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# Population Neuroscience Approaches to Minority Discrimination and Health

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# LGBTQ+ Health and Well-Being in a Community Sample

Alleah Bouley, Alex Johnson, Bethany Stoutamire, Elizabeth Straley & Jacob E. Cheadle

## Background

Microaggressions are common verbal, nonverbal, or environmental slights or insults that convey negative or derogatory messages about a targeted subject based completely on the marginalized group with which they affiliate. Microaggressions include three different categories: microinsults, microinvalidations, and microassaults. Microinsults are insensitive, rude comments that degrade the target and are often unintentional. Microinvalidations imply that the target does not experience oppression and is also unintentional. Finally, microassaults are intentional, often blatant, and can possibly be violent verbal or nonverbal attacks. Microaggressions can negatively impact LGBQ students' academic performance and wellbeing (Woodford, Chonody, Kulick, Brennan, & Renn, 2016). Researchers have concluded that higher rates of mental disorders such as depression, substance abuse, and suicides compared to their heterosexual counterparts (Burton et al. 2013; Hatzenbuehler 2009; Marshal et al. 2008; Meyer 2003) could be a symptom of minority stress, which could be caused by personal experiences of social exclusion and rejection from identity-based discrimination (Hatzenbuehler, Nolen-Hoeksema, and Erickson 2008; Meyer 2003; Pearlin et al. 2005)

## Microaggressions

Our research question is: *how is do LGBQ community members differ in health and well-being, and do they perceive more microaggressions against their identities that may be associated with self-reported mental health and health-related behaviors?*

Very little is known about LGBQ microaggressions on college campuses so the research we are doing helps advance research on LGBQ experiences as well as provide better educational programs and policies to enhance awareness and acceptance of LGBQ students on campus.

## Methods

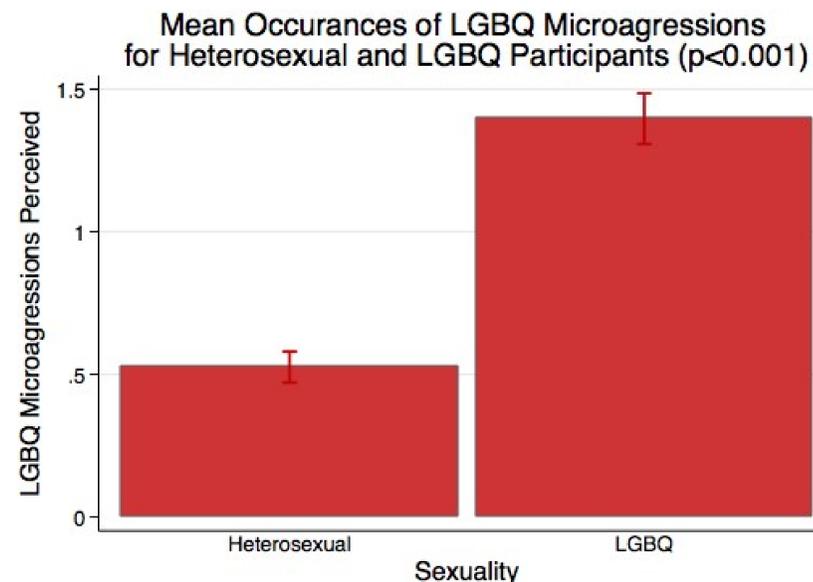
The target population of Lesbian, Gay, Bisexual and other non-heterosexual orientations (LGBQ+) UNL students and Lincoln community members were recruited using respondent-driven referrals (Heckathorn 2007), publically posted flyers, and emails dispersed through various email listservs. Once signed-up for the study, participants were asked to complete an online survey that took anywhere from 20-60 minutes. This survey, beyond standard demographic questions, asked questions that focused on decisions and experiences connected to health behaviors and identity. The results presented here are an analysis of the information collected from the survey taken by our participants prior to coming in for EEG, IAT, biomarker, and EDA collection as that information is still being collected and processed.

All procedures were reviewed and approved by the Institutional Review Board.

