The Relationship Between Community Connectedness and Minority Stress Across LGBTQ+ Identities

A Thesis/or an Empirically Supported Treatment Case Study
Submitted to the Faculty
of the Psychology Department

of

Washburn University

in partial fulfillment of
the requirements for

MASTER OF ARTS

Psychology Department

By

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Topeka, Kansas

July 22, 2025

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July 2025

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Entitled

THE RELATIONSHIP BETWEEN COMMUNITY CONNECTEDNESS AND MINORITY STRESSORS ACROSS LGBTQ+ IDENTITIES

be accepted in partial fulfillment of the

MASTER OF ARTS DEGREE

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Acknowledgements

Thank you to my committee for all your support, especially through all the changes of this last semester. Thank you to my mom, aunt, and grandma for getting me through college, this wouldn't be possible without you. Thank you to my chosen family including my friends that were always there throughout college, especially Maeve and Pierce. And finally thank you to Dr. Provorse, I miss you and will keep your guidance with me for the rest of my life.

Thank you all,

Emma

The Relationship Between Community Connectedness and Minority Stress Across LGBTQ+ Identities

Since 2022, over 500 anti lesbian, gay, bisexual, transgender, and queer (LGBTQ+) state-level bills have been introduced across the country, with a majority targeting transgender young people (American Civil Liberties Union [ACLU], 2024). As of May 2025, Oklahoma alone has 26 separate anti-LGBTQ+ bills up for discussion in their House of Representatives and Senate (ACLU, 2024). Bills that affect healthcare, school curriculum, youth sports and more areas of life have been introduced, and some have passed. There have also been growing calls for Obergefell v. Hodges to be overturned, the 2015 supreme court case that legalized marriage equality. So much political focus is directed at a community that makes up an estimated 5.5% to 7.2% of the population, although that number is growing as more and more young people are identifying as LGBTQ+ (Flores & Conron, 2023; Jones, 2023).

Recent years have also seen a surge in research about the unique issues the LGBTQ+ community faces, though that surge has slowed. Inequity in addressing issues among all members of the LGBTQ+ community also appears in the literature, as much past research has focused on the gay male experience (Harper & Schneider, 2003). This is particularly troubling because the identities that are less covered in the literature are the ones that need that research and support the most. How are these individuals supposed to get the help they need when the societal, legal, and research culture is ignoring them? Improving research and understanding around the entire spectrum of the LGBTQ+ community will help with lowering stigmas, bettering mental health treatments that are available, raising awareness for a community that is being brought to the forefront of political arguments and more. As an LGBTQ+ researcher, my drive and inspiration for this research is rooted in my connection to the community. Discovering

what LGBTQ+ meant as an adolescent I felt a deep pull towards the community, only understanding what that pull was when I came out a few years later. Experiences of minority stress, both personal and witnessed in those close to me, have strengthened my motivation to work for the betterment of the LGBTQ+ community however I can. The current study was designed to look at minority stress that LGBTQ+ people experience, how much minority stress they experience, and what influences that minority stress.

The Minority Stress Model (Meyer, 2003) posits that LGB people have an elevated prevalence of mental health issues due to stress from their sexual identity being stigmatized and what that stressful stigma exposes them to. Although Meyer's original model was only looking at LGB people, it has since been expanded to include all LGBTQ+ people and grown as an area of research (Testa et al., 2015). As part of understanding the function minority stress has within the model, Meyer (2003) made three important assumptions. The first assumption is that minority stress is in addition to everyday stress that everyone encounters. In other words, LGBTQ+ individuals have to navigate an excess level of stress due to their identity. The second assumption is that minority stress is chronic and affects every member of a minority group to differing degrees. The third assumption is that minority stress is socially based and stems from societal structures, like religious or political institutions. Meyer (2003) coined the term "minority stressors" to describe the factors that influence or lead to the elevated rates of mental health issues seen in the LGBTQ+ population when compared to the population as a whole.

Minority stressors may be understood further in two main categories: distal stressors and proximal stressors. Distal minority stressors are defined as experiences outside the self (Conlin & Douglass, 2022; Meyers, 2003). Distal stressors include stigmatized events at the individual level (e.g., being the victim of a hate crime) up to national-level events like the legal battle for federal

marriage equality. Proximal minority stressors are internal processes, like internalized homophobia, where a person has internalized societal ideals of homophobia (Williams et al., 2017). Vulnerability to proximal stressors is different for every individual and the negative relationship between minority stress and psychosocial resources is one of the factors that influences this difference (Williams et al., 2017).

These stressors heavily interact and influence one another to comprise minority stress. The internal processes that act as proximal stressors impact how someone interprets distal stressors and may also be a result of history with distal stressor experiences like harassment, rejection or discrimination. Someone already affected by internalized homophobic ideas is more likely than someone who has been less affected to conceal their identity for fear of repercussions, and that concealment strengthens those internal ideas (Douglass & Conlin, 2022). If some other factors that influence minority stress for LGBTQ+ individuals are age, race, socioeconomic status, religion and more.

Distal stressors themselves do not only come from sources outside the LGBTQ+ community; inequity within the community acts as a distal stressor (Parmenter & Winter 2023). These stressors emanating from inside the community take many forms: racism, focus on hypersexuality, highly valuing wealth, and identities that are not advocated for in the broader community (Parmenter & Winter 2023). Experience with and exposure to minority stressors effects include poorer physical, mental, and social well-being that in turn leads to higher rates of mental health problems (Frost et al., 2022).

