview survey

SUMMARY

KEY TAKEAWAYS

- One in 7 LGBT adults in California (population 2.9 million) live in households with a firearm, including 1 in 100 with an unlocked, loaded firearm in the home.
- Of California LGBT adults, 15% (416,000) seriously thought about suicide in the past year. This includes an estimated 31,600 LGBT adults who live in households with firearms.
- More than 1 in 20 bisexual people (82,000) experienced physical or sexual violence from an intimate partner in the past year. This includes an estimated 7,600 bisexual adults who live in households with firearms and have experienced intimate partner violence.

Summary: In 2016, 49 people were killed and 53 injured by gunfire at Pulse nightclub, an LGBTQ venue in Orlando, Florida. Since then, gun violence prevention advocates and researchers have sought to understand how lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations are affected by firearm violence and to identify strategies that could save lives.[1] While firearm violence is most often associated with mass shootings, it is a broader phenomenon that includes any firearm-related injury or death, including IPV and suicide by firearm.

This brief utilizes pooled data from the Gun Violence module of the 2021 and 2022 California Health Interview Surveys (CHIS) to provide information about risks and fear of firearm victimization among lesbian, gay, bisexual, and transgender (LGBT) populations in California. Fewer LGBT than non-LGBT adults in California had firearms in their households (14% vs. 18%); however, risks for firearm-related mortality, including past-year serious suicidal ideation (15% vs. 4.0%) and intimate partner violence (IPV) (4.1% vs. 2.4%), were more common among LGBT than non-LGBT adults. Notable variability in the presence of firearms across regions and the prevalence of serious suicidal ideation across LGBT groups was observed. Findings indicate a need for enhanced firearm violence prevention efforts in some regions of the state and within specific population groups. Increased attention to safety in general and to mental health promotion for LGBT people is also recommended.

LGBT people are invisible in state mortality statistics because demographic information about sexual orientation, gender identity, and sex assigned at birth are not systematically recorded on death certificates, police reports, and other sources.

BACKGROUND

Since 2009, 33 mass shootings occurred in California, killing an average of 12 people and wounding six per shooting.[2] Although mass shootings — defined as when four or more people are shot — represent a small fraction of the 3,000 firearm deaths and 9,000 people injured by firearms in the state each year, they generate trauma among those directly affected and fear among others.[3-5] Firearm violence exacts a toll on individuals, families, and communities and costs the state nearly $42 billion each year.[6]

To help prevent future deaths and injuries from firearms, information about victims and the context surrounding their deaths is gathered by death investigators from multiple sources, recorded in state systems, and analyzed. The California Incident-Based Reporting System (CIBRS) and California Violent Death Reporting System (CalVDRS) show that about half of firearm-related fatalities are homicides, and about half are suicides.[2, 3] Firearms are used in the majority of homicides and in more than one-third of suicides in the state.[7-9] Most homicide and suicide victims are 18 years of age or older and more than three-quarters are men, and non-Hispanic Black people are overrepresented among homicide victims relative to their proportion in the state.[2,3] In the case of homicides, information about suspected perpetrators is also available through the CIBRS and CalVDRS systems.

Available data show that 43% of homicide victims were killed by a friend or acquaintance; 37% by a stranger; and 15%, on average, by their spouse, parent, or child. Gender differences emerge, with more than four times as many female as male homicide victims having been murdered by a family member (37% vs. 8%).[3] In terms of self-directed violence, more than a third of people who died by suicide had a history of suicidal thoughts or plans.[4]

Although about 9% of California adults identify as LGBT, no information is available about the number of LGBT people killed by firearms each year (or who die by any cause, for that matter). LGBT people are invisible in state mortality statistics because demographic information about sexual orientation, gender identity, and sex assigned at birth are not systematically recorded on death certificates, police reports, and other sources used by the state CIBRS and CalVDRS.[10-12] This gap is highly problematic because LGBT people are at heightened risk of violence, including hate crimes; are at comparable or higher risk of intimate partner violence relative to non-LGBT people; and are more likely to report suicide attempts compared to non-LGBT people.[13-15]

To ensure that California's estimated 2.9 million LGBT adult residents are considered in state violence prevention efforts, data from the 2021 and 2022 California Health Interview Survey were pooled to provide an understanding of firearm access and safety, suicide risk, intimate partner violence, and fear of firearm victimization among LGBT adults. Information about non-LGBT adults is provided as a point of comparison.

