

# LGB individuals living in anti-gay communities die early

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In the first study to look at the consequences of anti-gay prejudice for mortality, researchers at Columbia University's Mailman School of Public Health found that lesbian, gay, and bisexual (LGB) individuals who lived in communities with high levels of anti-gay prejudice have a shorter life expectancy of 12 years on average compared with their peers in the least prejudiced communities. "The results of this study suggest a broadening of the consequences of prejudice to include premature death," noted the study's lead author, Mark Hatzenbuehler, PhD, assistant professor of Sociomedical Sciences. The study is online in the journal *Social Science & Medicine*.

"Our findings indicate that sexual minorities living in [communities](#) with higher levels of [prejudice](#) die sooner than sexual minorities living in low-prejudice communities, and that these effects are independent of established risk factors for mortality, including household income, education, gender, ethnicity, and age, as well as the average income and education level of residents in the communities where the respondents lived," said Dr. Hatzenbuehler. "In fact, our results for prejudice were comparable to life expectancy differences that have been observed between individuals with and without a high school education."

In order to examine the relationship between prejudice and mortality, the researchers constructed a measure capturing the average level of anti-gay prejudice in the communities where LGB individuals lived, beginning in 1988, using data on prejudicial attitudes from the General Social Survey, one of the primary sources of social indicator data in the

social sciences. This information on sexual orientation and community-level prejudice was then linked longitudinally to mortality data via the National Death Index, through 2008. Thus, the authors were able to examine whether mortality risk differed for LGB individuals who lived in communities that were characterized by high versus low levels of prejudice. By the end of the study, 92% of LGB respondents living in low-prejudice communities were still alive; in contrast, only 78% of the LGB respondents living in high-prejudice communities were still alive.

The authors also found that suicide, homicide/violence, and cardiovascular diseases were all substantially elevated among sexual minorities in high-prejudice communities. LGB respondents living in high-prejudice communities died of suicide on average at age 37.5, compared to age 55.7 for those living in low-prejudice communities, a striking 18-year difference. Homicide and violence-related deaths are one of the most direct links between hostile community attitudes and death, and results indicated that homicide rates were over three times more likely to occur in high-prejudice communities than in low-prejudice communities.

Of the deaths in high-prejudice communities, 25% were due to cardiovascular disease, compared to 18.6% of deaths in the low-prejudice communities. "Psychosocial stressors are strongly linked to cardiovascular risk, and this kind of stress may represent an indirect pathway through which prejudice contributes to mortality. Discrimination, prejudice, and social marginalization create several unique demands on stigmatized individuals that are stress-inducing," said Dr. Hatzenbuehler.

A significant strength of the study was the ability to document the associations between prejudice and mortality at the community level. Also of note, Dr. Hatzenbuehler points out, the community-level measure of prejudice does not rely on [sexual minorities'](#) perceptions of

how stigmatizing their communities are, but rather was based on the prejudicial attitudes of all respondents living in that community. "Therefore, this approach overcomes many of the limitations of individual-level measures of stigma and prejudice, which have characterized most stigma and health research to date."

Provided by Columbia University's Mailman School of Public Health

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