Exploring Employment and Quality of Life Metrics for Adults who Qualify for Social Security

Benefits and have Autism and/or are LGBQ+

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Abstract

Minority Stress Theory suggests that individuals with marginalized identities, such as those with Autism and/or individuals who have a minority sexual orientation (i.e., lesbian, gay, bisexual, queer and others [LGBQ+]), face stressors from that marginalization that put them at risk of increased negative mental health outcomes and some markers of quality of life (Meyer, 2003). Furthermore, those at the intersection of these identities may experience compounding negative effects from being multiply-marginalized, including in the areas of employment, mental health and life satisfaction (Meyer, 2015; Schmitz et al., 2020; Vigna et al., 2018). This survey-based research explores the relationships of individuals with these identities, exploring outcomes for those who are and are not eligible for/recipients of Social Security benefits and across populations for those who have one or more of these marginalized identities. Outcomes related to self-esteem, life satisfaction and markers of mental health including depression, anxiety, and stress were explored. Findings suggest a relationship with eligibility for/receipt of Social Security benefits across subgroups with life satisfaction as well as a relationship between marginalized status and outcome variables.

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Background

Minority Stress Theory posits that individuals who are part of a minority group within a society experience chronic stressors that are related to their marginalization within that society (Meyer, 2003). While the original theory was built upon sexual orientation minority populations (i.e., Lesbian, Gay, Bisexual, Queer, and other identities [LGBQ+]), this theory has been backed by research on other minority populations, including race, gender, and Autism status (Balsam et al., 2011; Botha & Frost, 2020; Meyer, 2015; Tan et al. 2019). Furthermore, expansions on Minority Stress Theory put forth the idea that individuals who are multiply marginalized, that is to say, have intersectional identities of more than one marginalized group, may experience negative compounding effects due their multiply-marginalized statuses (Bowleg et al., 2003; Schmitz et al., 2020; Vigna et al., 2018).

In terms of having intersectional marginalized identities, individuals with Autism are three or more times more likely than the general public to identify as a sexual orientation or gender minority (Bennett & Goodall, 2016; Dewinter, de Graaf, & Begeer, 2017; George & Stokes, 2018; Hillier et al, 2020; Jacobs et al., 2014; Øien, Cicchetti, & Nordahl-Hansen, 2018). Individuals who are LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer, and other identities) are at increased risk of depression, anxiety, suicide, experiencing violence, and discrimination in the workplace and other areas of life (CDC, 2022; Nadal, 2019). Adults with Autism also experience an increased risk of mental health stressors and marginalization in employment and other areas (Lai et al., 2019).

While employment has been linked to an increase in life satisfaction for this population (Harmuth et al., 2018), adults with Autism face unemployment rates ranging from over ten times to 20 times the national average (Bureau of Labor Statistics, 2020; Roux et al, 2015; Taylor & Selzer, 2012). Estimates for the rate of unemployment for adults with Autism have been as high as 80% (Patton, 2019). Along with the ramification to finances and the freedom an income offers, unemployment has been linked to other significantly detrimental outcomes such as shorter life expectancy, lower reports of quality of life, and a risk for poorer mental and physical health outcomes for this population (Brand, 2015; Strandh et al., 2014).

Individuals who identify as being part of both the LGBTQ+ and disabilities communities receive unemployment at higher rates than LGBTQ+ individuals who are not disabled (Institute on Disability, 2018). In relation to Social Security benefits and LGBTQ+ individuals, in 2020, over eight million Americans received Social Security Disability Insurance (SSDI) benefits (Social Security Administration, 2021). The true number of LGBTQ+ Americans who were among those ranks is unknown. However, research suggests that they are likely disproportionately represented in these numbers, as well as in the disability population broadly, as members of the LGBTQ+ population report having a disability at a higher rate than the general population. As of 2020, an estimated 5.6% of Americans ages 18 and older were reported to identify as LGBTQ+, up from an estimate of 4.5% in 2017 (Jones, 2021). Of that number, 40% of transgender adults, 40% of bisexual adults, and 36% of lesbian women reported to have at least one disability, all significantly higher than the 27.2% of the general population in the

U.S. estimated to have one or more disabilities (Fredrikson, Kim, & Barkan, 2012; James et al., 2016; Taylor, 2018).