FINDINGS

Demographic Characteristics

In 2022, more than half of LGBT adults in California were between 18 and 34 years of age, including 28% who were 18 to 24 years old and 27% who were 25 to 34 years old. Cisgender women were in the majority, at 49%, followed by cisgender men (43%) and transgender people (8%) of all gender identities and either sex assigned at birth. More than half (54%) of LGBT adults identified as bisexual, 42% as gay or lesbian, and 2% as straight (transgender only), and 1.6% selected another response or did not answer the question (transgender only). People of color, including adults who are Latinx (38%); non-Hispanic Asian (9%); Black (5%); and American Indian, Alaska Native, Native Hawaiian, Pacific Islander, another race, or multiracial (5%), were the majority, at 57%, while non-Hispanic white adults were the minority, at 43%. (See Appendix, Exhibit A1.)

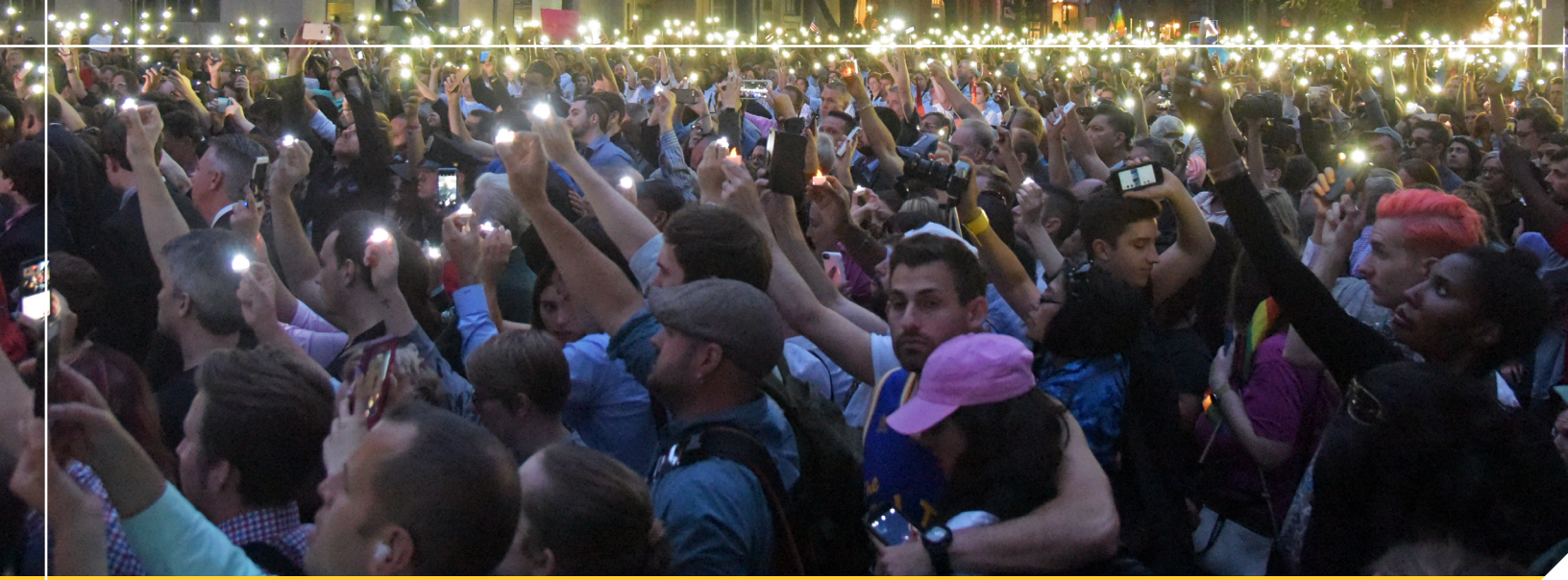
Among adults who had a firearm at home,

8%

of LGBT adults and 8% of non-LGBT adults reported that a firearm in their household was kept loaded and unlocked.

