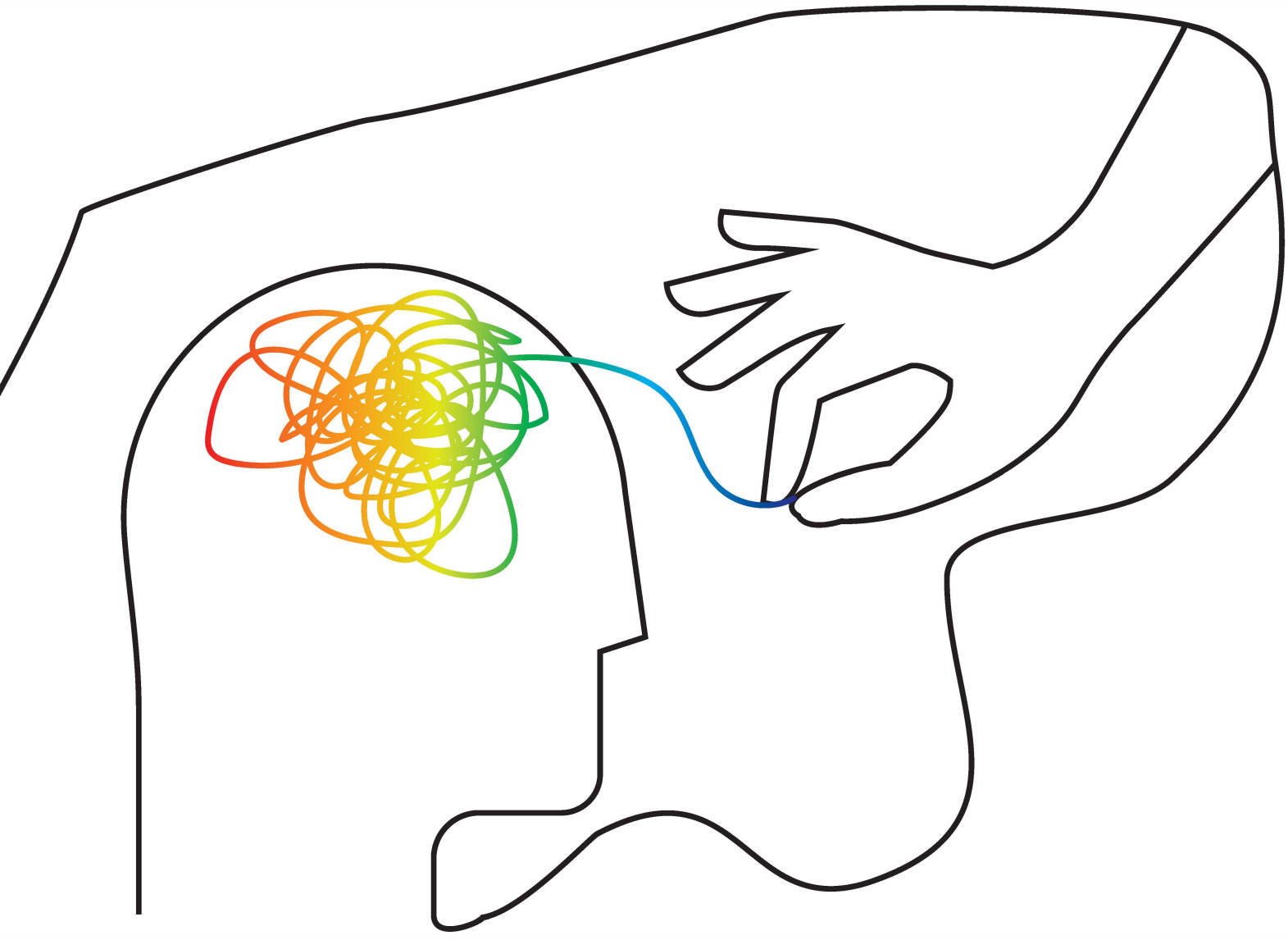
CEL
CENTRE FOR EQUALITY AND LIBERTY | KOSOVA

Netherlands

# Study report: **Minority stress and mental health in lesbian, gay, bisexual and transgender youths**



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# Introduction

Lesbians, gays, bisexuals, and transgender (LGBT) population can be associated with unique challenges in mental health. Indeed, there is strong evidence that LGBT individuals compared to heterosexual individuals have elevated risk for mental health problems. For example, LGB youth compared to heterosexual youth reported 190% higher rates of substance abuse, significantly higher rates of suicidal ideations and attempts, as well as more severe symptoms of depression[1][2]. Some studies also showed that within the LGBT population, those with bisexual orientation and those with transgender identity compared to lesbian and gay individuals have higher rates of depression symptoms, suicidal ideation, and attempted suicides[3][4]. Although the global data related to mental health outcomes in LGBT populations are concerning, there is still lack of such research in LGBT population in Kosovo.

