The Mental Health Correlates of Microaggressions Towards Transgender and Gender Diverse People of Color: Moderating Effects of Identity Affirmation and LGBTQ+ Community Connectedness

Kevin Chi
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THE MENTAL HEALTH CORRELATES OF MICROAGGRESSIONS TOWARDS
TRANSGENDER AND GENDER DIVERSE PEOPLE OF COLOR:
MODERATING EFFECTS OF IDENTITY AFFIRMATION
AND LGBTQ+ COMMUNITY CONNECTEDNESS

by

Kevin Chi

A thesis submitted in partial fulfillment
of the requirements for the degree
of
MASTER OF SCIENCE
in
Psychology

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UTAH STATE UNIVERSITY
Logan, Utah

2023
ABSTRACT

The Mental Health Correlates of Microaggressions Towards Transgender and Gender Diverse People of Color: Moderating Effects of Identity Affirmation and LGBTQ+ Community Connectedness

by

Kevin Chi, Master of Science

Utah State University, 2023

Major Advisor: Dr. Renee Galliher
Department: Psychology

LGBTQ+ people of color (POC) have multiple marginalized identities that intersect and create unique experiences of inequality, which generates pathways that expose them to daily stressors and contribute to poorer mental health outcomes. Perceiving microaggressions directed toward one’s identity has been linked to negative mental health effects. Transgender and gender diverse (TGD) POC encounter various types of microaggressions (racial, heterosexist, gendered), and the literature on the mental health impact and potential protective factors is limited. Previous literature has linked identity affirmation and community connectedness (LGBTQ+ and TGD specific) with positive mental health outcomes.

This study investigated how racist, heterosexist, and gendered microaggressions relate to anxiety and depression outcomes for LGBTQ+ POC. Additionally, it explored the moderating effects of identity affirmation and LGBTQ+ and TGD community
connectedness on this relationship. Two subsamples were drawn from an extant dataset: a LGBTQ+ POC sample ($N = 418$) and a TGD POC sample ($N = 69$). The LGBTQ+ POC sample responded to measures that captured perceived racial and heterosexist microaggressions, anxiety and depression symptoms, identity affirmation, and community connectedness with the LGBTQ+ community. The TGD POC sample responded to measures that captured perceived gendered microaggressions, anxiety and depression symptoms, identity affirmation, and community connectedness with the LGBTQ+ community and with a community of other TGD individuals. For the LGBTQ+ POC sample, identity affirmation and LGBTQ+ community connectedness were tested as moderators of the relationships of perceived racial and heterosexist microaggressions with anxiety and depression. Our test of moderation showed no significant interactions for these relationships. For the TGD POC sample, a moderation test was conducted for the factors of identity affirmation, LGBTQ+ community connectedness, and TGD community connectedness in the relationships of perceived gendered microaggressions with anxiety and depression. Our test of moderation showed no significant interactions for these relationships. Subsequent post hoc mediation analyses revealed that identity affirmation may serve a mediating role between racial microaggressions and anxiety and depression and between heterosexist microaggressions and depression for LGBTQ+ POC. Racial and heterosexist microaggressions may undermine the potential protective effect of identity affirmation, thus, contributing to poorer mental health outcomes for LGBTQ+ POC.
PUBLIC ABSTRACT

The Mental Health Correlates of Microaggressions Towards Transgender and Gender Diverse People of Color: Moderating Effects of Identity Affirmation and LGBTQ+ Community Connectedness

Kevin Chi

LGBTQ+ (lesbian, gay, bisexual, transgender, queer, or other meaningful self-labeled sexual and gender identities) individuals experience daily stressors (e.g., discrimination, violence, hypervigilance, negative expectations) that contribute to poorer mental health outcomes (e.g., depression, anxiety, posttraumatic symptoms, substance). For LGBTQ+ people of color (POC), identifying with multiple intersecting marginalized identities creates unique experiences of inequality that expose them to additional stressors, contributing to poorer mental health outcomes. Perceiving microaggressions, daily brief, everyday assaults on marginalized individuals, about one’s identity has been found to have negative mental health effects. TGD (transgender and gender diverse) POC face exposure to multiple types of microaggressions against specific components of their identity (racist, heterosexist, gendered), and the literature about the effects of these microaggressions on their mental health and potential protective factors is limited. Previous literature has linked identity affirmation, the process of developing positive feelings towards one’s identity, and community connectedness (LGBTQ+ and TGD specific) with positive mental health outcomes.