Firearms in California Households

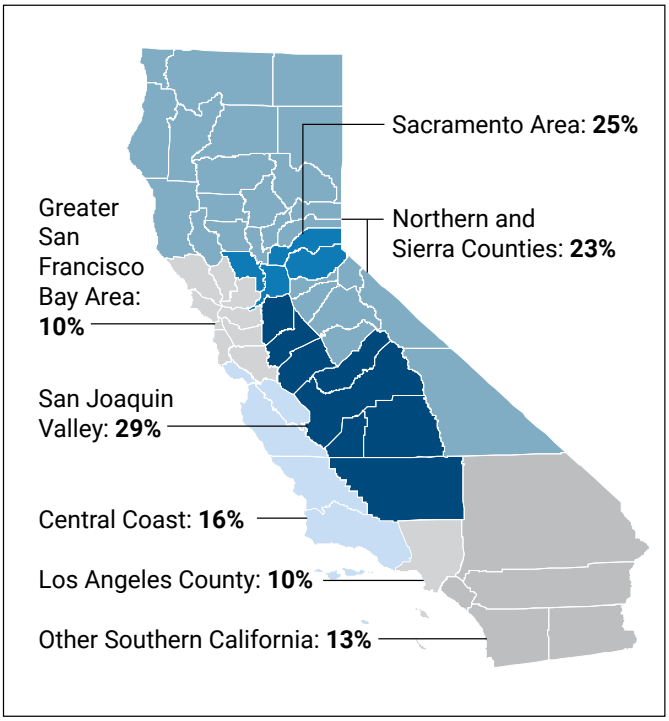
Fewer LGBT adults (14%) than non-LGBT (18%) adults reported a firearm (pistol, shotgun, or rifle) in or around their home, including those kept in a garage, outdoor storage area, or motor vehicle. Among adults who had a firearm at home, 8% of LGBT adults and 8% of non-LGBT adults reported that a firearm in their household was kept loaded and unlocked.



Among LGBT adults, firearms were more common in rural areas than urban (28% vs. 13%). This difference contributes to regional variation in the presence of firearms (Exhibit 1). Firearms were more common in the households of LGBT adults residing in the San Joaquin Valley (29%), Sacramento area (25%), and Northern/Sierra counties (23%) than in most other regions. The same general regional pattern in the presence of firearms was observed among non-LGBT adults: Northern/Sierra counties (39%), San Joaquin Valley (25%), Sacramento area (25%), Central Coast (20%), other Southern California (19%), Greater Bay Area (14%), and Los Angeles County (13%) (not shown).

Among LGBT adults, firearms were more common in rural areas than urban.

Exhibit 1 / Firearm in Household Among LGBT Adults, by California Region, 2021–2022



Source: 2021–2022 pooled California Health Interview Survey

Serious Suicidal Ideation

On average, more than three times as many LGBT adults as non-LGBT adults reported that they had seriously thought about suicide in the past 12 months (15% vs. 4%) (Exhibit 2). Serious thoughts about suicide were more common among younger adults than older adults. Among LGBT adults, nearly one-quarter (23%) of those ages 18–24 and 18% of those ages 25–34 reported having had serious thoughts of suicide in the past 12 months (Exhibit 2).

Suicidal ideation varied by gender among LGBT adults, with 10% of cisgender men, 15% of cisgender women, and 27% of transgender adults having thought seriously about suicide in the past year. (See Appendix, Exhibit A1.)