Furthermore, individuals with Autism and individuals who are LGBTQ+, and those who are both, face the potential stigma and marginalization for either or both group-affiliations, depending on their choices of disclosure in the workplace and job search process. Choosing not to disclose in order to avoid stigma, including toward obtaining and/or maintaining employment, has been linked to increases in emotional stress and negative mental health outcomes (Scrimshaw, Downing, & Cohen, 2018).

Self-esteem has been linked to these outcomes for individuals who face marginalization in a reciprocal loop, wherein the stressors of marginalization have negative effects on self-esteem and interventions that increase self-esteem may mitigate the negative effects of these stressors for those with a sexual minority identity (Bridge et al., 2022). Research has shown similar findings for individuals with Autism (Cooper et al., 2017; Van der Cruijsen & Boyer, 2021).

For these reasons, this study seeks to explore the relationships between these factors and the minority identities of having Autism and/or being LGBQ+ in a society in which these identities are marginalized. As this study has a focus on how Social Security eligibility plays a role in these life outcomes, we will look at how individuals with Autism, individuals who are LGBQ+, and individuals who are both may differ from each other in experience and outcomes, and differ amongst those who do and do not qualify for Social Security assistance. Therefore, this study seeks to answer three research questions: (1) Are there significant differences between those who are and are not eligible for Social Security benefits in the full sample?; (2) Are there differences between two subgroups of the full sample ([a] those who have Autism and [b] those who are LGBQ+) within subgroup between those who are eligible for Social Security benefits and those who are not?; and (3) Are there group differences between individuals who have Autism but are not LGBQ+, individuals who are LGBQ+ and do not have Autism, and/or those who have the multiple-marginalized identities of both having Autism and being LGBQ+ among those who are eligible for Social Security?

Methods

Participants

Participants included adults 18 or older, who resided in the United States. Participants were recruited in two ways, through Amazon Mechanical Turk (MTurk) and through contact with community agencies and organizations who were asked to share the survey information through their listservs. From across the United States, 220 individuals completed at least 44% of the survey and were included in the study. At 44% of the study, participants have had the opportunity to answer all of the outcome measure surveys and demographic and employment data questions. In terms of racial identity, 80% of participants identified as White, 7% as Black or African American, 4% as Asian, and 3% as Hispanic, Latinx, or Spanish Origin, and 10% of participants identified as multi-racial. In terms of gender identity, 106 participants identified as female, 101 as male, four as nonbinary, four as trans male, two as agender, one as gender-fluid, one as trans female, and one as trans nonbinary. Due to the limited number of participants who identified within a gender minority group, the research was restricted to an LGBQ+ sample (those with a minority sexual orientation) instead of an LGBTQ+ sample, which would have included those with a minority gender identity as an additional subgroup. Of the full group of

participants, there were 117 who identified as having Autism/being autistic, and 110 individuals who identified as LGBQ+.

Of the 220 participants, 130 responded that they were not recipients of Social Security benefits. 10 responded that they did not know if they received benefits or not. 80 participants responded they were recipients of Social Security benefits and were asked a follow-up question to provide detail regarding their eligibility. The acronym SSBE will be used for this Social Security benefit eligible group throughout rest of this paper.

Of the SSBE group ($n = 80$), in response to the follow-up question "Please describe which of these Social Security-eligibility situations apply to you," 36 participants endorsed "I was eligible as an adult, and am now receiving SSDI due to past work and trying to work above the Substantial Gainful Activity (SGA) threshold," 14 endorsed "I was eligible as a child for SSI disability, and am now eligible as an adult, but have not applied for SSI," 14 endorsed "I am eligible, but am working above SGA and am not currently receiving benefits," nine endorsed "I am eligible and am waiting for a decision on my application for benefits, and am looking for work in the meantime," four endorsed "I am eligible, but job seeking to avoid applying for or using SSA benefits," and three endorsed, "I do not know if these apply to me."

Of the entire SSBE group, 55 individuals had Autism, and 38 individuals of the SSBE group identified as LGBQ+ (27 bisexual, six asexual, two pansexual, one asexual, one demisexual, and one lesbian). Of those two subgroups, there is overlap amongst 26 individuals who are part of both the Autism and LGBQ+ communities. For further demographic information on Autism and LGBQ+ participant groups, please see the analyses below.