Minority stress theory[5] could offer some explanation for the high rates of mental health problems in LGBT community. The theory posits that LGBT individuals experience heighten stress level stemming from society compared to the general population (hence, minority stress), including prejudice, individual and institutional discrimination (e.g., from family, friends, family doctor or at workplace), victimization (e.g., verbal, and physical abuse), and family rejection. Further, LGBT individual may often foresee that these stressors will continue to occur in the future. Sometimes, they may internalize these negative societal attitudes (i.e., internalized homophobia), which is reflected in their ideas that having a certain sexual orientation is somehow wrong or bad. These factors affect LGBT individuals to feel alienated from social structures, norms, and institutions. These stressors are thoughts to have an additive effect on the pre-existing vulnerabilities, thereby increasing the risk for LGBT individuals to develop mental health issues[6]. It is thus proposed that stigma-related stress may increase vulnerability to develop cognitive,

[1] Marshal, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J., et al. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review. Journal of Adolescent Health, 49, 115–123
[2] Marshal,M. P., Friedman,M.S., Stall,R., King,K.M.,Miles, J.,Gold,M. A., et al. (2008). Sexual orientation and adolescent substance use:A meta-analysis andmethodological review.Addiction,103, 546–556.
[3] Su, D., Irwin, J., Fisher, C., Ramos, A., Kelley, M., Mendoza, D., & Coleman., J. (2016). Mental Health Disparities Within the LGBT Population: A Comparison Between Transgender and Nontransgender Individuals. Transgender Health, 1, 1. Doi: 10.1089/trgh.2015.0001.
[4] Centers for Disease Control and Prevention. 2015-2017. Youth Risk Behavior Survey Data. Available at: www.cdc.gov/yrbs. Accessed on October 2,
[5] Meyer, I. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. Psychological Bulletin, 129(5): 674–697.
[6] Hatzenbuehler, M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. Psychological Bulletin, 135, 707–730.

emotional, and social risk factors such as negative self-beliefs, emotional regulation deficits or social isolation, which then lead to full blown psychopathology[7].

And, despite the ongoing progress in legal guarantees to protect LGBT individuals in Kosovo, the Kosovar society remains highly stigmatizing, discriminatory, and hostile towards LGBT individuals. Unfortunately, there is lack of proper documentation of incidence of hate crimes or cases of discrimination towards LGBT individuals, however many non-profit organizations have emphasized that it is a widespread problem. Kosovo police does not categorize cases of hate crimes towards LGBT in a specific category in their reports, and many LGBT people do not report such incidents to the police. Therefore, self-report studies with LGBT to assess the level of discrimination and violence may help understand the level of stigmatization better.

This will be a pilot study that aims to screen for mental health outcomes, differences in mental health outcomes among LGBT subgroups, and associations between minority stress constructs and mental health outcomes. The results of the study will be used to design further larger scale studies to examine the above-mentioned questions. The first aim of the study was to assess the level of emotional disturbance, suicidal ideation and attempts, alcohol, and substance abuse and dependance among LGBT individuals. When possible, the results will be compared with norms for the general population. The second aim of the study was to compare lesbian, gay, bisexual, and transgender individuals in the level of these mental health outcomes. It is hypothesized that transgender and bisexual individuals will experience more suicidal ideations and attempts, and more severe emotional disturbances compared to lesbian and gay individuals. The third aim of the study was to explore the associations between the level of minority stress, such as victimization (verbal and physical abuse), expectations of rejection and discrimination, identity concealment, and internalized homophobia and mental health outcomes. We hypothesize that LGBT community who experience heighten overall minority stress will exhibit more emotional disturbance, suicidal ideation and attempts, alcohol, and substance abuse.

[7] Hatzenbuehler, M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. Psychological Bulletin, 135, 707–730.

# Methodology

## Participants

The final sample consisted of 71 individuals from the LGBT+ community, where 8 (11.3%) identified as lesbian, 24 (33.8%) identified as gay, 10 (14.1%) identified as transgender, 15 (21.1%) identified as bisexual, and 14 (19.7) selected that none of the above options describes their identity. These participants typically identified as queer, nonbinary, or pansexual. Participants were recruited from non-profit organization Center for Equality and Liberty for LGBT community (CEL) using their social media platforms, such as support group page for LGBT and CEL's official social media accounts. Most participants were young, with the age ranging from 14 to 35 years old, and with the mean age of 22.04 (*SD*= 4.39).

## Measures

### Demographic data

Data on age, location (urban/rural), romantic relationship status (in a relationship/ not in a relationship), education, employment, self-rated physical health, HIV infection status, smoking, whether they have been/are seeing a psychologist and their satisfaction with the psychological therapy over the past year was collected via a questionnaire.

### Deppresion, anxiety and stress level

The Depression Anxiety Stress Scale (DASS-21)[8] is a 21-item self-report questionnaire that assesses the current level of depression, anxiety, and stress. Items are rated on a 0 (never) to 3 (almost always) point Likert scale. Higher scores indicate higher levels of depression, anxiety and stress.

### Suicidal ideation

Suicidal ideation was assessed with three items based on Paul et al., (2002).[9] These items used Yes/No answer format, to the questions whether participants seriously considered attempting suicide in the past 6 months, from 6 months to a year ago, and prior to a year ago. A total score was calculated (range 0-3), with a score of 3 indicating that participants had suicidal ideation across all three points. Participants were also asked whether they have ever attempted a suicide, with an answer format yes/no.

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[8] Lovibond, S. H., & Lovibond, P. F. (1995b). Manual for the Depression Anxiety Stress Scales (2nd. ed.). Sydney: Psychology Foundation. ISBN: 7334-1423-0.

