

House Committee on Oversight and Reform
Hearing on Anti-LGBTQI+ Extremism and Violence in the United States
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I am a Distinguished Senior Scholar of Public Policy at the Williams Institute at the University of California Los Angeles (UCLA) School of Law in Los Angeles, California.¹ The Williams Institute is dedicated to conducting rigorous, independent research on sexual orientation and gender identity law and public policy, using the highest standards of independent inquiry, academic excellence, and rigor. Our findings and conclusions are never altered to accommodate other interests, including those of funders, other organizations, or government bodies and officials. For these reasons, policymakers, lawmakers, journalists, advocates, and courts have relied upon the work of our scholars for nearly two decades. For example, our research on lesbian, gay, bisexual, transgender and queer (LGBTQ) data collection has been relied upon by government entities,² our population estimates on same-sex couples were cited by the Supreme Court in the landmark *Obergefell v. Hodges* decision,³ and our experts have been called to testify before Congress on matters of great interest to LGBTQ communities, such as “Don’t Ask, Don’t Tell”⁴ and the Equality Act.⁵

I have worked with the Williams Institute since 2011. Before that, from July 1994 until June 2011, I served in different roles at Columbia University in New York City. My last position there was as Professor of Clinical Sociomedical Sciences and Deputy Chair for Masters Programs in Sociomedical Sciences at Columbia University’s Mailman School of Public Health.

¹ Williams Institute, UCLA School of Law. (n.d.). *About: Our Mission*.
<http://williamsinstitute.law.ucla.edu/mission/#sthash.9qcEVulh.dpuf>

² See e.g., National Academies of Science, Engineering, & Medicine (2022). *Measuring Sex, Gender Identity, and Sexual Orientation*, pp.152-157. <https://nap.nationalacademies.org/read/26424/chapter/1>

³ *Obergefell v. Hodges*, 576 U.S. 644, 668 (2015), citing Brief of Gary J. Gates as *Amicus Curiae*.

⁴ Testimony on “Don’t Ask, Don’t Tell” by Gary J. Gates Friday, 18 July 2008, Submitted to: U.S. House of Representatives, Armed Services Committee, Military Personnel Subcommittee, 110th Cong. (2008), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/DADT-Testimony-Jul-2008.pdf>.

⁵ Testimony of Williams Institute Scholars on H.R.5 - Equality Act, 117th Cong. (March 2021), <https://williamsinstitute.law.ucla.edu/publications/equality-act-testimony/>

I have published over 100 original, peer-reviewed articles, chapters, reviews, and editorials in scholarly journals and books and have been invited to make numerous presentations at professional conferences and meetings. I have received grants for my research from federal, state, and private funders. Within the past few years, I have been the Principal Investigator of two National Institutes of Health-funded studies of stress, identity, and health among LGBTQ populations in the United States and other studies and projects at the Williams Institute.

My area of expertise is the study of the effects of social stress related to prejudice and discrimination on the health of LGBTQ populations. My work is part of an area of study called *social epidemiology*, which is concerned with social patterns of disease and risks for disease.⁶

My original research focuses on the relationships among stigma and prejudice, minority social status and identity, and mental health and well-being. I have studied populations in the United States defined by sexual orientation (lesbian, gay, bisexual, queer, and heterosexual), gender identity (cisgender and transgender men and women and nonbinary people), and race/ethnicity (African Americans, Latinos, and Whites). Through these studies, which use methodologies widely accepted in the field of social epidemiology, I have developed a model of social stress referred to as *minority stress*.⁷ This model has become the most prominent and commonly used framework for the study of health disparities in LGBTQ individuals⁸ and has generated hundreds of scientific papers by many scientists. For this work, I have received several awards and prizes including the American Psychological Association Presidential Citation in August 2019 and the National Institute of Health Sexual and Gender Minority Distinguished Investigator Award in September 2022.

⁶ “Social epidemiology is about how society’s innumerable social arrangements, past and present, yield differential exposures and thus differences in health outcomes . . .” Oakes, J. M., & Kaufman, J. S. (2006). Introduction: Advancing methods in social epidemiology. In J. M. Oakes & J. S. Kaufman (Eds.), *Methods in social epidemiology* (pp. 3–20). Jossey-Bass/Wiley.