Measures

After completing a screener questionnaire to determine eligibility, participants were asked to complete an online survey through Qualtrics, consisting of questionnaires and surveys related to demographics, employment, identity, and quality of life. This research is part of a larger dissertation project that asks participants to complete additional measures. For the present analyses, participants were given the following surveys:

Demographic and Employment Questionnaire

Participants were asked questions related to their demographics, including age, location, gender, race, sexual orientation, if they had been diagnosed Autism Spectrum Disorder, and related questions, such as age of diagnosis. They were then asked employment related questions including current and past employment, preferred field of employment, if they felt they would make a good mentor at their place of employment, if they disclosed their identity as a person with Autism and/or LGBQ+ individuals, and related questions. Questions were optional and participants were informed that they were able to stop participation in the survey at any time.

Rosenberg Self-Esteem Scale

Participants were asked to complete the Rosenberg Self-Esteem Scale (RSES), a ten-item self-report measure on which participants rate their reactions to questions such as "I feel that I have a number of good qualities," and "At times I think I am no good at all," on a four-point Likert scale ranging from (1) strongly disagree to (4) strongly agree (Rosenberg, 1965).

Responses are scored and summed, with half of the items positively scored and half reverse scored. Possible scores are between 10 and 40, with higher scores indicating higher self-esteem in participants.

Satisfaction with Life Scale (SWLS)

Participants were also presented with the Satisfaction with Life Scale (SWLS), which is a five-item scale created to measure current life satisfaction (Diener, 1985). Using a Likert scale that ranges from (1) strongly disagree to (7) strongly agree, participants are asked to rate five items: (1) In most ways my life is close to my ideal; (2) The conditions of my life are excellent; (3) I am satisfied with life; (4) So far I have gotten the important things I want in life; and (5) If I could live my life over, I would change almost nothing. Responses are summed; there is no reverse scoring. Scores range from 5 to 35 with higher numbers denoting higher satisfaction with one's life.

Depression, Anxiety and Stress Scale-21 (DASS-21)

Participants were given the Depression Anxiety Stress Scale-21 (DASS-21), a 21-item condensed version of the original 42-item DASS, as a self-report measurement of three mental health markers: depression, anxiety, and stress (Lovibond & Lovibond, 1995). Using a Likert scale ranging from (0) "Did not apply to me at all" to (3) "Applied to me very much or most of the time," participants answer items related to each of the three indicators, such as: "I tended to over-react to situations" (Stress subscale), "I felt scared without any good reason" (Anxiety subscale), and "I felt that life was meaningless" (Depression subscale). Each subscale includes seven questions. The scores on each of the subscales are summed, giving three separate scores ranging from 0 to 21 for the measures of Depression, Anxiety, and Stress, with a higher score indicating increasing levels of the relevant mental health concern.

Procedures and Analytic Plan

An online survey was conducted through Qualtrics. Participants were asked to complete a screener to determine eligibility (at least 18 years old and a resident of the United States). MTurk users were asked to provide additional information, such as their MTurk ID and brief demographic survey, to determine eligibility, research group, and to link them to a full survey invitation. Their MTurk ID was only used for purposes of confirming payment through MTurk of a nominal participation fee. MTurk user IDs (which do not show any identifiable information about the participant except as relates directly to survey use and payment) were excluded from the data, which was de-identified. A consent form was also provided to participants at the beginning of the survey which outlined the study and participant rights. All surveys, research activities and practices were approved and overseen by The George Washington University Institutional Review Board. Participants who consented to study participation by clicking the "next" button at the bottom of the consent (no signatures were collected to maintain anonymity) proceeded to the demographics and employment questionnaires and measures. Participants were instructed that they may exit the survey at any time.

De-identified data was analyzed using Excel and SPSS software. Participants who did not complete at least 44% of the survey were excluded from analysis. Analyses for the present study

included t-tests and ANOVAs in keeping with the three research questions and post-hoc analyses as described below.