[9] Paul, J. P., Catania, J., Pollack, L., Moskowitz, J., Canchola Gossop, M.., Darke, S.., Griffiths, P., Hando, J., Powis, B, J., Mills, T., et al. (2002). Suicide attempts among gay and bisexual men: Lifetime prevalence and antecedents. American Journal of Public Health, 92, 1338–1345.

## Alcohol use

The Alcohol Use Disorders Identification Test-Concise (AUDIT-C)[10] is a 3-item alcohol screening measure modified from a 10-item AUDIT measure, that detects individuals who are hazardous drinkers or have alcohol use disorder. The total score is calculated from summing up the scores of each item (0-12). A total score of 4 or more indicates hazardous drinkers or active alcohol use disorder.

## Drug use

Participants were asked whether they have ever used specific group of drugs (cannabis, cocaine, prescription stimulants, methamphetamine, sedatives, hallucinogens, opioids, unprescribed opioids) with a answer format of yes/no. Next, they were asked to indicate how often have they used this substance in the past 3 months.

The Severity of Dependence Scale (SDS)[11] has been used to assess the degree of dependence from different types of drugs. Participants were first asked to think of the primary drug for which they wish to answer the following items. Then they rated 5 items assessing psychological components of dependence on a Likert scale from 0 (never) to 3 (often or always). A higher total score indicates higher degree of dependence.

## Minority stress

Four items were used to measure victimization[12] due to sexual orientation/gender identity, that is verbal and physical abuse. Items used yes/no response format and assessed whether the participants have ever and in the past 12 months, experience verbal/physical abuse because of their sexual orientation/gender identity.

Several scales of the Minority stress scale (MSS)[13] were used to assess components of the minority stress theory.

Expectation of discrimination consisted of 5 items measuring expectation of discrimination from medical staff, family doctor (GP), workplace, friends, and family. Each items assessed

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[10] Bush K, Kivlahan DR, McDonell MB, et al (1998). The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). Arch Intern Med. 158:1789-95.

[11] Gossop, M., Darke, S., Griffiths, P., Hando, J., Powis, B., Hall, W., & Strang, J. (1995). The severity of Dependence Scale (SDS): Psychometric Properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users. Addiction, 90(5), 607–614. https://doi.org/10.1046/j.1360-0443.1995.9056072.x

[12] Lea, T., de Wit, J., & Reynolds, R. (2014). Minority Stress in Lesbian, Gay, and Bisexual Young Adults in Australia: Associations with Psychological Distress, Suicidality, and Substance Use. Archives of sexual behaviors, 43:1571–1578. DOI 10.1007/s10508-014-0266-6

[13] Norcini Pala, A., Dell'Amore, F., Steca, P., Clinton, L., Sandfort, T., & Rael, C. (2017). Validation of the minority stress scale among Italian gay and bisexual men. Psychology of Sexual Orientation and Gender Diversity, 4(4), 451–459. https://doi.org/10.1037/sgd0000243

the expectations with a Likert scale ranging from 1 (completely disagree) to 5 (completely agree).

Identity concealment assessed the disclosure of the sexual/gender identity to anyone, mother, and father with a response format of yes/no.

Internalized homophobia consists of 6 items assessing the attitudes towards their sexual orientation, which participants rated in Likert scale 1 (completely disagree) to 5 (completely agree).

### Procedure

All data were collected anonymously online, using Qualtrics platform. Prior to data collection process, participants were informed about the purpose of the study, that no personal identifiable information will be collected, their rights and will be given an informed consent to sign electronically. Participants that agree were provided with the self-report questionnaires, which will be completed by them. They completed the questionnaires in this order: demographic data, DASS-21, suicidal ideation, AUDIT-C, drug use, SDS, victimization, and MSS. After completion, participants were thanked for their participation.

## Results and discussion

### Demographic data

Demographic and general health data are presented in Table 1. Participants were also asked if they received psychological treatment ever and during the last year. In total, 72.5 % (N = 50) have received psychological treatment, and 58% (N = 40) received treatment last year. This is a surprisingly high rate, which can reflect either considerable need for psychological support, easy access to therapy (free counselling is provided by CEL), those who struggle with mental health may have been more motivated to complete the study, and/or it may reflect the pool of participants were respondents were recruited from the study (e.g., pages about support for LGBT community).

The mean satisfaction rating with the treatment received over the last year (range from 1 to 5) was M = 3.50 (SD = 1.23). About 52% of participants who received treatment last year were either satisfied or highly satisfied, 26 % were neutral, and about 21% of participants were dissatisfied or very dissatisfied. Only few participants (5) have provided brief qualitative data on the evaluation of the therapy process. These participants stated that psychotherapy has helped them manage their anxiety symptoms, and for few participants

the psychotherapy was less effective in in helping them explore their identity or sexual orientation. More qualitative research may be needed to gain insights on the needs of participants in the therapy.

Table 1.