Among LGBT adults,

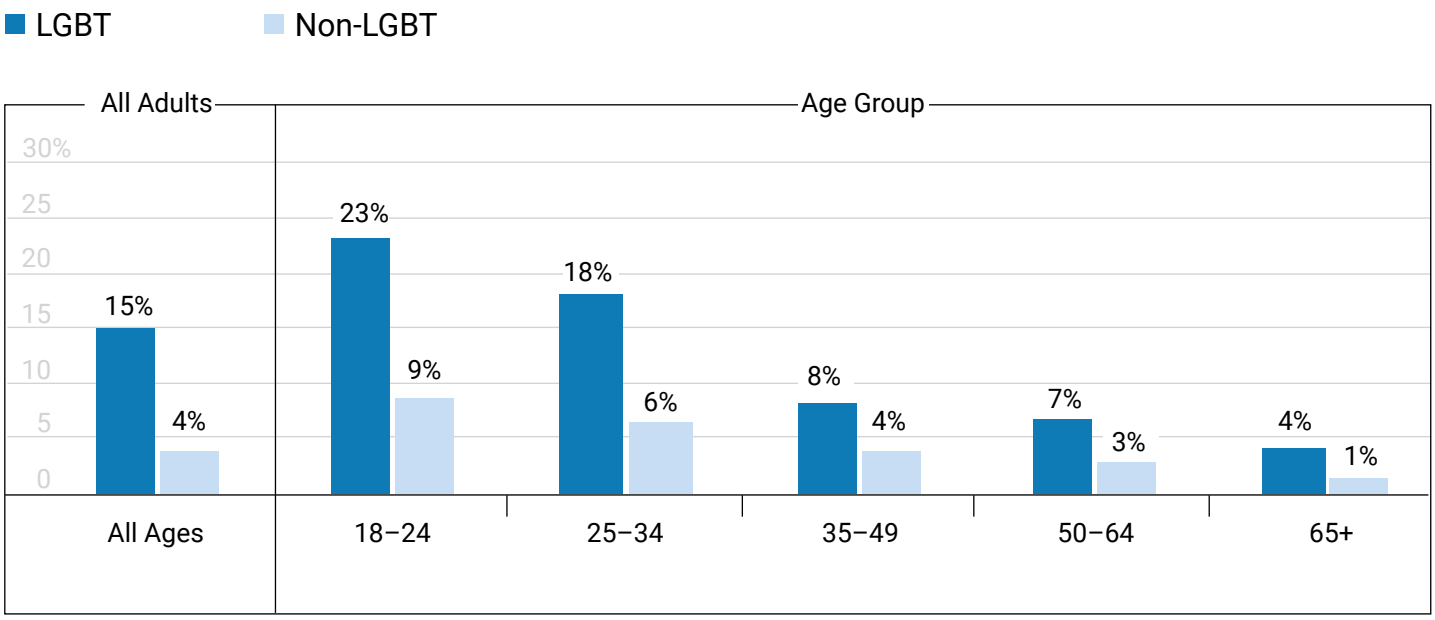
23%

of those ages 18–24 and

18%

of those ages 25–34 reported having had serious thoughts of suicide in the past 12 months.

Exhibit 2 / Thought Seriously About Suicide in Past 12 Months Among Adults in California, by LGBT Status and Age, 2021–2022



