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**MULTIPLE MINORITY STRESS: THE ROLE OF PROXIMAL AND DISTAL
STRESS ON MENTAL HEALTH OUTCOMES AMONG LESBIAN, GAY AND
BISEXUAL PEOPLE OF COLOR**

by

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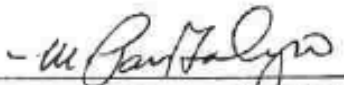
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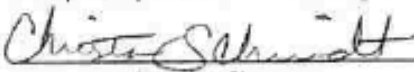
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Abstract

Multiple Minority Stress: The Role of Proximal and Distal Stress on Mental Health Outcomes Among Lesbian, Gay, and Bisexual People of Color

Johanna Ramirez

There is minimal research addressing the mental health outcomes of lesbian, gay, and bisexual people of color (LGB-POC). Meyer's (2003; 2015) minority stress theory posits that the manifestation of depression and anxiety symptomology is due to the excess *distal* and *proximal* stress that minority groups face because of their societal marginalization. The purpose of this study was to determine the predictive value of distal stress measures (e.g. LGBT-POC microaggressions and daily heterosexist/racist experiences) and proximal identity concepts (e.g., self-stigma, identity salience, and sexual orientation rumination) for self-reported depression/anxiety symptoms among LGB-POC. Data were collected via an online survey involving a sample of 88 LGB-POC. Plurisexual participants reported higher rates of negative mental health outcomes in comparison to monosexual participants. Regression analyses suggested that proximal stressors accounted for 15% more of variance in reported mental health outcomes than distal stress factors, alone. Distal and proximal minority stressors, together, accounted for 33% of the variance in participants' responses of mental health symptoms. Implications regarding mental health outcomes for LGB-POC are discussed.

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Introduction

The current study explores the effects of stressors on negative mental health outcomes in a sample of lesbian, gay, and bisexual people of color (LGB-POC). It examines *distal* stressors, which were measured in the form of LGBT-POC microaggressions and daily heterosexist/racist experiences. Additionally, *proximal* stressors were measured with scales designed to assess sexual orientation self-stigma, LGB-POC identity salience, and sexual orientation rumination. The measures used in this study were adapted and modified as needed to specifically address the intersectional experiences of LGB-POC. The sample includes adult cisgender sexual minorities of color who identify as monosexual (i.e., gay and lesbian) and plurisexual (i.e., bisexual, pansexual, queer, and fluid). The current study utilized recent self-reports of depression and anxiety among LGB-POC to explore the relationship between proximal and distal stress and mental health in multiple-minority individuals.

The Minority Stress Model

Meyer (1995) defined minority stress as the excess stress members of marginalized social groups experience because of their minority status and disconnection with dominant social environments and values. Meyer (1995) posited that it is a result of this social stress that minority members are at a heightened risk for negative mental health outcomes. Meyer (2003) proposed a distal-proximal distinction for explaining the stress processes that are specific to sexual minorities.

Distal minority stressors are interpreted as objective stressors that do not depend on an individual's subjective perception of the stress (Meyer, 2003). Typically, these discriminatory stressors include instances of harassment and victimization and are viewed as objectively stressful due to their *overt* impact on the minority individual. This

definition also encompasses microaggressions, which are subtle, unconscious, and often unintentional acts and exchanges of discrimination targeted towards minority persons (Nadal, 2013). Although they are not necessarily overt forms of discrimination, they are insults, invalidations, and assaults that have unconscious overt discriminatory messages or motivations behind them (Nadal, 2013). Microaggressions differ from more overt forms of prejudice and discrimination due to their subtle nature, but still have the potential to cause overt harm to minority individuals in terms of mental and physical health and psychological well-being (Sue, 2010). Microaggressions can be conceptualized as *subtle* distal stressors as they are more objectively stressful than they are subjectively stressful.

Alternatively, proximal stress can be defined as subjective internalizations of negative events and attitudes (Meyer, 2003). These stressors are more dependent upon self-identity and personal attributions of stressful events (Meyer, 2003). Proximal stress stems from the negative self-regard and self-stigma developed by minority individuals in response to negative societal attitudes directed toward them. According to Meyer (2003), this in turn would likely lead to more stress responses such as increases in mechanisms like rumination and minority identity salience. For sexual minorities, negative self-regard could manifest from internalized sexual prejudice (Meyer, 2003). For racial minorities, discrimination-related stress has been associated with higher rates of identity salience and internalizing behaviors such as depression and anxiety and was also shown to predict subsequent coping behaviors (Gaylord-Harden & Cunningham, 2009).

Minority Mental Health

Concerns about mental health outcomes and health disparities in minority populations are rising, but models for understanding multiple-minority individuals

(specifically racial and sexual minority groups) are limited. Recent literature has primarily focused on the experiences of these two minority groups independently and has suggested that they are more likely to be at a heightened risk for developing serious mental health problems.

Past literature has highlighted the mental health disparities among sexual minority individuals and compared with their heterosexual counterparts (Bostwick et al., 2010; Cochran, Sullivan & Mays, 2003; Hatzenbuehler, Keyes, & Hasin, 2009; Hatzenbuehler & McLaughlin, 2017; Herek, 2004; Lewis, Derlega, Griffin, & Krowinski, 2003; Meyer, 1995; 2003). Research has also suggested that sexual minorities face higher levels of day-to-day discrimination, in large part due to their sexual orientation, than heterosexual individuals and are more likely to report symptoms of psychiatric morbidity (Mays & Cochran, 2001). Results from a ten-year national health survey found that sexual minority men and women both report more mental health problems as well as higher rates of substance use (Operario et al., 2015). Additional research suggests that sexual minority college students are more likely than their heterosexual peers to report depressive symptoms and perceived stress and they are more likely to view themselves in negative ways (Grant et al., 2014). This research endorses the presence of mental health disparities within the sexual minority community and highlights the need for these inequities to be addressed not only within the social climate, but also in health care systems and social policy change.

Racial and ethnic minorities have also been shown to experience race-related discrimination that contributes to psychological distress (Jackson et al., 1996; King, 2005). Previous research has found perceived instances of racism and race-related stress to be positively associated with reports of depression, anxiety, low self-esteem, and a

range of psychiatric symptoms (King, 2005; Kyung-Hee et al., 2013; Zamboni & Crawford, 2007). In a meta-analytic review of 66 studies, African Americans were found to have more reports of perceived racism than any other minority group and the greater the exposure and perceived stressfulness of the racist events, the more likely African Americans were to report psychological distress as well as trauma-related symptoms (Pieterse, Todd, Neville, & Carter, 2012). Additional research found coping strategies for stress-inducing racist experiences to be negatively affected by perceived racism as well (Forsyth & Carter, 2012). Like sexual minorities, racial and ethnic minorities are at an increased risk of experiencing negative mental health outcomes.