Demographic data

| | Frequency (percentage) | Frequency (percentage) | Frequency (percentage) |
|---|---|---|---|
| Location | Urban 60 ((84.5%) | Rural 11 (15.5%) | |
| Romantic relationship status | In a relationship 24 (33.8%) | Not in a relationship 47 (66.2%) | |
| Education | High school 28 (40%) | Higher education 42 (60%) | |
| Employment | Working with wage 35 (49.3%) | Not working 36 (50.7%) | |
| Self-rated health | Excellent 38 (53.5%) | Some difficulties 31 (43.7%) | Poor 2 (2.8%) |
| HIV status | Yes / | No 67 (95.7) | Prefer not to answer 3 (4.3%) |
| Smoking | Yes 26 (36.6%) | No 45 (63.4%) | Prefer not to answer |

## Aim 1: screening for mental health outcomes

### Depression, anxiety, and stress

Results show that participants on average experience relatively high level of depression (M = 21.68, SD = 9.44), anxiety (M = 23.91, SD = 10.83), and stress (M = 21.07, SD = 7.88). Recommended cur off scores suggest that a core higher than 28 for depression, a score higher than 20 for anxiety, and a score higher than 34 for stress are considered extremely severe. See Figure 1, 2 and 3 for a breakdown of percentages of participants per severity level of stress. Overall, participants seem to experience extremely severe level of anxiety, suggesting the need to screen for anxiety level in therapy.

Figure 1. Level of depression

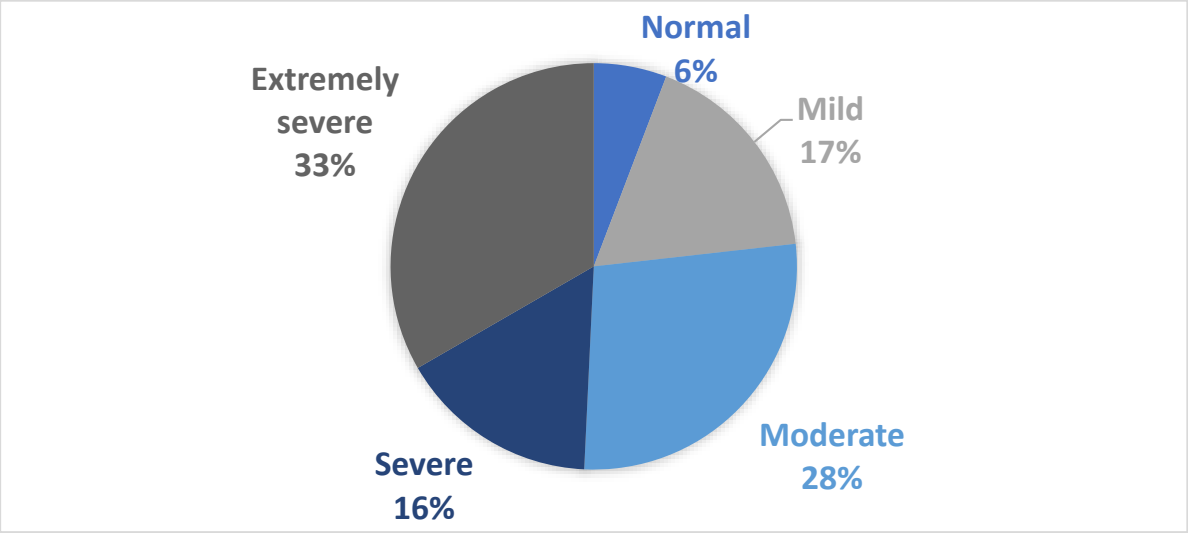



Figure 2. Level of anxiety

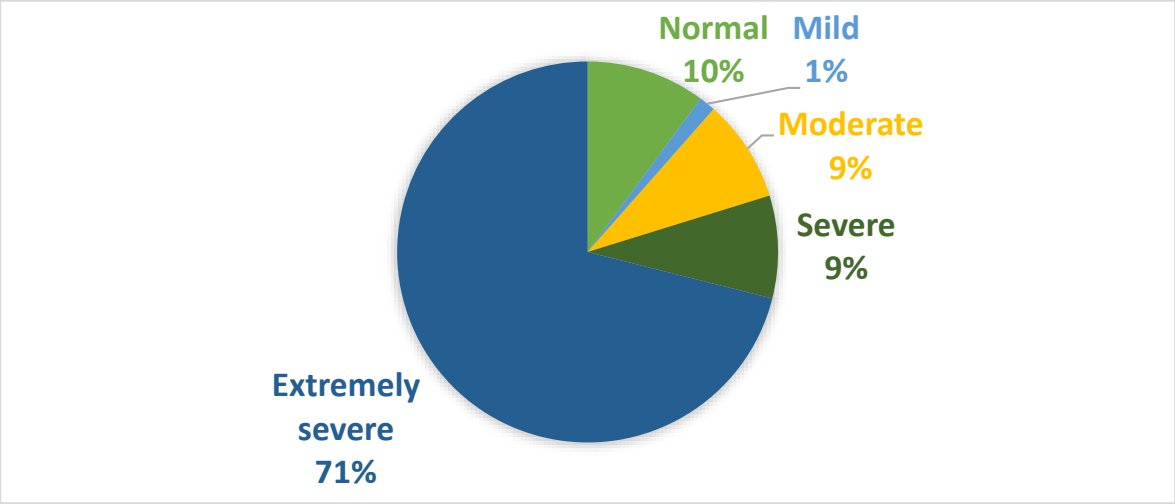
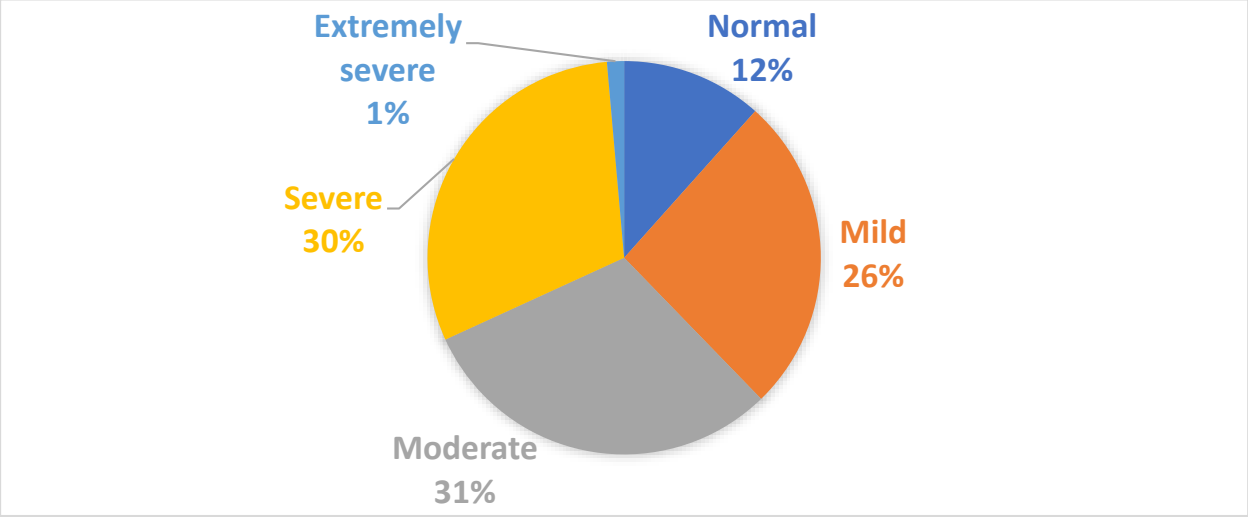



