

Double Minority: Childhood Maltreatment, Adaptive and Maladaptive Thoughts, and Psychological Distress among Immigrant Gay, Bisexual and Other Men who have Sex with Men in Toronto

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Background

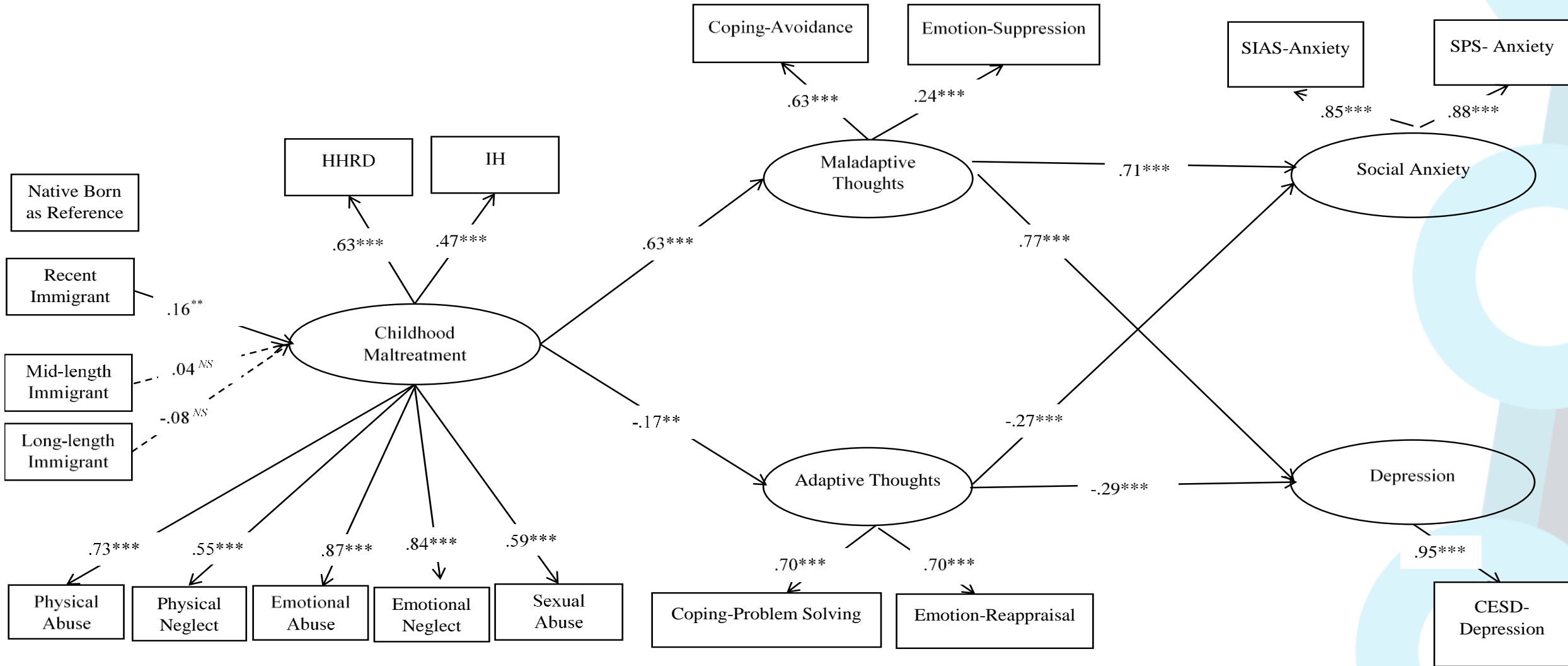
- ▶ Minority stress theory posits Gay, Bisexual, and Other Men who have Sex with men (GBM) report higher depression and anxiety due to heightened stressors that they experience because of sexual minority status (Meyer, 1995; 2003).
- ▶ The healthy immigrant effect phenomenon suggests that immigrants generally report better health than native born (Kennedy, McDonald & Biddle. 2006).
- ▶ However, research is limited on “double minority” (sexual minority and immigrant minority) GBM.
- ▶ This study examined the impact of immigration status on childhood maltreatment and on adult mental health among a sample of 470 self-identified GBM from Toronto.

Methods

- ▶ We recruited 470 HIV-negative GBM in Toronto ($M_{age}=33$ years; 59% non-Hispanic White; 62% had at least a bachelor's degree or college diploma; and 60% Canadian born) in the Gay Strengths Study (Hart et al., 2017; Noor et al., 2018)
- ▶ We fit a structural mediation model of the association between childhood maltreatment (childhood abuse and neglect, internalized homophobia, and heterosexist discrimination) and adult depression and social anxiety.
- ▶ We estimated indirect paths from immigration status [native born vs. recent (<5 years), mid-length (5-10 years) and long-length of time in Canada (10+ year)] to childhood maltreatment and to depression and social anxiety (social phobia and social interaction anxiety) mediated by adaptive (problem solving coping and emotion reappraisal) and maladaptive (avoidance coping and emotion suppression) thoughts.
- ▶ We used the comparative fit index, the Tucker-Lewis fit index, root mean square error approximation, and standardized root mean square residuals to evaluate model fit.
- ▶ We ran the model with 10,000 bootstrap draws to test the significance of the indirect effects.

Results

Figure 1: Structural equation model of childhood maltreatment predicting depression and social anxiety among GSS participants (N=470)



Note. Solid lines represent significant paths, dashed lines represent non-significant paths. All paths represent standardized estimates. IH= Internalized Homonegativity Scale; HHRD= Heterosexual Harassment, Rejection and Discrimination Scale; CES-D = Center for Epidemiologic Studies - Depression Scale; SIAS-Anxiety = Social Interaction Anxiety Scale; SPS-Anxiety = Social Phobia Scale. $^{***} p < .001$; $^{**} p < .01$; $^{*} p < .05$; $^{NS} p > .05$

Conclusion

- ▶ Our results showed,
 - ▶ Direct effect of childhood maltreatment on increased maladaptive ($\beta=.63; p<.001$) and fewer adaptive ($\beta=-.17; p<.01$) thoughts, and positive effects from maladaptive ($\beta=.77$ and $\beta=.71; p<.001$) and negative effects from adaptive ($\beta=-.29$ and $\beta=-.27; p<.001$) thoughts on greater depression and anxiety respectively.
 - ▶ Compared to native born GBM, the indirect path for recent immigrants ($\beta=.08; p<.001$) was statistically significant but the paths for mid-length ($\beta=.03; p=.28$) and long-length immigrants ($\beta=.04; p=.17$) were non-significant.
- ▶ Results are in align with our companion qualitative study (Adam, Hart, Mohr, Coleman, & Vernon. 2017). Recent immigrants report poorer mental health compared to native born, perhaps because of the settlement challenges recent immigrants face or still struggling with syndemic psychosocial challenges they experienced in their native country.
- ▶ Structural interventions, such as better settlement services as well as individualized psychotherapies to ensure smoother integration and to promote better mental health among double minority GBM are warranted.