CASCH
Canadian Alliance for
Social Connection and Health

GENWELL
PROJECT
HUMAN CONNECTION MOVEMENT

Evidence Brief | How can we improve 2SLGBTQ+ inclusion?

Background

Decades of research demonstrate that Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, and other sexual and gender minorities (2SLGBTQ+ people) are at elevated risk for a wide range of adverse health and social outcomes (Lowry et al., 2018; Fredriksen-Goldsen et al., 2012); and that social environments play a significant role in giving rise to the inequities experienced by this population (Postuvan et al., 2019; Kinitz et al., 2022). As such, it is critical to identify opportunities to promote the social health and wellbeing of 2SLGBTQ+ people.

Purpose

The purpose of this evidence brief is to review existing evidence related to the social health and wellbeing of 2SLGBTQ+ people and identify key opportunities for enhancing inclusion of these individuals and communities. In undertaking this exploration, we acknowledge that 2SLGBTQ+ people are diverse and include a wide variety of sub-populations. We also recognize significant heterogeneity in the health and social outcomes of the sub-groups defined under this umbrella. Indeed, some segments of these communities may be more readily accepted than others. Furthermore, we acknowledge significant geographic variation with respect to the challenges facing 2SLGBTQ+ individuals and communities. Despite these issues, we aim to provide an overview of best practices with the vision that one day that all 2SLGBTQ+ people will be widely and completely accepted and included.

Evidence from Existing Studies

The importance of social inclusion for 2SLGBTQ+ health and wellbeing

While acceptance of 2SLGBTQ+ people has increased globally over the past several decades (Flores, 2021; Smith et al., 2014; McCormack, 2012), these individuals and communities continue to face stigma, exclusion, discrimination and violence (Garnets et al., 1990; GLAAD, 2022; Poushter & Kent, 2020) – leading to disproportionately poor health and social outcomes (Abreu & Kenny, 2018; Mustanski et al., 2016; D'Augelli & Grossman, 2001). For example, 2SLGBTQ+ people are more than twice as likely to be bullied (Kahle, 2020; Fedewa & Ahn, 2011; Williams et al., 2005) or experience other forms of violence (Bender & Lauritsen, 2021; Chen et al., 2020; Abreu & Kenny, 2018). They are also at elevated risk for loneliness and social isolation.

The root cause of these harmful experiences is sexual prejudice, or stigma, which refers to negative attitudes, judgments, and beliefs towards individuals or communities due to their sexual orientation and/or gender identity (Herek, 2000). Sexual prejudice has been discussed in the research using various terms, including homophobia, homonegativity, heternormativity, heterosexism, stigma, and minority stress (Szymanski et al., 2008; Thoma et al., 2021). Regardless of how it is conceptualized, sexual prejudice is observed to harm 2SLGBTQ+

through multiple pathways, including: (1) enacted stigma, which includes overt actions that harm sexual and gender minorities, (2) felt or anticipated stigma, which describes the expectation of harm that sexual and gender minorities have come to anticipate when subjected to aversive circumstances, and (3) internalized stigma, which describes the harms that arise from the adoption of antagonistic beliefs and values about oneself and identity (Herek et al., 2009; Shelton & Delgado-Romero, 2011). These forms of stigma lead to social exclusion, isolation, and loneliness (Kyyper & Fokkema, 2010; Fokkema & Kuyper, 2007; Bowers et al., 2022), as well as psychological and physiological harm (Hatzenbuehler, 2009). Indeed, individuals who face stigma, exclusion, discrimination, and stigma not only experience greater physiological stress in their daily lives (Hatzenbuehler, 2009), but are also cut off from critical resources that can help them cope (Meyer et al., 2008). Individuals with multiple identity traits that are subject to experience therefore may experience even worse outcomes as their sources of support may be further diminished.

Fortunately, these harms can be mitigated through the effortful promotion of 2SLGBTQ+ community development, social support, and inclusion – which in turn allow individuals to live openly and authentically (which is another critical determinant of wellbeing for 2SLGBTQ+ people; Whitman & Nadal, 2015; Corrigan et al., 2013). Indeed, social support has been repeatedly identified as a key determinant of wellbeing for 2SLGBTQ+ people (Parra et al., 2018; Verrelli et al., 2019; Wright & Wachs, 2022) – with evidence suggesting that social support plays a critical role in preventing suicidal behavior and other health or social harms (Postuvan et al., 2019).

