

COMMUNITY CONNECTION IS ASSOCIATED WITH LOWER PSYCHOLOGICAL DISTRESS FOR SEXUAL MINORITY WOMEN WHO VIEW COMMUNITY CONNECTION POSITIVELY



BACKGROUND

- Sexual minority women (SMW) consistently demonstrate worse outcomes than their heterosexual cohorts across multiple domains of health. Elevated levels of mental health concerns, higher suicidality and susceptibility to problematic substance use are features common across most SMW populations within high income nations (McLaren & Castillo, 2021).
- Given that discrimination against non-heterosexual orientations and identities underlines these health disparities, connection to the LGBTQ community has frequently been emphasized as a crucial factor that can minimize the detrimental effect of minority stress (Meyer et al., 2021).
- In addition to the social and material resources which membership to a community typically provides, community connection also provides access to other LGBTQ persons, values that denounce homophobia, and positive role-models for SMW. Public health resources are frequently also delivered via LGBTQ community channels, such that the contribution of community connectedness to health and well-being is multi-faceted (Frost et al., 2022).
- While the importance and relevance of community connectedness to LGBTQ health and well-being cannot be understated, an emerging body of evidence suggests that this may not be the case for all SMW.
- For instance, multiply-marginalized and/or plurisexual SMW may sometimes hold complex and contradictory relationships to the LGBTQ community. While they may benefit from the validation of their non-heterosexual identities, they may simultaneously also experience the stigmatization of their other minority identities (Roberts & Christens, 2021). SMW may also turn to other sources of community, particularly if they prioritize other aspects of their identity over their sexual identity (Davila et al., 2019)

THE PRESENT STUDY

- SMW are a highly diverse group, and have accordingly varied experiences of, and relationships to the LGBTQ community. This study explored factors associated with sexual minority women's evaluations of connectedness to the LGBTQ community in Australia and assessed how these evaluations impacted the benefit conferred by community connectedness against psychological distress.
- The sample for this study was taken from Private Lives 3, a national Australian survey of LGBTQ adults aged over 18 years and included 2,424 cisgender women. Private Lives 3 was granted ethical approval from the La Trobe University Human Research Ethics Committee.



SAMPLE CHARACTERISTICS

The table below details the sociodemographic characteristics of the sample and details their feelings of belonging to the LGBTQ community, and their appraisals of that connection.

	n	%
Age group (years)		
18-24	940	34.7
25-34	779	28.8
35-44	477	17.6
45-55	285	10.5
55-64	161	5.9
65-74	65	2.4
Sexual orientation		
Lesbian or gay	1268	46.8
Bisexual	876	32.4
Pansexual	225	8.5
Country of birth		
Australia born	2314	85.7
Other English-speaking country	286	10.6
Non-English-speaking country	100	3.7
Education		
Secondary or below	680	25.1
Non-university tertiary	548	20.2
University-undergraduate	780	28.8
University-postgraduate	699	25.8

	n	%
Weekly income (pre-tax)		
Nil income	172	6.4
\$1 - \$399	678	25.3
\$400 - \$599	317	11.8
\$600 - \$999	391	14.6
\$1,000 - \$1,999	850	31.7
\$2,000+	274	10.2
Residential location		
Capital city, inner suburban	1109	41.3
Capital city, outer suburban	772	28.8
Regional city or town	617	23
Rural/Remote	186	6.9
Feel a part of the LGBTQ community?		
Yes	1594	58.9
No	1112	41.0
Feel that participating in the LGBTQ community is a positive thing		
Yes	1851	68.6
No	848	31.4

WHILE THE IMPORTANCE AND RELEVANCE OF COMMUNITY CONNECTEDNESS TO LGBTQ HEALTH AND WELL-BEING CANNOT BE UNDERSTATED, AN EMERGING BODY OF EVIDENCE SUGGESTS THAT THIS MAY NOT BE THE CASE FOR ALL SMW.

