

Altruism Born of Suffering and the Upstander Prosocial Intentions and Behaviors of Gender and Sexual Minorities

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Abstract

Given that gender and sexual minorities experience higher rates than cisgender straight individuals of various forms of adversity (e.g., bullying, sexual/relationship violence, discrimination), it may be hypothesized that gender and sexual minorities may experience greater empathy and be more likely to intervene and help others in need, consistent with the altruism born of suffering theory. This study analyzed data from 29,567 college students collected as part of the Healthy Minds Study using an online survey that included questions about gender, sexual orientation, discrimination, and upstander intentions and behaviors. Cross-tabulations with chi-square analyses revealed that for three hypothetical scenarios (seeing someone at risk of sexual assault, using hurtful language, or in significant emotional distress), the likelihood of intervening to help was a) greater for those who experienced unfair treatment during the past year because of gender or sexual orientation compared to those who had not experienced such discrimination, b) greater for cisgender women and gender nonconforming individuals compared to cisgender men and transgender women, and c) greater for queer and bisexual/pansexual individuals compared to straight and gay individuals. Similar results were found regarding actual upstander behaviors, whereby participants intervened upon witnessing these distressing scenarios in the past, although some of the differences were no longer significant. These findings support the altruism born of suffering theory, whereby prior discrimination was associated with greater prosocial upstanding intentions and behaviors, which were relatively more prevalent among gender nonconforming, queer, and bisexual/pansexual minorities.

Keywords

Prosocial Behavior, Upstander, Bystander, Gender, Sexual Orientation,

1. Introduction

For many people, experiencing trauma that involves victimization (i.e., the intentional harm by another person) may lead to negative outcomes such as posttraumatic stress, feelings of helplessness and unworthiness, and a defensive stance toward the world that might include violence (Branson, 2020; Santiago et al., 2018). However, for other people who have experienced either victimization or unintentional trauma (e.g., suffering that results from a natural disaster), according to the *altruism born of suffering* (ABS) theory, those experiences with adversity may lead to empathic psychological responses that include greater awareness and understanding of other people's suffering (i.e., empathic perspective taking), greater empathic concern for those people, and a greater desire to help stop or prevent the suffering of those people (Staub & Vollhardt, 2008; Vollhardt, 2009). Those empathic psychological processes then lead to corresponding altruistic prosocial behavior, consistent with the *empathy-altruism hypothesis* (Batson et al., 2015), which is supported by multiple studies showing positive correlations between empathy and prosocial behavior (e.g., Barchia & Bussey, 2011; Davis et al., 2019; Lim & DeSteno, 2016; Taylor & Hanna, 2018). The ABS theory further suggests that the prosocial behaviors are particularly likely in response to the suffering of in-group members and people who have experienced similar types of trauma, and among victims who have supportive interpersonal relationships or who have gone through some form of healing such as therapy or restorative justice processes (Staub & Vollhardt, 2008; Vollhardt, 2009). Moreover, the prosocial behaviors subsequently decrease negative affect and enhance the well-being of the prosocial actor, increase the prosocial actor's competence and self-efficacy, enhance the prosocial actor's connections with other individuals and groups, and add meaning to the prosocial actor's life, all of which continue to motivate further prosocial behaviors (Vollhardt, 2009).

The results of multiple research studies support the ABS theory. Some of these studies assessed negative life events (e.g., death of a loved one) as the measure of suffering, finding that prior experience of these negative life events was associated with greater prosocial behavior including helping people in emotional distress and helping people anonymously (Davis et al., 2019), as well as greater intervention intentions to help strangers experiencing harm (Taylor & Hanna, 2018). Other studies assessed traumatic victimization (e.g., childhood abuse, physical assault, sexual assault, bullying) and found that prior victimization was associated with a greater likelihood of defending others who experience victimization (Barchia & Bussey, 2011; Cao & Lin, 2015; Cascardi et al., 2021; Herry & Mulvey, 2023), in addition to greater volunteering behavior, particularly working with disadvantaged and stigmatized outgroups such as homeless people (Vollhardt & Staub,

2011). Moreover, some researchers also found that prior experiences of being discriminated against in various settings (e.g., school, work, society) were associated with greater prosocial behavior (Aydinli-Karakulak et al., 2021; Lozada et al., 2017), including defending others who are experiencing discrimination (Lui et al., 2022).

