Discrimination among LGB+ Women and Health Outcomes: The Role of Community

Amy E. Collier, M.A., Emily S. Renzoni, M.S., Rachel Ayala Guzman, Ph.D., Kristin E. Heron, Ph.D., Abby L. Braitman, Ph.D.
Old Dominion University

INTRODUCTION

Sexual minority women (SMW; women who identify as lesbian, bisexual, or another identity other than straight/heterosexual) consistently report higher levels of problematic mental health symptoms (e.g., depression, anxiety) and substance use (e.g., alcohol consequences) as compared to heterosexual women (Krueger et al., 2018; Lee et al., 2016; McCabe et al., 2019). Heterosexist discrimination, or discrimination based on one's minoritized sexual identity, may play a role in these adverse outcomes (Lee et al., 2016). Connection to the LGB+ community has been found to be a potential protective factor against poor psychological outcomes for sexual minority individuals facing heterosexist discrimination, though the results of existing research have been mixed (Lefevor et al., 2024). More research is necessary to elucidate the direction of these relations. We hypothesized positive associations between heterosexist discrimination and the outcomes of psychological distress and problematic drinking would be weakened through community connection.

METHOD

Participants

- *N* = 154 sexual minority women (lesbian, bisexual+, queer, etc.) who binge eat
- Ages 18 – 30 (*M* = 24.93, *SD* = 3.29) based on eligibility criteria
- 24% Black, 59% White, 4% Asian, 10% more than one race, 3% other; 17% Latinx

Materials

Community

- Connectedness to the LGBT Community Scale (Frost & Meyer, 2011): 8 items rated 1-4; average scores were calculated with higher scores indicated higher connectedness
- Sexual Minority Community Identification (Boyle & Omoto, 2014): 4 items rated 1-6; a mean score was calculated with higher scores indicating greater importance of community to identity

Heterosexist Discrimination

- Heterosexist Harassment, Rejection, and Discrimination Scale (Szymanski, 2006): 14 items rated 1-6; a mean total score was calculated where higher scores indicated higher levels of heterosexist discrimination

Depression

- The Center for Epidemiological Studies – Depression Mood Scale-10 (CES-D-10; Andresen et al., 1994): 10 items rated 0-3; scores are summed for a total score on a 0-30 scale to where higher scores indicate more depressive symptomology

Anxiety

- Generalized Anxiety Disorder-7 (GAD-7; Spitzer et al., 2006): 7 items rated 0-3; scores are summed for a total score on a 0-21 scale where higher scores indicate higher anxiety

Perceived Stress

- The Perceived Stress Scale (PSS-10; Cohen et al., 1983): 10 items rated 0-4; scores are summed for a total score of 0-40 indicating higher levels of perceived stress

Eating Pathology: Binge Eating

- Eating Pathology Symptoms Inventory (EPSI; Forbush et al., 2013);
  - Binge Eating Subscale only: 8 items rated 0-4; each item was summed for a total score where higher scores indicate increased eating pathology (binge eating)

Alcohol Consequences (given to drinkers only; N = 110)

- Brief Young Adult Alcohol Consequences Questionnaire (BYAACQ; Kahler et al., 2005): 24 items with yes/no responses; total number of "yes" answers are summed so that higher scores indicate more alcohol consequences

Figure 1

Heterosexist Discrimination and Anxiety Moderated by Connectedness to the LGB+ Community

