Structural Stigma

Alexis M. Chavez, MD, and Aron Janssen, MD

There are well-documented health disparities in the LGBTQ population. LGBTQ youth are at higher risk for depression, anxiety, and addiction.[1,2] In a Center for Disease Control and Prevention survey, 60% of LGB students reported having been so sad or hopeless that they stopped doing some of their usual activities.[1] Studies in LGBT adults have found higher risks for tobacco, alcohol, other drug use, obesity, cancer, and HIV.[3-5] When examining health disparities in minority populations such as LGBTQ populations, it is important to consider the role that stress and stigma play in order to fully appreciate how these disparities are created, increased, and perpetuated.

Discrimination exists in many forms and at many different levels, ranging from the individual to the institution. Structural stigma refers to systems of rules and patterns of behavior within a society that restrict rights and opportunities of minority groups. It can also be called structural discrimination, systemic discrimination, or institutionalized discrimination, although these various concepts have been separated at times by their focus on legal aspects or intentionality of the discrimination.[6-8] At the core, they all have focused on the disadvantages suffered by oppressed groups for the advantages of the majority group in power. Historically, structural discrimination was primarily applied to legal (*de jure*) discrimination; however, the very concept of a social structure includes expected behaviors of its members.[9] Structural discrimination also exists in these cultural norms and attitudes (*de facto* discrimination) and may be intentionally hidden at times.

Chronic stigmatization leads to negative health outcomes. One model through which to understand this is the minority stress model. In this model described by Meyer *et al*., external forces such as discrimination lead to expectation of the recurrence of discrimination. The greater the stigma, the greater the vigilance for these events. This hypervigilance can lead to internalization of this discrimination and negative valuation of the self.[10,11] As a result, LGBTQ people are at higher risk of numerous medical and mental health problems.

Sexual and/or gender minority youth are at higher risk for many adverse events: being physically forced to have sex, experiencing sexual dating violence, experiencing physical dating violence, being bullied at school or online, and missing school due to safety concerns.[1] They experience particularly high rates of bullying,[12,13] and 40% of homeless youth are estimated to be LGBT.[14]

The minority stress model can be applied to understand how structural stigma affects the health of LGBTQ people. With higher levels of structural stigma (an external force), there is a direct increase in health problems in this population.[15-17] Even the perception of social rejection is as important to health outcomes as actual experiences.[18] Conversely, there is a decrease in health problems when structural stigma is decreased.[19,20]

There have been some significant gains in LGBTQ rights during recent history. Such gains include same-sex marriage legalization by the Supreme Court in 2015,[21] or The Equal Employment Opportunity Commission (EEOC) ruling during the Obama administration that Title VII of the Civil Rights Act of 1964 ("Title VII") does not allow discrimination based on gender identity or sexual orientation because they are forms of sex discrimination.[22] However, progress is not always linear. In the current political environment, there have been several setbacks for LGBTQ people as well. In 2016, North Carolina (NC) passed the Public Facilities Privacy & Security Act, commonly known as HB2. This bill prevented the creation of any laws in NC that would protect LGBT people. It also dictated that people use restrooms and changing facilities that correspond to the sex identified on their birth certificates. In early 2017, NC HB2 was replaced with a narrower law that, through the year 2020, restricts cities and counties from

protecting against employment discrimination based on sexual orientation and gender identity. In 2016, Mississippi passed the Religious Liberty Accommodations Act, HB 1523, which allowed for discrimination against same-sex marriage or transgender individuals based on "sincerely held religious beliefs or moral convictions." In more than half of the states in the US, there still are no anti-discrimination laws for gender identity or sexual orientation.

