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Prejudice-Related Events and Traumatic Stress Among Heterosexuals and Lesbians, Gay Men and Bisexuals

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Abstract

This mixed-methods study examined associations between prejudice events and posttraumatic stress disorder (PTSD) among 382 lesbians, gays, and bisexuals (LGB) and 126 heterosexuals. Using the Composite International Diagnostic Interview, we assessed PTSD but relaxed Criterion A1, that is, allowed prejudice events that did not involve threat to life or physical integrity to also qualify as traumatic. First, we tested whether exposure to prejudice events differed with respect to sexual orientation and race. White LGBs were more likely than White heterosexuals to encounter a prejudice event, but Black and Latino LGBs were no more likely than White LGBs to experience a prejudice event. Second, we used qualitative analysis to examine the prejudice events that precipitated relaxed Criterion A1 PTSD among 8 participants. Two specific themes emerged: the need to make major changes and compromised sense of safety and security following exposure to the prejudice event.

Keywords

lesbian, gay and bisexual; PTSD; Criterion A1; prejudice; discrimination

The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV;* American Psychiatric Association [APA], 1994) indicates that posttraumatic stress disorder (PTSD) can be diagnosed following specific events whose threshold is defined in Criterion A1—events must involve actual or threatened death or serious injury to qualify for a PTSD diagnosis. As a result, PTSD researchers have examined the effects of events that meet Criterion A1, such as physical and sexual assault, military combat, and natural and manmade disasters (Breslau et al., 1998). The focus on life-threatening and extreme events has existed since PTSD was first introduced as an official psychiatric disorder in *DSM-III* (APA, 1980).

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Prior to the classification of PTSD as a psychiatric disorder, reactions to extremely stressful situations were not only seen as transient, but also as originating from pre-existing neurotic conflicts rather than actual events (Jones & Wessely, 2007; Young, 1995). A shift in epistemology, precipitated by the return of American soldiers from Vietnam, occurred during the 1970s (McNally, 2003; Young, 1995). Initially, members of the *DSM-III* Task Force were hesitant to endorse a psychiatric disorder that was specifically related to a stressful event, but conceded after being convinced by advocacy groups that the same stress syndrome occurred in individuals exposed to other types of traumatic events, such as rape, natural disaster, or concentration camp imprisonment (McNally, 2003).

Sexual Orientation and PTSD

While the diagnostic criteria for PTSD have changed since 1980, the *DSM-IV* maintains that stressors must be of an extreme or life-threatening nature to be considered traumatic (Weathers & Keane, 2007). However, there is consistent evidence that other types of events are associated with a clinical condition identical to PTSD, including bullying (Van Hooff, McFarlane, Baur, Abraham, & Barnes, 2009), the expected death of a loved one (Gold, Marx, Soler-Baillo, & Sloan, 2005; Mol et al., 2005); financial problems (Solomon & Canino, 1990); miscarriage (Van Hooff et al., 2008); moving (Solomon & Canino, 1990); non-life-threatening medical problems (Gold et al., 2005; Mol et al., 2005); intimate relationship problems (Gold et al., 2005; Mol et al., 2005; Van Hooff et al., 2008); and work problems (Mol et al., 2005).

Adding to the concerns about the validity of Criterion A1 is the question of how valid the Criterion is across populations. This gap in the extant literature led us to compare prevalence of *DSM-IV* and relaxed Criterion A1 PTSD between lesbians, gay men, and bisexuals (LGBs) and heterosexuals (Authors, revised and resubmitted). In this study, we calculated prevalence of relaxed Criterion A1 PTSD by including all precipitating events, regardless of whether they met Criterion A1, whereas only events that met Criterion A1 were used to assess for *DSM-IV* PTSD.

