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AN INVESTIGATION ON
RESILIENCY AMONG
SEXUAL AND GENDER
MINORITIES (SGMS):
COMING OUT AND
COMMUNITY
CONNECTEDNESS

ABSTRACT



Sexual and gender minorities (SGMs) endure discrimination and burden of hiding “in closet” which can lead to self-injurious behaviors. However, some SGMs have also developed resiliency through coming out and healthy coping. This study examined the effects of coming out and community connectedness on positive mental health outcomes; it used an online survey consisting of CPSS, ERQ, Brief COPE, BRCS, RS-14, and SDS. Results showed that SGMs who had come out and were connected to their community reported higher resilience. Results from the investigation can inform clinical treatment of SGM populations and be beneficial by providing psychoeducation to the community.

STATEMENT OF THE PROBLEM & PURPOSE OF THE STUDY



Research has indicated that daily common stressors, compounded by prejudice and discrimination due to factors such as “low socioeconomic status, racism, sexism, or homophobia”, are related to adaptive or maladaptive coping (Clark, Anderson, Clark, & Williams, 1999; Meyer, 2003).

Higher psychological distress due to rejection, self-stigma, and the prejudice events experienced as minorities (Frost, Lehavot, & Meyer, 2013; Timmins, Rimes, & Rahman, 2017).

Suicide rates and self-injurious behaviors are reportedly high among the SGM population (Gilman, Cochran, Mays, Hughes, Ostrow, & Kessler, 2001; Herrell, et. al., 1999; Meyer, 2003).

Primary Objective: investigate how some of distal and proximal factors of resiliency in SGMs, such as community connectedness and coming out, influence their ability to cope and thrive successfully.

Secondary Objective: explore factors that increase resiliency through healthy coping strategies among SGMs.

In consideration of the high suicidal rate and self-injurious behaviors among SGMs, the information from the investigation will be a great supplement for mental health and educational professionals to pass on to the intended audience and the general public.

PARTICIPANTS, PROCEDURES, AND MEASURES

- Survey was developed, administered, and maintained via Qualtrics
- Participants were provided a secure hyperlink to assess the study online

Recruited 161 individuals who identified as LGBT

✓ cis-gender and heterosexual women were excluded from the survey Final (largest) n = 89 (>80% of survey completed)

- Advertisements sent via email and social media to LGBT pride organizations (Sandhills Pride in NC; LA LGBT Center in CA), and clinic (Open Arms Healthcare Center)



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Measures

- *Demographics and Coping Strategies Questionnaire for SGMs*
- *Brief COPE*
- *Brief Resilience and Coping Scale (BRCS)*
- *Cohen's Perceived Stress Scale (CPSS)*
- *Emotion Regulation Questionnaire (ERQ)*
- *The 14-item Resilience Scale (RS-14)*
- *Crown-Marlowe Social Desirability Scale (CM SDS) – 13-item*

COMING OUT AND COMMUNITY CONNECTEDNESS (n=89)

Variables	Freq.	%
"Out" regarding identity / orientation		
Not Out	14	16.3
Out to Family	22	25.6
Out to Coworkers	7	8.1
Out to Both Family & Coworkers	43	50
Emotional Connection to Community		
Not at all	10	11.2
Somewhat	52	58.4
We are connected	17	19.1
Very connected	10	11.2
Can you reach out to your community for support and care?		
Not at all	13	14.8
Somewhat	42	47.7
Most of the time	20	22.7
Always	13	14.8
Does your community reach out to you?		
Not at all	33	37.1
Somewhat	37	41.6
Most of the time	14	15.7
Always	5	5.6



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Stressed due to SGM status?	Freq.	%
Highly	10	11.2
Somewhat	34	38.2
A little	26	29.2
Not at all	19	21.3
Anticipate negative SGM social attitudes?		
Almost every day	25	28.1
3-5 days a week	13	14.6
1-2 days a week	28	31.5
Not at all	23	25.8
Time since coming out or affirming identity		
Prefer not to tell	3	3.4
I have not come out to anyone	3	3.4
Weeks	1	1.1
Months	6	6.9
Years	74	85.1



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SGM STATUS AND SOCIAL ATTITUDES (n=89)

Table 1: SGMs WHO HAD COME OUT did not report significantly higher resilience scores (RS-14), higher coping scores (BRCS), higher emotion appraisal scores on ERQ, OR lower perceived stress level (CPSS) than those who HAD NOT come out, BUT THEY REPORTED lower emotion suppression scores on ERQ,

Table 2: SGMs who engaged in healthy coping (as indicated by Brief COPE scores) reported better mental health outcomes, regardless of status of coming out.

