Stigma and Minority Stress as Social Determinants of Health Among Lesbian, Gay, Bisexual, and Transgender Youth

Research Evidence and Clinical Implications

Mark L. Hatzenbuehler, PhD[a,*], John E. Pachankis, PhD[b]

KEYWORDS

• Stigma • Minority stress • Health • LGBT youth

KEY POINTS

- Stigma occurs at multiple levels to affect the health of lesbian, gay, bisexual, and transgender (LGBT) youth, including structural, interpersonal, and individual levels.
- Stigma disrupts cognitive (eg, vigilance), affective (eg, rumination), interpersonal (eg, isolation), and physiologic (eg, stress reactivity) processes that influence the health of LGBT youth.
- These stigma-inducing mechanisms can be targeted with both clinical and public health interventions to reduce LGBT health disparities among youth.
- Multicomponent interventions are likely to be most effective in reducing the negative health consequences of exposure to stigma among this population.

The other articles in this issue review the literature documenting health disparities related to sexual orientation and gender identity among youth. Relative to their heterosexual and cis-gender peers, lesbian, gay, bisexual, and transgender (LGBT) youth are at increased risk for adverse mental health outcomes (eg, depression, anxiety, and suicidality; see Stewart Adelson and colleagues' article, "Development and Mental Health of LGBT Youth in Pediatric Practice," in this issue), substance use (see Romulo Alcalde Aromin Jr's article, "Substance Abuse Prevention, Assessment & Treatment for LGBT Youth," in this issue), human immunodeficiency virus (HIV) infection and

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[a] Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University, 722 West 168th Street, Room 549B, New York, NY 10032, USA; [b] Chronic Disease Epidemiology: Social & Behavioral Sciences, Yale School of Public Health, 60 College Street, Suite 316, New Haven, CT 06510, USA
* Corresponding author.
E-mail address: mlh2101@cumc.columbia.edu

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other sexually transmitted infections (see Sarah M. Wood and colleagues' article, "HIV, Other Sexually Transmitted Infections, and Sexual Health in LGBT Youth," in this issue), and disordered eating (see Zachary McClain and Rebecka Peebles's article, "Body Image and Disordered Eating Among LGBT Youth," in this issue). Having established the existence of LGBT health disparities among youth, the field has turned to the identification of factors that can explain them.[1]

In this article, we review theories and evidence for stigma and minority stress as determinants of LGBT health disparities among youth. We begin by briefly reviewing theories of stigma and minority stress. Next, we cover empirical evidence bearing on the role that stigma at individual, interpersonal, and structural levels plays in conferring risk for negative health outcomes among LGBT youth. We then cover the myriad processes that are disrupted by stigma—ranging from cognitive (eg, sensitivity to rejection), affective (eg, emotional response), interpersonal (eg, social relationships), and physiologic (eg, reactivity to stress)—that in turn contribute to poor health among this population. Finally, we review emerging evidence for clinical and public health interventions aimed at reducing LGBT health disparities among youth and conclude with a discussion of future directions for research and interventions.

THEORIES OF STIGMA AND MINORITY STRESS

Link and Phelan[2] (2001) put forward a widely used conceptualization of stigma that recognized the overlap in meaning among concepts like stigma, labeling, stereotyping, and discrimination. Their conceptualization defines stigma as the co-occurrence of several interrelated components:

> *In the first component, people distinguish and label human differences. In the second, dominant cultural beliefs link labeled persons to undesirable characteristics – to negative stereotypes. In the third, labeled persons are placed in distinct categories so as to accomplish some degree of separation of "us" from "them." In the fourth, labeled persons experience status loss and discrimination that lead to unequal outcomes. Stigmatization is entirely contingent on access to social, economic and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories and the full execution of disapproval, rejection, exclusion and discrimination. Thus, we apply the term stigma when elements of labeling, stereotyping, separation, status loss and discrimination co-occur in a power situation that allows them to unfold.*[2]

Drawing on insights from the stigma literature, Meyer (2003) developed the minority stress theory, which refers to the "excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often a minority, position."[3] Meyer (2003) conceptualized these stressors as unique (in that they are additive to general stressors that are experienced by all people and therefore require adaptations above and beyond those required of the nonstigmatized), chronic (in that they are related to relatively stable social structures such as laws and social policies), and socially based (in that they stem from social/structural forces rather than individual events or conditions).[3] Minority stress theory therefore posits that health disparities observed in LGBT populations do not reflect psychological issues inherent to LGBT individuals, but rather are the end result of persistent stigma directed toward them.[3] Originally developed to explain sexual orientation disparities in mental health, the theory has recently been applied to physical health disparities[4] and to understanding health disparities related to gender identity.[5,6]