Source: 2021–2022 pooled California Health Interview Survey

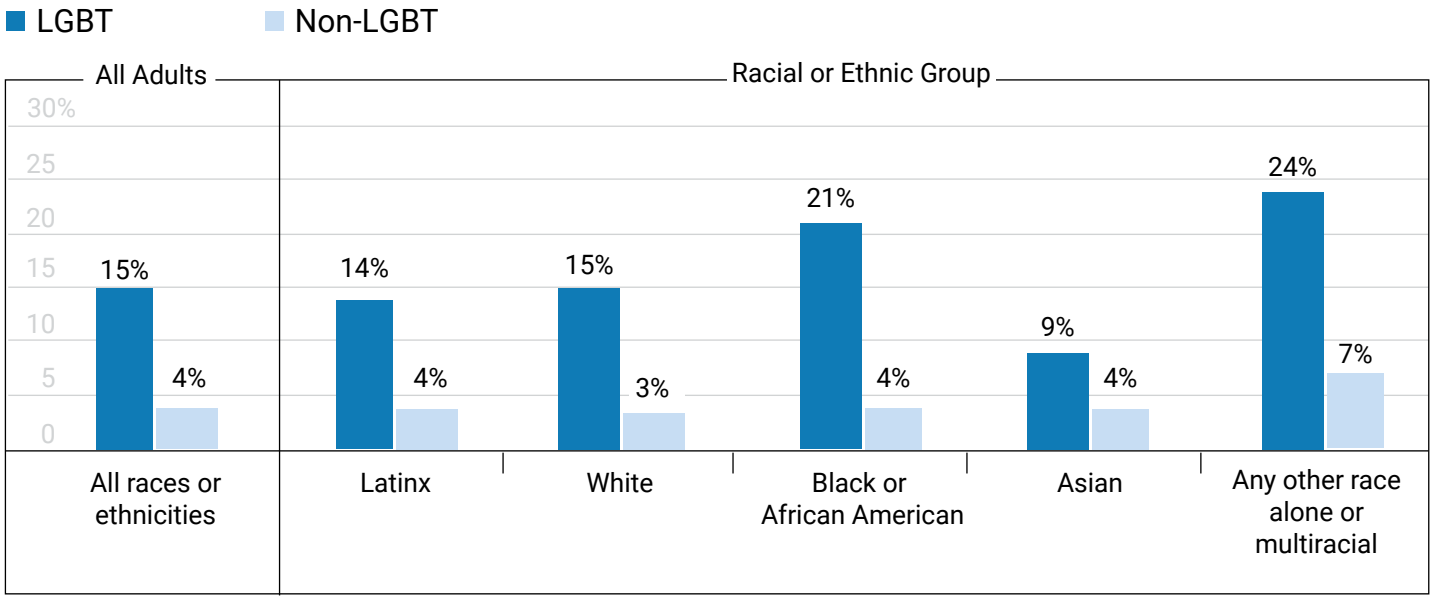
Serious suicidal ideation was more common among LGBT than non-LGBT adults across racial and ethnic groups (Exhibit 3). LGBT vs. non-LGBT differences in suicidal thoughts were the largest among Black adults. More than 1 in 5 LGBT Black adults (21%) reported that they had seriously thought about suicide in the past 12 months, compared to 4% of non-LGBT Black adults. Among those who are American Indian, Alaska Native, Native Hawaiian, Pacific Islander, another race, or multiracial, 24% of LGBT adults reported serious suicidal ideation in the past year, compared to 7% of non-LGBT adults (Exhibit 3).

In total, an estimated 416,000 LGBT adults in the state thought seriously about suicide in the past year. This includes an estimated 31,600 who live in households with firearms.

Intimate Partner Violence

More LGBT than non-LGBT adults experienced physical or sexual intimate partner violence (IPV) in the past 12 months (4.1% vs. 2.4%). Physical or sexual IPV included being pushed, hit, slapped, kicked, bitten, hit, choked, beaten up, and physically forced to have unwanted sex by an intimate partner. More than twice as many bisexual adults reported IPV in the past year compared with non-LGBT adults (5.3% vs. 2.4%). An estimated 82,000 cisgender and transgender bisexual adults experienced physical or sexual violence from an intimate partner in the past year. This includes an estimated 7,600 bisexual adults living in households with firearms.

Exhibit 3 / Thought Seriously About Suicide in Past 12 Months Among California Adults, by LGBT Status and Race and Ethnicity, 2021–2022



