

# Discrimination Experiences, Coping, and Outcomes of Risk (DECOR)

Ariana Chu, Rohan Sikka, and Jacob Perez

Department of Educational Psychology & Learning Systems

## Introduction

- Ethnic minority individuals have a disproportionate likelihood of developing and being untreated for mental health disorders, including substance use, compared to White adults.
- Susceptibility can be attributed to discrimination, hesitation to engage in mental health services, and a lack of mental health awareness and access (American Psychiatric Association, 2023).
- Religious coping is using religious beliefs about divine intervention to aid in coping with daily life stressors. For ethnic or sexual minority individuals, these stressors can include struggles with discrimination.
- The present study will specifically examine sexual minority, emerging adult (EA; 18-29 years old), and Black men in the United States for comorbidity between mental health symptoms and alcohol abuse.
- We aim to measure whether religious coping mediates the relationship between mental health symptoms and alcohol abuse.

## Hypotheses

- There will be a positive relationship between mental health symptoms and alcohol abuse in Black sexual minority emerging adult men.
- Positive religious coping will moderate the relationship between mental health symptoms and alcohol use.

## Methods

- Participants were screened for eligibility. Inclusion criteria included identification as a Black male emerging adult (EA; 18-29 years old) who identifies as a sexual minority or as part of the LGBTQ+ community.
- Participants received a self-report survey via Prolific, an online platform.
- The survey included measures of cannabis use (CUDIT-R), alcohol use (AUDIT-R), religious coping (RCOPE, positive or negative), internalized negative beliefs (race and sexual orientation), depression, anxiety, and stress (DASS-21), chronic stress experiences (LGBTQ+ PCMS), concealment behavior and motivation (LGBIS), religious activities, drinking to cope (DMQ-R), and questions about socioeconomic status.
- Positive and negative religious coping behavior was compared to factors such as drinking to cope, depression, and anxiety. Preliminary data analysis was conducted using a linear regression model.

"My religion allows me to regain control over my life, using sorcery and divination to gain one step up in life."



Table 1  
Descriptive Statistics for Study Variables

	M	SD	N
Sexual Orientation Concealment	2.46	1.34	14
LGBTQ+ PCMS	2.05	1.12	14
Appropriated Racial Oppression	77.00	35.20	14
Internalized Homophobia	2.14	1.56	14
Concealment Motivation	3.81	1.30	14
Internalized Heterosexist Racism	2.87	1.15	14
Depression (DASS)	9.86	6.21	14
Anxiety (DASS)	7.64	5.85	14
Stress (DASS)	8.57	5.75	14
DASS Total	26.07	16.51	14
Alcohol Use	3.57	3.06	14
Positive Religious Coping	5.50	6.81	14
Negative Religious Coping	3.36	4.50	14

### Validity

#### Religious index

#### Chronic stress experiences

#### Concealment behavior

#### Concealment motivation

#### Internalized negative beliefs (race)

#### Internalized negative beliefs (sexual orientation)

#### Internalized negative beliefs (sexual orientation and race)

#### Religious index

#### Religious coping (positive)

#### Religious coping (negative)

#### Drinking to cope

#### Depression

#### Anxiety

#### Stress

#### Cannabis use

#### Alcohol use

#### Risky sexual behaviors

## Data and Results

- Data collection is currently ongoing. Preliminary results are included.
- Preliminary correlations indicated no significant associations between PRC and alcohol use. NRC is significantly associated ( $p < .05$ ) with sexual orientation concealment, chronic stress experiences, internalized homophobia, and IHR.
- Alcohol use correlated with internalized negative beliefs about race ( $r = .60$ ), which was in turn correlated with sexual orientation concealment ( $r = .86$ ).
- In an exploratory linear regression analysis, sexual orientation concealment significantly predicted negative religious coping ( $B = 1.847, p = .042$ ).
- With an increased sample size, we expect results to show that high positive religious coping will be associated with decreased substance abuse and highlight sexual orientation concealment as a variable of interest.
- This is due to a replacement of coping mechanisms — specifically, drinking to cope — by using religion to cope with mental health issues.
- Implications contingent upon results include adapting alcohol use prevention and interventions with the target population to decreasing maladaptive coping.

Table 2  
Significant Pearson Correlations Among Study Variables (N = 14)

Variable	1	2	3	4	5	6	7	8	9
1. Sexual Orientation Concealment	—								
2. Chronic Stress Experiences	.63*	—							
3. Appropriated Racial Oppression	.86**		—						
4. Internalized Homophobia	.66*		.66*	—					
5. Concealment Motivation					—				
6. Internalized Heterosexist Racism	.73**	.59*	.79**	.78**		—			
7. Depression (DASS)							—		
8. Anxiety (DASS)	.72**						.63*	—	
9. Stress (DASS)	.59*						.88**	.86**	—
10. DASS Total	.64*						.91**	.89**	.99**
11. Alcohol Use			.60*						
12. Positive Religious Coping									
13. Negative Religious Coping	.55*	.60*		.69**			.61*		

Note. Non-significant correlations are left blank.

\* $p < .05$ . \*\* $p < .01$ .

## Limitations and Future Directions

- This survey is limited by its scope and data collection methods.
  - Recruitment is primarily carried out online, limiting scope to people who would have easy access to the internet. This survey is based primarily on Western, North American views.
  - Data collection was based on a self-report survey through Prolific. This means data depends on the honesty of participants and validity checks.
- Replication with broader recruitment (i.e., in-person) would be beneficial.
- We expect that results will support previous studies, showcasing a negative relationship between substance use and positive religious coping.
- Ideally, this study can be expanded to a greater variety of ethnic minority groups to further inform groups regarding mental health and substance abuse disorders and how to cope with them.

## References