⁷ Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>

⁸ Herek, G. M., & Garnets, L. D. (2007). Sexual orientation and mental health. *Annual Review of Clinical Psychology*, 3, 353–375. <https://doi.org/10.1146/annurev.clinpsy.3.022806.091510>; Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington (DC): National Academies Press (US). <https://nap.nationalacademies.org/read/13128/chapter/1>

LGBTQ People are Subject to Prejudice and Stigma, and Related Violence and Discrimination

Homophobia and transphobia are embedded in American history and culture.⁹ For many decades, LGBTQ people have been portrayed, incorrectly and stereotypically, as degenerate, criminal, and mentally ill. This has led to widespread discrimination against LGBTQ people, including discrimination by state and federal government actors.¹⁰ Crossdressing has been criminalized through various laws—collectively referred to as “masquerade laws”—in the United States since the mid-19th Century and has led to the arrest and harassment of countless LGBTQ people.¹¹ A central aspect of stigma about LGBTQ people concerns family relations and intimacy.¹² Sexual intimacy between people of the same sex has been condemned by “powerful voices” for centuries.¹³

LGBTQ rights have seen significant developments in the past few decades as legislation and legal challenges have decriminalized sodomy,¹⁴ declared banning of same-sex marriages unconstitutional,¹⁵ determined LGBTQ people are protected against employment discrimination under Title VII of the Civil Rights Act of 1964,¹⁶ and most recently provided federal protections for married same-sex couples.¹⁷

Despite advances to protect the autonomy and equality of LGBTQ people under the U.S. Constitution and some state and local laws, research shows that violence, mistreatment, and discrimination remain persistent and pervasive. While same-sex marriages have become more accepted in American society, there has been evolving stigma against LGBTQ people—for

⁹ Herek, G.M. (1998). *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals*. SAGE Publications, Inc. <https://dx.doi.org/10.4135/9781452243818>; Stryker, S. (2017). *Transgender history: The roots of today's revolution*. Berkeley, CA: Seal Press

¹⁰ Many sources discuss a history of discrimination, stigma, and prejudice against LGBTQ persons including, among others, D’Emilio, J. & Freedman, E. (1988). *Intimate matters: A history of sexuality in America*. Chicago, IL: University of Chicago Press; See also “Brief of the Organization of American Historians and The American Studies Association as Amici Curiae In Support Of Respondent Edith Windsor” submitted to the Supreme Court of the United States, *United States v. Windsor*, 570 U.S. 744 (2013).

¹¹ Eskridge, W.N. Jr. (2002). *Gaylaw: Challenging the apartheid of the closet*. Boston, MA: Harvard University Press.

¹² Meyer, I. H., & Dean, L. (1998). Internalized homophobia, intimacy, and sexual behavior among gay and bisexual men. In G. M. Herek (Ed.), *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 160–186). Sage Publications, Inc. <https://doi.org/10.4135/9781452243818.n8>

¹³ *Lawrence v. Texas*, 539 U.S. 558, 571 (2003).

¹⁴ *Lawrence v. Texas*, 539 U.S. 558, 571 (2003).

¹⁵ *Obergefell v. Hodges*, 576 U.S. 644, 668 (2015); See also *United States v. Windsor*, 570 U.S. 744 (2013).

¹⁶ *Bostock v. Clayton County*, 140 S. Ct. 1731 (2020).

¹⁷ Respect for Marriage Act, H.R. 8404, 117th Cong. (2021).

example, the recent resurgence of accusations that LGBTQ people are “groomers” who aim to corrupt young children;¹⁸ passage of laws prohibiting discussion of LGBTQ families in schools;¹⁹ and introduction of hundreds of laws over the last several years targeting LGBTQ youth,²⁰ as well as those targeting drag performances, complemented by the rise in protests and violence reported by GLAAD.²¹ These are not new ideas or campaigns, but old prejudicial stereotypes once again emerging.²² These find a fertile ground in social media and even state legislatures, where they inflame ideology against LGBTQ people that has persisted for decades in American society.