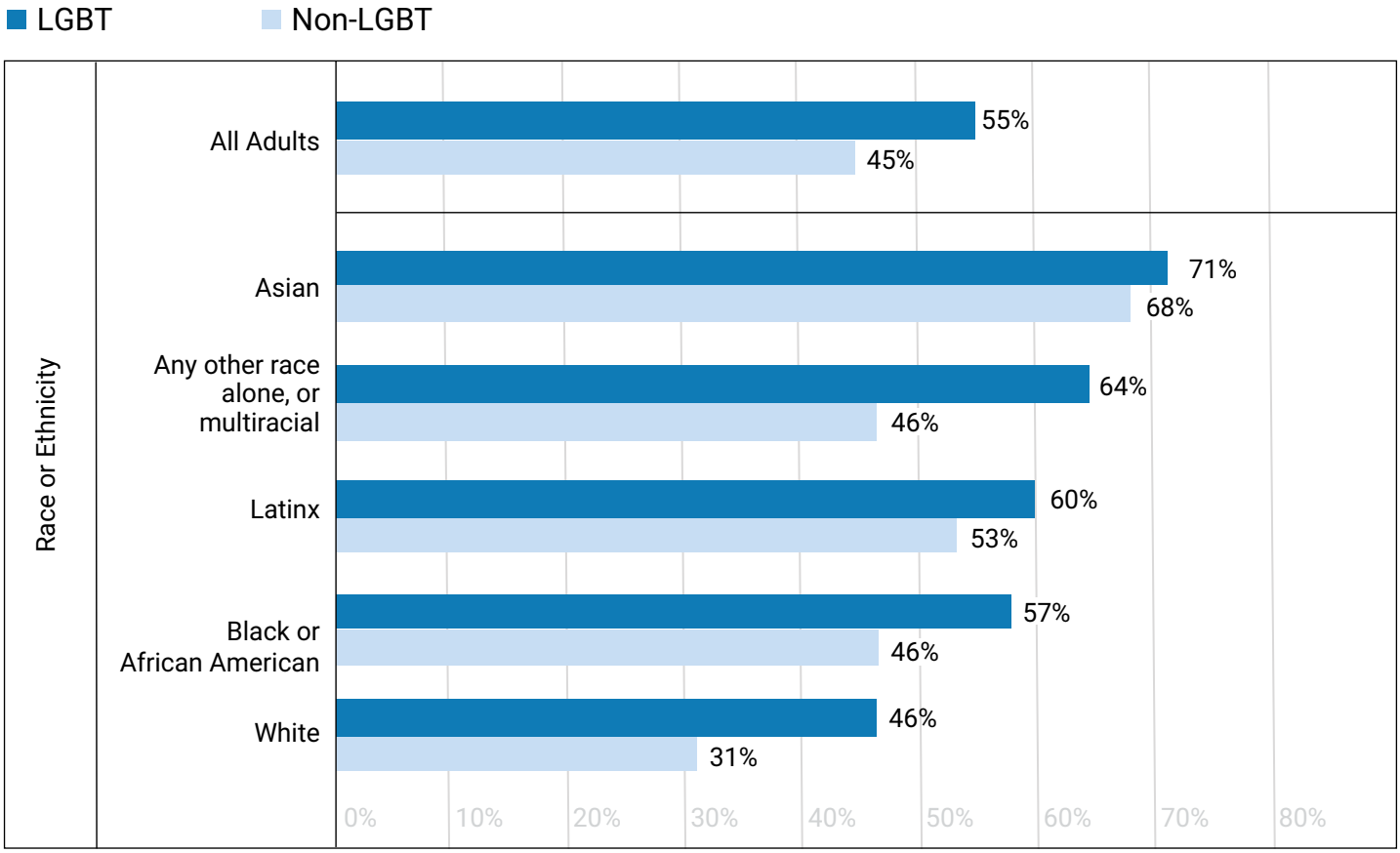
Source: 2021–2022 pooled California Health Interview Survey

Worry About Firearm Victimization

More LGBT adults (55%) reported that they were somewhat or very worried about being a victim of gun violence than their non-LGBT (45%) counterparts (Exhibit 4). Among LGBT adults, those who were younger and/or people of color were more likely than older and white adults to be worried about firearm victimization. Specifically, 60% of those ages 18 to 24 and 59% of those ages 25 to 34 were worried about being a victim of firearm violence, compared to 49% of adults ages 50 to 64 and 36% of people ages 65 and older. Differences in worrying about firearm victimization by age group were less pronounced among non-LGBT people (data on age differences not shown).

As shown in Exhibit 4, worry about being the victim of gun violence was reported by many Asian adults, LGBT and non-LGBT alike (71% and 68%). Among adults who are American Indian, Alaska Native, Native Hawaiian, Pacific Islander, another race, or multiracial; Latinx; and white, more LGBT adults than non-LGBT adults reported worry. Among LGBT adults, nearly two-thirds (64%) of those who are American Indian, Alaska Native, Native Hawaiian, Pacific Islander, another race, or multiracial were worried about being the victim of firearm violence; 60% of Latinx adults and 57% of Black adults were also worried about being the victim of firearm violence.