ABS may be further evident among gender and sexual minorities, who have experienced discrimination and many forms of victimization. *Gender minorities* include transgender men and women, as well as other gender nonconforming individuals who identify as nonbinary, genderqueer, two-spirit, or other nonconforming identities. *Sexual minorities* include people who identify as gay, lesbian, bisexual, pansexual, queer, or other non-straight sexual-orientation identities. Compared to cisgender and straight individuals, respectively, gender and sexual minorities have reported experiencing higher rates of being bullied and cyberbullied (Ojeda et al., 2023) and higher rates of sexual and relationship violence (Klein et al., 2023). Additionally, gender and sexual minorities are frequent victims of microaggressions such as derogatory or otherwise harmful comments (e.g., inappropriate gender-based or sexual-based jokes) and more severe hate crimes (Di Marco et al., 2021). Whereas such victimization experience may lead to negative mental-health consequences such as depression and anxiety, that suffering may also help these minorities achieve greater awareness and understanding of other people's suffering, greater empathic concern for those people, and a greater desire to help stop or prevent the suffering of those people, according to the ABS theory (Staub & Vollhardt, 2008; Vollhardt, 2009).

Though research on the prosocial behavior of gender and sexual minorities is limited, there is some support for greater prosociality among these minorities in comparison to cisgender straight individuals. For instance, multiple studies found that compared to straight participants, sexual minority participants were more likely to intervene in situations of sexual violence (Graham et al., 2023; López et al., 2023) and were more likely to engage in gender-based violence activism (Hoxmeier et al., 2022b). The researchers of these studies suggested that sexual minorities are more likely to experience sexual victimization and discrimination and that those experiences may lead to the development of greater empathy for and subsequent desire to help other people who experience similar forms of victimization and discrimination. However, these studies did not assess victimization or discrimination, nor did they explore differences among subgroups (e.g., gay, lesbian, bisexual, queer). One study did examine gender and sexual subgroup differences in whether participants intervened in four scenarios relevant to sexual violence (Hoxmeier et al., 2022a). Among women, in all four scenarios, intervention behavior was greater among bisexual women in comparison to straight women, and greater among cisgender women in comparison to transgender women. Among men, intervention behavior was greater among gay and bisexual men in comparison to straight men in most of the scenarios, but intervention behavior did not differ between cisgender and transgender men.

The authors indicated that the greater intervention behavior among gay men, bisexual men, and bisexual women may reflect greater empathy in these groups, perhaps stemming from their own vulnerability to victimization and discrimination. However, this study did not assess either victimization or discrimination. Moreover, research is missing on other intervention behaviors that are not relevant to sexual violence.

Purpose of the Current Study

The purpose of this study was to investigate whether an individual's experiences with discrimination because of their gender identity or sexual orientation positively impacts their upstander prosocial intentions and behaviors, supporting the ABS theory. Furthermore, this study examined whether people of different gender identities and sexual orientations differ on upstanding prosocial intentions and behaviors. Participants were asked whether they would be willing to intervene in the future (hypothetical upstander intentions) or if they had previously intervened to help in the past year (actual upstander behavior) upon witnessing someone drinking too much, someone at risk of sexual assault, someone using hurtful language, someone in significant emotional distress, and someone in a physical altercation/fight. Supporting the ABS theory, we hypothesized that gender and sexual minority individuals would generally exhibit greater prosocial upstander intentions and behaviors compared to straight cisgender individuals, likely resulting from their prior victimization and discrimination leading to greater empathetic processing and motivation to help others in need. Regarding specific subgroup differences, based on the one study that examined these differences previously, we hypothesized greater prosocial upstander intentions and behaviors among gay men and bisexual individuals in comparison to straight individuals, and among cisgender women in comparison to transgender women.

2. Method

2.1. Participants

This study involved analyzing data that were previously collected as part of the Healthy Minds Study (HMS; [Healthy Minds Network, 2023](#)). This study is an annual survey administered to randomly selected samples of undergraduate and graduate students enrolled at the University of California-Los Angeles, the University of Michigan, Wayne State University, and Boston University, which are the institutions of the HMS principal investigators, as well as other colleges and universities that opt to participate in the HMS. For the current study, participants included 29,567 students who completed both the standard demographic module (administered to all participating institutions) and the elective upstander/by-stander behaviors module (administered to a subset of participating institutions) of the HMS survey administered during the 2022-2023 academic year. **Table 1** presents the demographics for this sample of participants.

Table 1. Participant demographics.