Figure 3. Level of stress



## Suicidal ideation

Participants reported their suicidal ideation for three timepoints: last six months, from six months to a year ago, and a year ago, see Table 2. Positive answers were summed up, creating a score with a range 0 (no suicidal ideation) to 3 (suicidal ideation in three timepoints). The mean total score for suicidal ideation was 1.36 (SD = 1.19). Further, 27 (38%) participants reported that they have attempted suicide in the past, which is in line with other studies in LGBT community reporting a 20 – 40 % rate of suicidal attempts.[14][15][16]

Table 2

Frequency and percentage of suicidal ideation

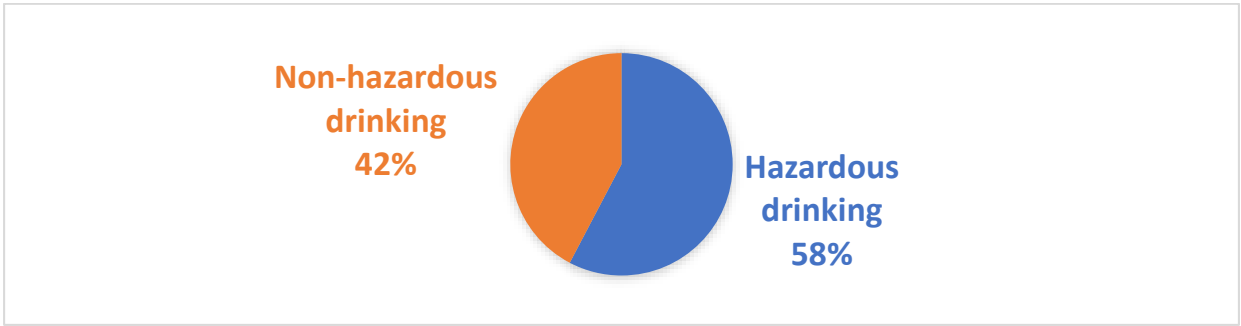
| | Frequency (percentage) Yes | Frequency (percentage) No |
|---|---|---|
| **Suicidal ideation** | | |
| Last 6 months | 24 (33.8%) | 47 (66.2%) |
| From 6 months to a year ago | 33 (46.5%) | 38 (53.5%) |
| Before a year ago | 40 (56.3%) | 31 (43.7%) |

## Alcohol use

Participants had a mean score on AUDIT-C of 4.71 (3.24), above the cut-off score of 4 suggesting hazardous drinking or an alcohol use disorder. Indeed, more than half of participants reported a hazardous degree of drinking.

Figure 4

Percentage of participants reporting hazardous drinking




[14] Remafedi, G. (1999). Suicide and sexual orientation: Nearing the end of controversy? Archives of General Psychiatry, 56, 885–886.
[15] Lea, T., de Wit, J., & Reynolds, R. (2014). Minority Stress in Lesbian, Gay, and Bisexual Young Adults in Australia: Associations with Psychological Distress, Suicidality, and Substance Use. Archives of sexual behaviors, 43:1571–1578. DOI 10.1007/s10508-014-0266-6
[16] Su, D., Iwin, J., Fisher, C., Ramos, A., Megan, K., Mendoza, D., & Coleman, J. (2016). Mental Health Disparities Within the LGBT Population: A Comparison Between Transgender and Nontransgender Individuals. Transgender Health, 1, 1. Doi: 10.1089/trgh.2015.0001.