Exhibit 4 / Worry About Being the Victim of Gun Violence Among California Adults, by LGBT Status and Race and Ethnicity, 2021–2022



Source: 2021–2022 pooled California Health Interview Survey

Although somewhat fewer LGBT adults than non-LGBT adults reported firearms in their homes, a firearm was present in the homes of **1 in 7** LGBT adults.

Fewer (46%) white LGBT adults were worried about firearm victimization. Worry was the least common among white non-LGBT adults (31%).

CONCLUSION

Findings show a need to include LGBT people in state firearm violence prevention efforts, as well as a need for enhanced suicide and violence prevention efforts focused on LGBT people. Although somewhat fewer LGBT adults than non-LGBT adults reported firearms in their homes, a firearm was present in the homes of 1 in 7 LGBT adults. Firearms were even more common in both LGBT and non-LGBT households in several regions of the state, including the San Joaquin Valley, Sacramento area, and Northern/Sierra counties.

Risks of suicide and of homicide by intimate partners were elevated for LGBT adults in the state relative to non-LGBT adults. Rates of suicidal ideation among younger LGBT adults, transgender people, Black LGBT people, and LGBT people who are American Indian, Alaska Native, Native Hawaiian, Pacific Islander, another race, or multiracial were particularly high. IPV was more common among LGBT than non-LGBT adults, and more than twice as common among bisexual adults as among non-LGBT adults. These findings are consistent with prior studies and extend prior research by identifying groups within the state's LGBT population who are in greater need of support and at heightened risk of gun violence.[16-18]

Although examining determinants of suicidality and IPV were beyond the scope of this study, prior research suggests that violence and poverty rooted in stigma are contributors to both and should be considered in prevention efforts. Greater exposure of LGBT people to violence and harassment relative to non-LGBT people is associated with higher rates of depression and suicidality.[19, 20] Exposure earlier in life may influence the likelihood of future risk and the level of cumulative risk. For instance, greater exposure to maltreatment during childhood may increase the risk for later peer victimization, including intimate partner violence.[21]

Specific prejudice toward bisexual people, who are in the majority among LGBT people, may also contribute to higher rates of IPV among LGBT adults.[22-25] Finally, higher rates of poverty among bisexual people and transgender people (of other sexual orientation identities) relative to non-LGBT people may increase vulnerability to IPV and other interpersonal violence.[23-25]

Although hate crimes are relatively rare events, a disproportionate number of hate crime incidents in California have been attributed to anti-LGBT bias.[15] Moreover, violence and threats of violence and other harassment are not uncommon for LGBT people and communities.[26] Nearly 1 in 5 (19%) LGBT adults who completed the 2022 CHIS reported being the victim of a hate crime or incident in their lifetime. One example: Drag Story Hour events held across the country, including at libraries in California, have been sites of anti-LGBTQ protests.[27] Some of these protests have included members of recognized hate groups, including protesters who have been armed. Thus, our finding that fear of being a victim of gun violence was more common among LGBT adults than non-LGBT adults — particularly younger adults and people of color — is unsurprising, given higher levels of exposure to violence and other animus among LGBT people, and among people of color in general.[28] The need to improve safety for California's diverse LGBT population is clear.

Recommendations

Publicly and privately funded violence prevention, mental health promotion, and data collection initiatives in the state should support efforts to:

- Conduct direct outreach to LGBT people and conduct LGBT-inclusive public education about safe storage of firearms and about gun violence restraining orders. Gun Violence Restraining Orders (GVRO) can be used to temporarily prevent someone who might hurt themselves or someone else from buying or having firearms and ammunition.[29]

- Conduct direct outreach to LGBT people, particularly those who are younger, transgender, Black, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, or multiracial, and conduct LGBT-inclusive public education about the warning signs of suicide risk and intimate partner violence and how to connect friends, colleagues, and family members to resources that can help.[30-32]

- Promote safety and acceptance of LGBT people to reduce exposure to violence at home, in schools, at work, and in public places.