Future research is needed to understand how race and sexual identity impact mental health outcomes within the sexual minority community. Due to the different levels of visibility accompanying each of these identities, with race being a rather visible identity and sexual orientation being mostly invisible, understanding the unique intersections of these minority identities becomes difficult to analyze from a research perspective. Research has noted that individuals with multiple minority identities can process prejudice related to each of their identities differently (Remedios & Snyder, 2015). Therefore, there is a need for an adjustment to the scientific study of psychology as well as stigma research that integrates multiply stigmatized identities and does not parse individual identities from one another for the sake of simplification (Remedios & Snyder, 2015; Williams & Frederick, 2015). Considering the multitude of identities that are consistently conceptualized under “LGBT” in research practices, it is important for the scientific community to begin to make the distinction between these identities and not to exclude or conflate valid sexual identities for the sake of convenience (Parent, DeBlaere, & Moradi, 2013). In addition, recent research has suggested that distinctions

across gender identity (i.e., cisgender/transgender) may be particularly important when considering sexual minority experience (Galupo, Davis, Gryniewicz & Mitchell, 2014; Galupo, Henise, & Mercer, 2016). Acknowledging the diversity of identities within the sexual minority community and regarding them as unique from one another will aid in advancing future research so that it is encompassing and representative of more idiosyncratic and personal identities.

Intersectionality

Intersectionality theory can help provide a framework for understanding how identity can be used to explore factors relating to race and sexual orientation. In her research on the intersection of race and sex in African American females, Kimberlè Crenshaw's (1989) seminal work introduced *intersectionality* as more than just the sum of "women's experience" and "the Black experience", but rather a more complex phenomenon that deserves recognition in its own right. She emphasizes that due to society's general acceptance of majority points of view, this inherently marginalizes multiply burdened individuals and makes their experiences difficult to understand (Crenshaw, 1989). Society's tendency to rely on discrete understandings of discrimination that stem from single minority identities (e.g., race-related discrimination or gender-related discrimination) makes claims from multiply-marginalized groups obscured and inessential to the larger public's perception of minority identities (Crenshaw, 1989). Past quantitative research that has attempted to acknowledge the intersecting identities of participants has historically taken additive or multiplicative approaches to analyze main effects of those identities and it could be that certain nuances are being hidden by these approaches (Parent et al., 2013).

For individuals of color who also identify as sexual minorities, this minority stress contributes unique factors to mental health. Balsam, Molina, Beadnell, Simoni, & Walters (2011) posit that these multiply marginalized individuals are especially vulnerable to negative mental health outcomes. In this study, the authors introduce and utilize a microaggressions scale designed to target LGBT-POC and their unique experiences of prejudice as multiple-minority individuals. Balsam & colleagues' study (2011) is among the first to develop an instrument that addresses this specific intersection of identity. It has also been suggested that LGBT-POC experience unique forms of discrimination and stressors designed to target their dual minority status (Balsam et al., 2011; Bostwick et al. 2014; Sutter & Perrin, 2016). This can manifest as heterosexism in racial/ethnic minority groups, racial discrimination in sexual minority groups, and a combination of heterosexism and racial discrimination from white non-sexual minority groups.

Acknowledging the intersection of identities in multiple-minority individuals can help address how the experiences of these persons differ from those who do not experience similar forms of discrimination. Intersectionality provides a framework for understanding and researching LGB-POC and provides a way to consider diverse sexual orientations among LGB-POC, specifically across monosexual and plurisexual conceptualizations of sexual orientation (Galupo et al., 2014).

Sexual Orientation Diversity: Monosexual v. Plurisexual

Recent research has suggested that making distinctions between monosexual and non-monosexual or plurisexual¹ identities is a useful way to address differences among sexual minorities (Galupo et al., 2014; Mitchell, Davis, & Galupo, 2014). Monosexual can be defined as individuals who endorse identities based on attraction to a single gender (i.e., heterosexual, gay, lesbian) and plurisexual can be defined as an umbrella term for individuals who endorse identities that are not explicitly based on attraction to one sex and leave open the potential for attraction to more than one sex/gender; (i.e., bisexual, pansexual, queer, and fluid). Sexuality is commonly conceptualized as dichotomous and the existence of bisexual or plurisexual identities challenge this dichotomy as well as the stability of heterosexual, gay and lesbian identities (Yoshino, 2000). As a result, plurisexuality is often overlooked in spaces that give attention to other sexual minority identities (Barker & Landridge, 2008). While sexual minority experience is framed by heterosexism, plurisexual experience is framed by “monosexism”, where individuals who are attracted to more than one gender are “othered” apart from gay and lesbian individuals (Balsam & Mohr, 2007). This can prevent individuals with bisexual and other plurisexual identities from being validated by members of the heterosexual and sexual minority community. This point of view parallels heterosexist and racist attitudes in that it narrows the lens for looking at diverse groups of individuals that end up being exclusionary to those outside of the celebrated standard.

Research has indicated that bisexual individuals, in particular, compared to lesbian and gay individuals experience more prejudice and negative regard from

¹ The term “plurisexual” instead of “non-monosexual” is used throughout the paper because it does not linguistically assume monosexual as the ideal conceptualization of sexuality.

heterosexual people (Brewster & Moradi, 2010). Additionally, bisexual individuals have been found to face more negative regard and prejudice from *both* the heterosexual and sexual minority communities (i.e., lesbian and gay individuals) than individuals with other sexual orientations (Herek, 2004; Wandrey, Mosack, & Moore, 2015). Feinstein & Dyar (2017) found that bisexual-identified individuals along with people who report sexual behavior or attraction toward multiple genders are at an increased risk for developing mood and anxiety disorders and substance use than lesbian and gay people. “Binegativity”, or negative attitudes toward bisexual individuals, on the part of lesbian and gay individuals, plays a role in this development (Feinstein & Dyar, 2017). This research suggests that plurisexual-identified individuals have unique experiences and mental health concerns specific to their sexual orientations. Given that individuals who endorse plurisexual labels may experience unique and often greater amounts of prejudice from both the heterosexual and sexual minority communities as well as depression and anxiety symptomology, future research should strive to conceptualize plurisexual identities (i.e., bisexual, pansexual, fluid, queer, etc.) as multiple minority identities in and of themselves. An intersectional approach that allows for a plurisexual/monosexual distinction to understand LGB-POC can allow for diverse identities to be adequately represented and understood rather than obscured by a separatist understanding of discrimination. Future research should seek to address the shortcomings in understanding this population by acknowledging these diverse, but simultaneous, racial and sexual identities.