As we show here, research demonstrates that LGBTQ people continue to experience stress associated with prejudice and discrimination. Such stressors, referred to as *minority stress*, can take the form of major life events, such as being fired from a job or being victimized by a violent attack, but also seemingly more minor experiences, sometimes referred to as “everyday discrimination,” which entail the LGBTQ person being treated with derision and disrespect in interactions with people and institutions, including stores, restaurants, or other public services.²³

¹⁸ Laviere M. (2022, April 12)'Groomer,' 'pro-pedophile': Old tropes find new life in anti-LGBTQ movement. *NBC News*. <https://www.nbcnews.com/nbc-out/out-politics-and-policy/groomer-pedophile-old-tropes-find-new-life-anti-lgbtq-movement-rcna23931>; Block, M. (2022, May 11). Accusations of 'grooming' are the latest political attack — with homophobic origins. *NPR*. <https://www.npr.org/2022/05/11/1096623939/accusations-grooming-political-attack-homophobic-origins>

¹⁹ See e.g. H.B. 1557, 2022 Sess. (Fla. 2022), <https://www.flsenate.gov/Session/Bill/2022/1557/?Tab=BillText>.

²⁰ Astor, M. (2022, December 10). Transgender Americans feel under siege as vitriol rises. *N.Y. Times*. <https://www.nytimes.com/2022/12/10/us/politics/anti-transgender-lgbtq-threats-attacks.html>; Kindy, K (2022, March 25). GOP lawmakers push historic wave of bills targeting LGBTQ teens, children, and their families. *Washington Post*. <https://www.washingtonpost.com/politics/2022/03/25/lgbtq-rights-gop-bills-dont-say-gay/>

²¹ O'Hara, M.E. (2022, November 22). *GLAAD report: Drag events faced at least 124 protests and significant threats in 2022*. GLAAD. <https://www.glaad.org/blog/glaad-report-drag-events-faced-least-124-protests-and-significant-threats-2022>

²² Herek, G.M. (2004). Beyond “Homophobia”: Thinking about sexual prejudice and stigma in the 21st century. *Sexuality Research and Social Policy* 1, 6–24 (2004). <https://doi.org/10.1525/srsp.2004.1.2.6>; Lombardi, E.L., et al., (2008). Transgender experiences with violence and discrimination. *Journal of Homosexuality*. 42:1, 89–101, http://doi.10.1300/J082v42n01_05

²³ Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>

I. Exposure to violence

LGBTQ people are more likely to experience violence than non-LGBTQ people in the U.S. Relying on U.S. government data from the 2017 – 2019 National Crime Victimization Survey (NCVS),²⁴ we found:

- The odds of experiencing a violent victimization, defined as rape or sexual assault, robbery, and aggravated or simple assault, were 4 times higher for LGBTQ than non-LGBTQ people. The rate of violent victimization for LGBTQ people was 71.1 victimizations per 1,000 people compared with 19.2 victimizations per 1,000 people for those who are not LGBTQ. More LGBTQ than non-LGBTQ people experienced violence both by offenders well-known to them and by strangers.²⁵
- In further analysis of the NCVS data, assessing victimization among transgender versus cisgender people, we found that transgender people had 4 times the rate of victimization. Transgender people experienced 86.2 victimizations per 1,000 persons compared with cisgender people's 21.7 per 1,000 persons.²⁶
- We also assessed, specifically, the distribution of hate crimes against LGBTQ vs. non-LGBTQ people using the NCVS dataset. Our analysis shows that LGBTQ people experienced 8 times as many hate crimes as non-LGBTQ people. LGBTQ people reported 6.6 violent hate crime victimizations per 1,000 persons compared with non-LGBTQ people's 0.6 per 1,000 persons.²⁷

²⁴ The National Crime Victim Survey. (2017-2019). Department of Justice Bureau of Justice Statistics, <https://bjs.ojp.gov/data-collection/ncvs> (last accessed December 12, 2022).