	Demographic group	<i>n</i>	%
Gender	Cisgender men	7459	25.5%
	Cisgender women	19,713	67.5%
	Transgender men	247	0.8%
	Transgender women	90	0.3%
	Gender nonconforming	1715	5.9%
Sexual orientation	Straight	19,458	71.5%
	Gay	451	1.7%
	Lesbian	733	2.7%
	Bisexual/pansexual	4495	16.5%
	Queer	1679	6.2%
	Other	390	1.4%
Race	White	17,718	60.2%
	Hispanic	2352	8.0%
	Black	1941	6.6%
	Asian	3892	13.2%
	Middle Eastern	380	1.3%
	Native American	68	0.2%
	Biracial/multiracial	3037	10.3%
	Other	53	0.2%

Note. Age ranged from 18 - 74 ($M = 22.8$, $SD = 6.6$).

2.2. Procedure and Measures

For the HMS, which was approved by the Institutional Review Board of Advarra, student participants accessed the online Qualtrics survey via a link in recruitment emails. Upon providing informed consent, participants then completed the given modules of the survey. Relevant to the current study, the demographic module included questions asking about sex at birth, gender, sexual orientation, and discrimination related to gender or sexual orientation. For the gender identity variable, those reporting a male sex at birth and a male gender were coded as cisgender men, those reporting a female sex at birth and a female gender were coded as cisgender women, those reporting a female sex at birth and a male/trans-male gender were coded as transgender men, those reporting a male sex at birth and a female/trans-female gender were coded as transgender women, and those reporting a genderqueer or nonbinary gender were coded as gender nonconforming. For the sexual orientation variable, participants were coded as straight, gay, lesbian, bisexual/pansexual, or queer. For the discrimination variable, participants were coded as yes if they indicated that they had been treated unfairly in the past year because of their gender or sexual orientation, or no if they indicated that they had

not been treated unfairly during this time period because of their gender or sexual orientation.

The upstander/bystander behaviors module included questions about hypothetical upstander intentions and actual upstander behaviors. For hypothetical upstander intentions, participants indicated whether they agreed or disagreed that they would intervene to help if they were to witness five different situations in the future: someone drinking too much, someone at risk of being sexually assaulted, someone using hurtful language (e.g., racist, sexist, or homophobic comments), someone experiencing significant emotional distress or thoughts of suicide, and someone in a physical altercation/fight with another person. These five situations are common upstander behaviors encountered by college students. For actual upstander behaviors, participants were asked if they had actually witnessed each of those five scenarios in the past year and, if they had, whether or not they had intervened to help.

2.3. Statistical Analyses

Data were analyzed using the SPSS Statistics, Version 27 software. A series of cross-tabulations with chi-square analysis were conducted to determine whether there were significant differences a) between those who had versus had not been treated unfairly during the past year because of gender or sexual orientation, b) between the different gender identity groups, and c) between the different sexual orientation groups—on whether or not they would intervene to help in the future (i.e., hypothetical upstander intentions) or whether or not they intervened to help during the past year (i.e., actual upstander behaviors) upon witnessing each of the five scenarios. In cases of significant chi-square tests assessing gender and sexual orientation group differences, *z* tests with Bonferroni correction were used to determine which groups significantly differed from one another.

3. Results

Table 2 presents the results of the cross-tabulations and chi-square analyses assessing whether discrimination was associated with upstander intentions and behaviors. Regarding hypothetical upstander intentions, in comparison to those who reported no unfair treatment during the past year because of gender or sexual orientation, those who had reported such discrimination during the past year were significantly more likely to report that they would intervene to help if they were to see someone either drinking too much, at risk of sexual assault, using hurtful language, or in significant emotional distress. Regarding actual upstander behaviors, however, the past intervention behaviors were significantly different between the two groups for only two of the witnessed scenarios: having seen someone drinking too much and having seen someone in significant emotional distress.

Table 3 presents the results of the cross-tabulations and chi-square analyses assessing whether people with different gender identities differed on their upstander intentions and behaviors. Regarding hypothetical upstander intentions,

Table 2. Crosstabulations of discrimination and upstander intentions/behavior.