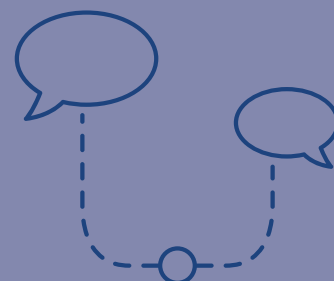


FEELINGS OF BELONGING TO THE LGBTQ COMMUNITY WERE ASSOCIATED WITH A LOWER LIKELIHOOD OF REPORTING EITHER HIGH OR VERY HIGH LEVELS OF PSYCHOLOGICAL DISTRESS,

but only for participants who felt that this connection was a positive thing for them.

SMW WITH RECENT EXPERIENCES OF SEXUAL IDENTITY DISCRIMINATION

were both more likely to report feelings of belonging to the LGBTQ community, and to appraise this connection positively.



Certain SMW were less likely to feel that they belonged to the LGBTQ community and/or appraise community connectedness positively. They may therefore be less likely to benefit from the protective benefit of community connectedness against psychological distress. These were:

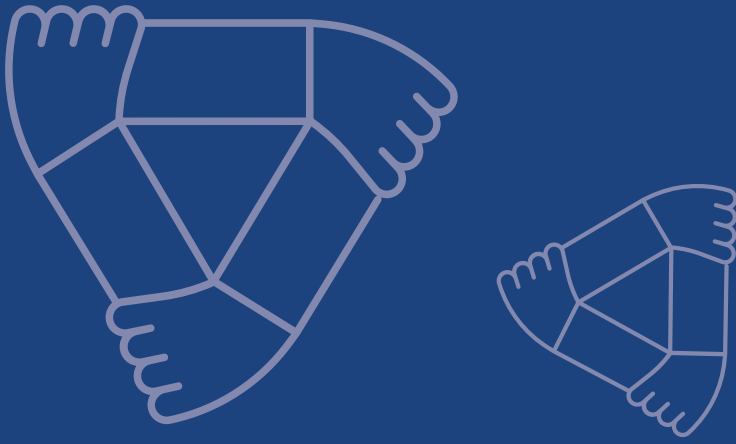


**BISEXUAL
WOMEN**

**SMW AGED
35-44**



**SMW RESIDING OUTSIDE
OF THE INNER SUBURBAN
REGIONS OF CAPITAL CITIES**



COMMUNITY CONNECTION REMAINS A VITAL SOURCE OF SUPPORT FOR MANY SMW

and exerts a protective effect against the negative psychological outcomes associated with minority stressors.

INDIVIDUALS
MAY SEEK OUT
IDENTITY-AFFIRMING
EXPERIENCES
SPECIFICALLY
WITHIN THE LGBTQ
COMMUNITY AFTER
EXPERIENCES OF
SEXUAL IDENTITY
DISCRIMINATION.



HOWEVER, THE PROTECTIVE BENEFIT OF COMMUNITY CONNECTION AND BELONGING IS CONTINGENT UPON ONE'S VIEWS TOWARD PARTICIPATING IN THE LGBTQ COMMUNITY.



Therefore, while a majority of SMW experience the protective benefits of community connectedness, there is a sizeable minority who do not.

More research is required to understand the drivers of health for SMW in this latter group.

The LGBTQ community is a critical locale for many SMW and is widely recognized as such by community organizations that designate resources for sexual minority persons through the LGBTQ banner.

However, not all SMW experience connection to community in a way that they feel is positive for them, nor do they all feel a part of the community. Hence, public health messaging and interventions that are provided primarily through LGBTQ community channels may overlook a significant segment of SMW. Access to SMW outside of LGBTQ community channels must therefore be prioritised particularly for bisexual women and SMW living outside of inner-suburban areas. Additionally, clinicians and practitioners must be attentive to how SMW's experiences and identities shape their needs in considering the appropriateness of LGBTQ community-centric supports for individual SMW.

ACKNOWLEDGEMENTS

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