Perceived exposure to distal stressors predicts negative mental health outcomes, and the accuracy of that prediction rises when perceived exposure to distal stressors is combined with proximal stressors (Ramirez & Paz Galupo, 2019). Distal minority stressors have been directly

linked to higher-than-normal levels of depressive symptoms and interact with the level of internalized minority stress someone experiences (proximal stressors; Parmenter & Winter 2023). The mental health implications of minority stress have been documented since Meyer's (2003) original development of the Minority Stress Model. LGB people as young as high school-age are at an elevated risk for suicidal ideation (Meyer, 2003). This greater risk could be due to distal minority stress experiences from their social environment like threatened and actual peer violence and the effect exposure to that violence has on their proximal minority stress (Meyer, 2003).

The Minority Stress Model has been widely accepted within the research community, but not without critiques. One such critique came from Diamond and Alley (2022) who posit that health disparities among LGBTQ+ individuals are more due to a lack of social safety than minority stress. They define social safety as having a reliable connection to others that incorporates inclusion, recognition, protection and more (Diamond & Alley, 2022). Social safety plays an essential role in understanding the issues that LGBTQ+ people encounter but nevertheless their lack of a social safety is due to their minority identity and thus connects back to the Minority Stress Model. Another critique of the model has been that it fails to include positive psychology relate topics like positive well-being and resilience (Fredriksen-Goldsen et al., 2014). Positive psychology as a field has been gaining support through the years with its focus on the positives or strengths that an individual has in their life to build upon rather than possible deficits or something being "wrong" with the individual. Meyer directly responded to this critique from Fredriksen-Goldsen et al., stating that focusing too strongly on a positive psychology view could take away from inequities of the institutional structure we work within (Meyer, 2014).

Role of Community

Community connectedness, which refers to having a community that one feels connected with and supported by, can benefit psychological well-being, especially when one is part of a marginalized community (Roberts & Christens, 2021). Salfas et al. (2019) examined the role of community connection among gay and bisexual men, finding that community involvement benefited mental health and was a predictor of lower (versus higher) levels of depression and anxiety symptoms. The participants with the best mental health outcomes and who experienced less internalized homonegativity were more involved in the LGBTQ+ community. Similarly, research with bisexual women shows that their community connectedness was positively related to desirable outcomes such as advocacy and engagement (Craney et al., 2018). Moreover, community connectedness was found to moderate the association between bisexual women's exposure to sexual orientation discrimination and psychological distress symptoms (e.g., feelings of loneliness), such that the effect ceased to reach significance when community connectedness was higher (versus lower; Craney et al., 2018).

Frost et al. (2022) expanded on this relation between community connectedness and mental health outcomes by examining different age cohorts. Community connectedness acts as a moderator for mental health and promotes wellbeing more strongly in older LGBTQ+ individuals than younger ones. The researchers attributed this difference by age to social changes that have happened over the last few decades, and gender diversity were increasingly being accepted, though that acceptance has stalled as of late (Frost et al., 2022). Younger LGBTQ+ adults coming of age in a social environment that was more accepting means they did not have the same amount or kind of negative experiences their older cohort had at the same age that pushed older LGBTQ+ adults towards those stronger bonds with one another (Frost et al., 2022).

As these findings suggest, among all the subpopulations within the LGBTQ+ community in which it has been studied—and *especially* among those community members who are most marginalized (e.g., older LGBTQ+ individuals)—community connectedness is a form of social support that has substantial mental health and social benefits.

The support LGBTQ+ individuals may look for and find within their communities is more tangible than just a feeling of connection. An example of how community connectedness can be expressed is in younger LGBTQ+ individuals having someone to look to for advice about navigating the coming out process. Connections to other members of the same minority group offers a space away from stigma where encouragement from those who have navigated similar experiences can be given (Meyer, 2003). Having that support resource of another community member's experience with the same stigmatization and the ability to confide in them available can have a positive impact on LGBTQ+ youths' mental health, including lowering proximal stressors like internalized homophobia (Frost et al., 2016). As LGBTQ+ individuals become adults and expand their social networks the benefits of those community connections also expand.

Unfortunately, social support such as found through community connectedness is not equitably distributed in the LGBTQ+ community. In an interview style study, Parmenter et al. (2021) obtained firsthand descriptions of inequity experiences due to prejudicial intragroup attitudes within the LGBTQ+ community. For example, one form inequity within the community took among interviewees was monosexism, which refers to the belief that those who are attracted to more than one gender are illegitimate (Parmenter et al., 2021). This discrimination presented itself as statements directed at bisexual people like "Well, it's a phase" or "You can't pick a side." Interviewees also described feeling invalidated by other community members when they

were in relationships that presented as heterosexual (e.g., a bisexual female dating a man). Another intragroup inequity issue experienced by interviewees was cisgenderism, meaning discrimination against those whose gender identity does not align with what they were assigned at birth (Parmenter et al., 2021). Cisgenderism can include discourse over who is allowed to use what labels (e.g., a transgender woman identifying as lesbian) or as more blatant transphobia. Specifically for transphobia, cisgenderism can present itself in many ways like exclusion from gay-specific activities because someone is perceived as not being a "real" man/woman; cisgenderism may also be experienced as harassment based on how much someone has transitioned (Halliwell, 2019; Hutsell, 2012). Intragroup inequities act as another minority stressor for those who are the target of them.