Strategies for improving social inclusion of 2SLGBTQ+ People

Promoting 2SLGBTQ+ inclusion requires a wide range of interventions to address the pervasive harms of sexual prejudice. We focus on those most thoroughly discussed in the literature, including those targeting (1) families and friends, (2) schools and workplaces, (3) community settings, and (4) the broader socio-cultural and political context.

Families and Friends. Family support plays a pivotal role in the social well-being of 2SLGBTQ+ people, with substantial evidence indicating its positive influence on wellbeing (Parker et al., 2018; Snapp et al., 2015; Ryan et al., 2010). However, due to stigma against 2SLGBTQ+ people, not all families are supportive of their 2SLGBTQ+ members. In fact, Richter (2017) reported that at least 70% of lesbian, gay, and bisexual youth experience some form of parental rejection due to their sexual orientation, and only 33% of trans youth reported receiving strong parental support (Pullen Sansfacon et al., 2020). While parents and others may increase acceptance of their 2SLGBTQ+ family members over time (Sansfacon et al., 2019), 2SLGBTQ+ people nevertheless adapt to the realities of parental and family rejection – relying "chosen family" and close friendships with other 2SLGBTQ+ people to mitigate this lack of support (Hawthorne et al., 2018; Frost et al., 2016) – a form of minority resilience. Though support from partners, siblings, parents, and other relatives remains critical to 2SLGBTQ+ people. Support from all of these sources has been shown to support health and wellness (Snapp et al., 2015; Needham & Austin, 2010; Masini & Barrett, 2008; Grossman et al., 2000). Continued research is needed to understand how to address family-based stigma and improve family support for 2SLGBTQ+ people (Parker et al., 2018). Existing interventions include psychoeducational groups for parents (Troutman, 2014; PFLAG, 2015), family-based therapy (Malpas et al, 2011; Diamond et al., 2012; Harvey & Fish, 2015), as well as mass-media campaigns (Huebner, 2013;

Ryan, 2010; Frye et al., 2017). These efforts can help mitigate the harms of sexual prejudice by addressing the interpersonal contexts in which individuals find social support.

Schools & Workplaces. Due to the insidious effects of sexual prejudice on an individual (Puckett et al., 2020), inclusion efforts for 2SLGBTQ+ must extend beyond personal communities of families and friends and also focus on ensuring that the environments in which 2SLGBTQ+ people live are safe and supportive. Schools and workplaces have thus long been identified as key venues for intervention due to the stigma, discrimination, and violence that 2SLGBTQ+ people can face in these settings (Waldo, 1999; Silverschanz et al., 2007; Ferlatte et al., 2023; Maji et al., 2023). In schools, the introduction of "gay-straight alliances," 2SLGBTQ+ affirming curriculum, professional development programs for teachers and staff, and anti-bullying practices can improve social conditions (Day et al., 2019; Colvin et al., 2019; Marx & Kettrey, 2016; Toomey et al., 2012; Snapp et al., 2015; Russell et al., 2021). These and other effective strategies encourage sensitivity, provide opportunities for safe disclosure, focus on inclusion, and celebrate diversity – thus creating safer spaces for 2SLGBTQ+ people (Cooper et al., 2020). Schools can also support resilience by helping 2SLGBTQ+ people develop healthy coping skills, emotional literacy, and other psychological strategies for navigating their experiences (Heck, 2016). In workplaces, similar efforts are needed to explicitly support 2SLGBTQ+ people (Brooks & Edwards, 2009; Toorn & Gaitho, 2021). Support must begin with ensuring that 2SLGBTQ+ people are not discriminated against in hiring practices and extent to ensuring that workplaces are safe and affirming spaces (de Vries et al., 2020). Recruitment efforts explicitly create diversity across organizational levels – thereby institutionalizing the acceptance of diversity (Lloren & Parini, 2017). Employment and human resource policies that support equity for sexual and gender minorities (e.g., adoption-supportive policies, gender-blind partner benefits) are important, as well anti-discrimination laws that protect employment opportunities and outcomes are necessary (Kinitz et al.; 2023; Everley & Schwarz, 2014). Such interventions go beyond tolerance for diversity by explicitly recognize the needs of 2SLGBTQ+ people and the value of their unique contributions (Kelly et al., 2021; Mennicke & Cutler-Seeber, 2016; Priola et al., 2013; Button, 2001). While institutional efforts are critical, it is also important that interpersonal relationships in these settings are also authentic and affirming (Clark et al, 2022). These types of policies reduce strain and create more supportive environments for 2SLBGTQ+ people to live authentically and openly (Webster et al., 2017).