Results

Research Question 1

In order to answer Research Question 1 — "Are there significant differences between those who are and are not eligible for Social Security benefits in the full sample?" — we first turn to the demographic differences for these two groups: the SSBE group (n = 80) and the non-SSBE group (n = 130). The non-SSBE skews younger (M = 35.71, SD = 10.61) than the SSBE group (M = 36.32, SD = 9.98), and has more gender and racial diversity. The non-SSBE group includes, rounding averages, 47% female, 43% male, 5% trans, 3% nonbinary, 2% agender, and 1% gender-fluid participants. The SSBE group included 54% female and 46% male participants. The non-SSBE group includes 77% White, 8% Black or African American, 4% Hispanic, Latinx, or Spanish Origin, 3% Asian, and 8% multi-racial participants. The SSBE group includes 83% White, 6% Black or African American, 4% Asian, 1% Hispanic, Latinx, or Spanish Origin, and 6% multi-racial participants. A higher percentage of individuals in the SSBE group were married (85%) and had completed post-secondary education (84%) compared to the non-SSBE group (47% and 75%, respectively).

In terms of employment demographics, a higher percentage of individuals in the SSBE group were employed (86%) than compared to the non-SSBE group (75%). They were also employed in their preferred field at a higher percentage (75% in the SSBE group; 59% in the non-SSBE group). Of the SSBE group, 84% believed they would make a good mentor to new employees in their place of employment compared to 61% of the non-SSBE group. The SSBE group also felt more satisfied with their employment (M = 3.61, SD = .95) than the non-SSBE group (M = 3.05, SD = 1.22). The non-SSBE group obtained their first employment earlier on average (M = 18.73 years old, SD = 4.31 years) than the SSBE group (M = 23.63 years old, SD = 5.7 years). Additionally, the non-SSBE group felt less limited in their job prospects (M = 2.8, SD = 1.2) than the SSBE group (M = 3.39, SD = 1.01).

Looking at the quality-of-life outcome variables, including Life Satisfaction, Self Esteem, and the mental health markers among the full sample of participants, significant differences were found between those who did and did not receive Social Security benefits. These differences were found across the outcome measures of Life Satisfaction, Self Esteem, Depression, Anxiety, and Stress.

For Life Satisfaction, those within the SSBE group reported higher satisfaction with their lives (M = 25.54, SD = 5.75) than the non-SSBE group (M = 21.31, SD = 7.46). An independent sample t-test found this difference to be significant (t(208) = -4.34, p < .001, C.I (95%) = -6.15, - 2.31).

For Self Esteem, those within the non-SSBE group reported higher Self Esteem (M = 27.48, SD = 5.6) than the SSBE group (M = 26.01, SD = 3.89). An independent sample t-test found this difference to be significant (t(208) = -2.06, p = .021, C.I (95%) = .06, 2.87).

All three of the mental health markers were found to be higher for the SSBE group, suggesting more mental health stressors on this population than for the non-SSBE group. For Depression, the SSBE group on average reported higher depressive symptomology (M = 26.10, SD = 3.89) nearly twice that of the non-SSBE group (M = 13.88, SD = 11.7). An independent

sample t-test found this difference to be significant (t(208) = -4, p < .001, C.I (95%) = -10.6, -4.6). For Anxiety, the SSBE group reported higher amounts of anxiety (M = 21.7, SD = 8.62) than the non-SSBE group (M = 11.11, SD = 10.07). An independent sample t-test found this difference to be significant (t(208) = -7.81, p < .001, C.I (95%) = -13.27, -7.92). Similarly, Stress was higher for the SSBE group (M = 22.35, SD = 8.1) than the non-SSBE group (M = 15.98, SD = 10.69). An independent sample t-test found this difference to be significant (t(208) = -4.58, p < .001, C.I (95%) = -9.11, -3.63).

Research Question 2

Research Question 2 is as follows: "Are there differences between two subgroups of the full sample [(a) those who have Autism and (b) those who are LGBQ+] within the subgroup between those who are eligible for Social Security benefits and those who are not?" This question involves the potential differences between two subgroups of the full sample and comparing within those groups for any significant differences between those who are eligible for Social Security benefits and those who are not. The two subgroups are those who are LGBQ+ and those who have Autism. This is to say, as stated in research question 2a, within this research sample, are there significant differences between individuals who have Autism who are eligible for Social Security benefits and between individuals with Autism who are not? Research Question 2b asks the same question but pertaining to individuals who are LGBQ+, specifically: within this research sample, are there significant differences between individuals who are LGBQ+ who are eligible for Social Security benefits and between LGBQ+ individuals who are not? In order to address these questions, we again look to the demographic differences first and then to the quality-of-life metric differences.

