



Disproportionate exposure to early-life adversity and sexual orientation disparities in psychiatric morbidity[☆]

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ABSTRACT

Objectives: Lesbian, gay, and bisexual (LGB) populations exhibit elevated rates of psychiatric disorders compared to heterosexuals, and these disparities emerge early in the life course. We examined the role of exposure to early-life victimization and adversity—including physical and sexual abuse, homelessness, and intimate partner violence—in explaining sexual orientation disparities in mental health among adolescents and young adults.

Methods: Data were drawn from the National Longitudinal Study of Adolescent Health, Wave 3 (2001–2002), a nationally representative survey of adolescents. Participants included gay/lesbian ($n = 227$), bisexual ($n = 245$), and heterosexual ($n = 13,490$) youths, ages 18–27. We examined differences in the prevalence of exposure to child physical or sexual abuse, homelessness or expulsion from one's home by caregivers, and physical and sexual intimate partner violence according to sexual orientation. Next we examined the associations of these exposures with symptoms of psychopathology including suicidal ideation and attempts, depression, binge drinking, illicit drug use, tobacco use, alcohol abuse, and drug abuse. Finally, we determined whether exposure to victimization and adversity explained the association between sexual orientation and psychopathology.

Results: Gay/lesbian and bisexual respondents had higher levels of psychopathology than heterosexuals across all outcomes. Gay/lesbian respondents had higher odds of exposure to child abuse and housing adversity, and bisexual respondents had higher odds of exposure to child abuse, housing adversity, and intimate partner violence, than heterosexuals. Greater exposure to these adversities explained between 10 and 20% of the relative excess of suicidality, depression, tobacco use, and symptoms of alcohol and drug abuse among LGB youths compared to heterosexuals. Exposure to victimization and adversity experiences in childhood and adolescence significantly mediated the association of both gay/lesbian and bisexual orientation with suicidality, depressive symptoms, tobacco use, and alcohol abuse.

Conclusions: Exposure to victimization in early-life family and romantic relationships explains, in part, sexual orientation disparities in a wide range of mental health and substance use outcomes, highlighting novel targets for preventive interventions aimed at reducing these disparities.

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Introduction

Lesbian, gay, and bisexual (LGB) populations exhibit markedly elevated rates of psychiatric disorders compared to heterosexuals (Cochran & Mays, 1994; Fergusson, Horwood, & Beautrais, 1999; Gilman, Cochran, Mays, Ostrow, & Kessler, 2001; Sandfort, de Graaf, Bijl, & Schnabel, 2001). These disparities emerge early in the life course; higher rates of both internalizing and externalizing psychopathology have been documented among LGB adolescents relative to their heterosexual peers, including depression, anxiety, and substance abuse (Corliss, Rosario, Wypij, Fisher, & Austin, 2008; Fergusson et al., 1999; Hatzenbuehler, McLaughlin, & Nolen-Hoeksema, 2008; Russell, Driscoll, & Truong, 2002; Russell & Joyner, 2001; Safren & Heimberg, 1999; Ziyadeh et al., 2007). Population-based data indicate that adolescents who identify as gay, lesbian, or bisexual are between 3 and 4 times more likely to meet the diagnostic criteria for an internalizing disorder and between 2 and 5 times more likely to meet the criteria for an externalizing disorder than heterosexual adolescents (Fergusson et al., 1999). Rates of suicidal ideation and suicide attempt are also notably elevated among LGB adolescents as compared to heterosexuals, with most studies suggesting that at least one-third of sexual minority adolescents have contemplated suicide or made a suicide attempt (D'Augelli, Hershberger, & Pilkington, 2001; Fergusson et al., 1999; Garofalo, Wolf, Wissow, Woods, & Goodman, 1999; Mustanski, Garofalo, & Emerson, 2010; Russell & Joyner, 2001). Despite the consistency of evidence regarding sexual orientation disparities in mental health, the mechanisms that explain the higher rates of psychiatric problems among LGB youths and adults have only recently become the focus of systematic empirical investigation (Hatzenbuehler, 2009). Indeed, the Institute of Medicine (2010) recently issued a report calling for increased research attention to the health of sexual minorities.