Discriminatory laws (*de jure* discrimination) have not been applied equally to sexual minority and gender identity. During the current administration, the Attorney General at the time, Jeff Sessions, wrote a memo to clarify that Title VII will not be interpreted to protect gender identity under the category of sex-based discrimination.[23] The reasoning behind the ban was that the military would incur "tremendous medical costs."[24-26] This reasoning is given despite a previous study by the RAND corporation commissioned by the Department of Defense which found that "the costs of gender transition–related health care treatment are relatively low… representing a 0.04- to 0.13-% increase in active-component health care expenditures."[27] Transgender individuals were barred from enlisting in the military from August 2017 until the ban was struck down in district court in January 2018.[28]

Additionally, discrimination continues to occur independently of codified law or the interpretation thereof (*de facto* discrimination). In 2017, a study conducted by Suffolk University Law School's Housing Discrimination Testing Program showed that when looking for apartments in Greater Boston (where there are laws protecting against discrimination of gender identity), "transgender and gender non-conforming people received discriminatory differential treatment 61% of the time. In addition, they were … less likely to be shown additional areas of the apartment complex, … [or] offered a financial incentive to rent, [and] … more likely to be told negative comments about the apartment and the neighborhood, and … to be quoted a higher rental price."[29]

The current political climate and its contributions to the structural stigma experienced by LGBT communities has resulted in a rise of concern among LGBTQ youth. Over the 24-hour period following the presidential election in 2016, the nonprofit organization The Trevor Project, the nation's largest LGBTQ youth crisis intervention and suicide prevention organization, received from transgender youth more than double their usual number of LGBTQ suicide hotline calls.[30] The Trevor Project again experienced an influx in calls after the Texas legislature introduced an anti-trans bill in 2017.[30] Another crisis hotline, Trans Lifeline, saw similar significant increases in call volume; as reported in 2017, "in many ways, the story our call volume tells is our community being in more or less constant crisis since November (2016)."[31]

It is difficult to approximate the full extent of the health impact of the current stigma due to limited availability of large data sets of LGBTQ populations. Indeed, the lack of this is a form of structural stigma and perpetuates disparities.[32] In April 2016, despite the fact that "more than 75 members of Congress wrote to the Census Bureau to request the addition of sexual orientation and gender identity as a subject for the American Community Survey (ACS)… [the Census Bureau] concluded [in 2017] there was no federal data need to change the planned census and ACS subjects."[33]

Furthermore, the high levels of discrimination that are currently seen may have a more significant impact years from now. A 2011 Institute of Medicine (IOM) report found that "the disparities in both mental and physical health that are seen between LGBT and heterosexual and non-gender-variant youth are influenced largely by their experiences of stigma and discrimination during the development of their sexual orientation and gender identity and throughout the life course."[5] Those youth that are currently experiencing stigma due to their sexual orientation or gender identity may have lasting adverse health effects.[1,34]

The health disparities we see in LGBTQ youth have been documented even during periods of greater political support. Given the known association between structural stigma and health outcomes, it stands that with the recent political climate and its increasing level of

discrimination, there are greater adverse health effects than have previously been measured. To counter this, LGBTQ youth would benefit from increased levels of support wherever possible. It is important for providers to be knowledgeable about the stress their patients may face—particularly as a result of structural stigma—in order to best serve this population.

Take Home Summary

Structural stigma has a direct, negative effect on the mental health of LGBTQ youth. The level of structural stigma against LGBTQ youth has been increasing in the current political climate, and may have lasting negative effects on their mental health.