This study investigated how racist, heterosexist, and gendered microaggressions relate to anxiety and depression outcomes for LGBTQ+ POC. It also explored how the
factors of identity affirmation and LGBTQ+ and TGD community connectedness might change or influence this relationship. Identity affirmation, LGBTQ+ community connectedness, and TGD community connectedness did not modify the strong, positive relationships of perceived racist, heterosexist, and gendered microaggressions with anxiety and depression for both LGBTQ+ POC and TGD POC. Additional exploratory analyses revealed that identity affirmation may partially mediate the relationships between racial microaggressions and anxiety and depression and between heterosexist microaggressions and depression for LGBTQ+ POC. Racial and heterosexist microaggressions may undermine the potential protective effect of identity affirmation, thus, contributing to poorer mental health outcomes for LGBTQ+ POC.
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Kevin Chi
CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>..........................................................</td>
<td>iii</td>
</tr>
<tr>
<td>PUBLIC ABSTRACT</td>
<td>..........................................................</td>
<td>v</td>
</tr>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>..........................................................</td>
<td>vii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>..........................................................</td>
<td>x</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>..........................................................</td>
<td>xi</td>
</tr>
<tr>
<td>CHAPTER I: INTRODUCTION</td>
<td>..........................................................</td>
<td>1</td>
</tr>
<tr>
<td>CHAPTER II: REVIEW OF THE LITERATURE</td>
<td>..........................................................</td>
<td>5</td>
</tr>
<tr>
<td>Theoretical Frameworks</td>
<td>..........................................................</td>
<td>5</td>
</tr>
<tr>
<td>The Mental Health Disparities of LGBTQ+ People</td>
<td>..........................................................</td>
<td>8</td>
</tr>
<tr>
<td>Microaggressions</td>
<td>..........................................................</td>
<td>10</td>
</tr>
<tr>
<td>Potential Moderators</td>
<td>..........................................................</td>
<td>17</td>
</tr>
<tr>
<td>Conclusion</td>
<td>..........................................................</td>
<td>20</td>
</tr>
<tr>
<td>CHAPTER III: METHODS</td>
<td>..........................................................</td>
<td>22</td>
</tr>
<tr>
<td>Participants</td>
<td>..........................................................</td>
<td>22</td>
</tr>
<tr>
<td>Measures</td>
<td>..........................................................</td>
<td>24</td>
</tr>
<tr>
<td>Procedures</td>
<td>..........................................................</td>
<td>29</td>
</tr>
<tr>
<td>Analyses</td>
<td>..........................................................</td>
<td>30</td>
</tr>
<tr>
<td>CHAPTER IV: RESULTS</td>
<td>..........................................................</td>
<td>31</td>
</tr>
<tr>
<td>CHAPTER V: DISCUSSION</td>
<td>..........................................................</td>
<td>38</td>
</tr>
<tr>
<td>Bivariate Relationships among Microaggressions, Identity Affirmation, Community Connectedness, and Mental Health</td>
<td>..........................................................</td>
<td>39</td>
</tr>
<tr>
<td>Lack of Moderation Effect for Identity Affirmation and Community Connectedness</td>
<td>..........................................................</td>
<td>41</td>
</tr>
<tr>
<td>Mediating Effect of Identity Affirmation on the Relationships between Microaggressions and Mental Health</td>
<td>..........................................................</td>
<td>44</td>
</tr>
<tr>
<td>Limitations</td>
<td>..........................................................</td>
<td>47</td>
</tr>
<tr>
<td>Implications and Directions for Future Research</td>
<td>..........................................................</td>
<td>49</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>..........................................................</td>
<td>52</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>Demographic Information for the LGBTQ+ POC Sample</td>
<td>23</td>
</tr>
<tr>
<td>Table 2</td>
<td>Demographic Information for the TGD POC Sample</td>
<td>24</td>
</tr>
<tr>
<td>Table 3</td>
<td>Variables, Means, and Standard Deviations for the LGBTQ+ POC Sample</td>
<td>32</td>
</tr>
<tr>
<td>Table 4</td>
<td>Variables, Means, and Standard Deviations for the TGD POC Sample</td>
<td>32</td>
</tr>
<tr>
<td>Table 5</td>
<td>Summary of Intercorrelations for the LGBTQ+ POC Sample: Bivariate Correlations</td>
<td>32</td>
</tr>
<tr>
<td>Table 6</td>
<td>Summary of Intercorrelations for the TGD POC Sample: Bivariate Correlations</td>
<td>33</td>
</tr>
<tr>
<td>Table 7</td>
<td>Summary of Regression Analyses Assessing Identity Affirmation as a Moderator of the Association Between Racial, Heterosexist, and Gendered Microaggressions and Anxiety</td>
<td>34</td>
</tr>
<tr>
<td>Table 8</td>
<td>Summary of Regression Analyses Assessing Identity Affirmation as a Moderator of the Association Between Racial, Heterosexist, and Gendered Microaggressions and Depression</td>
<td>34</td>
</tr>
<tr>
<td>Table 9</td>
<td>Summary of Regression Analyses Assessing LGBTQ+ and TGD Community Connectedness as a Moderator of the Association Between Racial, Heterosexist, and Gendered Microaggressions and Anxiety</td>
<td>35</td>
</tr>
<tr>
<td>Table 10</td>
<td>Summary of Regression Analyses Assessing LGBTQ+ and TGD Community Connectedness as a Moderator of the Association Between Racial, Heterosexist, and Gendered Microaggressions and Depression</td>
<td>36</td>
</tr>
<tr>
<td>Table 11</td>
<td>Direct and Indirect Effects of Identity Affirmation for the LGBTQ+ POC Sample</td>
<td>37</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

Page

Figure 1  Moderating Effects of Identity Affirmation and LGBTQ+ Community Connectedness................................................................. 21
CHAPTER I

INTRODUCTION

An intersectional theoretical approach recognizes that individuals are characterized simultaneously by multiple social categories and acknowledges the unique experience encountered at the intersection of different components or domains of identity (Crenshaw, 1991). Within each of these categories lies aspects of inequality or privilege and individuals with multiple marginalized identities face unique forms of inequality and marginalization, which may generate unique pathways toward developing poorer mental health outcomes, such as symptoms of depression and post-traumatic stress disorder (PTSD; Else-Quest & Hyde, 2016; Rodriguez-Seijas et al., 2019; Vargas et al., 2020).