Current Study

In sum, members of the LGBTQ+ community experience minority stress at different levels and amounts. Minority stress comes from outside sources like laws surrounding LGBTQ+ rights (i.e., distal stressors), or internal sources like internalized homophobia (proximal stressors; Meyer, 2003). Another source of minority stress can be the prejudicial intragroup attitudes of other LGBTQ+ community members, leading to inequity in community members' access to and use of otherwise stress-ameliorative factors such as community connectedness. There are many other variables that influence minority stress however for the current study LGBTQ+ status alone is the focus. Thus, the current study aims to examine relationships among minority stressors, community connectedness, and community inequity among different LGBTQ+ groups in a correlational, nonexperimental, survey-style study. The hypotheses for this study are:

1. Level of community connectedness will correlate negatively to level of minority stress.

2. Community connectedness will be associated with lower levels of proximal minority stress compared to its association with distal minority stress.
3. LGBTQ+ identities that are less supported or accepted, like transgender people, will experience more inequity within the community and therefore higher levels of minority stress.
4. The relationship between community connectedness and proximal and distal minority stress will be moderated by experiences of inequity within the LGBTQ+ community.

Method

Participants

Using the number of LGBTQ+ people in the United States—14 million (Flores & Conron, 2023)—and a sample size calculator (Qualtrics, 2023) at a 95% confidence level and 5% margin of error, an estimate of 385 participants was determined to be the ideal sample size to represent the target population. However, calculating a sample size based on the proposed analyses—moderated multiple regression—using a medium effect ($F^2 = .15$), a power level of .80, having three predictors, and a significance or alpha level of .05, a minimum required sample of 76 was identified as a reasonable and more feasible sample size. For the sake of efficiency and sufficient statistical power, and based on the available funds for participant compensation, 121 participants were recruited. Participants were recruited from Prolific in order to access enough LGBTQ+ and good quality participants. They were compensated at a fair rate as per Prolific's recommendations for getting quality research ($12 an hour; Denison, 2023) for completing the survey; these funds were provided by an internal grant. Four participants were removed from analyses for answering that they identified as cisgender and heterosexual. Another 12 were removed when it was determined they did not spend a sufficient amount of time

completing the study to give quality responses. Based on the average time participants spent taking the survey (7 minutes), insufficient time spent taking the survey was determined to be under 2 minutes. The final number of participants was 105.

The participants in this study mostly fell into two sexual orientation categories, homosexual (n = 33) and bisexual (n = 50). The rest of the participants consisted of 1 heterosexual, 8 pansexuals, 7 asexuals, 1 demisexual and 5 individuals who answered that their sexual orientation was not listed or that they do not self-identify this way. For gender identity, most participants responded that they were cisgender (n = 73). The rest of the participants consisted of 4 transgender FTM (female to male) individuals, 8 transgender MTF (male to female) individuals, 2 genderqueer individuals, 13 nonbinary individuals, 1 genderfluid individual and 3 individuals who answered that their gender identity was not listed or that they do not self-identify this way. See Table 1 for a list of sexual orientation and gender identity terms and definitions.

Measures

LGBTQ+ Community Resilience and Inequity Scale (CRIS; see Appendix A**).** The LGBTQ+ Community Resilience and Inequity Scale, developed by Parmenter and Galliher (2024), was used to measure community connectedness and inequity. Namely, this measure examines LGBTQ+ individuals' experiences with resilience (i.e., connectedness) and inequity within the community. The CRIS is a 20-item measure that is split into two subscales: the 10-item Community Resilience subscale and the 10-item Community Inequity subscale. An example item from the Community Resilience subscale is, "The LGBTQ+ community helps me persevere during hard times." An example item from the Community Inequity Subscale is, "My identities are not given proper recognition in the LGBTQ+ history and social justice movements." The

items are answered on a five-point Likert scale, with 1 being “strongly disagree” and 5 being “strongly agree.” Subscale scores are found by calculating the average item score and can range from 1 to 5. Higher (versus lower) scores indicate a stronger feeling of connection the LGBTQ+ community and a stronger feeling of inequity within the community, respectively.

Parmenter and Galliher (2024) ran an exploratory factor analysis to create the CRIS, which resulted in two factors with 10 items in each. Factor one and factor two both showed strong internal consistency (Cronbach’s alphas = .94 and .93, respectively). Criterion validity was found to be significant when comparing the CRIS subscales to the Lesbian, Gay, Bisexual Identity Scale (LGBIS; Parmenter & Galliher, 2024). When looking at the negative aspects of the LGBIS (e.g., identity uncertainty), the CRIS Community Resilience subscale was negatively and significantly correlated (*r*s = -0.17 to -0.32), and the CRIS Community Inequity subscale was positively and significantly correlated (*r*s = 0.28 to 0.52). When looking at the positive aspects of the LGBIS (e.g., identity affirmation), the CRIS Community resilience subscale was positively and significantly correlated (*r*s = 0.41 to 0.60), and the CRIS Community inequity subscale was negatively and significantly correlated (*r*s = -0.23 to -0.40). To assess convergent validity, the CRIS subscales were compared with two different measures of similar constructs. The Community Resilience subscale positively and significantly correlated with the Connection to LGBTQ+ Community scale (Parmenter & Galliher, 2024; *r*s = 0.66 to 0.74) and the Lesbian, Gay Bisexual Group Identity Measure (Parmenter & Galliher, 2024; *r*s = 0.19 to 0.70). The Community Inequity subscale of the CRIS negatively and significantly correlated with the Connection to LGBTQ+ Community scale (Parmenter & Galliher, 2024; *r*s = -0.41 to -0.54) and the Lesbian, Gay Bisexual Group Identity Measure (*r*s = -0.15 to -0.44). In sum, the CRIS demonstrates good internal consistency, reliability and convergent validity. In the present

sample, Cronbach's alphas for the Community Resilience and Community Inequity subscales were alpha = .96 and alpha = .92, respectively.

Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS; see Appendix B**).** The Heterosexist Harassment, Rejection, and Discrimination Scale, developed by Szymanski (2006), was used to measure distal stress, Namely, this measure examines different distal stressor experiences in the LGBTQ+ community and their frequency. The HHRDS is a 14-item measure that consists of three subscales: the 7-item Harassment and Rejection subscale, the 4-item Workplace and School Discrimination, and the 3-item Other Discrimination subscale. An example item from the Harassment and Rejection subscale is, "How many times have you been called a heterosexist name like dyke, lezzie, or other names?" The scale was originally designed for use with lesbian individuals, but for the current study terminology will be adjusted so all LGBTQ+ individuals can respond. The items are answered on a six-point Likert scale, with 1 being "has never happened" and 6 being "has happened almost all of the time," which is defined as at least 70% of the time. An overall mean score is calculated, with scores ranging from 1 to 6. Higher (versus lower) scores indicate more experiences of heterosexist harassment, rejection, and discrimination.

Szymanski (2006) reported good internal consistency for the total scale (Cronbach's alpha = .90) and across the three subscales (Harassment and Rejection Cronbach's alpha = .89; Workplace and School Discrimination Cronbach's alpha = .84; Other Discrimination Cronbach's alpha = .78). To assess construct validity, Szymanski calculated correlation coefficients between the HHRDS and measures of different psychological distress variables, including somatization, obsessive compulsiveness, interpersonal sensitivity, depression, and anxiety. Significant correlations were found between the HHRDS total and the psychological distress variables with

scores ranging from *r* = .23 to .37. Correlations between the HHRDS subscales and the psychological distress variables were also found significant (*r* = .19 to .41). In sum, the HHRDS demonstrates good internal consistency reliability and good convergent validity. Because our hypotheses investigate distal stress in general (rather than focusing on specific aspects of distal stress), the present study used the overall HHRDS scale, which had a Cronbach's alpha = .92 in the present sample.

Sexual Orientation Reflection and Rumination Scale (SRRS; see Appendix C**).** The Sexual Orientation Reflection and Rumination Scale, developed by Galupo and Bauerband (2016), was used to measure proximal stress. Namely, this measure examines proximal stressor experiences in the LGBTQ+ community like reflection and rumination. The SRRS is a 12-item measure that consists of four subscales with three items each: Perseveration, Preoccupation, Rumination, and Reflection. An example item from the Rumination subscale is, "Think about everything I do not have because of my sexual orientation." The items are answered on a on a four-point Likert scale with 1 being "almost never" and 4 being "almost always." Item scores are totaled across subscales and can range from 12 to 48. Higher (versus lower) scores indicate more frequent proximal stressor experiences.

Galupo and Bauerband (2016) reported a good overall internal consistency (Cronbach's alpha = .84) and good internal consistency scores among the four subscales (Cronbach's alphas = .66-.75). In their factor analysis of items to create the measure, after eliminating items that were redundant or found to not correlate together, Galupo and Bauerband ran a factor loading of remaining items, finding scores in the significant range for the four subscales: Reflection (*r* = .48-.59), Rumination (*r* = .41-.58), Preoccupation (*r* = .47-.61), Perseveration (*r* = .48-.67). To assess convergent validity, scores on the four SRRS subscales were compared with scores on two

different measures that measured reflection, rumination, and brooding. The subscales were found to positively and significantly correlate with both measures (*r*s = 0.22 to 0.44). Showing divergent validity, the scale Reflection-Rumination Questionnaire (RRQ; Galupo & Bauerband, 2016) was not correlated to the SRRS subscales Perseveration (*r* = 0.00) and Preoccupation (*r* = -0.07). The RRQ was also negatively and significantly correlated with the SRRS subscale Rumination (*r* = -0.30). These analyses demonstrate the validity of the SRRS. Because our hypotheses investigate proximal stress in general (rather than focusing on specific aspects of proximal stress), the present study used the overall SRRS scale which had a Cronbach's alpha = .87 in the present sample.

Demographic Items (see Appendix D)**.** After participants agreed to informed consent (see Appendix E), they reported demographics including sexual orientation, gender identity, and age.

Procedure

The survey containing the measures was accessed online only. The first thing supplied to participants was informed consent that detailed all their responses would be anonymous, they could stop at any time without repercussions if they became uncomfortable, and a general description of the study. Once participants agreed to participate in the study, they filled out demographics, the CRIS to look at community connectedness, the HHRDS to look at distal stressor experiences, and the SRRS to look at proximal stressor experiences. The final element included in the online survey was local and national resources, focused on LGBTQ+ people (see Appendix F). Examples of resources included are national resources like the LGBT National Help Center and the Gay and Lesbian Alliance Against Defamation (GLAAD).