²⁵ Flores, A. R., Langton, L., Meyer, I. H., & Romero, A. P. (2020). Victimization rates and traits of sexual and gender minorities in the United States: Results from the National Crime Victimization Survey, 2017. *Science Advances*, 6(40). <https://doi.org/10.1126/sciadv.aba6910>

²⁶ Flores, A. R., Meyer, I.H., Langton, L., & Herman, J.L. (2021). Gender identity disparities in criminal victimization: National crime victimization survey, 2017-2018. *American Journal of Public Health*. <https://doi.org/10.2105/AJPH.2020.306099>.

²⁷ Flores, A.R., Stotzer, R.L., Meyer, I.H., & Langton, L.L. (in press). Hate crimes against LGBT people: National Crime Victimization Survey, 2017-2019. *PLOS One*.

Additionally, we led two research projects funded by NIH to assess the relationship of minority stress on health in a representative sample of U.S. sexual and gender minorities.²⁸ In that study, we made similar findings about anti-LGBTQ violence:

- As adults, 42% of LGBTQ people had been hit, beaten, or physically or sexually assaulted and 41% had been robbed or had had property stolen.
- More than half (53%) of LGBTQ people had experienced threats of violence, and 3 out of 4 (75%) had been verbally insulted or abused.

II. Discrimination and stressful life events

LGBTQ people experience discrimination and other prejudice-motivated stressful life events. Particularly painful is the experience of rejection by one's family, something that many LGBTQ people report.²⁹ Using data from the *Generations* and *TransPop* studies, we found:³⁰

- Many LGBTQ people reported stressful events as youth.
 - Sixty-seven percent of lesbian, bisexual, and queer (LBQ) women, 75% of gay, bisexual, and queer (GBQ) men, and 70% of transgender people reported having been bullied often or sometimes before the age of 18.
 - Six percent of LBQ women, 9% of GBQ men and 20% of transgender people experienced some form of sexual orientation or gender identity change effort, commonly referred to as “conversion therapy.” This form of treatment has been found to be harmful and has been rejected by all major U.S. health organizations.³¹

²⁸ Meyer, I.H., Wilson, B.D.M., & O'Neill, K. (2021). *LGBTQ People in the US: Select Findings from the Generations and TransPop Studies*. Los Angeles: The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/publications/generations-transpop-toplines/>

²⁹ Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346-352. <https://doi.org/10.1542/peds.2007-3524>

³⁰ Meyer, I.H., Wilson, B.D.M., & O'Neill, K. (2021). *LGBTQ People in the US: Select Findings from the Generations and TransPop Studies*. Los Angeles: The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/publications/generations-transpop-toplines/>

³¹ For example, the American Psychological Association (APA) noted “sexual minority orientations are not mental illnesses, and that efforts to change sexual orientations cause harm.” American Psychological Association. (2021) *APA guidelines for psychological practice with sexual minority persons*. APA Task Force on Psychological Practice with Sexual Minority Persons. <https://www.apa.org/about/policy/psychological-sexual-minority-persons.pdf>. The APA has also written that “individuals who have experienced pressure or coercion to conform to their sex assigned at birth or therapy that was biased toward conformity to one's assigned sex at birth have reported harm resulting

- Stress and discrimination were also reported by LGBTQ adults in the workplace:
 - 48% of transgender people, 39% of GBQ men, and 38% of LBQ women had been fired or been denied a job at least once as adults.
 - 43% of transgender people, 29% of GBQ men, and 25% of LBQ women had been denied a promotion or had received a negative evaluation.
- Many LGBTQ people reported experiencing some form of everyday discrimination, such as being disrespected or insulted: within the past year, 56% of transgender people, 48% of LBQ women, and 34% of GBQ men felt that they were treated with less respect than other people.

Additionally, in a study conducted by the Williams Institute in 2021 about the workplace experiences of LGBTQ people,³² we found:

- 46% of workers had experienced mistreatment in the workplace based on their sexual orientation or gender identity throughout their lives, and one in ten workers had experienced discrimination in the past year.
- LGBTQ people of color in particular reported experiences of verbal harassment in the workplace and being denied jobs.