Table Head	Treated unfairly in past 12 months because of gender or sexual orientation		χ^2
	No	Yes	
Would intervene if I saw someone			
Drinking too much	78%	81%	9.5**
At risk of sexual assault	97%	98%	8.8**
Using hurtful language	91%	92%	7.8**
In significant emotional distress	97%	98%	6.6**
In a physical altercation/fight	64%	65%	1.8
Did intervene when I saw someone			
Drinking too much	56%	60%	7.0**
At risk of sexual assault	50%	50%	0.1
Using hurtful language	47%	48%	0.2
In significant emotional distress	64%	75%	41.2***
In a physical altercation/fight	22%	24%	0.6

** $p < 0.01$, *** $p < 0.001$.

several interesting differences were significant. First, cisgender women and gender nonconforming individuals reported significantly greater intentions than cisgender men and transgender women for intervening to help if they were to see someone drink too much, someone at risk for sexual assault, someone using hurtful language, or someone in significant emotional distress. Second, cisgender men reported significantly greater intentions than all other gender groups for intervening to help if they were to see someone in a physical altercation/fight. Regarding actual upstander behaviors, the same pattern emerged for the scenario of witnessing someone in a physical altercation/fight, whereby cisgender men were significantly more likely than all other gender groups to have intervened to help in the past. For the scenarios of witnessing someone using hurtful language and witnessing someone in significant emotional distress, cisgender women and gender nonconforming individuals were significantly more likely than cisgender men to have intervened to help in the past, but these groups did not significantly differ from one another on their past intervention behaviors upon seeing someone drinking too much or seeing someone at risk of sexual assault.

Table 4 presents the results of the cross-tabulations and chi-square analyses assessing whether people with different sexual orientations differed on their upstander intentions and behaviors. Regarding hypothetical upstander intentions, several interesting differences were significant. First, bisexual/pansexual and queer individuals reported significantly greater intentions than straight and gay individuals for intervening to help if they were to see someone at risk for sexual

Table 3. Crosstabulations of gender and upstander intentions/behaviors.

	Cis men	Cis women	Trans men	Trans women	Gender nonconforming	χ^2
Would intervene if I saw one						
drinking too much	76% _a	80% _b	81% _{ab}	62% _c	79% _b	79.0***
at risk of sexual assault	96% _a	98% _b	96% _{ab}	86% _c	98% _b	112.9***
using hurtful language	87% _a	93% _b	90% _{ab}	80% _a	94% _b	302.5***
in significant emotional distress	95% _a	98% _b	96% _{ab}	90% _a	98% _b	116.9***
in a physical altercation/fight	69% _a	63% _b	55% _{bc}	51% _{bc}	54% _c	192.1***
Did intervene when I saw one						
drinking too much	55% _a	58% _a	51% _{ab}	26% _b	54% _a	23.0***
at risk of sexual assault	47% _a	51% _a	39% _a	36% _a	49% _a	8.7
using hurtful language	41% _a	48% _b	58% _{bc}	42% _{abc}	55% _c	63.1***
in significant emotional distress	60% _a	66% _b	75% _{bc}	69% _{abc}	74% _c	54.1***
in a physical altercation/fight	32% _a	18% _b	22% _{ab}	9% _{ab}	18% _b	94.1***

Note. Percentages with differing subscripts within rows significantly differ based on a z test with Bonferroni correction. *** $p < 0.001$.

assault, someone using hurtful language, or someone in significant emotional distress. Second, straight individuals reported significantly greater intentions than all other sexual orientation groups for intervening to help if they were to see someone in a physical altercation/fight. Regarding actual upstander behaviors, bisexual/pansexual and queer individuals were significantly more likely than straight individuals to have intervened to help in the past after witnessing someone at risk for sexual assault, someone using hurtful language, or someone in significant emotional distress.

Table 4. Crosstabulations of sexual orientation and upstander intentions/behaviors.

	Straight	Gay	Lesbian	Bisexual	Queer	χ^2
Would intervene if I saw one						
drinking too much	79% _a	72% _b	78% _{ab}	80% _a	80% _a	20.2***
at risk of sexual assault	97% _a	96% _a	98% _{ab}	98% _b	99% _b	35.4***
using hurtful language	91% _a	88% _a	93% _{ab}	93% _b	95% _b	59.2***
in significant emotional distress	97% _a	95% _a	98% _{ab}	98% _b	98% _b	16.7**
in a physical altercation/fight	67% _a	55% _{bc}	54% _{bc}	59% _c	54% _b	256.6***
Did intervene when I saw one						
drinking too much	57% _a	47% _b	56% _{ab}	59% _a	54% _{ab}	12.7*
at risk of sexual assault	49% _a	33% _b	54% _{ac}	55% _c	50% _{bc}	22.4***
using hurtful language	43% _a	53% _{abc}	51% _{bc}	53% _c	59% _b	116.1***
in significant emotional distress	62% _a	61% _{ab}	70% _{abc}	70% _{bc}	75% _c	64.4***
in a physical altercation/fight	24% _a	17% _a	24% _a	21% _a	16% _a	8.6