Results

Prior to testing hypotheses, data were cleaned, and we conducted preliminary analyses. Table 2 shows descriptive statistics for variables of interest, including their means and standard deviations. Table 3 shows intercorrelations among the measures.

The focus of this survey-style study was to look at minority stress experiences across the LGBTQ+ community and how connection to the community was related to that stress. The researcher hypothesized that a negative correlation would emerge between level of community connectedness and level of minority stress (hypothesis 1). They also hypothesized that community connectedness would be associated with lower levels of proximal minority stress compared to its association with distal minority stress (hypothesis 2). To test these first two hypotheses, bivariate correlations were run with participants' community connectedness scores on the CRIS connectedness subscale as the independent variable, and participants' scores on the SRRS and HHRDS as the dependent variables. As shown in Table 3, participants' community connectedness scores were unrelated to their proximal or distal minority stress scores, failing to support hypothesis one and hypothesis two.

To test hypothesis three, that LGBTQ+ identities that are less supported or accepted, like transgender people, would experience more inequity within the community and therefore higher levels of minority stress, a two (gender identity: cisgender vs. other genderqueer identities) x two (sexual orientation: heterosexual and homosexual vs. other sexual orientations) Analysis of Variance (ANOVA) was run with participants' scores on the inequity subscale of the CRIS as the dependent variable. Partially supporting the hypothesis, a main effect was observed for gender identity, $F(1, 99) = 6.40$, $p = .01$, $\eta_p^2 = .06$. No pairwise comparisons using Bonferroni corrections were significant (likely due to a failed Shapiro-Wilks test of normality, $p = .05$).

Further, no main effect was observed for sexual orientation $F(1, 99) = 2.54$, $p = .11$ $\eta_p^2 = .03$. However an interaction effect between gender identity and sexual orientation was observed $F(1, 99) = 4.73$, $p = .03$, $\eta_p^2 = .05$, such that the participants in the other genderqueer identities category who were also heterosexual/homosexual had higher scores ($M = 3.37$, $SD = .33$) than participants in the other genderqueer identities category who were of other sexual orientations ($M = 2.57$, $SD = .18$).

To test hypothesis four, that the relationship between community connectedness and proximal and distal minority stress will be moderated by experiences of inequity within the LGBTQ+ community, a moderated multiple regression was run for each of the two dependent variables: participants' scores on the HHRDS and participants' scores on the SSRS. The independent variables were participants' LGBTQ+ status, community connectedness and inequity scores, and an interaction term calculated between participants' community connectedness and inequity scores. In Step 1 of each regression, participants' gender identity and sexual orientation were entered as dummy coded variables (such that 0 = cisgender and 1 = other for gender identity and 0 = heterosexual and 1 = other for sexual orientation). In Step 2 of each regression, participants centered CRIS connectedness scores, and CRIS inequity scores were entered. In Step 3 of each regression, an interaction term calculated for participants centered CRIS connectedness and CRIS inequity scores was created and entered. Results are summarized in Table 4 for SRRS as the dependent variable representing proximal stress and Table 5 for HHRDS as the dependent variable representing distal stress.

At Step 1, gender identity and sexual orientation predicted SRRS; however, neither variable emerged as uniquely predictive, although their coefficients trended in the same directions as in the prediction of HHRDS. Likewise, at step one, gender identity predicted

HHRDS scores with a small positive beta value such that all identities "other" than cisgender had higher HHRDS scores compared to cisgender identities. Sexual orientation predicted HHRDS in the opposite direction with a small negative beta value, such that all identities "other" than heterosexual had lower HHRDS scores compared to heterosexual identities. These findings indicate that participants with queer gender identities experienced more distal stress than their cisgender counterparts, while participants with heterosexual identities experienced more distal stress than their queer counterparts.

At Step 2, a significant relationship was found showing CRIS community connectedness score predicted SRRS scores with a small positive beta value and CRIS inequity scores predicted SRRS scores with a medium positive beta value. Likewise, a significant relationship was also found showing CRIS community connectedness scores predicted HHRDS scores with a small positive beta value and CRIS inequity scores predicted HHRDS scores with a medium positive beta value. These findings indicate that distal and proximal stress are both predicted by community connectedness and especially by community inequity.

At Step 3, however, neither regression model indicated significant prediction of participants' SRRS scores nor of their HHRDS scores by the interaction term. This lack of prediction failed to support the hypothesis. In other words, no relationship between community connectedness and minority stress emerged in our test of hypothesis 1 to moderate in the present planned analysis.

Discussion

The minority stress experiences that LGBTQ+ people are exposed to on a regular basis vary depending on their individual identity and their within-community experiences. Research like the current study can help build our understanding of how LGBTQ+ individuals navigate a

world where their identity is so heavily stigmatized. The researcher hypothesized that (1) level of community connectedness would correlate negatively to level of minority stress, that (2) community connectedness would be associated with lower levels of proximal minority stress compared to its association with distal minority stress, that (3) LGBTQ+ identities that are less supported or accepted, like transgender people, would experience more inequity within the community and therefore higher levels of minority stress, and that (4) the relationship between community connectedness and proximal and distal minority stress will be moderated by experiences of inequity within the LGBTQ+ community. Partial support for hypothesis three was found, while the other hypotheses were not supported.