The decision to compare prevalence of *DSM-IV* and relaxed Criterion A1 PTSD between LGB and heterosexuals was guided by supporting research evidence on general (non-PTSD) mental health outcomes showing that LGBs are more likely than heterosexuals to have a mood, anxiety, or substance abuse disorder (Cochran & Mays, 2000; Cochran, Sullivan, & Mays, 2003; Gilman et al., 2001; Sandfort, de Graaf, Bijl, & Schnabel, 2001). The higher prevalence of psychiatric disorders among LGBs has been explained through the framework of minority stress (Herek & Garnets, 2007). According to Meyer (2003), LGBs encounter chronic stress, motivated by prejudice and discrimination, which, in turn, causes higher prevalence of psychiatric disorders. Additionally, research has shown that the double minority status of Black and Latino LGBs is likely to confer excess stress exposure (Meyer, Schwartz, & Frost, 2008), as they face prejudice and discrimination from both majority and minority group contexts (Herek & Garnets, 2007).

We found associations between non-Criterion A1 events and PTSD among LGBs, and also that Latino LGBs had higher prevalence of relaxed Criterion A1 PTSD than White LGBs. However, there was no difference in prevalence of *DSM-IV* or relaxed Criterion A1 PTSD between heterosexuals and LGBs. Findings were similar to Gilman et al. (2001), who found higher prevalence of *DSM-IV* PTSD was limited to females who had same-sex partners as compared to females who had opposite-sex partners. However, findings were not consistent with Roberts, Austin, Corliss, Vandermorris, and Koenen (2010), who found that LGBs were at higher risk for *DSM-IV* PTSD than heterosexuals.

Non-Life-Threatening Prejudice Events and PTSD

Our study did not examine the effect of prejudice on relaxed Criterion A1 PTSD among LGBs. The effects of non-life-threatening prejudice events is an important area for investigation for two reasons. First, LGBs frequently encounter prejudice related events that may be traumatic and therefore may place them at risk for PTSD-like disorder. For example, using a national probability sample, Herek (2009) found that 46.4% of gay men, 43.7% of lesbians, 33.6% of bisexual women, and 23.9% of bisexual men had faced verbal abuse two or more times since the age of 18. In addition, 17.7% of gay men, 16.3% of lesbians, 6.8% of bisexual women, and 3.7% of bisexual men reported they had faced employment and housing discrimination. Second, scholars have argued that experiencing non-life-threatening prejudice events can precipitate PTSD (Bryant-Davis & Ocampo, 2005; Helms, Nicolas, & Green, 2010; Loo et al., 2001). Racism-related events—regardless of whether they involve threat to life or physical integrity—are considered cognitive/affective assaults on an individual's racial identification, and thus they “strike the core of one's selfhood” (Bryant-Davis & O'Campo, 2005, 480). In addition, individuals exposed to racism-based trauma can manifest feelings of shame and/or self-blame, and also use denial as way to cope with the experience (Bryant-Davis & Ocampo, 2005).

The traumatic effects of non-life-threatening sexual orientation prejudice have also been discussed by scholars. Brown (2003) argues that coming out can be traumatic for some LGBs, particularly when the experience involves the loss of longstanding sources of social support (e.g., one's family or religious community). Brown, drawing from the work of Janoff-Bulman (1992), asserts that this loss is potentially traumatic because it shatters a person's three basic assumptions about the world. According to Janoff-Bulman these assumptions are: benevolence of the world, meaningfulness of the world, and sense of self-worth. In essence, the loss of one's longstanding sources of social support shatters these existing assumptions.

There is empirical evidence that non-Criterion A1 prejudice events are associated with PTSD symptoms among LGBs. D'Augelli, Grossman, and Starks (2006) found that gay and bisexual youth who experienced verbal harassment had higher levels of PTSD symptoms than those who had not. In addition, Szymanski and Balsam (2011) found heterosexist discrimination (e.g., being treated unfairly by a friend or boss or being rejected by a family member or friend) as well as sexual orientation bias-crimes were associated with PTSD symptoms among a convenience sample of 247 self-identified lesbians.