Individuals with Autism who are/ are not eligible for Social Security Benefits

The Autism SSBE group (n = 55), which included 28 female and 27 male participants, skewed just slightly older (M = 35.6 years old, SD = 9.17 years) than the Autism non-SSBE group (n = 59; M = 34.32 years old, SD 10.49 years). The Autism non-SSBE group included 28 female, 23 male, three trans male, two nonbinary, two agender, and one gender-fluid participant. In terms of racial demographics, the Autism SSBE group included 45 White, three Black or African American, two Asian, one American Indian or Alaska Native, one Hispanic, Latinx, or Spanish Origin, and three multi-racial participants. The Autism non-SSBE group included 48 White, three Asian, two Hispanic, Latinx, or Spanish Origin, and five multi-racial participants. As with the LBGQ+ SSBE group, the Autism SSBE group was married at more than double the percentage (84%) of the Autism non-SSBE group (41%). The two groups were nearly equal in percentage of participants who completed post-secondary education with the Autism SSBE group at 79% and the Autism non-SSBE at 78%.

Looking at employment metrics, 89% of the Autism SSBE was employed compared to 75% of the Autism non-SSBE group. On average, those in the Autism non-SSBE group had their first employment at a younger age (M = 19.5 years old, SD = 4.8 years) compared to the Autism SSBE group (23.85 years old, SD = 5.49 years). 80% of those in the Autism SSBE group worked in their preferred field compared to 56% in the Autism SSBE group. A higher percentage of participants in the Autism SSBE group felt they would make a good mentor to new employees in their workplace (87%) than in the Autism non-SSBE group (51%). On average, participants in

the Autism SSBE group felt more satisfied in their employment (M = 3.43, SD = .97) than those in the Autism non-SSBE group (M = 2.88, SD = 1.25). Those in the Autism non-SSBE felt less limited in their job prospects (M = 2.95, SD = 1.29) than those in the Autism SSBE group (M = 3.17, SD = .95).

Related to their Autism identity in the workplace, a higher percentage of individuals in the Autism SSBE group disclosed their ASD diagnosis at work (71%) compared to the Autism non-SSBE group (34%). Within their place of work, 68% of the Autism SSBE group and 27% of the Autism non-SSBE group had experienced discrimination related to their Autism.

Significant differences were found between those with Autism who did and did not receive Social Security benefits across all quality-of-life outcome variables. Those in the Autism SSBE group had a higher feeling of Life Satisfaction (M = 25.27, SD = 5.64) than those in the Autism non-SSBE group (M = 20.73, SD = 7.6). An independent sample t-test found this difference to be significant (t(106.75) = -3.64, p < .001, C.I (95%) = -7.02, - 2.07). Those within the Autism non-SSBE group reported higher Self Esteem (M = 27.14, SD = 5.59) than those in the Autism SSBE group on average (M = 25.6, SD = 3.83). An independent sample t-test found this difference to be significant (t(91.63) = 1.83, p = .035, C.I (95%) = -.127, 3.2).

All three of the mental health markers were found to be higher for the Autism SSBE group, suggesting more mental health stressors on this population than for the Autism non-SSBE group as was found in the LGBQ+ and full SSBE sample. For Depression, the Autism SSBE group on average reported higher depressive symptomology (M = 21.67, SD = 8.71) than the Autism non-SSBE group (M = 15.19, SD = 11.62). An independent sample t-test found this difference to be significant (t(107.17) = -3.39, p < .001, C.I (95%) = -10.28, -2.69). The Autism SSBE group reported higher amounts of Anxiety on average (M = 22.29, SD = 9.13) than the Autism non-SSBE group (M = 13.59, SD = 10.87). An independent sample t-test found this difference to be significant (t(110.83) = -4.64, p < .001, C.I (95%) = -12.42, -4.92). Finally, Stress was also found to be higher for the Autism SSBE group (M = 22.33, SD = 8.29) than the Autism non-SSBE group (M = 18.27, SD = 10.74). An independent sample t-test found this difference to be significant (t(108.26) = -2.27, p = .013, C.I (95%) = -7.6, -.51) as well.