Although most of the results for the current study lacked statistical significance overall, important takeaways and future directions for this field of research still emerged. For instance, lower distal stress was predicted by queer versus heterosexual sexual orientation, but higher distal stress was predicted by versus cisgender gender identity. This contrasting prediction may have emerged because gender expression—the way one communicates their gender identity to others through their physical appearance—is often more outwardly visible compared to sexual orientation. If an individual's gender expression aligns with the societal expectations placed on them (i.e. they do not look queer), then the only way others would know they are LGBTQ+ is if they disclosed that information. Also related to outward queer visibility is the finding that those whose gender identity was not cisgender and were heterosexual or homosexual had higher community inequity scores than those who were not cisgender and identified as other sexual orientations. This finding could connect to outward queer visibility because depending on the gender identity of an individual's partner, they could "pass" as a heterosexual couple and could impact their within community experiences. Previous research has noted that gender conformity

in LGBTQ+ people can act as a "cushion" (i.e. protective factor) against discrimination (Anderson, 2020). This contrast could also relate to the current political climate surrounding gender nonconforming individuals, or those who do not strictly fall within the gender binary. In a society where so many things are gendered (e.g., clothes, hair styles, personal care products), living outside of that gendered norm can distinguish someone as "different". As mentioned previously, LGBTQ+ rights have improved over the years, but transgender rights in particular have been become highly politicized as of late.

Another interesting finding was that as both community connectedness and community inequity increased, so did distal stress, with community inequity relating to a larger increase in distal stress compared to community connectedness. We hypothesized that community connectedness would be associated with lower levels of proximal minority stress compared to distal stress, but community connectedness correlating to an increase in distal stress was not hypothesized. Although statistical significance was not found in the bivariate correlation analysis, interpretation of these patterns may still be valuable. These patterns could be also related to the gender expression as discussed previously or the nature of distal stressors themselves. Connection to one's community has many benefits but cannot prevent harm from outside forces like distal stressors (Conlin & Douglass, 2022).

Limitations and Future Directions

Some important limitations to the current study exist. The spread of LGBTQ+ identities represented in the present study was narrow, with bisexual (n = 50) and cisgender (n = 73) being the largest identities in their respective categories. With the focus of the study being a variety of LGBTQ+ individuals, this constraint limited our statistical power and how much results could be generalized to the further LGBTQ+ community. Similarly, sample size was another limitation to

the generalization of findings. Effectively representing a community that is approximately 5.5% to 7.2% of the population with only around a hundred people is difficult (Flores & Conron, 2023; Jones, 2023). Another limitation is the sexual orientation and gender identity options included in the study. Five individuals answered that their sexual orientation was not listed or that they do not self-identify this way and three responded this way for gender identity. Although why these participants responded the way they did remains unknown, expanding the LGBTQ+ identities included could work to encompass them and more of the community, thus extending the reach of this area of research.

One way to possibly get the variety of LGBTQ+ identities needed to reexamine the hypotheses tested here could be more targeted recruitment of participants in the different identity categories, as well as expanding on the sample size so that the identity categories get adequate numbers to properly represent the entire LGBTQ+ community. Although LGBTQ+ identities are not all equally represented within the community (e.g., the percentage of homosexual males versus the percentage of transgender women), looking at the full range of identities is important for those who receive less focus and fully understanding the LGBTQ+ experience as a whole. The sample in the current study being predominantly people who identify as bisexual could be a direction for future research as well. Those who align with plurisexual identities, meaning they are attracted to more than one gender identity, have different minority stress experiences than monosexual individuals, or those attracted to only one gender identity (Mitchel et al., 2015). A study comparing experiences for individuals with plurisexual identities depending on the gender identity of their partner would also be able to look at how gender identity and sexual orientation interact. Research relating LGBTQ+ intra-group issues like monosexism – that is, the belief that those who are attracted to more than one gender are illegitimate, (Parmenter et al., 2021) to the

relationship status of plurisexual individuals when they are in LGBTQ+ spaces could examine how that discrimination presents itself.

Another future direction for this research could be a similar study structure and focus but getting qualitative data about the real-world implications of LGBTQ+ minority stress. Keeping in mind why this kind of research is done and the people who are directly affected by the focus of studies like the current one is important and could be more centered in the detail orientation afforded by qualitative methods.

A final valuable direction could be looking deeper at the intersection of distal and proximal minority stress with gender identity and sexual orientation. With the finding that gender identity and sexual orientation were predictive of distal stress in opposite directions, such that gender identity was positively predictive – meaning participants with queer gender identities that are less supported or accepted reported more distal stress than participants with cisgender identities, consistent with expectations - and sexual orientation was negatively predictive – meaning participants with queer sexual orientation identities that are less supported or accepted reported less distal stress than participants with heterosexual identities, contrary to expectations - research extensions would be valuable. Sexual orientation is not outwardly expressed in the same way as an individual's gender identity influences their gender expression. The range of gender expression among gender nonconforming individuals could be an area to study. For example, the recent political discourse surrounding transgender rights has skewed towards discussing transgender women more often than transgender men. A study examining the experiences of transgender women versus transgender men in different social contexts (e.g. education, workplace etc.) would add to our understanding of how transgender individuals view the differences in those experiences and how it impacts their proximal stress.