III. Socioeconomic stress

Evidence also shows that LGBTQ people are more likely to experience socioeconomic stress, including higher rates of poverty, housing instability, and food insecurity. Specific subpopulations face even great socioeconomic disparities, including transgender people, bisexuals, and LGBTQ people of color, and older LGBTQ people. More specifically, our research has found:

- 22% LGBTQ people live in poverty compared to 16% of cisgender straight people.³³
- Almost one-third of transgender people and bisexual cisgender people (29%) live in poverty—with higher rates among cisgender bisexual women (29.4%) than men (19.5%).

from these experiences such as emotional distress, loss of relationships, and low self-worth.” *APA resolution on gender identity change efforts* (2021). <https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf>.

³² Sears, B., Mallory, C., Flores, A.R., & Conron, K.J. (2021). *LGBT people’s experiences of workplace discrimination and harassment*. Los Angeles, CA: The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/publications/lgbt-workplace-discrimination/>

³³ Badgett, M.V.L., Choi, S.K., & Wilson, B.D.M.(2019). *LGBT poverty in the United States*. Los Angeles, CA: The Williams Institute, UCLA School of Law <https://williamsinstitute.law.ucla.edu/publications/lgbt-poverty-us/>

- Compared to non-LGBTQ people, LGBTQ people have lower rates of homeownership, and higher rates of homelessness.³⁴
- 8% of transgender and 3% of cisgender and nonbinary sexual minority adults reported homelessness in the form of living temporarily with friends or family, living in a shelter or group home, or living in a place not intended for housing such as on the street, park, car, or abandoned building in the 12 months prior to being surveyed, compared to 1% of cisgender straight adults.³⁵ Among cisgender and nonbinary sexual minority adults, African American respondents had significantly higher rates (6%) of recent housing instability.
- LGBTQ people are more likely than non-LGBTQ people (12.7% vs. 7.8%) to experience current food insufficiency defined as sometimes or often not having enough to eat in a week during the COVID-10 pandemic.³⁶ During the pandemic, transgender people of color reported food insufficiency at nearly 5 times the rate of cisgender white people (28% v 6%).³⁷
- LGBTQ people aged 50 and older showed more economic insecurity compared to older straight/cisgender people: they had lower incomes and were more food insecure than straight/cisgender people, and more frequently depended on alternative forms of income and assistance to support themselves, such as relying on credit cards or loans, savings or retirement accounts, borrowing money from friends and family, and government nutrition and rental assistance.³⁸
- In most of the economic stress measures, LGBTQ people of color tend to do worse than their white counterparts, reflecting race/ethnicity inequalities in the general American populace.³⁹ Among older LGBTQ adults, more Black, Hispanic, and Multiracial older LGBTQ adults had household incomes that fell below the federal poverty level compared

³⁴ Romero, A.P., Goldberg, S.K., & Vasquez, L.A. (2020). *LGBT people and housing affordability, discrimination, and homelessness*. Los Angeles, CA: The Williams Institute, UCLA School of Law.

<https://williamsinstitute.law.ucla.edu/publications/lgbt-housing-instability/>

³⁵ Wilson, B.D.M., Choi, S.K., Harper, G.W., Lightfoot, M., Russell, S., and Meyer, I.H., *Homelessness Among LGBT Adults in the U.S.*, Los Angeles, CA: The Williams Institute, UCLA School of Law.

<https://williamsinstitute.law.ucla.edu/publications/lgbt-homelessness-us/>

³⁶ Conron, K.J., Guardado, R., O'Neill, K.K., & Wilson, B.D.M. (2022). *Food insufficiency among LGBT adults during the COVID-19 pandemic*. Los Angeles, CA: The Williams Institute, UCLA School of Law.

<https://williamsinstitute.law.ucla.edu/publications/lgbt-food-insufficiency/>

³⁷ Conron, K.J. & O'Neill, K.K.. (2022). *Food insufficiency among transgender adults during the COVID-19 pandemic*. Los Angeles, CA: The Williams Institute, UCLA School of Law.