LGBQ+ Individuals who are/ are not eligible for Social Security Benefits

In terms of demographics, the LGBQ+ non-SSBE group (n = 70) skewed younger on average (M = 34.53, SD = 10.88) than the LGBQ+ SSBE group (n = 38; M = 37.76, SD 11.51). The LGBQ+ SSBE group consisted of 25 female and 13 male participants. This group consisted of 30 White, four Black or African American, one Asian, and three multi-racial participants. The LGBQ+ non-SSBE group consisted of 38 female, 20 male, four trans male, four nonbinary, two agender, one trans nonbinary, and one genderfluid participants. This group included 58 White, four Hispanic, Latinx, or Spanish Origin, three Black or African American, one Asian and four multi-racial participants. The LGBQ+ SSBE group was married at a percentage (84%) that was more than double that of the LGBQ+ non-SSBE group (40%). 84% of the LGBQ+ SSBE group had completed post-secondary education compared to 64% of the LGBQ+ non-SSBE group.

In terms of employment metrics, 87% of the LGBQ+ SSBE group was employed compared to 67% of the LGBQ+ non-SSBE group. On average, those in the LGBQ+ non-SSBE group had their first employment at an earlier age (M = 18.2 years old, SD = 4.1 years) than those in the LGBQ+ SSBE group (M = 24.14 years old, SD = 6.72 years). A higher percentage of the LGBQ+ SSBE group worked in their preferred field (79%) than in the LGBQ+ non-SSBE

group (51%). Additionally, a higher percentage of the LGBQ+ SSBE group felt they would be good mentor to new employees in their workplace (84%) compared to the LGBQ+ non-SSBE group (51%). While individuals in the LGBQ+ SSBE group felt more satisfied with their employment (M = 3.14, SD = 1.01) compared to LGBQ+ non-SSBE group (M = 3, SD = 1.3), those in the LGBQ+ non-SSBE group felt less limited in their job prospects (M = 2.77, SD = 1.26) than individuals in the LGBQ+ SSBE group on average (M = 3.43, SD = 1.26).

Specific to being LGBQ+, 61% of the LGBQ+ SSBE group and 30% of the LGBQ+ non-SSBE group had disclosed their LGBQ+ identity at work. 41% of the LGBQ+ SSBE group had experienced discrimination related to being LGBQ+ in the workplace as had 15% of the LGBQ+ non-SSBE group.

Turning to the outcome measures including Life Satisfaction, Self Esteem, and our three captured markers of mental health, Depression, Anxiety and Stress, there were significant differences found between the two groups in the areas of Life Satisfaction and all three mental health markers. The difference between the two groups in relation to Self Esteem (LGBQ+ SSBE group: M = 26.18, SD = 4.28; LGBQ+ non-SSBE group: M = 27.07, SD = 5.81) was found to not be significant via independent sample t-test (t(95.4) = .9, p = .184, C.I (95%) = -1.07, 2.84).

For Life Satisfaction, those within the LGBQ+ SSBE group reported higher satisfaction with their lives on average (M = 26.11, SD = 5.72) than the LGBQ+ non-SSBE group (M = 20.47, SD = 7.93). An independent sample t-test found this difference to be significant (t(97.6) = -4.25, p < .001, C.I (95%) = -8.27, - 3).

All three of the mental health markers were found to be higher for the LGBQ+ SSBE group, as found for the SSBE group in general, suggesting more mental health stressors on this population compared to the LGBQ+ non-SSBE group. For Depression, the LGBQ+ SSBE group on average reported higher depressive symptomology (M = 21.74, SD = 1.4) compared to the LGBQ+ non-SSBE group (M = 14.77, SD = 11.01). An independent sample t-test found this difference to be significant (t(92.59) = -3.63, p < .001, C.I (95%) = -10.78, -3.15). For Anxiety, the LGBQ+ SSBE group reported higher amounts of anxiety (M = 22.63, SD = 8.3), at nearly double that of the LGBQ+ non-SSBE group (M = 11.94, SD = 10.07). An independent sample t-test found this difference to be significant (t(106) = -5.69, p < .001, C.I (95%) = -14.41, -6.97). Finally, Stress was higher for the LGBQ+ SSBE group (M = 23.74, SD = 8.15) than the LGBQ+ non-SSBE group (M = 17.54, SD = 10). An independent sample t-test found this difference to be significant (t(106) = -3.27, p < .001, C.I (95%) = -9.95, -2.44) as well.

