

How Microaggressions Affect the LGBTQ+ Community

Two experts share examples of common microaggressions, the impact they have, and what we can do to combat them.

MICROAGGRESSIONS FACED BY THE LGBTQ+ COMMUNITY

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More than one in three LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer, and other sexual and gender identities) Americans have faced discrimination due to their sexual orientation or gender identity in the past year, according to a **national public opinion study**. Among transgender individuals, that rate is even higher: 62% reported being discriminated against in the past year, the survey found.

These statistics represent the tip of the iceberg when taking into account the frequent barrage of **microaggressions** — those subtle yet harmful slights, insults, and prejudices that the LGBTQ+ community faces in everyday life.



Dr. Jess Zonana

As we celebrate Pride Month this June, “It’s important to learn how to be an upstander rather than a bystander,” says **Dr. Jess Zonana**, a psychiatrist at NewYork-Presbyterian/Weill Cornell Medical Center and the medical director at the Weill Cornell Medicine **Wellness Clinic**, a student-run clinic that offers free mental healthcare to LGBTQ+ individuals. “This means speaking up if you’re observing someone being treated this way. As hard as that might feel to do, it’s even harder to do when you’re the object of

the microaggression.”

To learn more about microaggressions against the LGBTQ+ community and how to combat them, *Health Matters* spoke with Dr. Zonana, who is also assistant professor of clinical psychiatry at Weill Cornell Medicine, and **Dr. Aaron Malark**, a clinical psychologist in the Adult Outpatient Psychiatry Clinic at NewYork-Presbyterian/Columbia University Irving Medical Center and an assistant clinical professor of medical psychology at Columbia University Vagelos College of Physicians and Surgeons.

What are some of the common microaggressions against the LGBTQ+ community?

Dr. Malark: A prominent one is heterosexism, which is the assumption that heterosexual relationships are the “norm” and that everyone is cisgender (people whose

gender identity corresponds with their birth sex). An example of that is, “How long have you been with your husband?” It’s not active discrimination, but it’s the assumption of the heterosexual structure, and it can make people feel minimized.

Dr. Zonana: An all-too-common microaggression is assuming someone’s **gender pronouns**, not asking about which pronouns they use, and continuing to use the wrong pronouns even after the correct ones have been shared. Other common microaggressions include acting surprised, like, “You don’t seem gay,” and asking a same-sex couple, “Is one of you the husband and the other the wife?”

Dr. Malark: Another big one is the denial of homophobia and transphobia, with comments like, “Being gay is no big deal,” or “You can come out as trans and it’s safe.” And for a lot of people, they *don’t* feel safe, and they *have* experienced homophobia, even in New York City. These comments can feel like your experience is being negated or dismissed. So many microaggressions can be unconscious and come from a well-meaning place but are still harmful.



Dr. Aaron Malark

What about nonverbal or environmental microaggressions?

Dr. Zonana: Bathrooms are a big environmental microaggression. Being told you’re not allowed or don’t belong in a certain bathroom—that’s obviously a big one for the trans community, but it also happens to gay women frequently as well.

Some other examples are people doing double takes in public when they see a nontraditional family or someone dressed a certain way. Even things like shopping for clothes can be distressing. When everything is divided into men’s and women’s sections,

it can be uncomfortable to shop.

A lack of representation is often as harmful as misrepresentation. It's extremely helpful if you are in an environment that has people of all types: gay, straight, trans, black, white. Being able to see yourself represented is important.

Dr. Malark: The lack of representation also extends to things like ads and brochures. Is there a same-sex couple, a trans person represented? If LGBTQ+ people are represented, do they include LGBTQ+ people of color and older LGBTQ+ people?

How can people stand up to microaggressions?

Dr. Zonana: There are multiple approaches. One is from an educational standpoint. For example, when I'm with my son and I'm asked, "Who's the father?" I'll say something like, "Actually, my son has two moms."

If you're comfortable, you can be more direct. If a colleague is using the wrong pronouns about someone you work with, learn to be direct and say, "Actually, this person uses these pronouns, and it's important for us to use them as well."

On a systemic level, it's important to advocate within one's workplace on how to help educate and improve policies to create a more culturally inclusive environment. On an individual level, educate yourself about what **microaggressions** exist for different communities. Learn how to ask respectful questions. Try not to avoid difficult topics, but rather discover how to engage in them.

Dr. Malark: The first thing is to validate how stressful responding to microaggressions can feel and recognize that you have to make the decision that feels right for you in the moment. For those who do feel comfortable, it can be as simple as correcting the question, "Do you have a wife?" with, "I've been with my boyfriend for three years." You could also have a more in-depth conversation about why that's an offensive question and

suggest how it could be asked differently, like “Do you have a partner?” So you can educate the person. For too long, we’ve relied on LGBTQ+ folks to speak up. Everyone needs to join in.

“So many microaggressions can be unconscious and come from a well-meaning place but are still harmful.”
— Dr. Aaron Malark

What impact do microaggressions have on the LGBTQ+ community?