Community Settings. Many of the same interventions – or at least the principles that underlie these interventions – are critical at the community level (Barron & Hebl, 2010). Indeed, while schools and workplaces are critical sites of social interaction, 2SLGBTQ+ people are impacted by a wide range of social interactions in their every day life. Given that individuals may find face barriers to inclusion in mainstream communities, 2SLGBTQ+ affiliate with each other in safe 2SLGBTQ+ community spaces (e.g., bars, clubs, bookstores, cafes) and through 2SLGBTQ+ specific programs (e.g., AIDS Service Organizations, 2SLGBTQ+ sports leagues; Vo, 2022; Herrick & Duncan, 2017; Hess & Bitterman, 2023). In this way, 2SLGBTQ+ individuals tap into a larger community identity (MacQueen et al., 2001) that provides support and inclusion even when mainstream communities may lack these features. Such organizations and activities provide opportunities for social interaction and community participation (Gates & Lillie, 2021; McKenzie, 2020). In addition to physical spaces and programming, the internet and online venues have also emerged as an important space for 2SLGBTQ+ community connection (DeHaan et al., 2013; Card et al., 2018a, 2018b). Like physical venues, the sites allow for social

connectedness – particularly those who may have reduced access to in-person spaces (e.g., due to disability, rurality; Escopbar-Viera et al., 2022; Miller, 2017).

Socio-cultural and political context. Of course, 2SLGBTQ+ specific community resources and connections are not accessible to everyone and with increasing acceptance of 2SLGBTQ+ people, they are increasingly integrated into (and therefore affected by) mainstream social networks (Ghaziani, 2011). For these reasons, interventions to support 2SLGBTQ+ inclusion must extend to the socio-cultural and political context. Such interventions – which have already been widely effective – may include pride parades, educational campaigns, and other efforts that raise awareness of 2SLGBTQ+ needs, normalize these experiences, and explicitly emphasize the importance of civil rights for this community (Ohlander et al., 2005; Calzo & Ward, 2009; Kozloski et al., 2010; Stevenson, 2010; Keleher & Smith, 2012; Kuyper et al., 2013; Witeck, 2014; Garretson, 2014;). Policies to support funding for these efforts are therefore critical structural-level interventions (Surfus et al., 2013; Magnus et al., 2008; Cravens, 2015). Likewise, legal protections – such as protecting equitable access to employment and marriage – provides opportunities to explicitly normalize 2SLGBTQ+ identities and build bridges of empathy and compassion within the mainstream (Mundy, 2015). In short, the protection and inclusion of 2SLGBTQ+ people necessitates social and structural efforts to overcome social stigma by normalizing 2SLGBTQ+ identities and instituting explicit protections for the rights of this community.

Analyses from the Canadian Social Connection Survey

Using data from the Canadian Social Connection Survey, we examined the relationship between sexual orientation and (1) Everyday Discrimination Scale scores, (2) Social Interaction Anxiety Scale scores, (3) DeJong Emotional and Social Loneliness Scale scores, (4) Zimet Social Support from Family, Friends, and Significant Other Scale Scores, and (5) Number of close friendships. For each outcome, mean differences were tested using a Kruskal-Wallis tests.