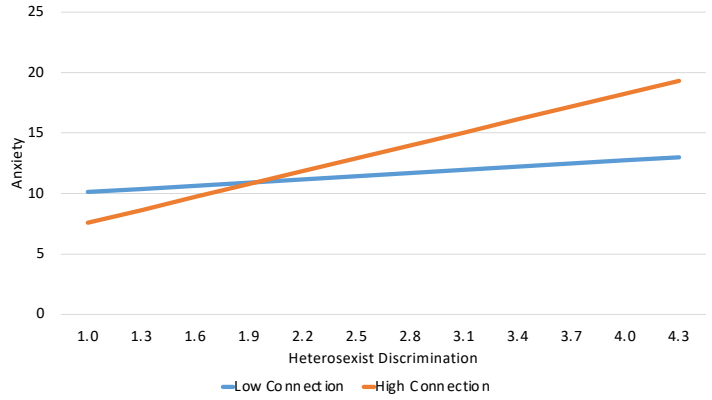
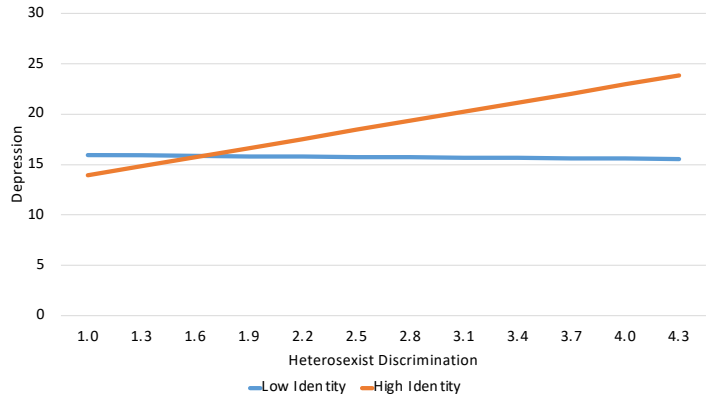


Figure 2

Heterosexist Discrimination and Depression Moderated by Sexual Minority Community Identity



This work is supported in part by the National Institute of Minority Health and Health Disparities of the National Institutes of Health under award number R01MD012598 (PI: Heron, Co-Is: Braitman, Lewis).

Poster presented at the American Psychological Association Annual Convention on August 7, 2026.

Procedure

- Secondary analysis of ecological momentary assessment study of health behaviors among women who reported binge eating within the previous 2 weeks (Heron et al., 2022)
- A subgroup of sexual minority women was examined using baseline data
- Path models were conducted in Mplus

RESULTS

- Connectedness to Community moderated the association between heterosexist discrimination and the outcome of:
  - Anxiety (p = .013; see **Figure 1**) such that it was strengthened for sexual minority women with greater connectedness
  - But not depression (p = .386), perceived stress (p = .155), alcohol consequences (p = .802), or binge eating (p = .082)
- Community identification moderated the association between heterosexist discrimination and the outcomes of:
  - Depression (p = .008; see **Figure 2**) and anxiety (p = .019) such that they were strengthened for sexual minority women with greater community identification
  - But not perceived stress (p = .098), alcohol consequences (p = .063), or binge eating (p = .121)
- Heterosexist discrimination was positively associated with:
  - Depression (p = .009), anxiety (p = .001), perceived stress (p = .024), alcohol consequences (p = .025)

Table 1

Descriptives for Study Variables

Variables	*M*	*SD*
Depression	16.62	5.15
Anxiety	11.03	5.20
Perceived Stress	23.43	5.83
Alcohol Consequences	3.53	3.83
Eating Pathology: Binge Eating	16.57	6.30
Community Connection	3.41	0.55
Community Identity	5.27	1.29
Heterosexist Discrimination	1.99	0.72

DISCUSSION

- Findings suggest the link between heterosexist discrimination and poorer mental health is stronger for those who identify with and are more connected with the LGB+ community.
- Prior research has highlighted advantages to community connection; therefore, more research is needed to explore these complex associations and what factors may contribute to mitigating vs exacerbating relevant stressors.
- Other contributing factors (such as other forms of minority stress or other protective factors like coping) should be explored that may alleviate or worsen these associations

Scan the QR code to download this poster, or email abraitma@odu.edu

For questions or comments, please contact Dr. Abby Braitman

Amy E. Collier, M.A.
Graduate Student
Department of Psychology
Old Dominion University
Norfolk, VA, 23529
acoll061@odu.edu