Research Question 3

Research Question 3— "Are there group differences between individuals who have Autism but are not LGBQ+, individuals who are LGBQ+ and do not have Autism, and/or those who have the multiple-marginalized identities of both having Autism and being LGBQ+ among those who are eligible for Social Security?"—focuses on the subgroups who have one of the research-focus marginalized identities, as well as the group of individuals in this sample who are both LGBQ+ and have Autism. To address this final question, ANOVAs were performed between the groups looking at each of the outcome measures, including Life Satisfaction, Self Esteem, and the three mental health markers of Depression, Anxiety, and Stress. While there was a trend that the group including individuals who are both LGBQ+ and have Autism were higher across the board in markers of mental health, meaning they were experiencing more negative stressors in those areas (more depressive symptomology, anxiety, and stress on average), none of

the results comparing the variance of group means was found to be significant. For the purposes of discussion below, the LGBQ+ without Autism SSBE group is referred to "Group L" (n = 13), the Autism and heterosexual SSBE group is "Group A" (n = 29), and the group with both identities is referred to and "Group AL" (n = 25).

For Life Satisfaction, Group AL scored the highest with a mean of 26.32 (SD = 4.46). Group L was the next highest at 25.69 (SD = 7.79), followed by Group A with a mean score of 24.17 (SD = 6.39). A one-way ANOVA revealed that there was not a statistically significant difference in mean scores between the groups (F(2, 64) = .88, p = .419). For Self Esteem, Group L reported the highest with a mean of 27.92 (SD = 6.24), with Group A reporting the next highest with a mean of 25.83 (SD = 3.57) and Group AL the lowest with a mean of 25.28 (SD = 2.51). A one-way ANOVA indicated there was not a statistically significant difference in mean scores between the groups (F(2, 64) = 2.03, p = .14).

Group AL scored the highest across all three mental health markers. Higher scores on these markers indicate an inverse relationship with positive mental health indicators. Starting with Depression, Group AL averaged a score of 22.64 in depressive symptomology (SD = 7.7). Group A scored the next highest with a mean of 21.31 (SD = 9.37), followed by Group L with a mean of 20 (SD = 10.3). A one-way ANOVA indicated that there was not a statistically significant difference in mean scores between the groups (F(2, 64) = .39, p = .679). For Anxiety, Group AL averaged the highest score of 23.68 (SD = 7.79), followed by Group A (M = 20.9, SD = 10.19) and Group L (M = 20.62, SD = 9.18) that had averages of just a few tenths of a point apart. A one-way ANOVA indicated that there was not a statistically significant difference in mean scores between any of the groups (F(2, 64) = .77, p = .466). Finally, on Stress, Group AL had the highest average score of 24.24 (SD = 7.54). Group L had the next highest mean score of 22.77 (SD = 9.47). Group A had the lowest score of the three groups with a mean score of 20.76 (SD = 8.81). A one-way ANOVA indicated that there was not a statistically significant difference in mean scores between the groups (F(2, 64) = 1.14, p = .326).

Discussion

Findings show that individuals who were eligible for Social Security benefits had higher life satisfaction in this sample than their non-Social Security-eligible counterparts in the general sample, the LGBQ+ sample, and the sample with Autism. These populations were also the most likely to be currently employed when compared to the non-SSBE group and they reported higher satisfaction with that employment. Research has tied employment to life satisfaction in numerous studies (De Witte et al., 2016; Griep et al., 2016; Haid & Seiffge-Krenke, 2013). Could the higher averages of life satisfaction across all SSBE groups be linked to the consistent result that the percentages of those employed within those groups were higher than their non-SSBE counterparts? When running a post-hoc independent sample t-test analysis on the general SSBE group, results showed that there was no significant difference in Life Satisfaction between the employed (n = 69) and unemployed (n = 11) groups (t(10.91) = -1.65, *p* = .064, CI (95%) = -10.82, 1.57). However, it is worth noting the unequal sample sizes left this analysis underpowered, as most participants, by a wide margin, were employed.