In the analysis of Everyday Discrimination Scale Scores, there were statistically significant differences between the groups (p<.001). Specifically, individuals identifying as Bisexual or Queer had the highest average score (Mean=28.1, SD=10.2), followed by those identifying as Gay or Lesbian (Mean=26.2, SD=11.8). Individuals identifying as Straight had the lowest average score (Mean=23.4, SD=11.3). Similarly, for the Social Interaction Anxiety Scale Scores, statistically significant group differences were observed (p<.001). Here, Bisexual or Queer individuals again had the highest average anxiety score (Mean=8.95, SD=4.98). This was followed by Gay or Lesbian individuals (Mean=7.28, SD=5.16), and then by Straight individuals, who had the lowest average anxiety score (Mean=6.09, SD=5.16).
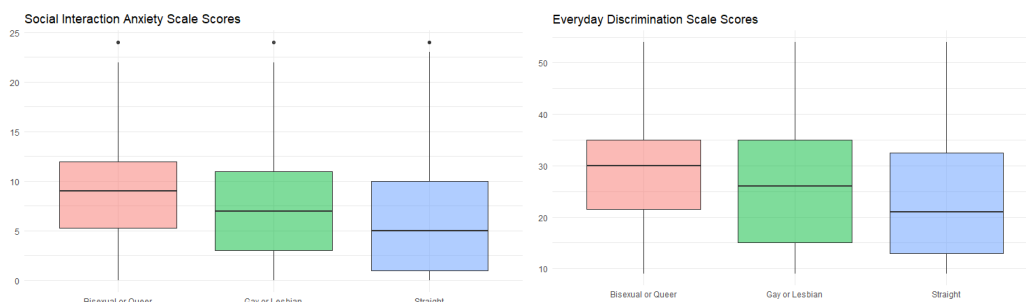
Statistically significant differences were observed in both emotional and social loneliness across the groups (p<.001). For emotional loneliness, Bisexual or Queer individuals had the highest average score (Mean=4.12, SD=1.55), followed closely by Gay or Lesbian individuals (Mean=3.92, SD=1.62). Those identifying as Straight had the lowest average score (Mean=3.80, SD=1.77). For the sub-scale focusing on social loneliness, a statistically significant effect was also evident (p=.019). Interestingly, the rankings were different in this case. Straight individuals had the highest average score (Mean=1.85, SD=1.16), followed very closely by Bisexual or Queer individuals (Mean=1.82, SD=1.14). Gay or Lesbian individuals had the lowest average score on this sub-scale (Mean=1.72, SD=1.16).
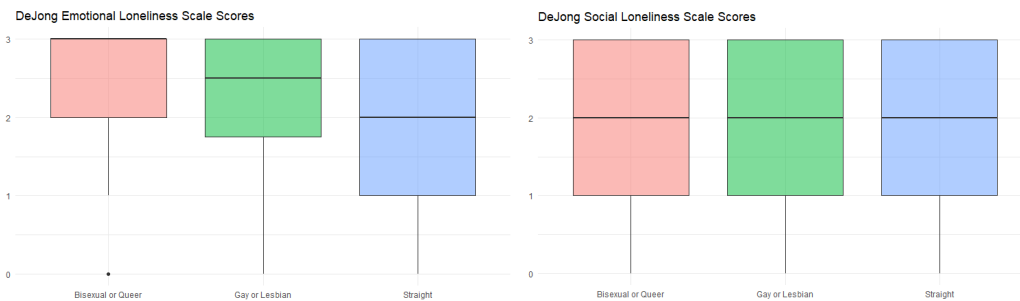
Statistical analysis revealed significant differences in social support from a significant other across the groups (p<.001). Specifically, Gay or Lesbian individuals reported the highest level of social support (Mean=5.21, SD=1.29), followed by Straight individuals (Mean=5.07, SD=1.39). Bisexual or Queer individuals reported the lowest level of support in this category (Mean=4.89, SD=1.23). Similarly, for social support from friends, a significant effect was observed (p=.001). Here again, Gay or Lesbian individuals had the highest average score (Mean=5.05, SD=1.17), followed by Straight individuals (Mean=4.87, SD=1.17). Bisexual or Queer individuals reported the lowest average level of support from friends (Mean=4.80, SD=1.08). When examining social support from family, significant group differences were also present (p=.004). In this category, Gay or Lesbian individuals had the highest average score (Mean=4.97, SD=1.24), followed by those identifying as Straight (Mean=4.82, SD=1.32). Bisexual or Queer individuals had the lowest average score (Mean=4.71, SD=1.12).
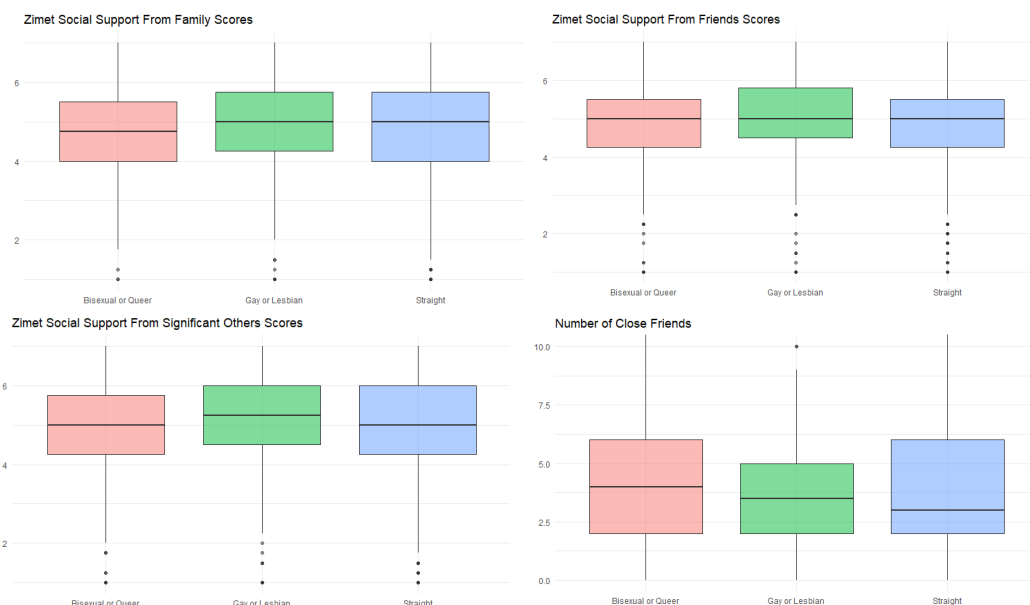
Finally, a statistically significant difference was found in the number of close friends among the groups (p=.006). Specifically, Bisexual or Queer individuals reported the highest average number of close friends (Mean=5.62, SD=8.93). This was followed by Straight individuals (Mean=4.71, SD=5.72), and Gay or Lesbian individuals reported the lowest average number of close friends (Mean=4.05, SD=3.11).