The Current Study

The current study utilizes a sample of monosexual and plurisexual LGB-POC. The following analysis explores the effects of proximal stress in the form of internalized

stigma, identity salience, and sexual orientation rumination as well as distal stress in the form of LGBT-POC microaggressions and daily heterosexism/racism on mental health outcomes. Meyer (2003) has previously proposed that distal stress is not dependent upon personal perception, and that proximal stressors are more often linked to subjective interpretations. Meyer (2003) also suggests that how an individual subjectively evaluates their identity as positive, negative, or neutral has an influence on how they experience stress and related mental health outcomes. This study places initial importance on distal stressors in the context of a hierarchical regression to first evaluate stress that is not dependent on the subjectivity of the participants and follow it with participants' experiences of proximal stress. Past research has established, albeit with predominately white samples, that individuals who endorse plurisexual identities experience prejudice from both the heterosexual and sexual minority communities (Brewster & Moradi, 2010; Herek, 2004; Wandrey, Mosack, & Moore, 2015) and they are at an increased risk of developing depression and anxiety symptoms (Feinstein & Dyar, 2017). Due to this, and Meyer's (2003) minority stress model, which has suggested that proximal and distal stressors are likely predictors of negative mental health outcomes, the author proposes the following hypotheses:

1. LGB-POC with plurisexual identities will report higher rates of depression and anxiety, as indicated by the Mental Health Inventory-5 item (MHI-5), than those with monosexual identities.
2. LGB-POC with plurisexual identities will report higher rates of proximal stress, measured by self-stigma, identity salience, and sexual orientation reflection and rumination scales, and lower rates of distal stress, measured by LGBT-POC

microaggressions and daily heterosexism/racism, than those with monosexual identities.

3. The effect of both proximal and distal stress together will be more likely than either, separately, to predict higher responses on the MHI-5 in LGB-POC.

Method

Participants

Participants were 88 cisgender adults who self-identified as lesbian ($n = 16$), gay ($n = 30$), bisexual ($n = 17$), pansexual ($n = 4$), queer ($n = 20$), fluid ($n = 1$). Participants ranged in age from 18 to 65 ($M = 31.42$, $SD = 11.27$). Participants all resided in the U.S., representing 23 states and all major regions of the U.S. regions. Table 1 includes participant demographics with regard to racial/ethnic diversity, highest level of education, and socio-economic status. The sample focused on racial/ethnic identities considered as people of color such as Asian/Asian American, Black/African American, Hispanic/Latino, Native Hawaiian/other, Pacific Islander, and Biracial/Multiracial.

Recruitment

Recruitment announcements, including a link to the online survey, were posted to social media sites, online message boards, and emailed via LGBT listservs. Some of these resources were geared toward specific sexual minority communities, while others served the sexual and racial minority communities more generally. Participants heard about the study primarily through online means, including Facebook (40.9%), Tumblr (5.7%), research oriented websites/message boards (4.5%), and receiving a forwarded email from an acquaintance or listserv (28.4%). Other participants were directed to the survey by a friend or significant other (14.8%), five participants acquired access to this survey through different venues and two did not give a response.

Procedure

The present study focused on information obtained from an online study investigating minority identity and mental health. A structured sexual orientation question was presented to participants where they chose their primary sexual orientation from seven discrete options: gay, lesbian, bisexual, pansexual, fluid, queer, and other. Participants who identified as lesbian or gay were considered *monosexual* participants and those who identified as bisexual, pansexual, fluid or queer were considered *plurisexual* participants. Participants were also presented with a structured race/ethnicity question where they chose their identified racial/ethnic identity from seven discrete options: American Indian/Alaska Native, Asian/Asian American, Black/African American, Hispanic/Latino, Native Hawaiian/Other Pacific Islander, White/Caucasian, and Biracial/Multiracial. Participants were then invited to answer a series of questions in six different scales.

Measures

Measures used include a demographic form, and the Mental Health Inventory-5 item served as the dependent variable. Two measures were used for distal stress. The LGBT-POC Microaggressions Scale and the Daily Heterosexist Experiences Questionnaire-Modified served as distal predictor variables. The Sexual Orientation Self-Stigma Scale-Short Form, Salience Scale-Modified, the Sexual Orientation Reflection and Rumination Scale served as proximal predictor variables.

Mental Health Inventory-5 item

The Mental Health Inventory-5 item (MHI-5; Berwick et al., 1991) was used as a dependent measure in this analysis. The MHI-5 (Appendix A) was derived from the 38-item Mental Health Inventory developed by Viet & Ware (1983) and contains five

questions, three of which are aimed at depressive symptoms and psychological well-being, while two questions measure symptoms of anxiety. It has been shown to be just as valid a measure of depression and anxiety as the 38-item MHI (Cuijpers, Smits, Donker, ten Have, de Graaf, 2009). Response options were on a 6-point Likert scale (1 *all of the time* to 6 *none of the time*). Higher scores indicated better mental health. Participants were given the option not to answer. Reliability results for the MHI-5 yielded a Cronbach-alpha value of .85.

LGBT-POC Microaggressions Scale

The LGBT People of Color Microaggressions Scale (MS; Balsam et al., 2011) was used as a measure of distal stress. The MS (Appendix B) is an 18-item self-report scale assessing the unique types of microaggressions experienced by ethnic minority LGBT adults. The measure includes three subscales: (a) Racism in LGBT communities, (b) Heterosexism in Racial/Ethnic Minority Communities, and (c) Racism in Dating and Close Relationships. Response options were on a 6-point Likert scale (1 *Did not happen/Not applicable to me* to 6 *It happened and it bothered me EXTREMELY*). Participants were given the option not to answer. Higher scores indicated worse outcomes related to experiencing and being bothered by LGBT-POC microaggressions. Internal consistency and reliability measures for the scale (Overall $\alpha = .85$) and subscales (Cronbach-alpha values between .74 and .91) suggest that this is a reliable tool for assessing measures of LGBT Racism, Person of Color Heterosexism, and LGBT Relationship Racism.

Daily Heterosexist Experiences Questionnaire-Modified

The Daily Heterosexist Experiences Questionnaire (DHEQ; Balsam, Beadnell, & Molina, 2013) was used as a measure of distal stress. The DHEQ (Appendix C) is a self-

administered 50-item survey that measures day-to-day minority stress of LGBT individuals. Of the 9 subscales, 3 were selected as measuring “overt” or distal experiences of prejudice including the Harassment and Discrimination subscale (8 items), the Vicarious Trauma subscale (6 items) and the Victimization subscale (4 items). Each of the 18 questions was adapted for this study to highlight identity as an LGBT-POC instead of just LGBT individuals (e.g., “Being punched, hit, kicked, or beaten because you are LGBT” was changed to “Being punched, hit, kicked, or beaten because you are an LGBT person of color”). Two of the 18 questions were modified into two separate questions designed to address heterosexist experiences in a racial/ethnic community (e.g., “Being called names such as “fag” or “dyke” was changed to “Being called a derogatory term based on your LGBT identity within a racial minority community”) and racist experiences in an LGBT community (e.g., “Being called a derogatory term based on your racial identity within an LGBT community”). Response options were on a 6-point Likert scale (1 *Did not happen/Not applicable to me* to 6 *It happened and it bothered me EXTREMELY*). Participants were given the option not to answer. Higher scores indicated worse outcomes related to experiencing and being bothered by instances of racism and heterosexism. Internal reliability results for each of the selected subscales yielded a Cronbach-alpha value of .84 for Harassment and Discrimination, an alpha value of .80 for Vicarious Trauma, and an alpha value of .87 for Victimization with an overall alpha of .87.