Dr. Zonana: Microaggressions have the potential of making people feel or believe that they are devalued. They have cumulative effects on one’s self-esteem and can breed chronic mistrust, compound the effects of past traumatic discriminatory situations, and be a risk factor to higher rates of mental health difficulties.

For people who face multiple microaggressions related to race, ethnicity, or other identities, these effects can be compounded. And, more broadly, all these things have an impact on how people navigate healthcare.

Dr. Malark: LGBTQ+ folks experience **significantly higher** rates of anxiety, depression, and **suicide** as well as health risk behaviors like binge drinking, cigarette smoking, and illicit drug use, than their heterosexual and cisgender peers. These health disparities are a result of having to navigate this daily stress of feeling marginalized.

Microaggressions in Healthcare

How do microaggressions manifest in the healthcare setting?

Dr. Malark: The most frequent microaggressions I see in the healthcare space fit into the heterosexist transphobic umbrella: The assumption that sex assigned at birth and gender identity are the same thing; forms where “Mr.” and “Ms.” are the only options for how you would like to be addressed; assuming that if someone says they’re married, they’re with an opposite-gender partner. All these examples reinforce the assumption that you’re heterosexual and cisgender. What makes it even more difficult is that it’s on you to speak up, which can be intimidating and anxiety provoking.

Another common microaggression is the connection of an LGBTQ+ identity with illness. If a patient discloses they are a gay man and then the very next question is, “Do you know your HIV status?” that can be experienced by a patient in a prosecutorial way.

It’s hard to trust a doctor when doctors have discriminated against your community. You might not tell your doctor certain information. You might not feel comfortable. So accessing healthcare can be a really difficult dilemma for a lot of LGBTQ+ folks.

Dr. Zonana: Another common example is the assumption that everyone is using the name that is printed on their insurance card. They may have a preferred name or a new name, but their old name may be on their insurance card. If a patient provides a name that is not matching up to an appointment or registration, instead of asking, “What’s your *real* name?” a provider might ask, “Is there a different name listed on your insurance card?”

What improvements can healthcare providers make?

Dr. Malark: In the healthcare space, there are multiple steps that clinics and individual providers can take to message that they are affirming, safe spaces: Making

intake forms as inclusive as possible, asking someone's gender identity as opposed to sex, asking how they would like to be addressed and what are their pronouns, and having gender-neutral bathrooms. Giving full representation in visual materials like brochures and posters are nonverbal reminders that they're in a place that values diversity and inclusion and can be really meaningful.

Dr. Zonana: Having an electronic medical record that allows for more responses is extremely important. NewYork-Presbyterian has been working on that and has been rolling out changes to patients' ID wristbands — including having their preferred name on the wristband and no longer including a person's gender. Another important step is to educate staff, because it takes practice and repetition to change cultures.

Has COVID-19 compounded issues for the LGBTQ+ community?

Dr. Malark: It's been a very difficult year for everyone, and it has impacted the LGBTQ+ community in a particular way. LGBTQ+ folks are more likely to **work in industries** that have been negatively impacted by the pandemic, like the service industry, education, and the restaurant and food service industries. On top of the **economic impact**, there is a very real risk that queer folks might be completely on their own and might not be able to go back to their parents' home for financial support if their family of origin is homophobic or transphobic, for example.

For young LGBTQ+ folks, being stuck at home has limited their ability to access affirmative spaces and peer relationships where people can be their authentic selves and be celebrated for that. In fact, **research** found that more than 80% of LGBTQ+ youth stated that COVID made their living situation more stressful.

Dr. Zonana: In certain ways, there has been more attention to accessing mental health care this year. The options for telehealth have expanded tremendously, which I think will ultimately be a positive thing for the LGBTQ+ community. Even in our Wellness Clinic,

we were able to see more patients and have more volunteers. For us, it was actually helpful to be able to make that transition to digital care.

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How have the recent social justice movements affected the LGBTQ+ community?

Dr. Malark: The movements for diversity, **inclusion**, equality, and movements against systemic **racism** have been really meaningful and important to the LGBTQ+ community, especially for queer folks of color. I think it’s important to recognize that a lot of queer folks of color have taken the lead in building allyship, places of support, and models of strength throughout LGBTQ+ history.

We talk a lot about the challenges queer people face, but there’s also a lot pride, strength, and resilience among the community. While this past year has been really hard, it’s also encouraged people to tap into community building, creativity, organizing, and fighting back against oppression in meaningful ways.

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Diversity and Inclusion Alliance, a committee dedicated to developing and fostering a more diverse and inclusive psychiatric clinical service at Columbia Psychiatry. He specializes in working with members of the LGBTQ+ community and in the intersections of gender, sexuality, and mental health.

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AT A GLANCE

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Gender Dysphoria, LGBTQ Mental Health

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Gender Dysphoria, LGBTQ Mental Health, Psychiatry

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