Conclusions

In conclusion, although this study lacked the statistical significance to make strong conclusions, it still adds to the literature and understanding of the relationship between LGBTQ+ minority stress and community connectedness. Previous research has predominantly focused on the experience of cisgender gay men as they are such a substantial portion of the community and have always been prominent in the fight for LGBTQ+ rights. The goal of the current study was to examine how minority stress experiences affect the wider range of LGBTQ+ identities. The present sample was more broadly representative of this range, offering an important contribution to the literature. Further research in this field is necessary because the LGBTQ+ community is a vulnerable and ever-growing population in a heterodominant culture. In an increasingly complex society, understanding the issues LGBTQ+ individuals face to be able to offer the support they need is important for laypeople and clinicians alike. A better understanding of what LGBTQ+ people are experiencing because of their minority identity means a better understanding of how to help them.

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Table 1

Sexual Orientation and Gender Identity Terms and Definitions

Sexual Orientation Terms		Definitions
	Heterosexual	Sexual attraction to the opposite gender
	Homosexual	Sexual attraction to the same gender
	Bisexual	Sexual attraction to more than one gender
	Pansexual	Sexual attraction regardless of gender
	Asexual	Absence of sexual attraction
	Demisexual	Sexual attraction dependent on having a strong emotional bond
Gender Identity Terms		
	Cisgender	Gender identity aligns with assignment at birth
	Transgender	Gender identity does not align with assignment at birth
	Genderqueer	Gender nonconforming umbrella identity
	Nonbinary	Gender identity outside the male/female binary
	Genderfluid	Gender identity changes over time

Table 2

Descriptive Statistics

	N	Minimum	Maximum	*Mean*	*Std. Deviation*
Age	105	18	69	35.57	11.93
CRIS Connectedness	103	1.00	5.00	3.72	0.91
CRIS Inequity	104	1.00	4.80	2.52	0.89
HHRDS	104	1.00	4.69	2.11	0.86
SRRS	102	12.00	47.00	22.58	6.44

CRIS = Community Resilience and Inequity Scale, HHRDS = Heterosexual Harassment Rejection and Discrimination Scale, SRRS = Sexual Orientation Reflection and Rumination Scale

Table 3

Bivariate Correlations Among the Variables

Variable	1	2	3	4
1. CRIS connectedness	--			
2. CRIS inequity	-.56	--		
3. HHRDS	.08	.39	--	
4. SRRS	.05	.36	.67	--

CRIS = Community Resilience and Inequity Scale, HHRDS = Heterosexual Harassment Rejection and Discrimination Scale, SRRS = Sexual Orientation Reflection and Rumination Scale

Table 4

Moderated Multiple Regression for SRRS (Proximal Stress Measure)

Step and Predictor Variable	R^2	ΔR^2	ΔF	$Df1$	$Df2$	β
Step 1	.09	.09	3.99**	2	82	
Gender Identity						.20
Sexual Orientation						-.19
Step 2	.26	.17	9.45***	2	80	
CRIS Connectedness						.24*
CRIS Inequity						.52*
Step 3	.27	.00	.28	1	79	
CRIS Connectedness x CRIS Inequity						-.05

*$p < .05$. **$p < .01$. *** $p < .001$.

For analysis of gender identity, cisgender was coded to 0, and all other identities to 1. For analysis of sexual orientation, heterosexual was coded to 0 and all other identities to 1.

Table 5

Moderated Multiple Regression for HHRDS (Distal Stress Measure)

Step and Predictor Variable	R^2	ΔR^2	ΔF	*Df*1	*Df*2	β
Step 1	.16	.16	7.69***	2	84	
Gender Identity						.24*
Sexual Orientation						-.27*
Step 2	.37	.21	13.59***	2	82	
CRIS Connectedness						.37***
CRIS Inequity						.56***
Step 3	.37	.00	.00	1	81	
CRIS Connectedness x CRIS Inequity						.00

*$p < .05$. **$p < .01$. *** $p < .001$.

For analysis of gender identity, cisgender was coded to 0, and all other identities to 1. For analysis of sexual orientation, heterosexual was coded to 0 and all other identities to 1.

Appendix A

LGBTQ+ Community Resilience and Inequities Scale

We all have different aspects or components of our identities. When you see the term "identities" in the questions, please consider the various forms of identity that matter for who you are (i.e., race, ethnicity, culture, religion, gender, sexual orientation). Please take a few moments to consider the aspects of your identity that are the most important to you or the most relevant in your life right now. Rate your agreement with the following statements with these instructions in mind.

Item

1. I feel a sense of unconditional love and acceptance from the LGBTQ+ community.
    a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
2. I feel a sense of shared hardship with the broader LGBTQ+ community.
    a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
3. I feel part of a community of people who share my identities.
    a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
4. I feel seen and validated by the LGBTQ+ community.
    a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
5. I feel included in the LGBTQ+ community.
    a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
6. I feel a connection with the LGBTQ+ community.
    a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
7. I feel supported by others in the LGBTQ+ community.