The minority stress model emphasizes that LGBTQ+ (lesbian, gay, bisexual, transgender, queer, or other meaningful self-labeled sexual and gender identities) individuals experience daily distal and proximal stressors (e.g., discrimination, violence, hypervigilance, negative expectations), which elevate their risk of poor mental and physical health (Meyer, 2003). Navigating stressors puts minoritized LGBTQ+ individuals at higher risk of developing depressive, posttraumatic, and anxiety symptoms (Brown-Beresford & McLaren, 2022; Griffin et al., 2018; Moody et al., 2018; Riggle et al., 2021; Walsh et al., 2016).

LGBTQ+ individuals are disproportionately more likely to be exposed to distal stressors, like discrimination and violence, and proximal stressors, like hypervigilance, internalized homophobia and transphobia, and concealment (Hendricks & Testa, 2012; Meyer, 2003; Riggle et al., 2021). Chronic exposure to these stigma-related stressors is
linked to higher risk of psychopathology, like depression, anxiety, and substance use (Hatzenbuehler, 2009). LGBTQ+ people of color (POC) have to navigate racial minority stressors in addition to sexual or gender minority stressors, which heightens their risk for worse mental health outcomes (Sutter & Perrin, 2016).

Transgender and gender diverse (TGD) individuals are at a greater risk of experiencing verbal harassment, denial of equal treatment or service, physical violence, and suicidal ideation (James et al., 2016). TGD individuals are also at a risk of experiencing fatal violence, and anticipating or experiencing violence against oneself can contribute to poorer mental health outcomes (HRC, 2021c). For TGD POC, being at the intersection of multiple marginalized identities results in compounded discrimination that leads to higher rates of violence and as a result, poorer mental health outcomes.

Microaggressions are brief, everyday assaults on marginalized individuals (Sue et al., 2007a). Racial microaggressions are brief everyday messages sent to people of color that communicate hostile and negative racial attitudes and assumptions that insult, demean, or invalidate the individual or group (Sue et al., 2007a). Racial microaggressions can be categorized into themes, and certain racial and ethnic communities may experience certain themes more than other communities. Experiencing racial microaggressions is associated with depressive symptoms, negative affect, and higher trauma symptoms (Nadal et al., 2012; Nadal et al., 2019).

Sexual and gender identity microaggressions communicate oppressive messages towards LGBTQ+ individuals. Experiencing sexual identity microaggressions is associated with psychological distress, increased alcohol use, greater depressive and anxiety symptoms, and poorer self-assessed physical and mental health (Bostwick et al.,
Experiencing gender identity microaggressions is associated with increased feelings of hopelessness, suicidal ideation, withdrawal, and maladaptive coping strategies (Parr & Howe, 2019; Truszczynski et al., 2022). LGBTQ+ POC have to navigate both racial and sexual and gender identity microaggressions and may experience sexual or gender identity microaggressions from their racial/ethnic community or racial microaggressions from their LGBTQ+ community. Experiencing these intersectional microaggressions predicts higher depressive and anxiety symptoms and poorer self-assessed physical and mental health (Bostwick et al., 2021).

Identity affirmation and LGBTQ+ community connectedness both show promise for improving mental health for LGBTQ+ individuals. LGBTQ+ individuals who report higher identity affirmation, the affective process of developing positive feelings towards one’s identity (Ghavami et al., 2011), are likely to experience better mental health outcomes (Fredriksen-Goldsen et al., 2017; Ghavami et al., 2011). LGBTQ+ communities provide a context for LGBTQ+ individuals to receive emotional support, support for their identity, and to feel affirmed in their identity (Flanders et al., 2019a; Holley et al., 2019). Feeling connected to other LGBTQ+ individuals is associated with lower levels of depression, anxiety, alcohol use/problems, and psychological distress, and increased social well-being (Frost et al., 2022; Lozano-Verduzco et al., 2019; Petruzzella et al., 2019). For TGD individuals, involvement in community of other TGD individuals can allow a safe space for TGD individuals to build resilience, gain social support, process gender minority stressor and TGD community connectedness may be related to lower symptoms of depression and anxiety (Bockting et al., 2013, Bowling et al., 2020; Pflum et al., 2015).
Thus, the literature documents mental health disparities that exist for LGBTQ+ POC and TGD POC, and highlights the links between racial, sexual, and gender identity microaggressions and mental health. This study aims to identify potential protective factors that may mitigate the associations between ethnic/racial or sexual/gender based microaggressions and mental health outcomes for multiply marginalized LGBTQ+ individuals. We examine the moderating effects of identity affirmation, LGBTQ+ community connectedness, and TGD community connectedness in the relationships between racial, heterosexist, and gendered microaggressions and mental health symptoms for LGBTQ+ POC and TGD POC.
CHAPTER II

REVIEW OF THE LITERATURE

This review of the literature will first provide the theoretical frameworks of this study by introducing intersectional theories and the minority stress model. Second, I present literature outlining the mental health disparities that LGBTQ+ individuals currently face, with specific focus on the experiences of POC within the LGBTQ+ population. Finally, I explore the impact of racial/ethnic, sexual, and gender identity microaggressions, and the role that identity affirmation, LGBTQ+ community connectedness, and TGD community connectedness may serve as a protective factor for mental health outcomes.