Sexual Orientation Self-Stigma Scale-Short Form

The Sexual Orientation Self-Stigma Scale-Short Form (SSS-S; Mak & Cheung, 2010) was used as a measure of proximal stress. The SSS-S (Appendix D) is a 9-item self-report instrument that systematically assesses the extent of stigma that concealable

minorities may have internalized within themselves. This scale was adapted to assess a sexual minority population with concealable sexual orientations. Response options were on a 4-point Likert scale (1 *strongly agree* to 4 *strongly disagree*). Participants were given the option not to answer. Lower scores indicated higher rates of self-stigma. Internal consistency and reliability statistics yielded a Cronbach-alpha value of .83 for this sample.

Salience Scale-Modified

The original purpose of the salience scale developed by Marcussen, Ritter, & Safron (2004) was to measure general identity salience and identity importance to determine the relationship between salience and related stress. For this study, the 5-item measure (Appendix E) was modified to assess sexual orientation salience and race salience as intersectional identities as a measure of proximal stress. For example, “being a student” was replaced with “being a sexual minority of color” on all items (e.g., “For me, being a student is an important part of who I am” was changed to “For me, being a sexual minority person of color is an important part of who I am”). Response options were on a 4-point Likert scale (1 *strongly agree* to 4 *strongly disagree*). Lower scores indicated higher levels of identity salience. Participants were given the option not to answer. Internal consistency and reliability analysis yielded a Cronbach-alpha value of .88.

Sexual Orientation Reflection and Rumination Scale

The Sexual Orientation Reflection and Rumination Scale (SRRS; Galupo & Bauerband, 2016) was used as a measure of proximal stress. The SRRS (Appendix F) is a 12-item self-report survey designed to measure the extent to which a person thinks about their sexual minority identity. The measure includes 4 subscales (Reflection, Rumination,

Preoccupation, & Perseveration) associated with sexual orientation identity rumination. Response options were on a 4-point Likert scale (1 *almost never* to 4 *almost always*). Participants were given the option not to answer. Higher scores indicated higher rates of sexual orientation reflection, rumination, preoccupation, and perseverance. Analysis yielded a Cronbach-alpha value of .86, with subscale alpha levels ranging from .51 to .86.

Data Analysis

In order to address individual hypotheses, t-tests were used to explore LGB-POC group differences for mental health outcomes (Hypothesis 1) as well as proximal and distal predictors (Hypothesis 2) across monosexual and plurisexual identities. A hierarchical regression analysis explored the extent to which proximal and distal factors were able to predict negative mental health outcomes for LGB-POC (Hypothesis 3). Preliminary analysis of assumptions revealed no significant violations of normality, homogeneity of variance, or independence of residuals. Prior to testing the third hypothesis, multicollinearity statistics VIF (average 2.05) and Tolerance (average 0.51) of the independent variables did not suggest collinearity among individual predictors.

Addressing Missing Data

Of the total number of data points (6,365, $n = 95$), 152 data points (2.38%) were missing data. It is suggested that a missing data rate of less than 5-10% is inconsequential and does not bias the results (Bennett, 2001; Dong & Peng, 2013; Schafer, 1999) and that patterns of missing data have more of an influence on results than the proportion of missing data (Tabachnick & Fidel, 2013). Little's MCAR test of missing data was conducted in order to explore missing data patterns. Results of this analysis showed that all missing values were missing completely at random, $\chi^2 (1,340) = 1,413.77, p > .05$.

Five of the original 95 participants had 10 or more missing data points (out of 67 total possible for each case), which constituted a loss of more than 15% of each case's total data. These five in addition to 2 cases that were missing values on an entire predictor scale, were excluded from analysis leaving 88 valid participants. Cohen (1969) notes that 91 participants would be needed in this analysis to detect a medium effect size. Additional patterns of missing data were considered for each subscale. Individual subscales were reviewed for missing data percentages prior to and following the removal of seven cases. All subscales were missing less than .04% of their items prior to the removal of cases (Range = 0% to .03%). Following removal of the seven cases, this percentage dropped to less than .03% (Range = 0% to .02%). In the remaining 88 participants, there were a total of 5,896 data points, of which 70 were missing (1.1%). As suggested by Saunders et al. (2006) these 70 data points were replaced with mean imputations for their respective, available subscale values.

Results

Differences Across Sexual Orientation: Plurisexual vs. Monosexual

To test the first hypothesis, a t-test was conducted to evaluate the effect of sexual orientation on the Mental Health Inventory-5 Item–Total (MHI-T) variable, which included an average score of each participants' responses on two anxiety and depression subscales. Results supported the first hypothesis and suggested that plurisexual participants ($M = 3.60$) reported significantly more symptoms of depression and anxiety than monosexual participants, ($M = 4.07$), $t(86) = 2.22$, $p < .05$. The first hypothesis was supported in that plurisexual participants reported higher rates of combined depression and anxiety scores than did monosexual participants.

To address the second hypothesis, two sets independent t-tests were conducted to assess the effect of sexual orientation on the presence of both proximal and distal stressors. Results of both tests reported no significant differences in rates of proximal or distal stressors between plurisexual and monosexual participants. Plurisexual participants did not report experiencing more proximal stress than their monosexual counterparts and monosexual participants did not report feeling more distal stress compared to plurisexual participants. The only exception was the LGBT Relationship Racism variable, where monosexual ($M = 1.90$) participants reported experiencing significantly more stress related to this variable than did plurisexual participants ($M = 1.24$), $t(86) = 2.08$, $p < .05$ (See Table 2).

Regression Analysis

A preliminary correlation matrix (See Table 3) was used to explore the relationships among predictor variables and the MHI-T variable and to justify the use of these variables as predictors of mental health outcomes. Total scale scores were significantly correlated with the MHI-T variable, suggesting that these variables would serve as adequate predictors in a regression analysis. A hierarchical regression analysis was then conducted to examine mental health outcomes as a function of both distal and proximal stress predictors. Specifically, exploratory analyses were conducted to determine the extent to which proximal stressors accounted for variance of responses in the Mental Health Inventory above and beyond the presence of distal stressors (See Table 4).

Results for Step 1 of the hierarchical regression revealed that the combination of distal stressors significantly predicted mental health outcomes while accounting for 18% of the total variance, $F(2, 85) = 9.35$, $p < .001$, $R^2 = .18$. Step 2 was also significant,

suggesting that proximal stressors also significantly predicted mental health outcomes while accounting for an additional 15% of the total variance, above and beyond the effect of distal stressors, $F(5, 82) = 8.05, p < .001, R^2 = .33$. Therefore, proximal and distal factors, combined, significantly predicted mental health outcomes while accounting for 33% of the total variance. There was also a significant change in the variance in the model when proximal stress factors were added as predictors, $\Delta R^2 = .15, \Delta F(3, 82) = 6.07, p < .001$. These results suggest that proximal stress factors accounted for 15% more of the variance in reported mental health outcomes than distal stress factors, alone. While both models were a significant fit of the data, overall, the R^2 change from step 1 to step 2 suggests that the effect of both distal and proximal factors combined held more predictive power than either individual effect, alone, which supported the third hypothesis. Therefore, both should be considered when predicting mental health outcomes in this population.