References

1. Kann L, McManus T, Harris WA, et al. Youth risk behavior surveillance (YRBSS) - United States, 2015. *MMWR Surveill Summ.* 2016;65(6):1-174. http://dx.doi.org/10.15585/mmwr.ss6506a1
2. Safren SA, Heimberg RG. Depression, hopelessness, suicidality, and related factors in sexual minority and heterosexual adolescents. *J Consult Clin Psychol.* 1999;67(6):859-866. http://www.ncbi.nlm.nih.gov/pubmed/10596508. Accessed March 22, 2018.
3. Solarz AL, Program BH, Sciences H, Program P, Section HS. *Lesbian Health:* Current Assessment and Directions for the Future. Washington, DC: The National Academies Press. 1999. https://doi.org/10.17226/6109
4. Struble CB, Lindley LL, Montgomery K, Hardin J, Burcin M. Overweight and obesity in lesbian and bisexual college women. *J Am Coll Heal.* 2010;59(1):51-56. https://doi.org/10.1080/07448481.2010.483703
5. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, DC: The National Academies Press. 2011. https://doi.org/10.17226/13128.
6. Pincus FL. Discrimination comes in many forms. *Am Behav Sci.* 1996;40(2):186-194. https://doi.org/10.1177/0002764296040002009
7. Corrigan PW, Markvwitz FE, Watson AC. Structural levels of mental illness stigma and discrimination. *Schizophr Bull.* 2004;30(3):481-491. https://doi.org/10.1093/oxfordjournals.schbul.a007096
8. Corrigan PW, Watson AC, Heyrman ML, *et al*. Structural stigma in state legislation. *Psychiatr Serv.* 2005;56(5):557-563. https://doi.org/10.1176/appi.ps.56.5.557
9. López J, Scott J. *Social Structure*. Open University Press; 2000. https://books.google.com/books/about/Social_Structure.html?id=bhyQQgAACAAJ. Accessed March 24, 2018.
10. Meyer IH, Link BG, Schwartz S, *et al.* Minority stress and mental health in gay men. *J Health Soc Behav.* 1995;36(1):38-56.
11. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull.* 2003;129(5):674-697. https://doi.org/10.1037/0033-2909.129.5.674
12. Earnshaw VA, Bogart LM, Poteat VP, Reisner SL, Schuster MA. Bullying among lesbian, gay, bisexual, and transgender youth. *Pediatr Clin North Am.* 2016;63(6):999-1010. https://doi.org/10.1016/j.pcl.2016.07.004
13. Robinson JP, Espelage DL. Peer victimization and sexual risk differences between lesbian, gay, bisexual, transgender, or questioning and nontransgender heterosexual youths in grades 7-12. *Am J Public Health.* 2013;103(10):1810-1819. https://doi.org/10.2105/AJPH.2013.301387
14. Durso LE, Gates GJ. Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual and Transgender Youth Who Are Homeless or At Risk of Becoming Homeless. Los Angeles; 2012. https://williamsinstitute.law.ucla.edu/research/safe-schools-and-youth/serving-our-youth-july-2012/. Accessed March 22, 2018.
15. Hatzenbuehler ML, Flores AR, Gates GJ. Social attitudes regarding same-sex marriage and LGBT health disparities: results from a national probability sample. *J Soc Issues.* 2017;73(3):508-528. https://doi.org/10.1111/josi.12229
16. Hatzenbuehler ML, Keyes KM, Hasin DS. State-level policies and psychiatric morbidity in lesbian, gay, and bisexual populations. *Am J Public Health.* 2009;99(12):2275-2281. https://doi.org/10.2105/AJPH.2008.153510
17. Hatzenbuehler ML, Keyes KM. Inclusive anti-bullying policies and reduced risk of suicide attempts in lesbian and gay youth. *J Adolesc Health*. 2013;53(1 Suppl):S21-6. https://doi.org/10.1016/j.jadohealth.2012.08.010
18. Ross MW. Actual and anticipated societal reaction to homosexuality and adjustment in two societies. *J Sex Res.* 1985;21(1):40-55. https://doi.org/10.1080/00224498509551243
19. Hatzenbuehler ML, Bellatorre A, Lee Y, Finch BK, Muennig P, Fiscella K. Structural stigma and all-cause mortality in sexual minority populations. *Soc Sci Med.* 2014. https://doi.org/10.1016/j.socscimed.2013.06.005
20. Hatzenbuehler ML, McLaughlin KA, Keyes KM, Hasin DS. The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: a prospective study. *Am J Public Health.* 2010;100(3):452-459. https://doi.org/10.2105/AJPH.2009.168815