<https://williamsinstitute.law.ucla.edu/publications/trans-food-insufficiency-covid/>

³⁸ Bouton, L.J.A., Brush, A.M., & Meyer, I.H. (forthcoming, December 2022). *LGBT Adults Aged 50 and Older in the U.S During the COVID-19 Pandemic*. Los Angeles, CA: The Williams Institute, UCLA School of Law.

³⁹ Wilson, B.D.M., Bouton, L., and Mallory, C., *Racial Differences Among LGBT Adults in the U.S.* (2022). Los Angeles, CA: The Williams Institute, UCLA School of Law.

<https://williamsinstitute.law.ucla.edu/publications/racial-differences-lgbt/>

to White and Asian LGBTQ adults. For example, Black and Hispanic LGBTQ people were more likely to report not having enough to eat and having trouble paying household expenses.⁴⁰

Minority Stress Leads to Adverse Health Consequences in LGBTQ populations

Minority stress refers to stressors that stem from stigma and prejudice against LGBTQ people. Stigma is a “fundamental social cause” of disease in that it “influences multiple disease outcomes through multiple risk factors among a substantial number of people.”⁴¹ This makes stigma “a central driver of morbidity and mortality at a population level.”⁴² Stigma leads to poor health outcomes by blocking resources “of money, knowledge, power, prestige, and beneficial social connections,”⁴³ increasing social isolation, limiting social support, and increasing stress.

Research has demonstrated the negative effects of minority stress on the health and well-being of LGBTQ people.⁴⁴ Leading public-health authorities, including the U.S. Department of Health and Human Services, have recognized that minority stress and stigma are causes of health disparities between LGB and heterosexual populations.⁴⁵

Studies have concluded that the minority stress experienced by LGBTQ people can result in an array of mental health problems, including depressive symptoms, substance use, and

⁴⁰ Bouton, L.J.A., Brush, A.M., & Meyer, I.H. (forthcoming, December 2022). *LGBT Adults Aged 50 and Older in the U.S During the COVID-19 Pandemic*. Los Angeles, CA: The Williams Institute, UCLA School of Law.

⁴¹ Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health, 103*(5), 813–821. <https://doi.org/10.2105/AJPH.2012.301069>

⁴² Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013), p. 813.

⁴³ Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013), p. 813.

⁴⁴ National Academies of Sciences, Engineering, and Medicine; Division of Behavioral and Social Sciences and Education; Committee on Population; Committee on Understanding the Well-Being of Sexual and Gender Diverse Populations. (2020). *Understanding the Well-Being of LGBTQI+ Populations*. Washington (DC): National Academies Press (US). <https://doi.10.17226/25877>; see also Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington (DC): National Academies Press (US). <https://nap.nationalacademies.org/read/13128/chapter/1>

⁴⁵ Office of Disease Prevention & Health Promotion, U.S. Department of Health & Human Services. *Healthy People 2020: Lesbian, Gay, Bisexual, and Transgender Health*, <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health> [<https://perma.cc/YL6N-TLFF>]; Office of Disease Prevention & Health Promotion, U.S. Department of Health & Human Services. *Healthy People 2030: Discrimination*. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/discrimination> [<https://perma.cc/B3YG-75SR>]

suicide ideation and attempts.⁴⁶ Studies have also demonstrated links between minority stress factors and some physical health problems.⁴⁷ For example, one study found that LGB people who had experienced a prejudice-related stressful life event were about three times more likely than those who did not experience such an event to have suffered a serious physical health problem over a one-year period. This effect remained statistically significant even after controlling for the experience of other non-prejudicial stress events and other factors known to affect physical health. Thus, prejudice-related stressful life events were more damaging to the physical health of LGB people than similar stressful life events that did not involve prejudice.⁴⁸

Research has also demonstrated the impact of minority stressors on the health of transgender individuals specifically.⁴⁹ Minority stressors, such as discrimination experiences, family rejection, and stigma, are commonly reported by transgender people and are associated with higher risk of suicide thoughts and attempts.⁵⁰