The most frequently invoked explanation for sexual orientation disparities in mental health is social stress, or the increased exposure to stressful social experiences related to membership in a socially disadvantaged and marginalized group (Meyer, 1995, 2003a, 2003b; Radkowski & Siegel, 1997). Central to the social stress theory is the assertion that aspects of the social environment that foster and perpetuate stigma against sexual minority populations compromise their mental health (Hatzenbuehler, 2010; Meyer, 2003b). Indeed, LGB individuals experience high levels of discrimination at both individual (Diaz, Ayala, Bein, Henne, & Marin, 2001; Mays & Cochran, 2001; McLaughlin, Hatzenbuehler, & Keyes, 2010) and institutional levels (Hatzenbuehler, Keyes, & Hasin, 2009; Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010), including verbal and physical assaults, unfair treatment in housing and employment, and discriminatory marriage policies. Adolescents with same-sex attraction are more likely than adolescents with opposite-sex attraction to be victims of violence at school and in their communities (Faulkner & Cranston, 1998; Robin et al., 2002; Russell, Franz, & Driscoll, 2001). Exposure to stigma, discrimination, and victimization are robust predictors of mental health problems and suicide attempts among LGB individuals (D'Augelli et al., 2005; Diaz et al., 2001; Hatzenbuehler, 2010; McLaughlin, Hatzenbuehler, et al., 2010; Rosario, Schrimshaw, Hunter, & Gwadz, 2002).

Emerging evidence suggests that LGB youths may also experience disproportionate victimization within their family and romantic relationships, and these early-life exposures are likely to further increase their risk for psychopathology. Several studies have observed higher levels of child physical and sexual abuse, as well as intimate partner violence (IPV), among LGB individuals relative to heterosexuals (Balsam, Rothblum, & Beauchaine, 2005; Corliss, Cochran, & Mays, 2002; Matthews, Hughes, Johnson, Razzano, & Cassidy, 2002; Tjaden, Thoennes, & Allison, 1999). LGB adolescents are also at elevated risk of experiencing homelessness (Cochran, Stewart, Ginzler, & Cauce, 2002; Fournier et al., 2009; Kruks, 1991; Van Leeuwen et al., 2006) partially due to expulsion following disclosure of their sexual orientation (Kruks, 1991). Homelessness may also result from victimization by caregivers or romantic partners (Cochran et al., 2002). Although these types of adverse childhood experiences are known risk factors for psychopathology among general population samples (Buckner & Bassuk, 1997; Campbell, 2002; Green et al., 2010; Kessler, Davis, & Kendler, 1997; McLaughlin, Green, et al., 2010), few studies have examined whether exposure to early-life adversity and victimization explains, at least in part, the associations between sexual orientation and psychopathology. The one previous study examining this question found that exposure to child abuse partially explained sexual orientation disparities in tobacco and alcohol use in lesbian and bisexual women (Jun et al., 2010). This study provided important insights, but examined only two substance use outcomes using data from a community-based sample of female nurses, limiting generalizability of the results. Moreover, prior research has largely relied on convenience samples of LGB youths, which can cause biased inferences regarding the prevalence and mental health consequences of early-life adversities among LGB populations.

In the current report, we examine whether the prevalence of child abuse, housing adversity, and IPV is elevated among LGB youths relative to heterosexuals in a national sample of adolescents and young adults. We further evaluate whether exposure to these sorts of adverse early-life experiences is related to mental health problems in LGB youths. We hypothesized that greater exposure to these adversities would partially explain sexual orientation disparities in psychopathology.

Methods

Sample

Data are drawn from the National Longitudinal Study of Adolescent Health (Add Health), a longitudinal study of a nationally representative adolescent sample (Bearman, Jones, & Udry, 1995). The first wave was conducted in 1995 and included adolescents in grades 7–12 ($n = 90,118$) selected using a multi-stage stratified cluster sampling strategy. Adolescents

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