

# DOES INTERNAL MIGRATION IMPACT MENTAL HEALTH DIFFERENTLY FOR SEXUAL MINORITIES AND HETEROSEXUALS?

## JOURNAL of HEALTH and SOCIAL BEHAVIOR

### JHSB Policy Brief

Koji Ueno<sup>1</sup>  
Preeti Vaghela<sup>1</sup>  
Lacey J. Ritter<sup>1</sup>

#### RESEARCH PROBLEM AND DATA

Previous research has suggested that compared with heterosexuals, people who report same-sex sexual-ity ("sexual minorities") have higher rates of migration because they may seek to escape stigma in the areas where they currently reside. However, direct evidence for the migration pattern has been lacking, and mental health implications of such a coping behavior have been unclear. Further, during the transition to adulthood, the extent of mental health disparities increases between heterosexuals and some sexual minority groups, but the implications of internal migration have not been clear for these changing mental health disparities.

The study analyzed data from the National Longitudinal Study of Adolescent Health ("Add Health,"  $N = 6,661$  women and 6,052 men). Between adolescence (year 1995, age 14–19) and young adulthood (years 2001–2002, age 20–25), changes in residential locations, mental health (depressive symptoms, binge drinking, substance use), and sexual orientation (attraction, dating relationships, sexual contact, identity) were assessed. Logistic regression models predicted the chance of migration (moving  $\geq 50$  miles), and ordinary least squares regression models predicted changes in residential location characteristics and mental health.

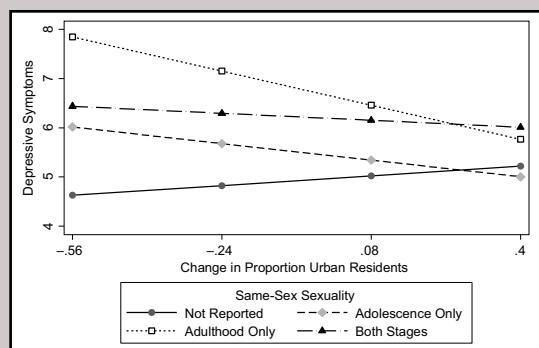
#### KEY FINDINGS

- Among women, sexual minorities have a higher rate of internal migration than do heterosexuals, but men do not show such a difference.
- Sexual minorities show better mental health when they migrate to counties with higher proportions of people living in urban areas.
- Among sexual minority men, migration to counties with higher population density and higher proportions of college-educated residents is also linked to better mental health.
- These patterns depend on the sexual orientation and mental health measures as well as the continuity of sexual orientation between adolescence and young adulthood.

#### POLICY IMPLICATIONS

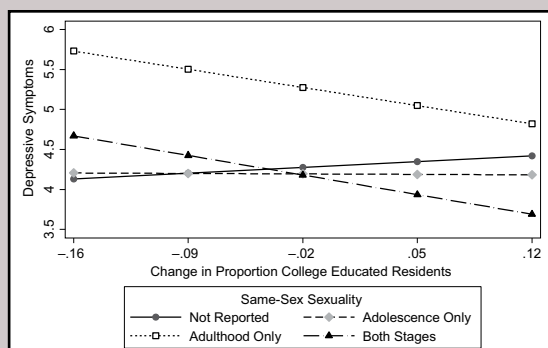
Despite the greater mental health benefits, sexual minorities are not substantially more likely to migrate than are heterosexuals, indicating their lack of sufficient resources. Therefore, social policies are needed to assist sexual minorities who wish to migrate to different areas. More importantly, however, social policies should aim at directly eliminating sexuality stigma and improving living conditions for sexual minorities. These policies should target rural, politically conservative areas because sexual minorities seem to experience more serious stigma in these areas.

Figure 1. Women's Depressive Symptoms by Change in Proportion of Urban Residents and Sexual Orientation.



Note: The slope for the Adulthood Only group differs significantly from that for the Not Reported group ( $p < .01$ ).

Figure 2. Men's Depressive Symptoms by Change in Proportion of College-Educated Residents and Sexual Orientation.



Note: The slope for the Adulthood Only group differs significantly from that for the Not Reported group ( $p < .05$ ).

JHSB Policy Brief 55(4), December 2014. 10.1177/0022146514558407

Ueno, Koji, Preeti Vaghela, and Lacey J. Ritter. 2014 "Sexual Orientation, Internal Migration, and Mental Health during the Transition to adulthood." *Journal of Health and Social Behavior* 55(4): 461–82.

For full text of the paper go to: <http://www.asanet.org/journals/jhsb>

<sup>1</sup>Florida State University

Downloaded from [hsb.sagepub.com](http://hsb.sagepub.com) at UCLA on July 7, 2016

Corresponding Author: Koji Ueno, Department of Sociology, 526 Bellamy Building, Florida State University, Tallahassee, FL 32306-2270, USA.

Email: [kueno@fsu.edu](mailto:kueno@fsu.edu)