⁴⁶ Mays, V. M., & Cochran, S. D. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health, 91*(11), 1869–1876. <https://doi.org/10.2105/ajph.91.11.1869>; Sandfort, T. G., Bakker, F., Schellevis, F. G., & Vanwesenbeeck, I. (2006). Sexual orientation and mental and physical health status: findings from a Dutch population survey. *American Journal of Public Health, 96*(6), 1119–1125. <https://doi.org/10.2105/AJPH.2004.058891>; King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry, 8*, 70. <https://doi.org/10.1186/1471-244X-8-70>; Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>; Cochran, S. D., & Mays, V. M. (2013). Sexual orientation and mental health. In C. J. Patterson & A. R. D'Augelli (Eds.), *Handbook of psychology and sexual orientation* (pp. 204–222). Oxford University Press.

⁴⁷ Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science, 8*(5), 521–548.

⁴⁸ Frost, D. M., Lehavot, K., & Meyer, I. H. (2015). Minority stress and physical health among sexual minority individuals. *Journal of Behavioral Medicine, 38*(1), 1–8. <https://doi.org/10.1007/s10865-013-9523-8>

⁴⁹ Bockting, W., Coleman, E., Deutsch, M. B., Guillamon, A., Meyer, I., Meyer, W., 3rd, Reisner, S., Sevelius, J., & Ettner, R. (2016). Adult development and quality of life of transgender and gender nonconforming people. *Current Opinion in Endocrinology, Diabetes, and Obesity, 23*(2), 188–197. <https://doi.org/10.1097/MED.000000000000232>; Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice, 43*(5), 460–467. <https://doi.org/10.1037/a0029597>

⁵⁰ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality. <https://www.ustranssurvey.org/reports/#2015report>

Gender non-affirmation is a particular stressor that affects health outcomes of transgender individuals.⁵¹ Gender affirmation refers to “an interpersonal, interactive process whereby a person receives social recognition and support for gender identity and expression.”⁵² In contrast, gender non-affirmation refers to the denial of such recognition of a transgender person’s gender and, more globally, their dignity and humanity. Gender non-affirmation, and more generally discrimination against transgender people, is associated with increased risk for suicide attempts. Thus, research showed that the prevalence of one-year suicide attempts by transgender individuals who reported that they had been denied equal treatment in the past year because they are transgender was more than double that of those who had not experienced such treatment (13.4% compared to 6.3%).⁵³ Gender-affirming treatment is one form of gender affirmation. Research has shown that transgender individuals who had received hormone therapy or surgical care they needed had lower prevalence of one-year suicide attempts compared to those who had not received the care they needed (5.1% vs. 8.5%).⁵⁴

Evidence demonstrates that minority stress continues to affect LGBTQ people today.

In the *Generations* study, whose overall results we described above, we sought to assess how the changes in the social and legal environment over the past few decades have impacted the lives of young sexual minority people, compared with older generations of sexual minority people.⁵⁵ What we found was alarming if not totally surprising: younger people experience similar levels of minority stressors related to stigma and prejudice than their older peers had experienced. More than 1 in 3 (37%) young people (ages 18 – 25 years old) experienced being hit, beaten, physically attacked, or sexually assaulted; almost half (46%) had someone threaten

⁵¹ Sevelius J. M. (2013). Gender Affirmation: A framework for conceptualizing risk behavior among transgender women of color. *Sex Roles*, 68(11-12), 675–689. <https://doi.org/10.1007/s11199-012-0216-5>; Reisner, S. L., White Hughto, J. M., Pardee, D., & Sevelius, J. (2016). Syndemics and gender affirmation: HIV sexual risk in female-to-male trans masculine adults reporting sexual contact with cisgender males. *International Journal of STD & AIDS*, 27(11), 955–966. <https://doi.org/10.1177/0956462415602418>