   a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree

8. I benefit from belonging with the LGBTQ+ community.
   a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
9. The LGBTQ+ community helps me persevere during hard times.
   a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
10. The LGBTQ+ community and LGBTQ+ organizations are intentional in advocating for my identities.
   a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
11. My identities put me at a disadvantage within the LGBTQ+ community.
   a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
12. Other people within the LGBTQ+ community have more privilege/opportunities than me.
   a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
13. I feel isolated and separated from other people in the LGBTQ+ community.
   a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
14. I don’t feel like the LGBTQ+ community advocates for people like me.
   a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
15. My identities are not given proper recognition in LGBTQ+ history and social justice movements.
   a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
16. My identities are invisible within the LGBTQ+ community.
   a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree

17. The LGBTQ+ community does not value my identities.
    a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
18. I feel fetishized or exoticized by other LGBTQ+ community members.
    a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
19. There is no space for my identities within the LGBTQ+ community.
    a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree
20. My other identities do not allow me to be “out and proud.”
    a. 1 = strongly disagree 2 = disagree 3 = neither agree nor disagree 4 = agree 5 = strongly agree

Appendix B

Heterosexist Harassment, Rejection, and Discrimination Scale

Please think carefully about your life as you answer the questions below. Read each question and then circle the number that best describes events in the PAST YEAR. Circle 1 – If the event has NEVER happened to you; Circle 2 – If the event happened once in a while (less than 10% of the time); Circle 3 – If the event happened sometimes (10-25% of the time); Circle 4 – If the event happened A LOT 26-49% of the time); Circle 5 – If the event happened MOST of the time (50-70% of the time); Circle 6 – If the event happened ALMOST ALL OF THE TIME (more than 70% of the time).

1. How many times have you been treated unfairly by teachers or professors because you are a LESBIAN?
2. How many times have you been treated unfairly by your employer, boss, or supervisors because you are a LESBIAN?
3. How many times have you been treated unfairly by your co-workers, fellow students, or colleagues because you are a LESBIAN?
4. How many times have you been treated unfairly by people in service jobs (by store clerks, waiters, bartenders, waitresses, bank tellers, mechanics, and others) because you are a LESBIAN?
5. How many times have you been treated unfairly by strangers because you are a LESBIAN?
6. How many times have you been treated unfairly by people in helping jobs (by doctors, nurses, psychiatrists, caseworkers, dentists, school counselors, therapists, pediatricians, school principals, gynecologists, and others) because you are a LESBIAN?
7. How many times were you denied a raise, a promotion, tenure, a good assignment, a job, or other such things at work that you deserved because you are a LESBIAN?
8. How many times have you been treated unfairly by your family because you are a LESBIAN?
9. How many times have you been called a HETEROSEXIST name like dyke, lezzie, or other names?

10. How many times have you been made fun of, picked on, pushed, shoved, hit or threatened with harm because you are a LESBIAN?
11. How many times have you been rejected by family members because you are a LESBIAN?
12. How many times have you been rejected by friends because you are a LESBIAN?
13. How many times have you heard ANTI-LESBIAN/ANTI-GAY remarks from family members?
14. How many times have you been verbally insulted because you are a LESBIAN?

Appendix C

Sexual Orientation Reflection and Rumination Scale

Please read the statements and select how often you currently think similar thoughts.

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

Appendix D

Demographic Questions

Which of the following best describes your sexual orientation?

a. Heterosexual
b. Homosexual
c. Bisexual
d. Pansexual
e. Asexual
f. Demisexual
g. I do not self-identify this way
h. A sexual orientation not listed above

What is your gender identity?

a. Cisgender
b. Transgender FTM
c. Transgender MTF
d. Genderqueer
e. Nonbinary
f. Genderfluid
g. I do not self-identify this way
h. A gender identity not listed above

What age are you? (fill in the blank)

Appendix E

Informed Consent

The Department of Psychology supports the practice of protection for human subjects participating in research. The following information is provided so that you can decide whether you wish to participate in the present study. You should be aware that even if you agree to participate you are free to withdraw at any time, without penalty.

Purpose: The purpose of this project is to examine LGBTQ+ peoples experiences as members of a minority community.

Participation: You will report your beliefs about minority experiences and how those experiences affected you in an online survey that is expected to take approximately 20 minutes to complete.

Benefits and rights: You may learn about the psychological research process through your participation and may gain insight into your own attitudes and beliefs about experiences as an LGBTQ+ person. You will receive $x as compensation for participating.

Expected risks: No risks are anticipated. However, if any questions arouse strong emotions, you may choose to not answer the question(s) or stop participating at any time without explanation or penalty.

Extent of confidentiality: Your responses will be anonymous. At no time will your personal data be accessible. Your name and identity will not be associated in any way with the research findings—once your responses are entered into a secure statistical program, data will be examined in aggregate, such that no individual's responses will be traceable from the products of this work, such as journal articles and presentations.

Alternatives: You may choose not to participate or to participate in other research

Do not hesitate to ask any questions about the study at any time. Thank you for your participation!

Sincerely,
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IRB Information:
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IRB Contact:
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BY SELECTING:

YES - I verify that I have read and understand this consent form and willingly agree to participate in this study under the terms described.

NO - I verify that I have read and understand this consent form and do NOT wish to participate in this study under the terms described.

Please retain a copy of this consent form for your records.

Appendix F

Resource Information

Thank you for your participation in this study. Please see below a list of LGBTQ+ organizations and resources that are available to you.

https://lgbthotline.org/

https://glaad.org/

https://pflag.org/

https://mhanational.org/lgbtq

https://www.plannedparenthood.org/learn/teens/lgbtq/info-and-resources-lgbtq-teens-and-allies