Minority Stress and Physical Health Among Sexual Minorities

1. INTRODUCTION & AIMS

Research suggests that sexual minorities (i.e., lesbian, gay, and bisexual men and women) may be at higher risk for physical health problems compared to heterosexuals (Conron et al., 2010, Sandfort et al., 2006).

Minority stress theory (Meyer, 2003) suggests that sexual minority individuals are at risk for health problems because of the social stress that stems from their experiences of:

- Prejudice-Related Stressful Life Events
- Everyday Discrimination
- Expectations of Rejection
- Stigma Concealment
- Internalized Homophobia

However, few studies exist that examine the degree to which minority stressors predict physical health outcomes among sexual minority individuals (Aaron & Hughes, 2007; Pantalone, Hessler, & Simon, 2010; Labelow, Walker, & Simon, 2009).

Existing studies of the effect of minority stress on physical health are limited by:

- Failure to account for the full gamut of minority stressors
- Exclusive focus on subjectively reported stressors
- Cross-sectional data

Further, research has yet to adequately demonstrate the negative health effects of prejudice-related stress observed above and beyond the effects of general life stressors.

We aimed to examine the effect of sexual minority individuals’ experiences of prejudice-related stressors over a period of 1 year on their physical health outcomes above and beyond the effects of general stressful life events not related to prejudice.

2. METHOD

We conducted initial interviews with 396 LGB men and women living in New York City (see Table 1) with 94% retention at a one-year follow-up interview. Interveners included measures of:

- Minority Stressors (Adaptively Reported)
  - Prejudice-Related Stressful Life Events
  - Everyday Discrimination
  - Expectations of Rejection
  - Stigma Concealment
  - Internalized Homophobia

Minority Stressors (Objectively Rated)

- Prejudice-Related Stressful Life Events
- Everyday Discrimination
- Prejudice-Related discrimination and internalized homophobia were significantly associated general health ratings observed over a 1 year period. These effects also remained significant after including controls in the model.

3. RESULTS

Serious Physical Health Problems

Logistic regression (Table 2) revealed that the odds of experiencing a serious physical health problem between baseline and follow-up were about 3 times higher among sexual minorities who experienced a prejudice-related stressful life event during the same period compared to those who did not experience a prejudice-related life event.

No other minority stressors were associated with experiencing a serious physical problem.

4. CONCLUSIONS

Minority stressors can indeed have negative effects on the physical health of sexual minority individuals.

Our findings demonstrate that over a period of one year, greater experiences of minority stress were associated with a higher likelihood of experiencing physical health problems during that same period, net the effects of general stressors, demographic/SES controls, and baseline health.

These findings indicate that prejudice-related stressful life events can be more damaging to physical health than general stressful life events that do not involve prejudice.

However, the effects of the various forms of minority stress on health depend on the type of physical health outcome under consideration.

Objective measures of minority stress (i.e., prejudice-related life events) best predict objectively assessed serious physical health problems, while subjective reports of minority stress (e.g., everyday discrimination) best predict individuals’ subjective ratings of their overall health.

Table 1. Sample demographics (N = 396).

<table>
<thead>
<tr>
<th>Group</th>
<th>Gay &amp; Bisexual Men (n = 198)</th>
<th>Lesbian &amp; Bisexual Women (n = 198)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>n = 67 (34%)</td>
<td>n = 67 (34%)</td>
</tr>
<tr>
<td>Black</td>
<td>n = 64 (32%)</td>
<td>n = 64 (32%)</td>
</tr>
<tr>
<td>≤ HS Diploma</td>
<td>n = 45 (23%)</td>
<td>n = 41 (21%)</td>
</tr>
<tr>
<td>Coupled</td>
<td>n = 73 (37%)</td>
<td>n = 111 (56%)</td>
</tr>
</tbody>
</table>

Table 2. Associations between minority stress and physical health over a one-year period (N = 371).

<table>
<thead>
<tr>
<th>Serious Physical Health Problem (Life Event)</th>
<th>General Health Rating (SF-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>r</td>
</tr>
<tr>
<td>Prejudice Life Events</td>
<td>-0.08</td>
</tr>
<tr>
<td>Expectations of Rejection</td>
<td>0.27</td>
</tr>
<tr>
<td>Everyday Discrimination</td>
<td>-0.32</td>
</tr>
<tr>
<td>Internalized Homophobia</td>
<td>0.00</td>
</tr>
<tr>
<td>General Health Ratings</td>
<td>0.37</td>
</tr>
</tbody>
</table>

SELECTED CITATIONS


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