Theoretical Frameworks

Intersectional Theories

Crenshaw (1991) emphasized the unique context in which individuals at the intersections of gender, race, and class experience violence, racism, and discrimination. An intersectional approach recognizes that individuals are characterized simultaneously by multiple social categories, socially constructed variables of identity. These social categories are interconnected and within each of these categories lies aspects of inequality or privilege (Else-Quest & Hyde, 2016). This approach facilitates understanding aspects of one’s own identity that accrue privilege and those that experience marginalization in a White, heterosexual, cisgender dominated society (Galliher et al., 2017). Cole (2009) argued that when looking at a category of individuals, subcategories that are more privileged often represent the whole category, leaving those
with less privilege neglected (e.g., women in the workforce are often represented by
White, middle-class women). Gender diverse POC experience gender-related oppression
and discrimination differently than White gender diverse people. Similarly, they might
not experience racism in the same way as cisgender POC. Often the literature that
represents TGD individuals, neglects the experiences of TGD POC.

While marginalization can be faced by an individual based on a single identity
(e.g., race/ethnicity, sexual identity) and these individualized experiences of
marginalization can have a significant effect on their mental health, those at the
intersection of multiple marginalized identities are likely to experience a unique form of
marginalization, where the discrimination that they face may be compounded and
uniquely different for each of their identities. Intersectionality emphasizes the inequities
tied to simultaneous memberships in multiple social categories and on giving voice to
those who are at multiply-marginalized intersectional locations (Else-Quest & Hyde,
2014). Experiencing marginalization at the intersection of multiple identities is linked
with poorer mental health outcomes, including greater symptoms of depression and
PTSD (Rodriguez-Seijas et al., 2019; Vargas et al., 2020).

Recognizing and embracing the complexity of identity configurations (Erikson,
1994) is crucial to the study of identity development (Galliher et al., 2017) and failure to
recognize the intersection of identities within both affirming and disaffirming contexts
creates a fundamental oversight and contributes to oversimplification and devaluation of
unique identities. Groups advocating for the wellbeing of LGBTQ+ people might fail to
recognize and bring attention to individuals with intersecting marginalized identities
(e.g., LGBTQ+ POC, lower socioeconomic status [SES] LGBTQ+ POC). This failure to
address the impact of the interaction of social structure and social categories, contributes to the hierarchy which holds White, middle SES, cisgender men at the top of the pyramid.

**Minority Stress Model**

Meyer’s (2003) minority stress model emphasizes that sexual minority individuals are at increased risk of poor mental and physical health due to acute and chronic stress caused by discrimination, stigma, and prejudice. Minority stressors can be grouped into two categories: distal and proximal stressors. Distal stressors are external stressful events and conditions, such as direct experiences of discrimination, rejection, or violence based on one’s identity. Proximal stressors are internal events and can include internalization of negative societal attitudes, negative expectations, concealment of identity, and hypervigilance.

Sexual minority individuals are disproportionately more likely to be exposed to prejudice events like discrimination and violence. Anticipation of discriminatory events and general negative regard from the dominant culture pushes LGB individuals to maintain vigilance. Confronting and anticipating stigma can lead to adverse mental health effects, like lower life satisfaction, higher depressive and posttraumatic symptoms, and greater negative expectation (Riggle et al., 2021). Additionally, perceiving discrimination against one’s sexual identity can lead to increased levels of depression, anxiety, and stress (Walsh et al., 2016).

As a way to avoid social persecution, discrimination, and violence, sexual minority individuals might choose to conceal their sexual identity. Although this can be seen as a way to cope, it can also be another source of stress for sexual minorities. In the long run, internalizing these societal negative attitudes towards one’s sexual identity,
internalized homophobia, can lead to anxiety, depression, and substance use disorders (Brown-Beresford & McLaren, 2022; Griffin et al., 2018; Moody et al., 2018).

Although gender minority individuals can experience similar minority stressors to sexual minority individuals (Hendricks & Testa, 2012), their identity creates a unique and different experience of stressors. Gender minority individuals can experience similar distal stressors, like violence and rejection (Hendricks & Testa, 2012), but may experience additional forms of discrimination (Testa et al., 2014), like discrimination with health care providers or experiencing housing discrimination and eviction (James et al, 2016; Romanelli & Lindsey, 2020). A unique distal stressor that gender minority individuals may experience is nonaffirmation, where one’s gender identity is not affirmed by others (Testa et al., 2014).

As for proximal stressors, similar to internalized homophobia, gender minority individuals may experience internalized transphobia (Hendricks & Testa, 2012). Concealment may work differently for gender minority individuals compared to sexual minority individuals. Factors like how gender has often been primarily conveyed by physical cues (e.g., body size and shape, hair patterns) and how in many languages and cultures, gender is an identifying characteristic to how people interact with each other, often doesn’t allow gender minority individuals the option to conceal their gender identity (Testa et al., 2014).

The Mental Health Disparities of LGBTQ+ People

Over half of LGBTQ+ adults face mental health challenges, making it difficult to sustain daily activities (Human Rights Campaign [HRC], 2021a). Compared to non-LGBTQ+ individuals, LGBTQ+ individuals are at a greater risk of experiencing
symptoms of depression and anxiety (King et al., 2008; Semlyen et al., 2016). Being chronically exposed to stigma-related stress-inducing events (e.g., discrimination, victimization, threats of violence) increases the risk for psychopathology (e.g., depression, anxiety, substance use disorder) for LGBTQ+ individuals (Hatzenbuehler, 2009). LGBTQ+ POC experience an additional set of stress-inducing events, being exposed to stigma related to both their sexual/gender identity and race/ethnicity. The effects of these additional stressors create worse mental health outcomes for LGBTQ+ POC (Sutter & Perrin, 2016).