With that being said, as with most research of this kind, it is not possible to say *why* we see the results we do in terms of life satisfaction, particularly when the markers of mental health that indicate these groups are experiencing more stressors in these areas than their non-SSBE counterparts point toward lower life satisfaction in the literature (Bukhari & Saba, 2017). And

yet here, between the SSBE and non-SSBE groups, whether the general sample, those with Autism, or those who LGBQ+, we see the opposite trend. While we are not able to isolate exactly the reason for the trend we see in these analyses, findings do indicate that those who are eligible for Social Security with Autism and/or who are LGBQ+ have a greater sense of life satisfaction than those who are not receiving and/or eligible for Social Security's supports.

When we look to Research Question 3, we see that no significant differences in these outcomes exist for individuals who are eligible for/recipients of Social Security benefits whether they are in one marginalized group (specific to Autism or a sexual minority in this research) or in more than one marginalized group. There were no significant differences between these marginalized or multiply-marginalized groups in terms of self-esteem, life satisfaction, or mental health indicators. A post hoc analysis was completed looking at the difference in group means for the outcome variables between the three groups in Question 3 while adding a fourth group: those who are neither LGBQ+ nor have Autism. Through that analysis, we see that there is a significant difference between these groups in two of the mental health markers when we add the subgroup of participants who were not any of the other three marginalized groups. There was a statistically significant difference in Anxiety between these four groups ($F(3, 216) = 5.54$, $p = .001$; Wilks' Lambda = .87, partial $\eta^2 = .071$) and in Stress ($F(3, 216) = 5.54$, $p = .009$; Wilks' Lambda = .87, partial $\eta^2 = .052$). Looking through the lens of Minority Stress Theory, these results may suggest that there may not be a significant difference between *which* way you are marginalized—whether that be for your Autism identity, your LGBQ+ identity, or both—but that you are marginalized that impacts your mental health.

Further light is shed on this idea through the employment questions related to disclosure and discrimination in the workplace. Individuals in the SSBE groups with Autism and/or who are LGBQ+ disclosed their identity statuses more frequently than those in the non-SSBE groups and were more likely to have experienced discrimination in the workplace for one or more of their identities. Research shows that discrimination and the stressors related to it, as captured in Minority Stress Theory, are linked to negative outcomes in self-esteem and mental health. The results of this study show evidence of these outcomes as well and point toward further research needed regarding the potential impacts of multiple marginalization on the questions posed in this research and as captured in Minority Stress Theory. To this point, individuals in the multiply-marginalized group, those who have Autism and are LGBQ+, had the lowest scores out of any group on average on the measure of Self Esteem, and the highest scores on the three indicators of negative mental health impacts, which include depressive symptomology, anxiety and stress.

Recommendations, Limitations, and Suggestions for Future Research

Notably, while all of the mental health stressors studied were higher in the SSBE groups than for the non-SSBE groups, those who were eligible for or recipients of Social Security benefits scored higher than their non-SSBE counterparts in life satisfaction, even when controlling for employment. These findings suggest that there may be something related to SSBE support that may help increase one's sense of life satisfaction compared to those who are not eligible for or receiving support. As the present research points to a potential relationship between life satisfaction and Social Security benefits eligibility/ receipt, future research may reveal more information about this relationship, particularly amongst those with marginalized identities, and is a suggested area of future research.

It is also clear from these findings that individuals who are eligible for and/or utilizing Social Security benefits are reporting higher rates of stress, anxiety, and feelings of depression. Further research and review by the SSA with a focus on the mental health of those whom the agency serves may provide further insight into the nature of the relationships between these factors and potential insights into ways to move toward alleviating some of those mental health stressors reported by these groups. Additionally, it is recommended that the SSA continue to explore and implement ways to support those with marginalized and multiply-marginalized identities through research and policy in the areas explored in this research and beyond its scope.

This study had limitations related to sample diversity and sample size. Firstly, it was the hope of this researcher to collect enough data on gender diversity to complete the above analyses on gender diverse participants (i.e., trans, nonbinary, and gender-nonconforming individuals). There were not enough participants with these identities to conduct these analyses. Additionally, the racial make-up of the sample was not diverse enough to conduct additional analyses on racial marginalization. Suggestions for future research include analyses on larger samples of gender diverse and racially diverse study populations, and the intersection of these and other marginalized identities on employment, quality of life, and other outcomes.

Acknowledgements

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