




# Discrimination in the United States: Experiences of lesbian, gay, bisexual, transgender, and queer Americans

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## Abstract

**Objective:** To examine reported experiences of discrimination against lesbian, gay, bisexual, transgender, and queer (LGBTQ) adults in the United States, which broadly contribute to poor health outcomes.

**Data Source and Study Design:** Data came from a national, probability telephone survey of US adults, including 489 LGBTQ adults (282 Hispanic whites and 201 racial/ethnic minorities), conducted January–April 2017.

**Methods:** We calculated the percentages of LGBTQ adults reporting experiences of discrimination in health care and several other domains related to their sexual orientation and, for transgender adults, gender identity. We report these results overall, by race/ethnicity, and among transgender adults only. We used multivariable models to estimate adjusted odds of discrimination between racial/ethnic minority and white LGBTQ respondents.

**Principal Findings:** Experiences of interpersonal discrimination were common for LGBTQ adults, including slurs (57 percent), microaggressions (53 percent), sexual harassment (51 percent), violence (51 percent), and harassment regarding bathroom use (34 percent). More than one in six LGBTQ adults also reported avoiding health care due to anticipated discrimination (18 percent), including 22 percent of transgender adults, while 16 percent of LGBTQ adults reported discrimination in health care encounters. LGBTQ racial/ethnic minorities had statistically significantly higher odds than whites in reporting discrimination based on their LGBTQ identity when applying for jobs, when trying to vote or participate in politics, and interacting with the legal system.

**Conclusions:** Discrimination is widely experienced by LGBTQ adults across health care and other domains, especially among racial/ethnic minorities. Policy and pro

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Lesbian, gay, bisexual, transgender, and queer (LGBTQ) people in the United States have experienced a long history of discrimination, including criminalization and classifications as mentally ill, attempts to forcibly change LGBTQ people's sexual orientation and/or gender identity, hate crimes and violence, and exclusion from employment, housing, public spaces, and social institutions. And yet, despite this history and despite research examining beliefs about discrimination generally and the consequences of experiencing discrimination (discussed below), relatively few national efforts have been made to systematically study LGBTQ people's reported personal experiences of discrimination. While such efforts are hindered by the inherent challenge of surveying a small, dispersed, difficult-to-0(9)-a

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research illustrates that racial/ethnic minority LGBTQ adults may be at particular risk for experiencing discrimination; and (d) to examine experiences of discrimination and harassment among a sub sample of transgender adults (including those who identified as genderqueer or gender nonconforming), who are also at particular

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We first calculated the prevalence of all LGBTQ people who reported they had ever experienced discrimination because of their sexual orientation and/or gender identity in each of the aforementioned domains. Second, we generated bivariate statistics to assess whether experiencing discrimination because of LGBTQ identity was associated with race. Because of the sample size, particularly with split-sampled questions, responses of nonwhite racial/ethnic minorities were pooled together, and we compared whites to racial/ethnic minorities. Six people were included in overall analyses but excluded from racial/ethnic comparisons because of insufficient race/ethnicity data. Using pairwise tests of differences in proportions, we made uncontrolled comparisons of the weighted percentage of adults reporting discrimination between racial/ethnic minority and white adults, to examine where race/ethnicity affects LGBTQ adults' experiences of discrimination, irrespective of cause. For all analyses, statistical significance was determined at P.05.

We then conducted logistic regression models to assess whether identifying as a racial/ethnic minority remained statistically significantly associated with discrimination after controlling for the following covariates and possible confounders: self-identified gender (male or female, excluding genderqueer or gender nonconforming due to insufficient sample size, n = 28); age in years (18-29 or 30+); self-reported household income (<\$25 000 or \$25000+); and education (less than college degree or college graduate). We also examined whether each of these sociodemographic variables was significantly associated with experiencing discrimination across domains. Metropolitan status, region, and health insurance status were omitted from these models-for parsimony, due to the sample size. Odds ratios (OR) and 95% confidence intervals (95% CI) were estimated.

Finally, we conducted a subgroup descriptive analysis of transgender adults (n=86), to assess their experiences separately from the larger LGBTQ population, given that we expected-transgender experiences to be unique. We did not directly compare transgender adults to LGBQ adults because the groups are not mutually exclusive. Due to randomly assigned split sampling of the survey questionnaire, there were some questions that had

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reported personally experiencing discrimination specifically because







Gender also had statistically significant associations in modeling institutional discrimination. Here, LGBTQ females (transgender inclusive) had lower odds than LGBTQ males of reporting institutional discrimination when applying for jobs, seeking equal pay or promotions, when trying to vote or participate in politics, and in unfair treatment by the courts. Models did not meaningfully change in sensitivity analyses excluding transgender adults.

Education was also influential: LGBTQ adults with a college degree had significantly higher odds than those without a college degree of reporting they had avoided seeking medical care out of concern they would be discriminated against or treated poorly. LGBTQ adults with a college degree had lower odds of reporting discrimination when seeking housing, compared to those without a college degree.

For interpersonal forms of discrimination, LGBTQ racial/ethnic minorities were less likely than LGBTQ whites to report experiencing LGBTQ-based microaggressions. LGBTQ adults aged 30 and older also had lower odds of reporting microaggressions, compared to those aged 18-29. Finally, females were less likely than males to report experiencing LGBTQ-related violence. No other demographic variables were statistically significant in models of interpersonal discrimination.

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experiences of discrimination related to both their gender identity and sexual orientation, and so we report these experiences together, and this study was unable to distinguish between these experiences.

Despite these limitations, this study was strengthened by its probability sampling design and by the breadth of questions asked on LGBTQ-based discrimination across institutions and interpersonal experiences. It allowed us to examine personal experiences of discrimination and harassment among LGBTQ adults. Our findings may underreport experiences of discrimination and harassment; thus, our results can be considered a lower bound estimate-of discrimination and harassment in the United States today. We may also underreport the added burden of discrimination against LGBTQ people who are racial/ethnic minorities.

This study highlights the wide extent to which the LGBTQ adult population as one group experiences discrimination, providing important data to inform national discussions and current policy debates. Yet, future research is needed to assess the distribution and burden of discrimination experiences faced by subgroups within the LGBTQ population.

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This study shows that lesbian, gay, bisexual, transgender, and queer adults in America share common, yet diverse experiences of consistent and pervasive discrimination based on their sexual orientation and/or gender identity. Some of the most widespread reported experiences of enacted stigma include slurs, microaggressions, violence, threats, and both sexual and nonsexual harassment. In health care, additional efforts are needed to reduce discrimination against LGBTQ adults. LGBTQ racial/ethnic minorities experience particularly high rates of LGBTQ-based discrimination in employment and workplace settings and interacting with the legal system.

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