The Current Study

The goals of this study were two-fold. First, it provided a test for minority stress theory by comparing prejudice-related precipitating events between White heterosexuals and White LGBs and among White, Black, and Latino LGBs. We hypothesized that (a) LGBs would be more likely than heterosexuals to report a prejudice-related precipitating event and that (b) Black and Latino LGBs would be more likely than White LGBs to report a prejudice-related precipitating event. Second, based on previous theoretical discussion on the potentially traumatic effects of non-life-threatening prejudice events (e.g., Brown, 2003; Bryant-Davis & Ocampo, 2005), we used qualitative analysis to obtain a deeper understanding of the similarities and differences between Criterion A1 and non-Criterion A1 prejudice events associated with relaxed Criterion A1 PTSD, as well as the consequences of these events.

Methods

Sample and Recruitment

The current study used data from Project Stride, which examined associations among stress, identity, and mental health among self-identified LGBs and heterosexuals living in New York City (Meyer, Frost, Narvaez, & Dietrich, 2006). Between February 2004 and January 2005, venue-based sampling was used to recruit participants from non-gay establishments (e.g., book stores, coffee shops, and art galleries), gay-oriented settings (e.g., bars and gay pride events), and public spaces (e.g., parks and city streets). Outreach workers visited a total of 274 venues across 32 different zip codes. Snowball sampling was also used to recruit participants who were less likely to be found in public places.

At each of the venues, outreach workers completed a brief screening form to determine study eligibility. Respondents were eligible for interviews if they: (a) self-identified as male or female and were assigned that sex at birth; (b) self-identified as LGB or heterosexual; (c) self-identified as White, Black, or Latino; (d) were between the ages of 18 and 59; (e) lived in New York City for two years or more; and (f) were able to engage in conversational English. Case quota sampling was used to ensure approximately equal numbers of participants with respect to gender (male or female), sexual orientation (LGB or heterosexual), race/ethnicity (White, Black, or Latino), and age group (18–30 or 31–59). Trained interviewers contacted eligible selected respondents and invited them to participate in the study. Participants engaged in a comprehensive in-person interview using computer-assisted and paper-and-pencil instruments.

The cooperation rate for the study was 79%, and the response rate was 60% (American Association for Public Opinion Research, 2005: COOP2 and RR2). Response and cooperation rates did not differ with respect to gender, race, or sexual orientation (χ^2 s 0.78, $ps > .38$). Respondents were from 128 different New York City zip codes, with no more than 3.8% of the sample living in any one zip code.

Participants

Of the 524 participants in the initial sample, 16 had missing information or were not assessed for PTSD. Thus, the sample for the current study consisted of 382 LGB and 126 heterosexual respondents ($N = 508$) with a mean age of 32.13 ($SD = 9.22$). The participants included an equivalent number of White heterosexuals (25%), White LGBs (25%), Black LGBs (25%), and Latino LGBs (25%), and equivalent numbers of men and women. Most participants (81%) had more than a high school education, and 19% had a high school diploma or less. The majority of participants (84%) were employed, but 16% were unemployed. Slightly more than half (53%) had negative net worth, that is, owing money after calculating how much one would owe or have left after converting all assets to money and paying all debts.

Measurement Instruments

Stressful life events—The Life Events Questionnaire (LEQ; Meyer et al., 2006) is a semi-structured interview designed to elicit information about 47 stressful events experienced by individuals throughout the lifespan (Kman, Palmetto, & Frost, 2006). Interviewers asked participants whether they had experienced each one of the 47 events. There were two types of events: extreme or life-threatening (e.g., sudden death of a loved one, war, terrorist attack, natural and manmade disasters, seeing an injured or dead body, life-threatening illness, and sexual abuse/assault) and those not considered traumatic by the *DSM-IV* (e.g., relationship/marriage dissolution, expected death of a loved one, financial and work problems, homelessness, non-life-threatening illness, miscarriage, and harassment).

Affirmative responses were carefully probed in order to formulate a brief event narrative. The event narratives included specific details about the event as well as the consequences of the events.

Event descriptions were extracted from the interviews and rated by two independent raters using a rating system adapted from Dohrenwend, Raphael, Schwartz, Stueve, and Skodol (1993) and Turner and Dohrenwend (2004). Raters assessed “life-threat” and “threat to physical integrity” on a scale ranging from (0) *no chance of threat* to (5) *threat is certain and great*. The average score of the two raters was computed to determine a final rating.