The Mental Health Disparities of Transgender and Gender Diverse People

Higher levels of distal and proximal minority stress are associated with higher levels of depression and anxiety for TGD people (Pellicane & Ciesla, 2021). TGD individuals are likely to experience issues like verbal harassment, denial of equal treatment or service, or physical attack, all based on their gender identity (James et al., 2016). Internalized transphobia and negative self-views can contribute to poorer mental health outcomes and the relationship between identity-based prejudice events and negative mental health outcomes has been found to be mediated by one’s own negative views on their marginalized identity (Pellicane & Ciesla, 2021).

Forty percent of transgender individuals have reported attempting suicide within their lifetime, with the amount of experienced discrimination positively related to risk for suicidal attempt (James et al., 2016). For TGD POC, distal stress is strongly associated with suicidal ideations (Pellicane & Ciesla, 2021). Experiencing or anticipating violence against oneself can contribute to poorer mental health outcomes. Since 2013, there have been 256 known cases of fatal violence against transgender and gender nonconforming
people. Of these fatal acts of violence, 84% have been towards transgender and gender nonconforming people of color. Black transgender women are disproportionately affected, making up 66% of all fatal violence against transgender and gender nonconforming people (HRC, 2021c). For TGD POC, being at the intersection of multiple marginalized identities results in compounded discrimination that contributes to higher rates of violence and as a result, poorer mental health outcomes.

**Microaggressions**

Microaggressions are brief, everyday assaults on marginalized individuals and can be verbal or nonverbal, intentional or unintentional, and can be experienced socially or environmentally (Sue et al., 2007a). Microaggressions fall into three major categories: microassaults, microinsults, and microinvalidation (Sue et al., 2007a). Microassaults are conscious and deliberate, subtly- or explicitly-expressed biased attitudes, with the purpose of attacking and harming a marginalized individual. These messages are used to make individuals feel unwanted and inferior to others in society. Microinsults are subtle verbal and nonverbal interpersonal exchanges conveying stereotypes, rudeness, and insensitivity towards an individual’s marginalized identity. With the subtle nature of microinsults, they may be overlooked and seen as innocent and not harmful. Microinvalidations are interpersonal exchanges that exclude, negate, or nullify the thoughts, feelings, and experiences of the group of one’s identity.

**Racial Microaggressions**

Racial microaggressions are brief everyday messages sent to people of color, communicating hostile and negative racial remarks to insult the individual or group (Sue et al., 2007a). Sue and colleagues outlined categories of racial microaggressions
commonly experienced by people of color, which can vary by racial and ethnic group as some communities are more likely to experience a certain form of microaggression versus another community. Racial microinsult themes include ascription of intelligence, second-class citizen, pathologizing cultural values, and assumption of criminal status. Experiencing the theme of second-class citizen can include a person of color being mistaken for a service worker or being ignored at a store while a White person behind the person of color is given attention. Microinvalidation themes include color-blindness, alien in own land, myth of meritocracy, and denial of individual racism. Latinx and Asian American individuals are likely to experience the theme of alien in own land (Huynh, 2012). This can include comments like “Where are you from?” or “You speak English very well,” where the microaggressor is communicating messages that the person of color is not American or that they do not belong. Racial microinsults themes include ascription of intelligence, second-class citizen, pathologizing cultural values, and assumption of criminal status. Experiencing the theme of second-class citizen can include a person of color being mistaken for a service worker or being ignored at a store while a White person behind the person of color is given attention. Microinvalidation themes include color-blindness, alien in own land, myth of meritocracy, and denial of individual racism. Latinx and Asian American individuals are likely to experience the theme of alien in own land (Huynh, 2012). This can include comments like “Where are you from?” or “You speak English very well,” where the microaggressor is communicating messages that the person of color is not American or that they do not belong.

At the intersection of gender and race/ethnicity, gendered racial microaggressions are everyday subtle verbal, behavioral, and environmental expressions of oppression that
uniquely express gendered racial stereotypes (Lewis et al., 2016). Women of color (Latinx, Black, Asian American) are likely to face sexual objectification, where they are seen as sexually exotic, available, or submissive (Lewis et al., 2016; McCabe, 2009; Sue et al., 2007b). Black and Latinx men are likely to experience the theme of assumption of criminal status (McCabe, 2009; Minikel-Lacocque, 2013); for example, a store owner might follow a customer of color around the store or a White individual clutches their bag when a person of color passes them.

Recent studies have expanded on Sue et al.’s (2007a) original taxonomy, revealing more themes of racial microaggressions. Racial expectations and stereotyping microaggressions occur when a person projects a racial stereotype onto someone with the expectation for them to fit the stereotype. This can manifest into the expectation of the “angry Black woman,” which can cause Black women to feel the need to filter themselves to avoid being perceived through this stereotype (Lewis et al., 2016), the expectation of the “ghetto Black girl” (Gadson & Lewis, 2020), or the expectation of Indigenous people living a primitive life (Clark et al., 2014).