- Employ community-level approaches to suicide and IPV prevention identified by the Centers for Disease Control and Prevention, including stabilizing housing and improving financial security.[33, 34]

- Expand survey and administrative data collection, including:

    - Monitoring the presence of firearms and use of safe storage practices, as well as the risks for suicide and homicide, through large, representative surveys that include questions about sexual orientation and that can be used to classify respondents as transgender or cisgender.

    - Systematically recording sexual orientation and noting transgender/cisgender status in coroner and medical examiner reports in cases of violent deaths, and training death investigators on how to gather this information.[11]

Nearly

1 in 5 (19%)

LGBT adults who completed the 2022 CHIS reported being the victim of a hate crime or incident in their lifetime.

Data Sources and Methods

This policy brief uses data from the California Health Interview Survey (CHIS) to examine risks for gun violence among lesbian, gay, bisexual, and transgender (LGBT) adults. While the term LGBTQ is widely used to refer to lesbian, gay, bisexual, transgender, and queer people, the term LGBT is used in this brief to align with the data used in this study, as well as the data used in cited research.
The brief relies upon pooled data collected in the 2021 and 2022 CHIS. A total of 3,812 adult respondents were classified as LGBT in the 2021 and 2022 pooled dataset.

Responses to questions about sex assigned at birth ("On your original birth certificate, was your sex assigned as male or female?") and current gender identity ("Do you currently describe yourself as male, female, or transgender?") were used to classify respondents as transgender or cisgender. Those who selected a gender identity (male or female) that differed from their sex assigned at birth or who selected "transgender" (regardless of their sex assigned at birth) were classified as transgender.

Respondents who selected gender identity options (male or female) that were the same as their sex assigned at birth (male or female) were classified as cisgender. Those who selected "none of these" as their response to the gender identity question were not classified as transgender or cisgender. Responses to questions about sexual orientation identity ("Do you think of yourself as straight or heterosexual, gay/lesbian or homosexual, or bisexual?") were used to classify respondents as lesbian, gay, or bisexual (LGB) or straight. Respondents who were transgender (regardless of their sexual orientation identity) and/or LGB were classified as LGBT, while respondents who were cisgender and straight were classified as non-LGBT.

We used *Ask*CHIS, an online data query platform maintained by the UCLA Center for Health Policy Research, to estimate the percentage and number of LGBT adults in California. We analyzed sexual orientation and gender identity responses in the pooled 2021 and 2022 CHIS data. First, we obtained counts of cisgender lesbian, gay, and bisexual adults (sexual orientation – 4-level) restricted to cisgender adults (gender identity – 2-level). Next, we obtained counts of transgender adults (gender identity — 2-level) of any sexual orientation. We then summed the counts to obtain an estimate of LGBT adults. We took this number and divided it by the total number of adults in the state, as reported in AskCHIS, to estimate the percentage of the state adult population that is LGBT.

Descriptive analyses were conducted using SAS v9.4 statistical software and included Wald chi-square tests of differences in proportions to assess whether outcomes varied across LGBT and non-LGBT groups at an alpha of 0.05. Confidence intervals (95% CI) were included to communicate the degree of uncertainty around an estimate due to sampling error.

For more information on the CHIS survey design and samples, including the Gun Violence Module in the 2021 and 2022 CHIS survey cycles, visit https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis/chis-design-and-methods/chis-design. For information on the CHIS questionnaire, visit https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis/chis-design-and-methods/survey-topics-and-questionnaires.

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The California Health Interview Survey covers a wide array of health-related topics, including health insurance coverage, health status and behaviors, and access to health care. It is based on interviews conducted continuously throughout the year with respondents from more than 20,000 California households. CHIS interviews were offered in English, Spanish, Chinese (both Mandarin and Cantonese), Vietnamese, Korean, and Tagalog. CHIS is designed with complex survey methods requiring analysts to use complex survey weights in order to provide accurate variance estimates and statistical testing. CHIS is a collaboration of the UCLA Center for Health Policy Research, the California Department of Public Health, the California Department of Health Care Services, and the Public Health Institute. For other information about CHIS, visit chis.ucla.edu.

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Suggested Citation

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Endnotes

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