Discussion

The current research is among the first to center on LGB-POC experience from a multiple minority stress framework in order to predict mental health outcomes. Previous literature that has explored this specific intersection of identities has done so by comparing LGB-POC with other White LGB people (Bostwick et al., 2014) or by looking specific intersections of racial and sexual minorities (Kyung-hee et al., 2013). The present analysis built upon previous literature on multiple minority stress theory by utilizing measures developed and modified to capture the range of LGB-POC experience. In particular, this research is among the first to incorporate a recently developed measure, the LGBT-POC Microaggressions Scale (Balsam et al., 2011), which was specifically normed with this population in mind. Other measures were normed on specific

populations; the Salience Scale (Marcussen et al., 2004) was normed on predominantly white students and the Daily Heterosexist Experiences Questionnaire (Balsam et al., 2013) on predominantly White sexual minorities. These measures were adapted for this study to examine the experiences of LGB-POC. As such, this research validates the use of these modified measures for examining LGB-POC experiences of minority-related stress and mental health. This broadens the selection of identity-based research measures that specifically address the unique experiences of LGB-POC.

Predicting Mental Health Outcomes for LGB-POC

Results of the hierarchical regression analysis showed that LGB-POC's levels of distal stress adequately predicted their rates of depression and anxiety symptomology but this prediction was improved when combining both distal and proximal stressors, which accounted for 33% of the variance in mental health scores. This pattern is in line with previous literature regarding the compounding effect of both proximal and distal stress and its effects on mental health for a general (predominantly White) sexual minority sample (Meyer, 1995; Meyer, 2003; Meyer, 2015). The present research suggests that these findings hold true with a sample of LGB-POC. Of the available predictors, most were initially correlated with negative mental health outcomes, suggesting that the chosen measures of proximal and distal stress were salient to LGB-POC experiences of depression and anxiety.

The proximal stressors used in the hierarchical regression were the Sexual Orientation Self-Stigma Scale, Salience Scale, and the SRRS. The SSS-S and the SRRS were the only scales not adapted or modified to examine a specific LGB-POC sample due to the nature of the questions, which did not fit the scope of a racial/ethnic minority population. Each of these measures required participants to use introspective means to

determine how they subjectively internalized minority-related stress. When these factors were added into the regression equation, they aided the distal stressors in their ability to predict mental health outcomes, demonstrating that they were relevant to LGB-POC levels of depression and anxiety symptomology.

The distal stressors used in the regression analysis were the Daily Heterosexist Experiences Questionnaire's Harassment/Discrimination and Vicarious Trauma subscales and the LGBT-POC Microaggressions Scale's LGBT Racism and the POC Heterosexism subscales. The former was adapted in this study to assess a specific LGB-POC sample and both were conceptualized as measures of overt stress as they were measures of acts of discrimination and invalidation done to individual participants. The effects of these factors, together, were enough to adequately predict self-reports of depression and anxiety.

A particularly interesting finding in this sample was the role of vicarious trauma and its association with participants' self-reports of depression and anxiety symptomology. Monosexual ($M = 3.16$) and plurisexual ($M = 3.57$) participants both reported feeling moderately distressed by instances of vicarious trauma and this subscale was significantly correlated with reports of negative mental health outcomes ($r = -.41, p > .01$). LGB-POC reported more instances of trauma happening to other LGB-POC and they experienced significantly more distress when this violence was done to others in their community and so this subscale was included in the regression analysis as a distal stressor. However, results from this study suggested that personal victimization, such as being physically attacked for being LGB-POC, was not significantly correlated with symptoms of depression and anxiety in monosexual ($M = .33$) and plurisexual ($M = .23$) individuals in this sample ($r = -.15, p = .16$). It is important to note, however, that while

participants in this study experienced less mental distress related to personal violence, they also reported fewer instances of personal victimization. Being personally attacked or victimized based on one's minority status can still lead to the development of symptoms of depression and anxiety (Dion, Earn, & Yee, 1978; Herek, Gillis & Cogan, 1999), but this research has shown that simply hearing about others in one's community being victimized has similar effects on mental health as experiencing this trauma firsthand. A distinction between the effects of firsthand and vicarious trauma should be considered in further research exploring the effects of minority-targeted violence.

The importance of vicarious trauma for LGB-POC has recently been highlighted in the literature analyzing the impact of the Pulse shooting. In June, 2016 a shooting in Orlando occurred at Pulse, an LGBTQ nightclub hosting a Latinx Pride event, with over 90% of the victims identifying as LGB-POC (Gibson & Minshew, 2016). Research has documented that LGBT non-victims felt a personal identification with the victims of the shooting to the point where it felt like the trauma was done to them, personally, mirroring similar narratives of personal victimization and justifying our use of the subscale as a measure of distal stress (Ramirez, Gonzalez, & Galupo, 2017; Ruanto-Ramirez et al., 2016). Because data collection for the current study took place shortly following the Pulse nightclub shooting, it is likely that participants were experiencing heightened levels of vicarious trauma as LGB-POC.

Heterogeneity of LGB-POC

Although this research builds an understanding of predicting mental health outcomes among LGB-POC, not all LGB-POC share the same experiences. Results suggest that plurisexual people of color experience elevated rates of depression and anxiety when compared to lesbian and gay people of color. This finding parallels

previous literature based on predominantly White samples, which suggests that plurisexual individuals not only experience higher rates of prejudice and negative regard compared their monosexual counterparts (Herek, 2004; Mitchell et al., 2014; Wandrey et al., 2015), they are also at an increased risk of developing symptoms of depression and anxiety compared to lesbian and gay people (Feinstein & Dyar, 2017).

Although our findings suggest mental health disparities between monosexual and plurisexual participants, no differences were observed in the measures of proximal and distal stress, with the exception of the LGBT Relationship Racism variable. While these measures, which were used to explicitly explore the intersection of heterosexism and racism, were relevant to LGB-POC experiences of negative mental health outcomes, it is possible that they were not nuanced enough to capture experiences of monosexism, or sufficient for explaining the differences in experiences specific to plurisexual or monosexual individuals.

Previous research had suggested that plurisexual individuals persevere on their sexual identities more than monosexual individuals and that perseveration is directly correlated with perceived stigma (Galupo & Bauerband, 2016). In this sample, however, plurisexual participants did not report more proximal stress associated with perseveration or self-stigma variables or the other proximal variables. Mean scores of reflection, rumination, preoccupation, and perseveration of LGB-POC in this study all fell within one standard deviation of mean scores in Galupo & Bauerband's (2016) original development of the SRRS scale, which used a sample comprised of 67% White participants. In this case, it is possible that race was not a determining factor of this study in sexual minorities' experience of ruminative processes related to sexual identity.