Stressful events that received threat to life and physical integrity ratings between 3 and 5 were coded as life-threatening, and, as a result, considered Criterion A1 events. Events that received ratings below 3 were coded as non-life-threatening, and thus were considered non-Criterion A1 events. Ratings between 3 and 5 were used to categorize stressful events as life-threatening. These ratings suggest the probability of serious threat is at least 50% or higher, as opposed to ratings below 3, which were used to classify events having “no chance of threat” to “possible threat.” Certain events (e.g., seeing an injured or dead body, childhood sexual abuse, life-threatening illness of a significant other) rated as non-life-threatening qualified as potentially traumatic according to the *DSM-IV*. However, this study classified them as Criterion A1 events so as to maintain consistency with the *DSM-IV*

In addition, raters assessed whether the event involved prejudice. Prejudice involvement was rated as either involving prejudice or not involving prejudice. The prejudice-related event was further coded based on the type of prejudice involved (sexual orientation, race/ethnicity, gender, age, physical appearance, socioeconomic status, religion, or other).

The consistency of the two ratings was used to determine inter-rater reliability. Of all the possible Project Stride event ratings ($N = 77,085$), only 2% were discrepant between the two raters, indicating a high degree of inter-rater reliability. Weekly rater meetings were used to resolve discrepancies of 1.5 for “life-threat” and “threat to physical integrity” (Meyer et al., 2006).

PTSD—A modified version of the Computer Assisted World Mental Health Composite International Diagnostic Interview (WMH-CIDI; Kessler & Ustun, 2004) was used to assess PTSD symptom criteria B through F. This is a highly standardized lay-administered interview used to assess current and lifetime psychiatric diagnoses based on *DSM-IV* criteria. Kessler et al. (2005) found good concordance between diagnoses from the WMH-CIDI and the Structured Clinical Interview for *DSM-IV* (First, Spitzer, Gibbon, & Williams, 2002) among a probability sample of National Comorbidity Survey Replication participants.

Interviewers began the WMH-CIDI for PTSD by asking participants whether they had experienced upsetting memories or dreams, felt emotionally distant from other people, and had trouble sleeping or concentrating following any of the 47 stressful experiences elicited by the LEQ. An affirmative response prompted interviewers to ask which *one* experience caused the most severe problems. This was considered the participant’s precipitating event. Participants reporting more than one experience were asked to choose the event that caused the most distress.

In addition to having a precipitating event, respondents also had to meet Criterion A2 by endorsing *one or more* of the following: feeling terrified or very frightened, helpless, or shocked or horrified at the time of the precipitating event. Participants who met Criterion A2 were then required to link symptoms associated with criteria B through F to the precipitating event.

Analytic Approach

Because all heterosexual participants were White, it was not possible to test the combined effects of race and sexual orientation. To examine the effect of sexual orientation while controlling for race, chi-square was used to test whether White LGBs were more likely than White heterosexuals to experience a prejudice-related precipitating event. To examine the effect of race while controlling for sexual orientation, chi-square was used to test whether Black and Latino LGBs were more likely than White LGBs to experience a prejudice-related precipitating event. For all analyses, a criterion of $\alpha = .05$ was used for two-tailed statistical significance.

We used the Duquesne method as outlined by Moustakas (1994) to compare Criterion A1 and non-Criterion A1 prejudice events. This method consists of the following steps: (a) collect verbal protocols (life narratives) that describe the experience, (b) read carefully to get a sense of the entire experience, (c) extract significant statements, (d) eliminate irrelevant repetition, (e) identify central themes, and (f) integrate these meanings into a single description (Creswell, 1998; McLeod, 2001). Coding of the narratives was completed in an iterative process between two of the authors (EA and AG) to identify and note emerging themes. These authors performed the coding, and then discussed the codes with the other authors (IM and JM) to confirm, reject, or rename them.

