

Geography, Minority Stress, and Mental Health among LGB Adults

Recent literature has explicated the role of social factors as they pertain to mental health disparities in lesbian, gay, and bisexual (LGB) populations (Hatzenbuehler, 2010; Meyer, 2003). Qualitative research has provided evidence that rural social climates engender minority stress for LGB inhabitants (Barton 2010; Boulden 2001). Quantitative studies in this area are less consistent; some provide evidence of negative consequences of living in areas with more traditionally hostile social climates (Kosciw, Greytak, & Diaz, 2009; Swank, Frost, & Fahs, 2012) while others indicate no impact (Wienke & Hill, 2013). Negative mental health consequences have been noted among LGB residents of states with constitutional bans on same-sex marriage (Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010).

The present study examines minority stress and mental health experiences of LGB adults in the U.S. in relation to geographic differences. We hypothesized that LGBs in urban areas and states with full marriage equality laws would report lower mental health symptoms and less minority stress than their counterparts and that there would be differences in mental health and minority stress among LGBs in the Northwest, West, Midwest, and South.

Method

This study consisted of LGB individuals from couples originally recruited in 2002 for a population-based longitudinal study including (a) couples who obtained civil unions in Vermont during the first year of that new legislation (2000 – 2001), (b) a same-sex couple (friends) who did not have a civil union. Participants received a \$50 gift card for completing a web-based survey in 2013. In the current study, those who currently identify as LGB were included. Of 486 participants, 163 were eliminated because they were dyad members. Among the 323 remaining participants, 232 were LGBs who provided full data on the IVs (heterosexual individuals were eliminated). Survey items assessed demographics, minority stress, and mental health using standardized measures.

Results

The hypotheses were each tested with a MANOVA in which the independent variable was a fixed effect and the dependent variables were entered simultaneously. For most analyses, the non-significant Wilks' λ revealed no geographic differences in mental health or minority stress. However, regarding regional differences in minority stress, a significant Wilks' λ (.842) indicates that region accounts for 15.8% of the variance in minority stress. The between subjects effects reveal this is attributable to regional differences in the specific minority stress constructs of vigilance, vicarious trauma, and overall discrimination.

Discussion

Contrary to our hypotheses, results indicate few differences in mental health or minority stress according to geographic factors, with the exception of region. Our results may, in part, be due to macro-level progress on LGB rights and visibility over the past decade. Further, our older, mostly partnered sample may illuminate the degree to which geographic factors affect the mental

health of LGB individuals as they grow older and have more choice as to where they reside as well as the buffering effect of partner relationships on mental health and minority stress.