Racial categorization and sameness/invalidation of interethnic differences (Sue et al., 2007b; Williams et al., 2020) is a form of microinvalidation that can manifest in a microaggressor stating that everyone of a certain race or ethnicity are alike, diminishing individual differences, disconnecting an individual from their heritage and culture, or forcing an unwanted attribute onto an individual and their racial/ethnic group (Williams et al., 2020). A specific example is the denial of differences between Asian ethnicities, using statements such as “all Asians look alike” (Sue et al., 2007b).
Feelings of invisibility is a form of microinvalidation where an individual is made to feel not seen, where their opinions and voice are overlooked, or where they feel a lack of representation of their identities that makes them feel invisible (Sue et al., 2007b). This can manifest into an action as subtle as not being “seen” by a White person walking on the sidewalk and the expectation to move aside for them (Lewis et al., 2016) to something more obvious as refusal to be heard when reporting being harassed (Gadson & Lewis, 2021).

Perceptions of racial microaggressions may vary based on the individual and dimensions of their racial identity (Sellers & Shelton, 2003). Individuals may already expect to experience racial discrimination and may be prepared to deal with it (Sellers et al., 1998) or individuals who feel that others have negative opinions about their racial/ethnic group may perceive less racial discrimination (Sellers et al., 2001). Most measures of microaggressive experiences assess individuals’ perceptions of discriminatory experiences, recognizing that persons vary in their attentiveness and ability to recognize or acknowledge microaggressions when they occur.

**Mental Health Effects of Racial Microaggressions.** Those who perceive racial microaggressions against them are likely to experience negative mental health symptoms, like depression, anxiety, negative affect, and lack of behavioral control (Nadal et al., 2012). Higher cumulative experiences of racial microaggressions can predict depressive symptoms, negative affect, and trauma symptoms (Nadal et al., 2012; Nadal et al., 2019). Experiencing racial microaggressions also increases cultural mistrust and suspicion about people from mainstream culture (i.e., White people), and decreases well-being (Kim et al., 2017). Experiencing racial microaggressions with specific themes of alien in own
land, assumption of criminal status, sexual objectification, invisibility, or pathologizing of cultural values has been linked to increased likelihood to experience somatic symptoms such as headaches, sleep disturbance, respiratory illness, and gastrointestinal problems (Torres-Harding et al., 2020). Experiencing themes of alien in own land, assumption of criminal status, sexual objectification, invisibility, and pathologizing of cultural values was associated with depressive symptoms, while experiencing themes of pathologizing of cultural values, invisibility, and assumption of criminal status linked to increased perceived stress (Torres-Harding et al., 2020). Finally, experiencing the microaggression themes of alien in one’s own land, second-class citizen, and color-blindness was a strong predictor of experiencing depressive and somatic symptoms (Huynh, 2012; Nadal et al., 2012).

**Sexual & Gender Identity Microaggressions**

Sexual and gender identity microaggressions communicate oppressive messages towards LGBTQ+ individuals. Like racial microaggressions, these messages can be unconscious, however microaggressors may be less inhibited in expressing heterosexist or genderist language versus expressing racist language. Using Sue’s (2007a) original microaggression taxonomy, Sue and Capodilupo (2008) expanded and adapted the themes of racial microaggressions to apply to sexual and gender identity. These themes include: (a) second-class citizen, (b) traditional gender role prejudicing and stereotyping, (c) use of sexist/heterosexist language, and (d) assumption of abnormality. Later, Sue (2010) further expanded the taxonomy by focusing on themes specific for LGB individuals, specifically: (a) oversexualization, (b) homophobia, (c) heterosexist language
and terminology, (d) sinfulness, (e) assumption of abnormality, (f) denial of individual heterosexism, and (g) endorsement of heteronormative culture and behaviors.

Nadal, Rivera, and Corpus (2010) generated a comprehensive list of themes that were also transgender inclusive. They proposed nine themes that include: (a) use of heterosexist or transphobic terminology, (b) endorsement of heteronormative or gender normative culture/behaviors, (c) assumption of universal LGBTQ+ experience, (d) exoticization, (e) discomfort/disapproval of LGBTQ+ experience, (f) denial of societal heterosexism/transphobia, (g) assumption of sexual pathology/abnormality, (h) denial of individual heterosexism/transphobia, and (i) environmental macroaggressions. The theme of assumption of universal LGBTQ+ experience occurs when all LGBTQ+ individuals are assumed to be the same or to have the same shared experience. This can include asking an LGBTQ+ individual to speak on behalf of all LGBTQ+ people or assuming that a gay man likes interior designing, overall diminishing one’s individuality. The theme of assumption of endorsement of heteronormative or gender normative culture/behaviors occurs when LGBTQ+ individuals are expected to be or act like cisgender heterosexuals. This can include an individual telling a transgender or gender diverse person, “I don’t even know what to call you,” communicating messages that the person is worthless.

While some themes overlap with Nadal et al.’s (2010) LGBT themes, Nadal, Skolnik, and Wong (2012) expanded and created a trans-specific taxonomy. The themes include: (a) use of transphobic and/or incorrectly gendered terminology, (b) assumption of universal transgender experience, (c) exoticization, (d) discomfort/disapproval of transgender experience, (e) endorsement of gender normative and binary culture or
behaviors, (f) denial of existence of transphobia, (g) assumption of sexual
pathology/abnormality, (h) physical threat or harassment, (i) denial of individual
transphobia, (j) denial of bodily privacy, (k) familial microaggressions, and (l) systemic
and environmental microaggressions. The perpetrators of these transphobic and genderist
microaggressions can include those with marginalized identities (i.e., cisgender gay men
or cisgender lesbian women) as well as those from members of the dominant group. The
theme of use of transphobic and/or incorrectly gendered terminology occurs when people
feel it's appropriate to publicly question one’s gender. This can include being
misgendered both intentionally and unintentionally (e.g., pointed out by strangers saying,
“That’s a man” or being asked “Are you a man or a woman?”). The theme of denial of
personal body privacy occurs when people feel entitled and comfortable to objectify the
bodies of transgender and gender diverse individuals. This can include microaggressors
feeling the need and ability to critique body parts that confirm or deny one’s gender
identity.