## Measures

Participants were asked: "Over the PAST YEAR (or if you have been a college student for less than 1 year, since you have been a college student) how often have you experienced each of the following incidents on campus?" Examples of microaggressions included: "People said or implied that I was being overly sensitive for thinking I was treated poorly or unfairly because I am LGBQ," "I was told that being lesbian, gay, bisexual, or queer is 'just a phase,'" and "In my school/workplace it was OK to make jokes about LGBQ people." Participants rated how often it happened from "Never" to "Very Frequently". A total of 20 items were in the scale that was averaged ( $\alpha=0.934$ ). Participants also completed a standard, 20-item CESD scale for depressive symptoms ( $\alpha=0.952$ ), and ranked their health from 0 "Poor" to 4 "Excellent".

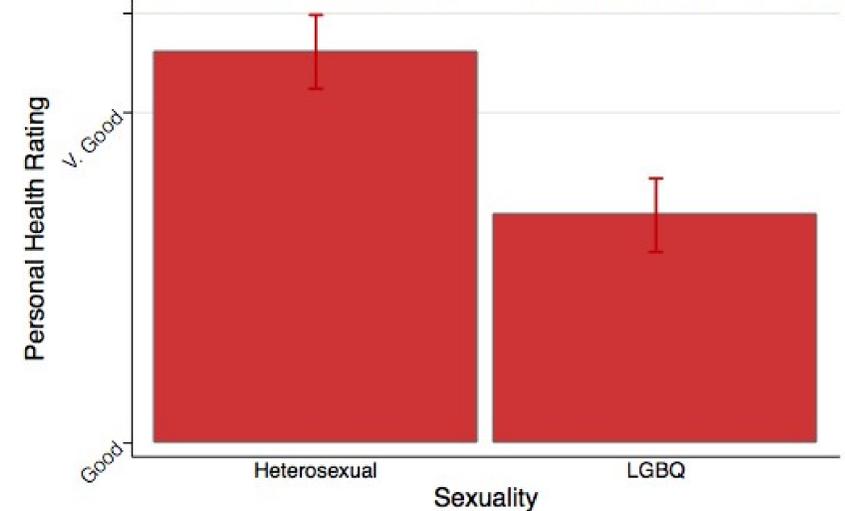
## Results



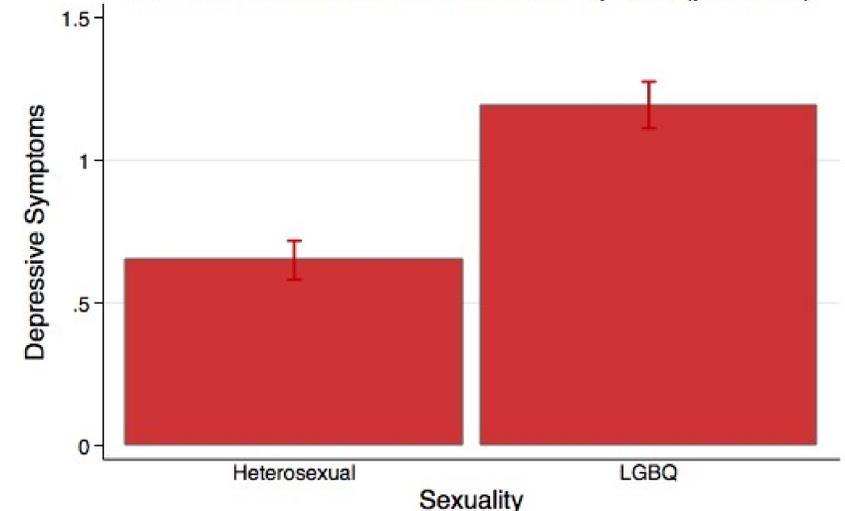
## Discussion

LGBQ participants on average report more depressive symptoms in the past two weeks. They also report experiencing more microaggressions based on sexual orientation than their heterosexual counterparts. Their overall health is also worse than heterosexual participants, but both groups have, on average, good to very good health. However, these results cannot be explained by common sources in our sample. Compared to heterosexual respondents, LGBQ respondents did not abuse illicit drugs or alcohol, use tobacco or have a higher incidence of suicide attempts. Thus, there must be something else to explain the worse health than the common behavioral correlates in the LGBQ community.

Mean Overall Health Rating for Heterosexual and LGBQ Participants ( $p=0.014$ )



Mean Depressive Symptom Score (CESD-R) for Heterosexual and LGBQ Participants ( $p=0.001$ )



## Literature Cited

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