Results

Of the 508 participants, 280 (55.1%) reported an event that caused upsetting memories or dreams, emotional distance from other people, or difficulty sleeping or concentrating. Participants who reported such symptoms after a precipitating event were assessed for a diagnosis of PTSD even if the precipitating event did not qualify as a Criterion A1 event. LGBs were no more likely than heterosexuals to report a precipitating event, $\chi^2 (df = 1, N = 508) = 3.05, p = .081$; among LGBs, White, Black, and Latino LGBs did not differ with respect to reporting a precipitating event, $\chi^2 (df = 2, N = 382) = 3.18, p = .204$.

Consistent with the minority stress hypothesis, sexual orientation was associated with reporting a prejudice-related precipitating event—White LGBs (9.1%) were more likely than White heterosexuals (0%) to report such events, $\chi^2 = 3.98, df = 1, N = 127, p = .046$ (Yates correction used). However, Black and Latino LGBs were no more likely than White LGBs to report such events (9.7%, 7.4%, and 9.1%, respectively).

Of the 19 LGB participants who experienced a prejudice-related precipitating event, 6 identified as White, 7 as Black, and 6 as Latino. Fifteen participants experienced an event that was categorized as non-Criterion A1, whereas 4 experienced a Criterion A1 prejudice event. Six participants experienced events involving racial prejudice (of which 2 participants were White), and 13 experienced events involving sexual orientation prejudice. Five of the 19 participants reported more than one type of prejudice involvement. One respondent experienced both racial and ethnic prejudice; another respondent experienced sexual orientation prejudice in addition to prejudice related to physical appearance; 3 participants who experienced prejudice based on sexual orientation and physical appearance also reported prejudice based on their social class. As shown in Table 1, prejudice events were associated with relaxed Criterion A1 PTSD among 8 participants.

Event Descriptions and Themes

Table 2 shows the similarities and differences between the Criterion A1 and non-Criterion A1 prejudice events associated with relaxed Criterion A1 PTSD. Two specific themes

emerged: (a) *the need to make major changes* following the event; and (b) *compromised sense of safety and security* following the event.

All 8 participants had to make significant changes following the event. One respondent who experienced severe (i.e., Criterion A1) physical assault moved from Central America to the U.S. following the attack. The other participant who experienced severe physical assault had to change his daily travel patterns and also decreased the amount of time he spent outside of the house. Those who experienced non-Criterion A1 events (i.e., harassment, non-life-threatening childhood physical abuse, unemployment, and non-life-threatening physical assault) also made major life changes, such as moving, switching schools, asking parents for money, and altering well-established routines.

Unlike the 6 participants who experienced non-Criterion A1 events, the 2 participants experiencing Criterion A1 physical assault suffered extremely violent attacks that led to severe physical pain, injury, and/or hospitalization. Both participants also avoided the areas where the attacks occurred as well as venues that might place them at risk for another sexual orientation bias attack. The participant who moved from Central America to the U.S. was attacked by six men from his neighborhood who knew he was gay. He reported the men stabbed and beat him. Following the attack, he needed six stitches and took pain medication for two to three weeks. The participant reported the crime to the police, but “they knew I worked for the government, [so they] didn’t put my sexuality on report.” As a result of the attack, he stopped going out, because “I was scared to be in my neighborhood.”

The other participant experiencing Criterion A1 physical assault was attacked by a male who thought he was flirting with him. He reported:

[I] had a street fight with a drunk looking for a fight. We talked normally at first and then realized something was wrong with him. He commented that I was gay, asked if I was trying to pick him up. He assumed it. I said no, and I tried to walk away. He grabbed my arm and swung. Got a busted lip, scraped side of my face... [After the incident I] avoided that part of [the neighborhood]. Curtailed me going out...made me more cautious in my interactions and activities.

The 3 participants who experienced non-Criterion A1 physical assault were not subject to life- or physical-integrity threat; however their sense of safety and security was still compromised following the events. For example, one participant felt a sense of danger after being threatened by her girlfriend. The White participant who developed relaxed Criterion A1 PTSD after encountering a racially motivated non-Criterion A1 physical assault was chased by a group of black teenagers who hit him on the back. Following this event, he was worried about running into the teenagers again, and as a result avoided school and certain forms of public transportation.