In summary, various measures of social health highlight particular differences across sexual orientation groups. Notably, Bisexual and Queer individuals were observed to have poorer social wellbeing across several outcomes, including the highest levels of discrimination, social interaction anxiety, and emotional loneliness. This may suggest that bisexual and queer people are uniquely discriminated against and/or that they have reduced access to coping resources. This would agree with the observation that Gay and Lesbian communities have higher visibility and provide greater support to their community members (Ross et al., 2017). We also observed that Gay and Lesbian identified individuals were also at increased risk for these outcomes, though, notably, they exhibited somewhat higher levels of social support compared to each of the two other groups. This highlights the coping and resilience of 2SLGBTQ+ individuals in mitigating minority stress (McConnell et al., 2018). Yet, despite having more social support, Gay and Lesbian individuals had fewer close friends than the other two groups and bisexuals had the largest number of close friends. Further research is needed to understand these seemingly conflicting relationships to understand how individuals of diverse sexual orientations accrue friendships and derive social support from these friendships.

Discussion

The weight of existing evidence suggests that 2SLGBTQ+ people are at elevated risk for poor social health and that targeted interventions are needed to support 2SLGBTQ+ inclusion. It is apparent that these interventions must be multi-level, addressing the interpersonal, organizational, communal, and societal contexts in order to promote inclusion through affirming policies and practices that do more than merely promote tolerance. Indeed, such intervention should explicitly provide supports, protections and meaningful engagement with 2SLGBTQ+ people. Continued research is needed to understand the most effective strategies for promoting inclusion in different social contexts. Likewise, we acknowledge that there is a pressing need for subpopulation research, examining social experiences and processes of all sub-communities of sexual and gender minorities.

Conclusion

Based on the available evidence, we recommend that communities, organizations, and governments continue to make investments in 2SLGBTQ+ inclusion by pursuing inclusive and affirmative policies that aim to eradicate sexual prejudice at all levels of society.