## Drug use

Participants were asked whether they have ever used different types of drugs, and if so, how often did they use that in the past three months, see Table 3 for these data. More than a half of participants have used at least once cannabis, while less than third of participants have used at least once sedatives, hallucinogens, and cocaine. Other drug use was rarely endorsed. Furthermore, the total score for the severity of dependence on the primary drug was 1.46 (SD = 2.47), indicating low level of dependence.

Table 3

Substance use; frequency of substance use in the past 3 months

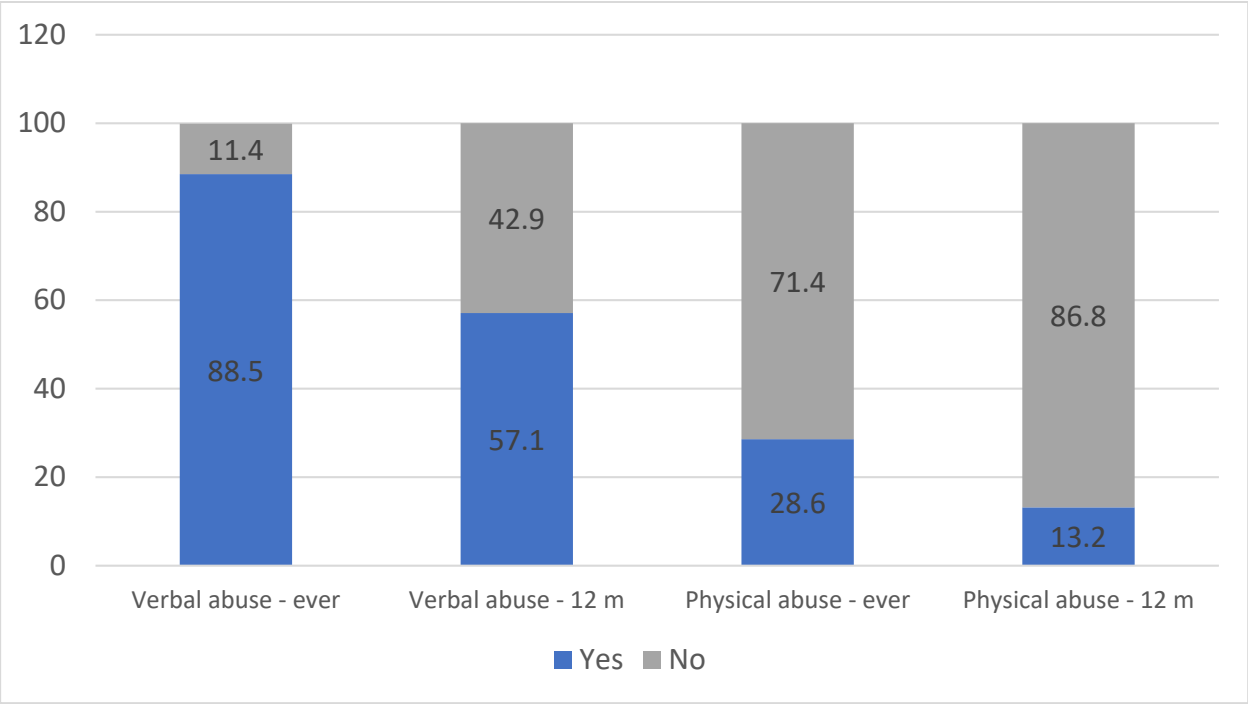
| | Substance use | | If yes, what was the frequency of use over the past 3 months | | | |
|---|---|---|---|---|---|---|
| | Yes | No | Once or twice | Monthly | Weekly | Daily or almost daily |
| Cannabis | 48 (67.6%) | 22 (31%) | 18 (56.3%) | 8 (25%) | 6 (18.8%) | / |
| Cocaine | 13 (18.3%) | 57 (80.3%) | 9 (81.8%) | 1 (9.1%) | 1 (9.1%) | / |
| Prescription stimulants | 5 (7%) | 64 (90.1 %) | 4 (100%) | / | / | / |
| Methamphetamine | 9 (12,7%) | 61 (85.9%) | 3 (100%) | / | / | / |
| Sedatives | 22 (31%) | 48 (67.6%) | 10 (71.4%) | 3 (21.4%0 | 1 (7.1%) | / |
| Hallucinogens | 14 (19.7%) | 56 (78.9%) | 7 (100%) | / | / | / |
| Opioids | 4 (5.6%) | 64 (90.1%) | / | / | / | / |
| Unprescribed opioids | 4 (5.6%) | 65 (91.2) | / | / | / | / |

*Percentage of participants not responding the first Yes/No item (missing data) have not been reported in the table.

## Minority stress

See Figure 5 for the frequency of victimization ever and in the past 12 months. Overall, most participants have experienced some verbal abuse, and about third of participants have experienced some physical abuse.

Figure 5. Frequency of verbal/physical abuse ever and in the past 12 months




See Figure 6 for the mean of expected discrimination due to sexual orientation/gender identity from medical staff, family doctor, workplace, friends, and family. Participants rated the level of discrimination they expect to experience in a scale from 1 (completely do not agree) 5 (completely agree). Notably, participants expect to experience the highest level of discrimination from their family and the lowest level of discrimination from their friends. This is in line with the identity concealment data, where although most participants have shared their sexual orientation/gender identity with someone they know, they typically conceal this information from their parents, see Figure 7. Hiding the sexual orientation/gender identity from close family members and expecting to be discriminated from their family if such information come to light, may be extremely anxiety provoking. More research is needed to get a better idea on how LGBT individuals cope with this. Our data shows that participants expected the least amount of discrimination from friends. It is likely that LGBT individuals

seek supportive relationships in peers and LGTB community, which may be a protective factor against mental health issues.