Two participants experienced negative reactions from their mothers after they found out the participants were gay. These negative reactions compromised the safety and security of the participants during their teenage years. One participant, whose non-Criterion A1 event was harassment, reported: “After mom found out that I was gay, she threw away and damaged my things. Called me ‘faggot’ and ‘cocksucker.’ Mom ripped up and destroyed my schoolbooks, CDs...threw out random things...” The participant who experienced non-life-threatening childhood physical abuse by his mother reported that the abuse was, for the most part, motivated by his sexual orientation. The respondent reported: “One time when it was bad enough that there were marks...I quit the swim team rather than show the marks.” Both participants responded to the hostility and aggression by moving out of their homes. The participant who developed relaxed Criterion A1 PTSD from being unemployed had her safety and security compromised after her employer “let her go,” in part, because she was

“vocal about gay rights.” The participant spent a long time searching for jobs, had to pay for her own health insurance, and also had to ask her mother for money to pay her mortgage.

Discussion

As expected, non-heterosexual sexual orientation was associated with reporting a prejudice-related precipitating event. In fact, no heterosexuals reported such an event. The finding that race/ethnicity was not associated with experiencing a prejudice-related precipitating event was unexpected, as identifying as non-White and LGB is likely to confer excess stress exposure. In a previous study using the same sample, Meyer et al. (2008) found that Black and Latino LGBs had greater exposure to racial/ethnic prejudice than White LGBs. In the current study, participants were asked whether they experienced PTSD symptoms (e.g., upsetting memories or dreams, trouble sleeping, and emotional distance from other people) following the same list of events used by Meyer et al. An affirmative response to this question prompted the interviewer to ask the participant which event caused the most severe problem. Thus, it is possible that Black and Latinos in the current study identified other events that caused more severe PTSD symptoms than prejudice events. For example, 25% of Latino LGBs were diagnosed with relaxed Criterion A1 PTSD after experiencing childhood sexual or physical abuse, and 22.6% of Black LGBs were diagnosed with relaxed Criterion A1 PTSD after experiencing the unexpected or expected death of loved one.

As the current study's findings show, experiencing prejudice events that do not meet Criterion A1, such as harassment, non-life-threatening physical assault, non-life-threatening childhood abuse, or termination from employment, can precipitate PTSD-like disorder among LGBs. It could be argued that categorizing non-life-threatening physical assault and non-life-threatening childhood physical abuse as non-Criterion A1 is inconsistent with the *DSM-IV*. However, our qualitative analysis showed these cases were different than the two participants who experienced physical assault categorized as Criterion A1. For example, one participant reported he was stabbed, punched, and choked and required immediate medical attention. Determining whether an event meets Criterion A1 is not always objective, and, thus can lead to discrepancies. The use of event narratives, rather than checklists, and an independent rating system decreased the likelihood of such discrepancies in the current study. Raters accounted for intracategory variability; that is, “the fact that a variety of types of experience are encompassed by each particular event category” (Dohrenwend, 2006, p. 478). Thus, our categorizations more likely reflect the actual nature of events (Dohrenwend, 2006), as compared with automatically designating certain events as life-threatening or extreme.

Regardless of whether events were categorized as Criterion A1 or non-Criterion A1, the prejudice events associated with relaxed Criterion A1 PTSD shared common themes—both types of events led to major life changes and compromised participants' sense of safety. High magnitude events, regardless of whether they are life-threatening, can challenge one's existing cognitive schemas or the way in which one views the world. Schema theories, such as the one proposed by Janoff-Bulman (1992), have provided researchers and clinicians with alternative ways to understand reactions to traumatic events (Cahill & Foa, 2007). Posttraumatic stress is not solely the result of experiencing fear and terror but also the shattering of one's basic assumptions about the world (DePrince & Freyd, 2002). According to Brown (2003), losing one's longstanding sources of social support after coming out can shatter these assumptions. In the current study, the mothers of 2 participants demonstrated extreme hostility and aggression toward their sons after finding out they were gay, which was experienced as a loss of support.