Table 1 Outcome	SS	df	F	p	η^2
RS-14	349.57	3	0.655	0.582	0.024
BRCS	15.72	3	0.782	0.508	0.028
ERQ Reappraisal	3.20	3	0.871	0.460	0.031
ERQ Suppression	17.04	3	3.432	0.021*	0.113
CPSS 10	97.03	3	0.544	0.654	0.020

Table 2 Outcome	SS	df	F	p	η^2
RS-14	1206.526	1	7.859	.006*	.093
BRCS	25.654	1	4.004	.049*	.049
ERQ Reappraisal	5.320	1	4.514	.037*	.055
ERQ Suppression	17.565	1	10.397	.002*	.119
CPSS 10	260.864	1	5.422	.023*	.066

COMMUNITY CONNECTEDNESS



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Outcome	SS	df	F	p	η^2
Brief COPE	7.492	1	0.078	0.781	0.001
RS-14	314.516	1	1.835	0.179	0.021
BRCs	1.477	1	0.217	0.642	0.003
ERQ Reappraisal	.958	1	0.775	0.381	0.009
ERQ Suppression	8.921	1	5.301	0.024*	0.058
CPSS 10	145.920	1	2.565	0.113	0.029

This suggests that individuals who reported they were more emotionally connected to their community were more able to share their positive or negative emotions with others.

Outcome	SS	df	F	p	η^2
Brief COPE	51.086	1	0.538	0.465	0.006
RS-14	997.848	1	6.039	0.016*	0.066
BRCs	4.629	1	0.680	0.412	0.008
ERQ Reappraisal	.738	1	0.590	0.444	0.007
ERQ Suppression	6.708	1	3.928	0.051	0.044
CPSS 10	402.859	1	7.394	0.008*	0.080

SGMs who reported that they were able to access their community endorsed higher resiliency, lower perceived stress scores, and were more able to share their emotional experiences with others.



- It is implied that the more the individuals perceived that their community could reach out to them, the higher resilience and lower perceived stress they reported (as measured by RS 14 and CPSS, respectively).

Community connectedness was predictive of the dependent measures/outcomes such as resiliency, coping and perceptions of stress.

Outcome	SS	df	F	p	η^2
Brief COPE	1.003	1	0.010	0.919	0.000
RS-14	972.903	1	5.941	0.017*	0.065
BRCS	22.229	1	3.389	0.069	0.038
ERQ Reappraisal	2.577	1	2.117	0.149	0.024
ERQ Suppression	5.192	1	3.008	0.086	0.034
CPSS 10	385.544	1	7.127	0.009*	0.077

Outcome	SS	df	F	p	η^2
Brief COPE	16.920	1	0.177	0.675	0.002
RS-14	1013.176	1	6.205	0.015*	0.067
BRCS	9.927	1	1.481	0.227	0.017
ERQ Reappraisal	.378	1	0.305	0.582	0.004
ERQ Suppression	9.204	1	5.480	0.022*	0.060
CPSS 10	418.050	1	7.782	0.006*	0.083



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DISCUSSION: CLINICAL IMPLICATIONS

- The findings suggest that SGMs who have not come out (in any situation) have higher emotional suppression.
- The suppression in SGM individuals may lead to further mental health issues, family problems, or work concerns.
- It is recommended that clinicians who work with the SGM populations process the status of coming out with their clients, paying attention to those who have yet to come out, and to those who have challenges after coming out.
- Some of the clinical interventions in this area can include promoting healthy coping strategies such as yoga and meditation, as well as connecting to their identified communities or social support by reaching out to them.

CONCLUSION



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- Coming out is a way for SGMs to reach out to their community, and community connectedness increases their resiliency.
 - Coming out alone, however, does not increase resiliency.
 - Engaging in healthy coping helps SGMs regulate their emotions which can lead to higher resiliency
 - Yoga and meditation increase healthy coping which can lead to improved emotion regulation
- Results from this study should be generalized with caution due to pro-rated data analysis and some high SDS correlations.
 - In addition, results should also not be generalized among certain minority populations such as Hispanic and Asian populations, or the subsets within the group such as transgender and non-binary individuals.
- Future research should focus on the determinants of coming out and what components of being “out” include. Furthermore, future research can also expand on how having a pet can help contribute to an SGM individual’s well-being and resilience.
- Clinicians who serve this population should consider the high emotional suppression in the clients who have not come out and work on their adoption of healthy coping and reaching out to their communities.

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