Similarly, monosexual individuals have endorsed experiencing significantly more discrimination and harassment than their plurisexual counterparts on the DHEQ (Balsam et al., 2013). The harassment/discrimination subscale used to address this distal stress may not have been sensitive enough to the ways that plurisexual individuals experience discrimination. Brewster & Moradi (2010) suggest that plurisexual individuals experience antibisexual prejudice from both the heterosexual and lesbian and gay communities. In addition, Mitchell et al. (2014) found that not all plurisexual individuals report the same degree of antibisexual discrimination, and that very specific identities often draw different types of antibisexual experience but the measures used here did not pick up on that degree. LG-POC have also previously reported experiencing elevated stress from microaggressions related to LGBT racism and LGBT relationship racism than bisexual individuals, but only the latter of these differences was replicated in this study (Balsam et al., 2011). Even though monosexual participants reported feeling significantly more distress than plurisexual individuals regarding instances of LGBT relationship racism, means on this subscale were low, suggesting that both groups experienced little to no distress when met with examples of this stress.

Limitations

Participants were recruited into the study on the basis of identifying as lesbian, gay, bisexual, and queer people of color. However, literature suggests that this language may not have resonated with people who use alternative labels or behavioral categories in place of LGB labels, such as “men who have sex with men” (MSM) or “same gender loving” (SGL), two labels which have been associated with the black male and female communities (Lassiter, 2014; Truong, Perez-Brumer, Burton, Gipson, J., & Hickson, 2016). The latter term is used both colloquially and in research as a culturally-affirmative

alternative to Caucasian-based terms like “lesbian” and “gay” for the African diaspora (What is BMX?, 2014). Additionally, the term “people of color” may have not resonated with potential participants in the survey or recruitment efforts as much as more specific racial/ethnic language might have. It is possible that our recruitment efforts failed to reach certain demographic groups who may have opted out of the survey because they did not identify with labels like “lesbian, gay, bisexual, or queer”. Similarly, language used in the survey, such as the modification of “LGB” to “LGB-POC”, could have led certain participants to discontinue or change how they responded to individual questions because they may not have resonated with the questions in the same way had the authors used different language.

Although we found meaningful differences for some measures between plurisexual and monosexual participants, several different plurisexual identities were collapsed into a single group (e.g., queer, bisexual, pansexual, and fluid), a method that has been criticized as conflating a multitude of experiences into a homogeneous and indistinguishable experience of sexual identity (Galupo et al., 2014). In particular, the decision to group queer participants with the plurisexual group may have skewed the present findings. The inclusion of queer with bisexual and pansexual identities has been met with mixed results (Galupo, Mitchell, & Davis, 2015) as queer-identified individuals differ from other plurisexual individuals in their personal attractions and how they define their sexual identity (Galupo, Ramirez, & Pulice-Farrow, 2017) and some queer-identified cisgender men and women endorse sexual attractions synonymous with exclusive same-sex attraction, or monosexuality (Morandini, Blaszczyński & Dar-Nimrod, 2016).

The present research approached the assessment of mental health outcomes from a multiple minority stress framework. This framework traditionally takes into consideration adaptive and maladaptive coping mechanisms that may mitigate or worsen the effects of stress and cause higher rates of depression and anxiety symptomology (Meyer, 1995; Meyer, 2003; Meyer, 2015). The current study did not consider coping mechanisms and it can only be assumed that coping mechanisms acted as a third, confounding variable that influenced the data but was not assessed. Additionally, there was no prior screening to assess whether participants had been previously diagnosed with clinical depression or anxiety disorders from a healthcare provider.

Future Directions

As it stands, there is a need for more research addressing the intersectional experiences of LGB-POC. Results from the current study suggest that when conducting discrimination research, it is necessary to look at not only the act of discrimination itself, but the victim's subjective interpretation of that discrimination to determine mental health outcomes. Future research should seek to apply this theory in communities of LGB and transgender people of color, the latter of which were not taken into consideration in this study. Additionally, considering the role of vicarious trauma in the current analysis, more research is needed that examines the differences between victimization and vicarious trauma. Not directly addressed in this study was the potential for conflicts in identity allegiances, or the feeling that one's racial identity and sexual identity are incompatible, which may have acted as an invisible moderator for higher negative mental health outcomes (Santos & VanDaalen, 2016). Considering this potentiality in future intersectional research could help negotiate further how commitment to identity affects psychological well-being in LGB-POC.

The measures of stress used in this study were adequate in their ability to predict mental health outcomes in LGB-POC. However, they failed to represent the differences in how monosexual and plurisexual individuals experience intersectional minority stress. Future research endeavors should explore how to make these measures as well as new measures more capable of capturing the nuances between these identities. There exists a general need for measures that specifically address intersectional minority identities as discrimination research is evolving away from unidimensional models of oppression and discrimination, which are simplistic and unrepresentative of the diversity that is unique to minority groups (Crenshaw, 1989; Grzanka, 2014). The bisexual umbrella represents multiple plurisexual identities with a broad range of experiences (Flanders, 2017; Flanders, LeBreton, Robinson, Bian, & Caravaca-Morera, 2017; Galupo et al., 2014; Galupo et al., 2017). Within this umbrella, individuals with bisexual identities are unique from other plurisexual-identified individuals in their experience and the discrimination that they face from both the heterosexual and sexual minority communities (Brewster & Moradi, 2010; Mitchell et al., 2014). Therefore, it is necessary that future research addresses the heterogeneity that exists within the plurisexual community when determining group differences, as certain identities may present with different pictures of sexual identity experience.

The present study treated individuals racial/ethnic groups as a homogeneous entity, which may have obscured individual racial differences. Literature supports the idea that people of color experience standards of femininity, masculinity, and sexuality differently from one another and when compared to other White people (Cooper, 2006; Harris, Battle, Pastrana & Daniels, 2013; Pelzer, 2016). Recent literature has already begun to explore trends of suicidality in a racially diverse group of sexual minority

youths, by comparing White, Black, Latino, Asian, American Native/Pacific Islander, Asian, and Multiracial identities and results have suggested that racial differences do influence rates of suicidality in LGB youth (Bostwick et al., 2014). Future research should seek to discern whether LGB-POC experience different types of racial minority stress and how this intersects with sexual orientation to impact mental health outcomes.