Abby L. Braitman, Ph.D.
Assistant Professor
Department of Psychology
Old Dominion University
Norfolk, VA, 23529
abraitma@odu.edu

Andresen, E. M., Carter, W. B., Malmgren, J. A., & Patrick, D. L. (1994). Screening for depression in well older adults: Evaluation of a short form of the CES-D. *American Journal of Preventative Medicine, 10*(2), 77-84. https://doi.org/10.1016/S0749-3797(18)30622-6

Boyle, S. C., & Omoto, A. M. (2014). Lesbian community oughts and ideals: Normative fit, depression, and anxiety among young sexual minority women. *Psychology of Women Quarterly, 38*(1), 33-45. https://doi.org/10.1177/0361684313484900

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measurement of perceived stress. *Journal of Health and Social Behavior, 24*(4), 385-396. https://doi.org/10.2307/2136404

Forbush, K. T., Wildes, J. E., Pollack, L. O., Dunbar, D., Luo, J., Patterson, K., Petruzzi, L., Pollpeter, M., Miller, H., Stone, A., Bright, A., & Watson, D. (2013). Development and validation of the Eating Pathology Symptoms Inventory (EPSI). *Psychological Assessment, 25*(3), 859-878. https://doi.org/10.1037/a0032639

Frost, D. M., & Meyer, I. H. (2011). Measuring community connectedness among diverse sexual minority populations. *The Journal of Sex Research, 49*(1), 36-49. https://doi.org/10.1080/00224499.2011.565427

Heron, K. E., Braitman, A. L., Dawson, C. A., Sandoval, C. M., Butler, L. V., Moulder, A., & Lewis, R. J. (2022). Rationale and design of an ecological momentary assessment study examining predictors of binge eating among sexual minority and heterosexual young women: Protocol for the Health and Experiences in Real Life (HER Life) study. *JMIR Research Protocols, 11*(10), e41199. https://doi.org/10.2196/41199

Kahler, C. W., Strong, D. R., & Read, J. P. (2005). Toward efficient and comprehensive measurement of the alcohol problems continuum in college students: The Brief Young Adult Alcohol Consequences Questionnaire. *Alcohol: Clinical & Experimental Research, 29*(7), 1180-1189. https://doi.org/10.1097/01.ALC.0000171940.95813.A5

Krueger, E. A., Meyer, I. H., & Upchurch, D. M. (2018). Sexual orientation group differences in perceived stress and depressive symptoms among young adults in the United States. *LGBT Health, 5*(4). https://doi.org/10.1089/lgbt.2017.0228

Lee, J. H., Gamarel, K. E., Bryant, K. J., Zaller, N. D., & Operario, D. (2016). Discrimination, mental health, and substance use disorders among sexual minority populations. *LGBT Health, 3*(4). https://doi.org/10.1089/lgbt.2015.0135

Lefevor, G. T., Sorrell, S. A., Skidmore, S. J., Huynh, K. D., Golightly, R. M., Standifird, E., Searle, K., & Call, M. (2024). When connecting with LGBTQ+ communities helps and why it does: A meta-analysis of the relationship between connectedness and health-related outcomes. *Psychological Bulletin, 150*(11), 1261-1286. https://doi.org/10.1037/bul0000447

McCabe, S. E., Hughes, T. L., West, B. T., Veliz, P., & Boyd, C. J. (2019). DSM-5 alcohol use disorder severity as a function of sexual orientation discrimination: A national study. *Alcohol: Clinical & Experimental Research, 43*(3), 497-508. https://doi.org/10.1111/acer.13960

Spitzer, R. L., Kroenke, K., Williams, J. B. W., Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine, 166*(10), 1092-1097. https://doi.org/10.1001/arch-inte.166.10.1092

Szymanski, D. M. (2006). Does internalized heterosexism moderate the link between heterosexist events and lesbians' psychological distress? *Sex Roles, 54*, 227-234. https://doi.org/10.1007/s11199-006-9340-4