Mental Health Effect of Sexual and Gender Identity Microaggressions.
Perceiving sexual identity microaggressions against oneself is significantly associated
with psychological distress and alcohol use (Scharer & Taylor, 2018). Experiencing these
microaggressions within a year is associated with higher anxiety symptoms, binge
drinking, and poorer self-assessed physical and mental health, while lifetime exposure to
them links to higher levels of depressive and anxiety symptoms, binge drinking, and
smoking (Bostwick et al., 2021).

Transgender individuals who have experienced non-affirming gender identity
microaggressions are more likely to experience feelings of hopelessness, suicidal
ideation, and withdrawal (Parr & Howe, 2019). Experiencing gender identity microaggressions can lead to using maladaptive coping strategies (e.g., avoidant behaviors, using alcohol/drugs to forget) rather than solution-focused coping strategies (e.g., made a plan of action, concentrated on what to do next; Truszczynski et al., 2022).

Both sexual and gender identity microaggressions can lead to higher levels of perceived stress and anxiety symptoms and lower self-esteem (Seelman et al., 2016). For some, receiving these microaggressions can make individuals feel overlooked and invisible, while for others receiving microaggressions centered around their bodies or intimate relationships can feel invasive and inescapable (Munro et al., 2019).

At the intersection of race/ethnicity and sexual or gender identity, LGBTQ+ POC additionally have to navigate racial stereotypes and microaggressions and narratives set up by others (Bowleg, 2013). They may perceive sexual or gender identity microaggressions from their racial/ethnic community, such as heterosexist attitudes, or racial microaggressions from their LGBTQ+ community. Perceiving these intersectional microaggressions is associated with higher depressive and anxiety symptoms and poorer self-assessed physical and mental health (Bostwick et al., 2021). In addition, LGBTQ+ POC may experience certain themes more intensely due to their intersecting identities. For example, transgender women of color may experience the theme of exoticization more than White transgender women where their race/ethnicity is also sexualized, in addition to their transgender identity (Nadal et al., 2012).

**Potential Moderators**

Based on the presenting health disparities and clear evidence of the problematic outcomes associated with microaggression experiences, it is critical that we identify
factors that can mitigate the impact of microaggressions on the mental health of TGD individuals and POC. We posit that the factors of identity affirmation and LGBTQ+ community connectedness can moderate the strength of the relationships between microaggressions and mental health outcomes. These internal and external identity development resources have been consistently linked to better psychosocial outcomes in the literature and we hypothesize that they may serve a protective function for LGBTQ+ individuals in the face of discrimination and marginalization.

**Identity Affirmation**

Identity affirmation is the affective process of developing positive feelings towards one’s identity (Ghavami et al., 2011), with higher identity affirmation indicating the individual has a stronger sense of identity and is more willing to embrace their identity. LGBTQ+ individuals who experience higher identity affirmation are likely to experience better mental health outcomes, such as less perceived stress and negative affect, greater satisfaction in life, fewer depressive and anxiety symptoms, and higher self-esteem (Fredriksen-Goldsen et al., 2017; Ghavami et al., 2011). Feeling less affirmation and higher identity uncertainty for both sexual and gender identity is correlated with worse mental health effects with prevalent symptoms of depression, anxiety, and suicidal ideation (Cramer et al., 2022). Having a higher level of gender identity acceptance is linked to higher levels of self-esteem (van den Brink et al., 2020), while experiencing the opposite—events and interactions that can lead one to nonaffirmation—relates to a higher likelihood of experiencing feelings of sadness and hopelessness, withdrawal from regular activities, and suicidal ideation (Parr & Howe, 2019).
For POC, higher racial/ethnic identity affirmation relates to lower symptoms of depression and anxiety and higher self-esteem (Brittian et al., 2013; Sladek et al., 2020). In addition, higher identity affirmation predicts greater satisfaction in life and higher self-esteem (Ghavami et al., 2011). Identity affirmation can also have a mediating effect on the relationship between experienced racial/ethnic discrimination and depressive symptoms for certain populations (Brittian et al., 2015). Furthermore, how likely one is to perceive discrimination can be affected by how important one’s racial/ethnic identity is to them (Sellers & Shelton, 2003).

**LGBTQ+ Community Connectedness**

General social support for LGBTQ+ individuals is significantly linked to positive mental health outcomes—lower symptoms of depression, anxiety, and suicidality (Bridges et al., 2020; Pflum et al., 2015; Puckett et al., 2020). For multiply marginalized sexual and gender minority individuals, it may be equally or more important to feel connected to a community of other LGBTQ+ individuals, where they feel represented and understood. LGBTQ+ communities provide a context for LGBTQ+ individuals to receive emotional support, support for their identity, and to feel affirmed in their identity (Flanders et al., 2019a; Holley et al., 2019). In addition, individuals may seek connectedness within the community as way to cope with discrimination and rejection (Frost et al., 2016). However, Pulice-Farrow et al. (2021) found that LGBTQ+ community connectedness was related to negative mental health outcomes and increased rumination about sexual orientation. They suggested that seeking support after experiencing discrimination may lead to co-rumination, where discussion of problems may lead to positive and negative outcomes, and that the relationship between LGBTQ+
community connectedness and mental health outcomes might be more nuanced than expected.