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Table 1. Participant Demographics

Sexual Orientation	%
Lesbian	18.2
Gay	34.1
Bisexual	19.3
Pansexual	4.5
Fluid	1.1
Queer	22.7
Race/Ethnic Identity	
Asian/Asian American	14.8
Black/African American	44.3
Hispanic/Latino	22.7
Native Hawaiian/Other Pacific Islander	1.1
Biracial/Multiracial	11.4
Other (please specify)	4.5
No Answer	1.1
Education	
High School Degree/GED	6.8
Some College	14.8
Associate's Degree	3.4
BA/BS/BFA or Equivalent	21.6
Some Graduate School	6.8
Master's Degree	36.4
Doctorate Degree or Equivalent	9.1
No Answer	1.1
Socioeconomic Status	
Working Class	17.0
Lower-Middle Class	22.7
Middle Class	36.4
Upper-Middle Class	17.0
Upper Class	1.1
Don't Know	3.4

Table 2. Scale & Subscale Means Across Sexual Orientation

	Monosexual <i>n</i> = 46 <i>M</i> (SD)	Plurisexual <i>n</i> = 42 <i>M</i> (SD)	<i>t</i>-test <i>t</i> (df)
MHI-T	4.07 (0.92)	3.60 (1.07)	2.22 (86)*
Proximal Variables			
Salience	1.80 (0.74)	1.81 (0.84)	-0.05 (86)
Sexual Orientation Self-Stigma	3.01 (0.61)	3.09 (0.57)	-0.65 (86)
SRRS - Reflection	2.18 (0.77)	2.13 (0.69)	0.35 (86)
SRRS - Rumination	1.85 (0.75)	1.74 (0.60)	0.75 (86)
SRRS - Preoccupation	2.04 (0.71)	2.08 (0.93)	-0.23 (86)
SRRS - Perseveration	2.12 (0.63)	2.08 (0.93)	0.93 (86)
Distal Variables			
MS - LGBT Racism	2.43 (1.64)	2.80 (1.48)	-1.09 (86)
MS - POC Heterosexism	2.49 (1.21)	2.46 (1.07)	0.13 (86)
MS - LGBT Relationship Racism	1.90 (1.57)	1.24 (1.37)	2.08 (86)*
DHEQ - Harassment/Discrimination	1.53 (1.38)	1.22 (1.21)	1.23 (86)
DHEQ - Vicarious Trauma	3.16 (1.31)	3.57 (1.29)	-1.46 (86)
DHEQ - Victimization	0.33 (0.97)	0.23 (0.84)	0.48 (86)

Note. SRRS = Sexual Orientation Reflection and Rumination Scale, MS = Microaggressions Scale, DHEQ = Daily Heterosexist Experiences Questionnaire

* $p < .5$

Table 3. Correlations for Predictor Scales and Total Means

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	<i>M</i>	<i>SD</i>
1	MHI	-	.20*	.47**	.33**	.37**	.37**	-.14	-.22*	.39**	.43**	.44**	-.14	-.38	-.26*	.41**	-.15	3.84	1.02
2	Salience		-	.02	-.20	-.19	-.14	-.25*	-.05**	-.26*	.32**	-.25*	-.10	-.01	-.01	-.18	.23*	1.81	.79
3	Sexual Orientation Self- Stigma			-	.41**	.42**	.36**	-.19	.37**	.28**	-.21	.40**	-.15	.28**	.31**	-.07	.30**	3.05	.59
4	SRRS – Total				-	.81**	.82**	.81**	.82**	.40**	.25*	.47**	.32**	.31**	.33**	.24*	.08	2.02	.58
5	Reflection					-	.65**	.45**	.56**	.21*	.14	.28**	.15	.10	.10	.07	.05	2.16	.73
6	Rumination						-	.50**	.55**	.35**	.32**	.46**	.15	.35**	.35**	.33**	.09	1.80	.68
7	Preoccupation							-	.62**	.35**	.18	.39**	.35**	.26*	.32**	.18	.04	2.06	.82
8	Perseveration								-	.39**	.20	.41**	.40**	.30**	.33**	.21*	.11	2.06	1.57
9	MS – Total									-	.87**	.85**	.82**	.63**	.65**	.52**	.18	2.22	1.19
10	LGBT Racism										-	.69**	.51**	.54**	.48**	.55**	.12	2.61	1.57
11	POC Heterosexism											-	.54**	.61**	.61**	.50**	.19	2.47	1.14
12	LGBT Relationship Racism												-	.47**	.57**	.28**	.15	1.59	1.51
13	DHEQ – Total													-	.85**	.77**	.61**	1.67	.89
14	Harassment/ Discrimination														-	.45**	.39**	1.38	1.30
15	Vicarious Trauma															-	.15	3.36	1.31
16	Victimization																-	.28	.91

Note. SRRS = Sexual Orientation Reflection and Rumination Scale, MS – Microaggressions Scale, DHEQ – Daily Heterosexist Experiences Questionnaire

* $p < .05$, ** $p < .01$

Table 4. Mental Health Outcomes Predicted by Distal and Proximal Stressors

	<i>F</i>	<i>R</i> ²	<i>B</i>	<i>SE B</i>	β
Step 1: Distal	9.35, <i>p</i> < .001	.18			
Constant			4.74	.23	
MS			-.21	.11	-.25
DHEQ			-.26	.15	-.23
Step 2: Distal + Proximal	8.05, <i>p</i> < .001	.33			
Constant			2.40	.84	
MS			-.08	.11	-.09
DHEQ			-.23	.14	-.20
Salience			-.10	.19	-.06
Self-Stigma			.20	.12	.16
SRRS-T			.61	.17	.36
	$\Delta F = 6.07, p < .001$	$\Delta R^2 = .15$			

Note. SRRS = Sexual Orientation Reflection and Rumination Scale, MS = Microaggressions Scale, DHEQ = Daily Heterosexist Experiences Questionnaire

Appendix A: IRB Approval Forms

Protocol Id:	1376
Protocol #:	1606001375
Protocol Type:	Towson Faculty/Staff
Reference ID1:	
Protocol Status:	Exempt
Title:	Multiple Minority Stress: The Role of Proximal and Distal Stress on Mental Health Outcomes Among LGB People of Color
Summary/Keywords:	
Initial Submission Date:	06/17/2016
Submission Date:	06/17/2016
Approval Date:	
Expiration Date:	
Last Approval Date:	
Sequence Number:	0
FDA IND or IDE #:	
Reference ID2:	
Special Review Indicator:	Y
Vulnerable Subject Indicator:	
Key Study Person Indicator:	
Funding Source Indicator:	
Correspondent Indicator:	
Reference Indicator:	
Related Projects Indicator:	

Appendix B: Mental Health Inventory 5-item

These questions are about how you feel and how things have been with you during the past month.

Response options on 6-point Likert scale:

- 1= All of the time
- 2= Most of the time
- 3= A good bit of the time
- 4= Some of the time
- 5= A little of the time
- 6= None of the time

1. How much of the time in the past month have you considered yourself to be a very nervous person?
2. How much of the time in the past month have you felt downhearted?
- *3. How much of the time in the past month have you felt calm and peaceful?
4. How much of the time in the past month have you felt so down in the dumps that nothing could cheer you up?
- *5. How much of the time in the past month have you considered yourself to be a happy person?