In order to identify more LGB individuals with PTSD-like disorder, it would be helpful to remove Criterion A1. Doing so would allow researchers and clinicians to focus on the symptoms (i.e., reexperiencing, avoidance, and hypervigilance) precipitated by the prejudice event, rather than whether it meets Criterion A1 (Brewin, Lanius, Novac, Schynder, & Galea, 2009). Similar to Bryant-Davis and O'Campo (2003), Mascher (2003) argued that experiencing an event involving prejudice, regardless of severity, could cause PTSD symptoms such as hypervigilance, fear, anxiety, and relationship problems. The consequences of trauma involving prejudice can be enduring, and often times LGBs have little awareness of how exposure to this type of trauma impacts their current thoughts, feelings, and behavior (Mascher, 2003).

The study has some important limitations. First, causal inferences can not be made when using cross-sectional research designs such as this one. Second, Project STRIDE used a nonrandom sample, which could under- or overestimate prevalence of mental disorder. However, sampling bias was reduced by avoiding venues, such as 12-step groups and mental health clinics, that overrepresented individuals with psychiatric disorders. Third, Project STRIDE did not include samples of Black and Latino heterosexuals, which prevented an examination of differences in prejudice events on the basis of sexual orientation among nonwhites. This would be an important area of inquiry because the effect of sexual orientation on the experience of prejudice events may vary according to race/ethnicity. However, Project STRIDE was designed to test the hypothesis that Black and Latino LGBs would encounter more stressful experiences than White LGBs in the same way that both Latino, Black, and White LGBs would encounter more stressful experiences than White heterosexuals. Moreover, Project STRIDE was conceptualized in such a way so that the burden of race/ethnicity was considered an added burden to sexual orientation minority status (Meyer, Schwartz, & Frost, 2008).

Finally, the findings about the similarities between non-Criterion A1 and Criterion A1 prejudice events, as the analysis are based on data from only 8 participants, and thus they must be considered preliminary at best. Despite these limitations, the current study shows that experiencing events that do not meet Criterion A1 can precipitate PTSD-like disorder among some LGB persons. More studies that use objective measures of prejudice, such as this one, are needed to examine associations between discrimination and mental health outcomes among diverse samples of LGBs. In addition, revising criterion A1 would compel more researchers to study the traumatic effects of prejudice-related events that do not meet Criterion A1. Currently, Criterion A1 limits PTSD research to the study of life-threatening or extreme events, unless researchers define their results *a priori* (Solomon & Canino, 1990), as this study did.

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Table 1

Sexual Orientation and Racial Prejudice Events Associated with Relaxed Criterion A1 PTSD

Event Type	Category	Prejudice Type	Race	Gender
Physical Assault	Criterion A1	SO	Black	Male
Physical Assault ^a	Criterion A1	SO	Black	Male
Physical Assault	Non-Criterion A1	Racial	White	Male
Physical Assault ^a	Non-Criterion A1	SO	Black	Female
Physical Assault ^a	Non-Criterion A1	SO	Latino	Male
Harassment	Non-Criterion A1	SO	Latino	Male
Unemployment	Non-Criterion A1	SO	White	Female
Childhood Abuse	Non-Criterion A1	SO	Latino	Male

Note. SO = Sexual Orientation.

^aAlso includes prejudice based on physical appearance and social class.

Table 2

Similarities and Differences Between Criterion A1 and Non-Criterion A1 Prejudice-Related Events Associated with Relaxed Criterion A1 PTSD

Similarities	Differences	
	Criterion A1	Non-Criterion A1
Events were prejudice-related	Severe physical injury	No severe physical injury or life-threat
Significant life changes made following the event	Clear-cut avoidance symptoms following the event among all participants	Clear-cut avoidance symptoms following the event among some participants
Safety or security was felt to be compromised	Perpetrators not known	Perpetrators known in most cases (e.g., peers, relative, partner)
Experience of emotional distress	Alone when assaults occurred	In the presence of others (e.g., relative, friend) when event occurred
	Adults when event occurred	Teenagers when event occurred