

Recreational Therapy Evidence Based Practice Day Conference
Temple University, Department of Rehabilitation Sciences, Recreation Therapy Program
April 22, 2015

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Sexual Identity and Discrimination: Creating a Welcoming Environment for Sexual Minority Consumers

Keywords: lgbt, lgbtqia, gay, lesbian, bisexual, transgendered, queer, mental health, stigma

Search Terms: lgbt OR “sexual minority” AND discrimination OR prejudice OR stigma OR homophobia AND “mental health” OR depression OR anxiety OR “minority stress” OR self-esteem OR wellness OR well-being

Databases: PsycINFO, Alternative Press Index, Alternative Press Index Archive, LGBT Life with Full Text, PsycARTICLES, Psychology and Behavioral Sciences Collection

Years: 1980-2015

Number of Articles Reviewed: 14

Summary of Research Findings

Research indicates that sexual minorities experience higher rates of mental health disorders than heterosexuals (Meyer, 2003). Scholars, like Marmor (1980), have long argued that decreased mental health is not due to traits inherent in homosexuality, instead, unhappiness is a normal response to societal contempt. For example, in a meta-analysis, Pascoe and Richman (2009) found that repeated exposure to discrimination and increased levels of perceived discrimination are negatively associated with health behaviors and stress response, ultimately contributing to poorer mental and physical health outcomes.

Despite recent advances in acceptance, sexual minorities continue to face discrimination ranging from subtle occurrences (Swim, Johnston, & Pearson, 2009) to severe experiences, including violence (Herek, 2009). Woodford, Hand, Craig, Lim, and Matney (2014) found that sexual minorities were more likely to experience discrimination than heterosexuals. They also determined that experiencing both overt and subtle discrimination were associated with increased anxiety and depression, while observing discrimination was associated with anxiety. In addition, discrimination has been found to increase suicidal ideation (McGarrity, Huebner, & McKinnon, 2013). Unfortunately, sexual minorities may limit information they share with providers for fear of a negative reaction and delay or avoid seeking healthcare for reasons relating to their sexual orientation (Stein & Bonuck, 2001). Evidence suggests that sexual minorities living in highly prejudiced communities experience 12 years earlier mortality than those living in areas where homosexuality is more commonly accepted (Hatzenbuehler et al., 2014). Figure one offers a breakdown of the effect of discrimination on mental health and healthcare seeking behaviors in sexual minorities.

Discrimination is often experienced throughout the lifespan. Sexual minority students are significantly more likely to avoid school because they feel unsafe, possibly due to the fact that they are more likely to be bullied, threatened or hurt with a weapon at school, and to experience sexual violence (Mass. Dept. of Education, 2006). It is estimated that less than 4% of the overall population identifies as gay (Gates, 2011), however, Cochran and colleagues (2002) cite between 11-35% of homeless youth identify as sexual minorities. These youth are at greater risk for physical and sexual violence than that of their heterosexual counterparts (Cochran, Stewart, Ginzler, & Cauce, 2002). Fears related to discrimination continue into old age, particularly in long-term care settings. Many gays and lesbians believe sexual minorities face discrimination from administration, care staff and residents in retirement settings and indicate they would hide their sexual orientation when accessing care as an older adult (Johnson, Jackson, Arnette & Koffman, 2005).

Knowledge Translation Plan

As recreational therapists serving sexual minority clients, it is important to understand that our clients’ mental health may be impacted by discrimination and they may feel uncomfortable in healthcare settings, thus limiting the amount and type of information they share. Recreational

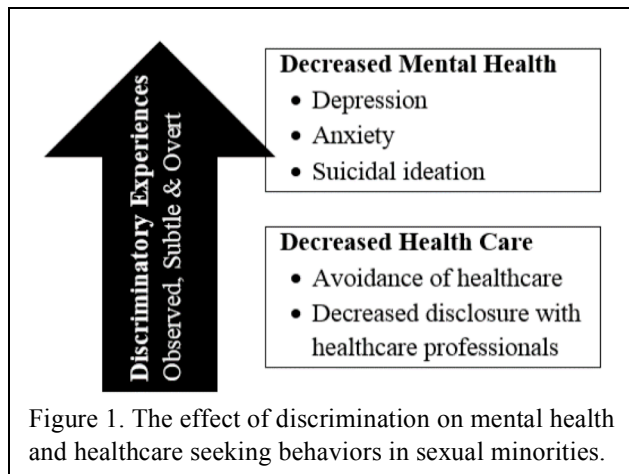
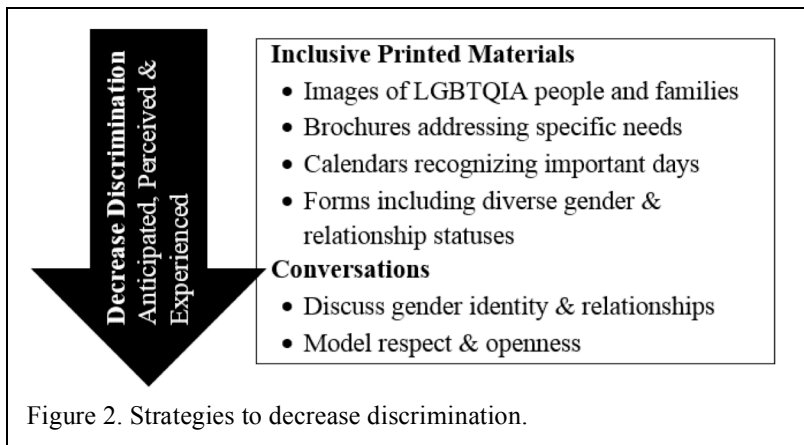


Figure 1. The effect of discrimination on mental health and healthcare seeking behaviors in sexual minorities.



therapists are responsible for creating environments that are welcoming and conducive to establishing therapeutic bonds. Modifications to the healthcare environment and style of interaction may help reduce anxiety and increase trust levels in clients who are sexual minorities (See Figure 2).

The Gay and Lesbian Medical Association (GLMA, 2006) offers suggestions for creating welcoming environments for sexual minority patients. Modifications can be made to the environment that can reduce fears about potential discrimination, even upon arrival in the clinical setting. One specific suggestion is the display of printed materials (e.g., posters, brochures) that include lesbian, gay, bisexual and transgendered

(LGBT) political, health and social issues (GLMA, 2006). A strategy for recreational therapists would be to ensure resources and materials portray LGBT individuals. Specifically, a recreational therapist might have magazines available that feature famous LGBT individuals for collage activities, or feature LGBT families on flyers that advertise upcoming events. Calendars can include days of importance, such as Coming Out Day, Pride Day and Transgendered Day of Remembrance. An additional modification for forms may be to include the acknowledgement of gender identification beyond male/female and relationship statuses beyond married/single, which can be as simple as including spaces to identify as, 'other.'

Recreational therapists should engage in proactive and considerate dialogue, modeling a commitment to respect diversity. Therein lies an opportunity to negate perceived stigma and to form a therapeutic alliance. During initial assessments and when relationships are first forming, therapists should establish which gender pronoun and name is preferred. Similar to heterosexual clients, therapists should discuss family lives, including relationship status, close friendships and dating pursuits. Through intentional practices to create welcoming environments, recreational therapists can enhance their ability to reach this vulnerable population by decreasing experienced, perceived and anticipated discrimination.

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