Note. Percentages with differing subscripts within rows significantly differ based on a z test with Bonferroni correction. * $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

4. Discussion

4.1. Discrimination Associations

According to the ABS theory, when overcoming adverse situations and trauma experienced from victimization or discrimination, an individual may develop greater attunement and recognition of another person's emotional and psychological anguish, enhanced levels of concern for their adversity, and a stronger passion to provide aid to them in times of suffering (Staub & Vollhardt, 2008; Vollhardt, 2009). The first aim of the current study was to test the hypothesis, consistent with the ABS theory, that greater levels of prior discrimination based on gender identity or sexual orientation would be associated with greater prosocial intentions and behaviors.

Regarding prosocial intentions, we found significantly higher likelihoods of intervening in four of the five hypothetical upstander scenarios among individuals who perceived unfair treatment in the past 12 months due to their gender identity or sexual orientation, in comparison to those who had not experienced such discrimination. More specifically, these discriminatory experiences were associated with greater intentions to intervene to help if they were to witness someone drinking too much, at risk of sexual assault, using hurtful language, or in significant emotional distress. Supporting our hypothesis and the ABS theory, these findings are consistent with other research showing that greater experience with discrimination is associated with greater prosocial behavior (Aydinli-Karakulak et al., 2021; Lui et al., 2022; Lozada et al., 2017). In the current study, the only scenario in which discrimination experiences were not associated with greater intervention intentions was hypothetically witnessing a physical altercation/fight. Hesitation about intervening in this scenario may arise on the part of the individual due to fear for personal safety, especially if they lack effective training in physically defending themselves if retaliation were to occur, in which case their intervention may be ineffective or not contribute to de-escalation. With greater awareness of these nuances, we may be able to better understand why someone who has persevered through adversity and discrimination may still hesitate to intervene in certain high-risk situations.

Regarding the actual upstander behaviors that happened in the past, we observed that having experienced discrimination due to gender or sexual orientation was associated with significantly greater intervention behaviors in only two scenarios: where they witnessed someone drinking excessively or someone experiencing substantial emotional distress. It is possible that the individuals perceived these two scenarios to be the safest situations in which a person may intervene without the danger of retaliation or excessive risk to oneself. Thus, although people who have previously been treated unfairly due to gender or sexual orientation may report greater intentions to intervene in a variety of upstander scenarios, consistent with ABS theory, they may be reluctant to take action in the more serious situations, for which they may lack the proper training for effectively handling those situations. Another possible explanation regarding the limited differences

in actual upstander behaviors concerns statistical power. The reliability of the results on actual upstander behaviors depends on how many participants actually encountered each of the five scenarios. In the current study, only 40% of participants encountered someone drinking too much, 33% encountered someone using hurtful language, 26% encountered someone experiencing significant emotional distress, 17% encountered someone at risk of being sexually assaulted, and 14% encountered someone in a physical altercation/fight with another person. Thus, the findings about intervention behaviors in these scenarios, most notably the scenarios involving someone at risk of sexual assault and someone in a physical altercation/fight, are based on a much smaller subset of the sample, lowering the statistical power of the analyses.

4.2. Gender and Sexual Minority Associations

Gender and sexual minority individuals are amongst the marginalized groups of people who face higher rates of victimization and discrimination (Di Marco et al., 2021; Klein et al., 2023; Ojeda et al., 2023), and overcoming those adverse experiences may lead to enhanced empathic processing and motivation to help others in need, consistent with the ABS theory (Staub & Vollhardt, 2008; Vollhardt, 2009). The second aim of the current study was to test the hypothesis, consistent with the ABS theory, that gender and sexual minorities would exhibit greater pro-social intentions and behaviors than cisgender straight individuals. Moreover, we wanted to assess possible differences in upstander behavior between the gender and sexual minority subgroups, which has only been done in one previous study (Hoxmeier et al., 2022a).

Regarding gender identity, we found that cisgender women and gender nonconforming individuals, in comparison to cisgender men and transgender women, reported significantly greater intentions to intervene in four of the five hypothetical upstander intention scenarios: witnessing someone drinking too much, at risk of sexual assault, using hurtful language, or in significant emotional distress. The only exception was for witnessing a physical altercation/fight, for which cisgender men reported the highest likelihood of intervening. Similar patterns were observed regarding the actual upstanding behaviors of the gender identity groups, except that the group differences for witnessing someone drinking too much or in danger of sexual assault were no longer significant. These findings only partially support our hypothesis. The greater upstander intentions and behaviors of gender nonconforming individuals in comparison to cisgender men may be due to greater empathy and corresponding motivation to help others in need, arising from their past experiences with adversity, consistent with the ABS theory.