Figure 6. Mean of expected discrimination from medical staff, family doctor, workplace, friends, and family

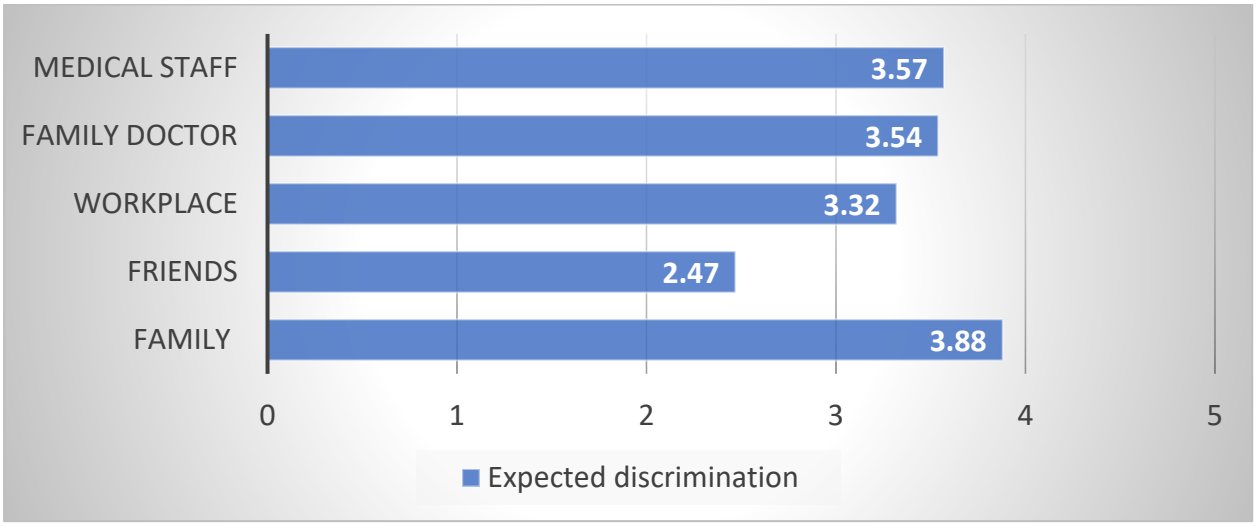
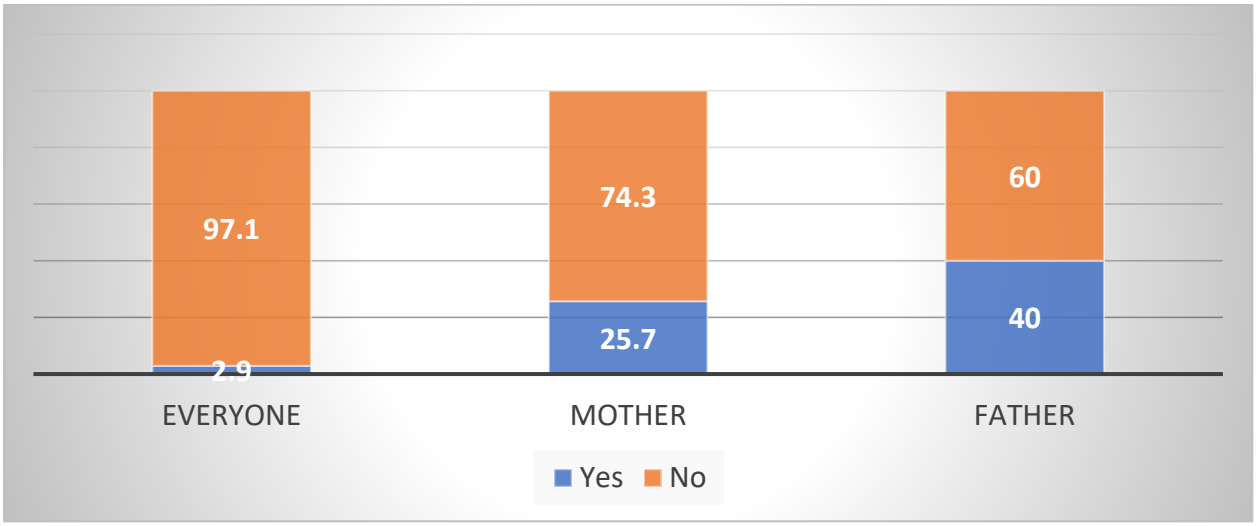



Figure 7. Identity concealment from everyone, mother, and father (%)




Finally, participants rated their attitude toward sexual orientation to assess for the internalized homophobia. The mean internalized homophobia (possible score range 0 – 30) was M = 9.60, SD = 4.32).