*Reverse-scored item

Appendix C: Daily Heterosexist Experiences Questionnaire-Modified

*How much has this problem distressed or bothered you **during the past 12 months?***

Response options on a 6-point Likert scale:

- 0= Did not happen/not applicable to me
- 1= It happened, and it bothered me NOT AT ALL
- 2= It happened, and it bothered me A LITTLE BIT
- 3= It happened, and it bothered me MODERATELY
- 4= It happened, and it bothered me QUITE A BIT
- 5- It happened, and it bothered me EXTREMELY

1. Hearing about LGBT people of color you know being treated unfairly.
2. Hearing about LGBT people of color you don't know being treated unfairly.
3. Hearing about hate crimes (e.g., vandalism, physical or sexual assault) that happened to LGBT people of color you don't know.
- *4. Being called a derogatory term based on your LGBT identity within a racial minority community.
5. Hearing other people being called derogatory term based on their status as an LGBT person of color.
6. Hearing someone make jokes about LGBT people of color.
- *7. Being called a derogatory term based on your racial identity within an LGBT community.
- *8. People staring at you within an LGBT community because you are a racial minority.
- *9. People staring at you within a racial minority community because you are LGBT.
10. Being verbally harassed by strangers because you are an LGBT person of color.
11. Being verbally harassed by people you know because you are an LGBT person of color.
12. Being treated unfairly in stores or restaurants because you are an LGBT person of color.
13. People laughing at you or making jokes at your expense because you are an LGBT person of color.
14. Hearing politicians say negative things about LGBT people of color.
15. Being punched hit, kicked, or beaten because you are an LGBT person of color.
16. Being assaulted with a weapon because you are an LGBT person of color.
17. Being raped or sexually assaulted because you are an LGBT person of color.
18. Having objects thrown at you because you are an LGBT person of color.

*Adapted from 1 to 2 questions

Appendix D: Sexual Orientation Self-Stigma Scale- Short Form

Please rate the extent to which you agree with the following statements.

Response options on 4-point Likert scale:

- 1= Strongly agree
- 2= Agree
- 3= Disagree
- 4= Strongly Disagree

1. My identity as a sexual minority is a burden to me.
2. My identity as a sexual minority incurs inconvenience in my daily life.
3. The identity of being a sexual minority taints my life.
4. I feel uncomfortable because I am a sexual minority.
5. I fear that others would know that I am a sexual minority.
6. I feel like I cannot do anything about my sexual minority status.
7. I estrange myself from others because I am a sexual minority.
8. I avoid interacting with others because I am a sexual minority.
9. I dare not make new friends lest they find out that I am a sexual minority.

Appendix E: Salience Scale-Modified

Please read each statement below as it relates to your sexual orientation and select the extent to which you agree.

Response options on 4-point Likert scale:

- 1= Strongly agree
- 2= Agree
- 3= Disagree
- 4= Strongly Disagree

- *1. Being a sexual minority person of color is something I rarely think about.
- 2. For others to know me as I really am, it is important for them to know that I am a sexual minority person of color.
- *3. I really don't have clear feelings about being a sexual minority person of color.
- 4. For me, being a sexual minority person of color is an important part of who I am.
- 5. For me, being a sexual minority person of color means more to me than just being a citizen in this society.

*Reverse-scored item

Appendix F: Sexual Orientation Reflection and Rumination Scale

People think about their sexual orientation in various ways. Below are statements someone may think or do. Please read the statements and select how often you currently think similar thoughts.

Response options on a 4-point Likert scale:

- 1= Almost Never
- 2= Sometimes
- 3= Often
- 4= Almost Always

1. Think “I can’t stop thinking about my sexual orientation”.
2. Try to figure out what others think about my sexual orientation.
3. Analyze whether to distance my sexual orientation in different interactions.
4. Think I will never be able to relate to heterosexual people.
5. Readdress initially resolved thoughts about my sexual orientation.
6. Think about everything I do not have because of my sexual orientation.
7. Keep thinking about how I define my sexual orientation.
8. Look at my sexual orientation identity in philosophical ways
9. Meditate on the role my sexual orientation plays in my purpose in life.
10. Think I will never be comfortable with my sexual orientation.
11. Think about things I can do because of my sexual orientation.
12. Wonder how my sexual orientation affected how I was viewed in a situation.

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Collegiate Institutions Attended	Dates	Degree	Date of Degree
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Minor: Human Sexuality

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Galupo, M. P., Pulice Farrow, L. K., & **Ramirez, J. L.** (In Press). "Like a Constantly Flowing River": Gender Identity Flexibility among Non-binary Transgender Individuals. In J. D Sinnott. (Ed.), *Identity Flexibility During Adulthood: Perspectives in Adult Development*. New York, NY: Springer.

Ramirez, J. L., Gonzalez, K. A., Galupo, M. P. (2017, Online First) "Invisible During My Own Crisis": Responses of LGBT People of Color to the Orlando Shooting. *Journal of Homosexuality*. doi: 10.1080/00918369.2017.1328217

Galupo, M.P., **Ramirez, J. L.**, & Pulice Farrow, L. K. (2017). "Regardless of their gender": Descriptions of sexual identity among bisexual, pansexual, and queer identified individuals. *Journal of Bisexuality*. 17(1). 108-124. doi:10.1080/15299716.2016.1228491

Gonzalez, K. A., **Ramirez, J. L.**, Galupo, M. P. (2017). "I was and still am": Narratives of bisexual marking in the #StillBisexual Campaign. *Sexuality & Culture*. 21(2). 493-515 doi: 10.1007/s12119-016-9401-y

Professional Positions Held:

Teaching Assistant: Department of Psychology Towson University Psychological Perspectives of Sex and Gender Human Development	Aug. 2015 – Dec. 2016
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Graduate Assistant: Center for Student Diversity
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Instructional Assistant: The Auburn School

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Professional Presentations:

Ramirez, J. L., (August, 2017). “Invisible During My Own Crisis”: Responses of LGBT People of Color to the Orlando Shooting. Poster to be presented at the Annual Conference for the American Psychological Association (APA), Division 44, August 3rd, Washington D.C.

Ramirez, J. L., Pulice Farrow, L. K., Galupo, M. P. (November, 2016). “Regardless of their gender”: Descriptions of sexual identity among bisexual, pansexual, and queer identified individuals. Poster presented at the Annual Conference for the Society of the Scientific Study of Sexuality (SSSS), November 17th, Phoenix, AZ.

Ramirez, J. L., Galupo, M. P., Pulice Farrow, L. K. (April, 2016). “Like a Constantly Flowing River”: Gender Identity Flexibility among Non-binary Transgender Individuals. Poster presented at the Maryland Psychological Association for Graduate Students (MPAGS) Convention, April 9th, Columbia, MD.

Ramirez, J. L., Galupo, M. P. (April, 2016). A Model for Researching Multiple Minority Stress in LGBT People of Color: The Role of Self-Stigma in Mental Health Outcomes. Poster presented at Annual TU Undergraduate and Graduate Student Research and Performance Expo, April 20th, Towson, MD.

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Maryland Psychological Association for Graduate Students (MPAGS)
Graduate Student Affiliate Membership

Society for the Scientific Study of Sexuality
Student Membership

American Psychological Association
Graduate Student Affiliate Membership