21. Obergefell v Hodges. 14 US 556, (2015). https://www.supremecourt.gov/opinions/14pdf/14-556_3204.pdf. Accessed March 22, 2018.
22. Examples of Court Decisions Holding LGBT-Related Discrimination Actionable Under Title VII. https://www.eeoc.gov/eeoc/newsroom/wysk/lgbt_examples_decisions.cfm. Accessed March 22, 2018.
23. Sessions J. Revised Treatment of Transgender Employment Discrimination Claims Under Title VII of the Civil Rights Act of 1964. 2017.
24. @realDonaldTrump. After consultation with my Generals and military experts, please be advised that the United States Government will not accept or allow..... https://twitter.com/realdonaldtrump/status/890193981585444864?lang=en. Posted July 26, 2017.
25. @realDonaldTrump. ...Transgender individuals to serve in any capacity in the U.S. Military. Our military must be focused on decisive and overwhelming..... https://twitter.com/realdonaldtrump/status/890196164313833472?lang=en. Posted July 26, 2017.
26. @realDonaldTrump. ....victory and cannot be burdened with the tremendous medical costs and disruption that transgender in the military would entail. Thank you. https://twitter.com/realdonaldtrump/status/890197095151546369?lang=en. Posted July 26, 2017.
27. Schaefer A, Iyengar R, Kadiyala S, *et al*. *Assessing the Implications of Allowing Transgender Personnel to Serve Openly.* RAND Corporation; 2016. https://doi.org/10.7249/RR1530
28. Doe J. UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA. https://assets.documentcloud.org/documents/4163521/10-30-17-Doe-v-Trump-Order.pdf. Accessed March 22, 2018.
29. Langowski J, Berman WL, Holloway R, *et al*. Transcending Prejudice: Gender Identity and Expression- Based Discrimination in the Metro Boston Rental Housing Market. *Yale J Law Fem.* 2017;29(2):Legal Studies Research Paper Series Research Paper. http://ssrn.com/abstract=2941810.
30. Spike in crisis contacts related to anti-trans rhetoric. The Trevor Project. https://www.thetrevorproject.org/trvr_press/spike-in-crisis-contacts-related-to-anti-trans-rhetoric/#sm.00001jh35vg9wof04yn63chxvwg36. Published August 2, 2017. Accessed March 22, 2018.
31. Klein R. Calls to LGBTQ mental health hotlines rise after trump's anti-transgender action. HuffPost. https://www.huffingtonpost.com/entry/transgender-mental-health-hotlines-trump_us_58b098dde4b0780bac294d72. Published February 24, 2017. Accessed March 22, 2018.
32. Hatzenbuehler ML, Phelan JC, Link BG. Stigma as a fundamental cause of population health inequalities. *Am J Public Health.* 2013;103(5):813-821. doi:10.2105/AJPH.2012.301069
33. Thompson JH. Director's blog: planned subjects for the 2020 census and the american community survey. https://www.census.gov/newsroom/blogs/director/2017/03/planned_subjects_2020.html. Published 2017. Accessed March 22, 2018.
34. Hatzenbuehler ML. Structural stigma: research evidence and implications for psychological science. *Am Psychol.* 2016;71(8):742-751. https://doi.org/10.1037/amp0000068

About the Authors

Alexis M. Chavez, MD, is the medical director of The Trevor Project. She is a founder of multiple award-winning clinics with focuses on LGBTQ mental health and interdisciplinary trans health, and has trained providers across the country to improve competency working with LGBTQ patients. She has held various offices and positions from the local to national level including as a member of the Council of Research of the APA; Treasurer of AGLP, the national organization of LGBTQ Psychiatrists; member of the Sexual Orientation and Gender Identity Issues Committee of AACAP; and a member of the Board of Directors for the GLBT Center of Colorado. She is an APA-SAMHSA Fellow, a 2018 Power Gala Award Winner, and an aunt to three adorable children.

Aron Janssen, MD, is a Clinical Associate Professor of Child Psychiatry at NYU Langone, New York, NY. He is the founder and director of the Gender and Sexuality Service at the NYU Child Study Center.

Disclosure: Drs. Chavez and Janssen have reported no biomedical financial interests or potential conflicts of interest.