## Aim 2: LGBT differences in mental health outcomes[17]

Based on previous research, it was hypothesized that bisexual and transgender individuals compared to lesbian and gay individuals present with more severe mental health outcomes, including in emotional disturbance, substance use and suicidal ideations and attempts.[18] No significant group differences were found in any mental health outcomes. Previous studies have suggested that bisexual and transgender individuals may experience higher odds of discrimination and therefore more mental health disturbance. It is possible that LGBT subgroups in Kosovo experience similar level of discrimination and other risk factors for mental health outcomes, thereby resulting with no difference in their mental health. It is also possible that the study lacked the power (had small sample size) to detect possible differences among group, therefore future studies should aim to recruit larger sample size. See Table 4 for a summary of mental health outcomes by LGBT group.

Table 4

Mean, standard deviation and frequency of mental health outcomes by LGBT groups

| | Lesbian | Gay | Bisexual | Transgender | Other |
|---|---|---|---|---|---|
| DASS-Depression | 21.71 (8.03) | 19.04 (10.10) | 25.73 (10.57) | 24.6 (8.94) | 19.57 (6.71) |
| DASS-Anxiety | 26.85 (7.55) | 21.39 (11.77) | 22.0 (13.41) | 28.2 (8.50) | 25.57 (8.49) |
| DASS-Stress | 18.85 (7.29) | 18.86 (7.88) | 23.2 (9.03) | 24.8 (4.91) | 20.85 (7.98) |
| Suicidal ideation | 1.62 (1.06) | 1.16 (1.34) | 1.33 (1.11) | 2 (.94) | 1.14 (1.23) |
| AUDIT-C | 2 (.70) | 5.12 (3.68) | 5.53 (2.13) | 6 (4) | 3.78 (2.60) |
| SDS | 1 (1.73) | 1.95 (2.83) | 1.58 (2.02) | 1.10 (2.84) | .80 (2.20) |
| Attempted suicide (Yes %) | 5 (62%) | 8 (33.3%) | 4 (26.7%) | 4 (40%) | 6 (42.9%) |

* DASS: The depression, anxiety and stress scale; AUDIT: The alcohol use disorders identification test-concise; SDS: The severity of dependence scale.

[17] To examine group differences, one-way ANOVA and Chi Square were used for continual and categorical variables. Bonferroni correction was used to adjust for multiple testing.

[18] E.g., Su, D., Irwin, J., Fisher, C., Ramos, A., Kelley, M., Mendoza, D., & Coleman., J. (2016). Mental Health Disparities Within the LGBT Population: A Comparison Between Transgender and Nontransgender Individuals. Transgender Health, 1, 1. Doi: 10.1089/trgh.2015.0001.

## Aim 3: Associations between minority stress and mental health outcomes[19]

Based on the minority stress theory and previous research, it was expected that higher level of minority stress is associated with more severe mental health outcomes. Surprisingly, our results do not show associations between minority stress and mental health outcomes (all association were statistically not significant). This suggests that higher minority stress (e.g., victimization, expected to be discriminated, identity concealment and internalized homophobia) is not associated with worse mental health outcomes. Indeed, it is widely acknowledged that other risk factors unrelated to minority stress (e.g., adverse life events, negative self-beliefs) play a role in the developments of mental health problems. However, methodological issues of this study may also explain the lack of the association between minority stress and mental health outcomes. For one, most scales in minority stress were very brief and used yes/no answer format. Further, most participants scored in the higher end of these scales, causing a 'ceiling effect'. Therefore, it is possible that there was lack of variability in scores to detect an association between minority stress and mental health outcomes.

## Limitation of the study and future research

The findings of this study should be considered in light of several limitations. First, the study sample may have not been representative of LGBT individuals in Kosovo. Participants were recruited by CEL' social media, and as such we may have reached out LGBT individuals who are struggling with mental health that use CEL's services (such as free counselling). This is an important sample to study as it can help customize CEL's services to be more in line with the needs of LGBT individuals. However, future studies can aim to reach a larger sample to confirm or refute the findings on the mental health challenges in this population. Related to this, we found no differences between LGBT subgroups in mental health outcomes, which is not in line with previous research. Before drawing strong conclusion, a larger sample is needed to replicate our results or detect potential differences between LGBT subgroups in mental health outcomes.

Second, the study lacked a control group of heterosexual participants to compare mental health outcomes. Having a control group is important, as it can show what unique problems are present in LGBT. Third, we used brief measures with mostly categorical item (yes/no answer format) to assess minority stress. Future studies should aim to use more

[19] Association between minority stress scales and mental health outcomes were tested with bivariate Pearson correlation. Bonferroni correction was used to adjust for multiple testing.

comprehensive measures for such construct to get a better idea of the scale of these experiences (e.g., the level of current and past victimization). More variability in these scores can allow to more accurately test correlations between minority stress and mental health outcomes.

## Conclusions

To conclude, this is the first study (to our knowledge) that screened for mental health outcomes, and its relation to minority stress in LGBT population in Kosovo. Overall, participants of our study reported extremely high level of anxiety symptoms, moderate level of depression and stress symptoms. About the third of the participants reported recent suicidal ideation, and about a third reported to have attempted suicide in the past. Finally, more than half of participants seem to engage in hazardous drinking behaviors. We did not find differences between LGBT subgroups in any of the mental health outcomes. Further, we did not find associations between minority stress and mental health outcomes. These results suggest that therapists should screen for emotional disturbance, suicidal ideation, and alcohol abuse in LGBT people to provide appropriate care for those in need. These results also suggest that further studies with larger sample size and more comprehensive measures for minority stress are needed to replicate our findings.