

# Mental Health in Sexual Minority and Transgender Women

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## KEYWORDS

- Lesbian • Bisexual • Transgender • Sexual minority • Mental health
- Minority stress

## KEY POINTS

- Sexual minority and transgender women experience increased rates of societal discrimination, harassment, and violence. Minority stress theory links these experiences to increased rates of mental illness and substance use disorders in those groups.
- For many mental health conditions and substance use disorders, bisexual women are at even higher risk than are lesbians. This is partly attributable to stigmatization of bisexual women in both heterosexual and gay communities.
- Family acceptance, social support, and community connectedness have been shown to contribute to resilience in sexual minority and transgender women. Sexual minority and transgender women often avoid mental health and substance abuse treatment because of past or feared negative experiences with clinicians or treatment programs.
- Clinicians should not rely on their sexual minority and transgender clients to educate them. Instead, they should seek out education from other sources in order to develop cultural competence in working with such clients.

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Note: In some cases, the letter Q is added to LGBT, to include the term “queer.” Queer is a word which may be used to describe anyone identifying as non-heterosexual or non-cisgender. This would include anyone who is LGBT, but also multiple other categories, eg, those who are asexual, are uncertain of their sexual orientation, or do not identify with any gender. However, this term is one that was initially neutral but was then used only in a derogatory manner for many years, and it still carries a highly negative implication when used by someone who opposes equal treatment of people with non-heterosexual or non-cisgender identities. Therefore, some people are offended by the term, and you should never use it to refer to someone directly unless they have already indicated that they do not mind if you do so.

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## INTRODUCTION

Terminology related to sexuality and gender identity is constantly evolving. Most clinicians are familiar with the acronym LGBT, which refers to the lesbian, gay, bisexual, and transgender community. The first 3 terms, lesbian, gay, and bisexual, are used to define one's *sexual orientation*, which refers to the gender of those to whom a person is attracted, and with whom they may have sexual or romantic relationships. Transgender is a term that defines one's *gender identity*, which is a person's sense of their own gender. A person whose gender identity matches the gender they were assigned at birth is *cisgender*, whereas a person whose gender identity does not match the gender they were assigned at birth is *transgender*. Although LGB and transgender people share certain life experiences, particularly with regard to stigmatization and discrimination, the 2 communities are also quite distinct in many ways.

The term *sexual minority women (SMW)* is used in this article to refer to all women who may be defined as nonheterosexual. There are 3 generally accepted dimensions of sexual orientation: sexual identity (the term someone uses to describe herself, such as lesbian, bisexual, or queer), sexual attraction, and sexual behavior. SMW includes women who would be considered nonheterosexual in at least 1 of these 3 dimensions. Consequently, SMW includes those who self-identify as lesbian or bisexual; those who identify as heterosexual but report having sexual attraction to women; and those who identify as heterosexual but report having had female sexual partners. In discussing specific research, the authors endeavor to use the most specific term possible to refer to the subpopulation that was studied. Unless otherwise specified, when the term lesbian, bisexual, or gay is used, it refers to people who self-identify as such.

Although there are gender minority women who are not transgender, for example, women who identify as genderfluid, bigender, or genderqueer, this article focuses only on transgender women. *Transgender women* are individuals who were assigned a male gender at birth but identify as female. Transgender women are a diverse group and may or may not wish to take hormones or have any type of surgery. Transgender women are often assumed to be heterosexual (or *androphilic*, attracted to men), but many identify as lesbian, bisexual, or queer, or are sexually attracted to or sexually active with women (*gynephilic*). In fact, in the National Transgender Discrimination Survey, only 23% of transgender women identified as heterosexual.<sup>1</sup> Unfortunately, most studies of mixed-gender populations, even when they allow subjects to identify themselves as transgender, do not ask further questions to allow data separation of transgender women from transgender men. In this article, if no gender specifier is used after the word transgender in discussing a research finding, it means the subjects were a mixed-gender group.

## TRAUMA AND MINORITY STRESS

*Minority stress* is a term initially used by Brooks<sup>2</sup> in her work with lesbian women. She defined it as "a state intervening between the sequential antecedent stressors of culturally sanctioned, categorically ascribed inferior status, resultant prejudice and discrimination, the impact of these forces on the cognitive structure of the individual, and consequent readjustment or adaptational failure." Meyer<sup>3</sup> adopted a similar conceptualization for his *minority stress theory*, in which he connected not only the discrimination and violence that LGB individuals face but also the "juxtaposition of minority and dominant values and the resultant conflict with the social environment" with increased rates of mental health disparities. The minority stress model has since been expanded to other populations, including transgender people.<sup>4</sup>

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