In contrast, the lower upstander intentions and behaviors of transgender women in comparison to cisgender women are in the opposite direction of what may be predicted by the ABS theory. However, this result was also found in a previous study (Hoxmeier et al., 2022a). Recent research reveals that compared to transgender men and gender nonconforming individuals, transgender

women reported experiencing higher lifetime levels of cissexist discrimination and victimization (Murchison et al., 2023), and they were also more likely to be older when starting to live in their affirmed gender (Puckett et al., 2022). Perhaps it takes longer for transgender women to overcome their adversity and develop resilience, which may be necessary before they may focus their attention on the needs of other people (Staub & Vollhardt, 2008; Vollhardt, 2009). Future research including older gender minorities and measures of openness and resilience is needed to evaluate this possibility.

Regarding sexual orientation, we observed that compared to straight individuals, bisexual/pansexual and queer individuals reported significantly greater intentions to intervene and actual intervention behaviors for three of the five upstander scenarios: when witnessing someone at risk for sexual assault, using hurtful language, or experiencing emotional distress. Past research reveals that sexual minorities were more likely than straight individuals to intervene in situations of sexual violence, with those researchers suggesting that sexual minorities are more likely to experience sexual victimization and discrimination and that those experiences may lead to development of greater empathy for and subsequent desire to help other people who experience similar forms of victimization and discrimination (Graham et al., 2023; Hoxmeier et al., 2022b; López et al., 2023), consistent with the ABS theory. When exploring subgroup differences, past research found that upstander intervention behaviors in the case of sexual violence were greater among bisexual and queer women than straight women, as well as greater among bisexual and gay men than straight men (Hoxmeier et al., 2022a). The findings of the current study were comparable, with greater upstander intentions and behaviors among participants with a bisexual or queer sexual orientation in comparison to participants with a straight sexual orientation, again providing indirect support for the ABS theory. The lack of difference in upstander behavior between lesbian and straight participants is consistent with the previous study (Hoxmeier et al., 2022a), whereas the lack of difference between gay and straight individuals in the current study was surprising and ought to be explored further in future research.

4.3. Strengths, Limitations, and Future Directions

Although the current study benefited from a large sample of 29,567 college students, including adequate samples of gender and sexual minorities recruited from universities across the United States, there are notable limitations. First, our findings are limited because they are all based on self-report measures regarding one's perceived intentions and past experiences, with those self-reports being susceptible to memory errors and social desirability bias. Ideally, future research should conduct more interactive case studies in which individuals actively engage with other individuals and are allowed the opportunity to provide aid in prosocial contexts. Second, the generalizability of the findings is limited to college students in the United States, preventing possible conclusions about younger and older individuals, as well as individuals who have not attended college. As indicated

previously, transgender women may take longer to become resilient and overcome the victimization and discrimination they have endured. Conducting research with older samples would allow researchers to determine whether upstander intentions and behaviors of transgender women increase, relative to straight women, over time. Third, the current study did not control for potentially confounding participant demographics (e.g., race, age, socioeconomic status, university, geographic region), nor did it examine the influence of intersecting identities based on these demographics (e.g., Black transgender lesbian women living in a “red” state with policies limiting gender-affirming care, Black cisgender straight men enrolled in a Historically Black College or University [HBCU]). People with more than one marginalized identity may experience unique life experiences at an individual and societal level with varying levels of acceptance and support that influence resilience development. Future research should explore these unique experiences and their relation to prosocial behavior. Finally, the Healthy Minds Study did not include measures of empathic concern or perspective taking. Including such assessments in future research would allow researchers to examine whether the associations between discrimination or minority status and the upstander intentions or behaviors are mediated by empathy, as suggested by the ABS theory.

4.4. Conclusion

There has been evidence that resilience to negative experiences, such as discrimination and victimization, has healing effects that lead to enhanced empathy and prosocial behaviors. Having experienced relatively higher levels of these hardships, gender and sexual minorities tend to become more sensitive to the struggles of others because of their shared trauma experiences. In accordance with the ABS theory, these individuals look to protect others from emotionally and psychologically distressing situations. Despite its limitations, this study has produced valuable findings regarding differences in altruism from adversity manifesting into prosocial upstander intentions and behaviors of gender and sexual minorities, most notably among gender nonconforming, queer, and bisexual/pansexual minorities.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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