⁵² Bockting, W., Coleman, E., Deutsch, M. B., Guillamon, A., Meyer, I., Meyer, W., 3rd, Reisner, S., Sevelius, J., & Ettner, R. (2016). Adult development and quality of life of transgender and gender nonconforming people. *Current Opinion in Endocrinology, Diabetes, and Obesity*, 23(2), 188–197. <https://doi.org/10.1097/MED.0000000000000232>

⁵³ Herman, J.L., Brown, T.N.T., Haas, A.P. (2019). *Suicide thoughts and attempts among transgender adults: Finding from the 2015 U.S. Transgender Survey*. Los Angeles, CA: Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Suicidality-Transgender-Sep-2019.pdf>

⁵⁴ Herman, J.L., & O’Neill, K.K. (2021). Suicide risk and prevention for transgender people: Summary of research findings. Los Angeles, CA: Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/publications/trans-suicide-risk-prevent-summary/>

⁵⁵ Meyer, I.H., Russell, S.T., Hammack, P.L., Frost, D.M., Wilson, B.D.M. (2021) Minority stress, distress, and suicide attempts in three cohorts of sexual minority adults: A U.S. probability sample. *PLoS ONE* 16(3): <https://doi.org/10.1371/journal.pone.0246827>.

them with violence; and almost 3 in 4 (72%) were verbally insulted or abused. Younger sexual minority people also experienced as high or higher levels of internalized homophobia and felt stigma—both are measures of internalized social stigma—as their older peers. Subsequently, younger sexual minority people suffer the mental health consequences of this stress, including depression, anxiety, substance use, and suicide behavior: The youngest cohort of sexual minority people experienced the highest psychological distress, and 30% of the youngest cohort compared with 21% of oldest sexual minority people reported a suicide attempt.

Significant progress has been made in the social and legal environments that affect LGBTQ people over the past six decades, since the 1969 Stonewall uprising that marks the beginning of the modern LGBTQ rights movement. But the recent resurgence of hate rhetoric and violent attacks, such as the mass shooting in the Pulse nightclub in Orlando, FL in June 2016 and Club Q in Colorado Springs, CO in November 2022, remind us that LGBTQ people continue to be under threat of violence. These events impact not only the direct victims of violence but more broadly act as stressors to LGBTQ people everywhere. Research has shown that when anti-LGBTQ rhetoric increases, so does stress and related adverse mental health outcomes. For example, research has looked at patterns of homophobic bullying of school-age children in California before, during, and after heated public debates about Proposition 8, which defined marriage as only between a man and a woman, excluding LGBTQ people from this important institution. The researchers found that as anti-LGBTQ rhetoric flourished, anti-LGBTQ bullying increased. The researchers concluded that “public campaigns communicating stigma against particular groups may confer risk for bias-based bullying among youth and suggest that the public health consequences of such frequent campaigns on common forms of peer aggression may be more wide-ranging than previously realized.”⁵⁶ Similar research has shown negative impact on the mental health of adults and LGBTQ couples during debates on marriage equality, which brought up anti-LGBTQ rhetoric campaigns across the country.⁵⁷

⁵⁶ Hatzenbuehler, M. L., Shen, Y., Vandewater, E. A., & Russell, S. T. (2019). Proposition 8 and homophobic bullying in California. *Pediatrics*, 143(6), e20182116, 7. <https://doi.org/10.1542/peds.2018-2116>

⁵⁷ Rostosky, S. S., Riggle, E. D. B., Horne, S. G., & Miller, A. D. (2009). Marriage amendments and psychological distress in lesbian, gay, and bisexual (LGB) adults. *Journal of Counseling Psychology*, 56(1), 56–66.

<https://doi.org/10.1037/a0013609>; Frost, D. M., & Fingerhut, A. W. (2016). Daily exposure to negative campaign messages decreases same-sex couples' psychological and relational well-being. *Group Processes & Intergroup Relations*, 19(4), 477-492. <https://doi.org/10.1177/1368430216642028>

Conclusion

Anti-LGBTQ prejudice is widespread in U.S. society and embedded in our laws and policies. Minority stress research has shown that anti-LGBTQ prejudice and stigma, including laws and policies targeting LGBTQ people, result in negative health outcomes for LGBTQ people.