Feeling connected to other LGBTQ+ individuals is associated with lower levels of depression, anxiety, alcohol use/problems, and psychological distress, and increased social well-being (Frost et al., 2022; Lozano-Verduzco et al., 2019; Petruzella et al., 2019). For transgender individuals, connectedness to a community with other trans individuals correlates to lower symptoms of depression and anxiety (Pflum et al., 2015), and having a safe space can allow them to build resilience, develop their gender identity, feel a freedom of expression, gain social support, and process gender minority stressor experiences (Bockting et al., 2013, Bowling et al., 2020).

LGBTQ+ community connectedness has been found to moderate the relationship between perceived stigma and suicidal behavior as well as the relationship between perceived stigma and depressive symptoms (Kaniuka et al., 2019). In addition, those with low levels of community connectedness reported worse symptoms of depression after experiencing discrimination based on sexual identity, suggesting that community connectedness may serve to ameliorate the impact of discriminating events on mental health (Lee et al., 2021).

Conclusion

Based on the existing literature, the factors of identity affirmation and LGBTQ+ community connectedness are related to positive mental health effects. We believe that these factors will serve as a source of resilience and will mitigate the effects of microaggressions on the mental health of transgender and gender diverse individuals and people of color. Therefore, high identity affirmation or a strong connectedness to the
LGBTQ+ community is hypothesized to undermine the effects of the microaggressions on depression and anxiety (see Figure 1). We pose the following research questions:

RQ1: How do racial microaggressions relate to depression and anxiety in LGBTQ+ people of color?

RQ2: How do gendered microaggressions relate to depression and anxiety in transgender and gender diverse people?

RQ3: How does identity affirmation moderate these relationships?

RQ4: How does LGBTQ community connectedness moderate these relationships?

**Figure 1**

*Moderating Effects of Identity Affirmation and LGBTQ+ Community Connectedness.*
CHAPTER III

METHODS

Participants

This sample was drawn from an extant dataset (Parmenter, 2021) of 621 individuals who identified as a member of the LGBTQ+ community. From this dataset, a subsample of individuals who identified as a person of color (POC) was identified. To meet criteria for this sample, participants had to identify as Black or African American, Latinx, Asian or Asian American and Pacific Islander, Native American or Alaska Native, Middle Eastern or North African, Multiracial, or other (self-identified). Participants did not meet criteria for this sample if they identified as White only. The LGBTQ+ POC sample consisted of 418 participants between the ages of 18 and 78 years of age ($M_{age} = 36.04, SD = 13.72$). See Table 1 for the demographic information of the LGBTQ+ POC sample. From this LGBTQ+ POC sample, a second subsample was identified of participants who identified as both POC and transgender or gender diverse (TGD). To meet criteria for this sample, participants had to identify as a transgender man, a transgender woman, non-binary/genderqueer, gender fluid, gender non-conforming, or other (self-identified). Participants did not meet criteria for this sample if they identified as White-only and as a cisgender man or cisgender woman. The TGD POC subsample consisted of 69 participants between the ages of 18 and 55 years of age ($M_{age} = 30.11, SD = 9.12$). See Table 2 for the demographic information of the TGD POC sample.
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Measures

All measures are presented in Appendix A.

Demographic Information

Demographic items included gender, sex assigned at birth, sexual orientation, relationship status, socioeconomic status, highest education level completed, yearly income, state of residence, type of community they grew up in, religious affiliation, and religious affiliation that they grew up in.

Microaggressions

The LGBT POC Microaggressions Scale (LGBT-PCMS; Balsam et al., 2011) was used to measure microaggressions experienced by LGBTQ POC. This scale has 18 items with each item rated on a 6-point scale (0 = did not happen/not applicable to me to 5 = it happened, and it bothered me EXTREMELY). The LGBT-PCMS has three subscales: (a) racism in LGBT communities, (b) heterosexism in racial/ethnic minority communities, and (c) racism in dating and close relationships. The Racism in LGBT Communities (six items; e.g., “Feeling like white LGBT people are only interested in you for your appearance”) and Heterosexism in Racial/Ethnic Minority Communities (six items; e.g., “Not being accepted by other people of your race/ethnicity because you are LGBT”) subscales were used to assess the mean level of distress LGBTQ+ POC face from racism within the LGBTQ+ community and heterosexism from their racial/ethnic community. Balsam et al. (2011) reported strong internal consistency for the chosen subscales in the original sample (Racism in LGBT Communities, α = .89; Heterosexism in Racial/Ethnic Minority Communities, α = .81). Cronbach’s alphas for the current study
were .93 for Racism in LGBTQ Communities and .90 for Heterosexism in Racial/Ethnic Minority Communities.

The Daily Heterosexist Experiences Questionnaire (DHEQ; Balsam et al., 2013) was used to measure microaggressions experienced by TGD POC. The questionnaire has 50 items with each item rated on a 6-point scale (0 = did not happen/not applicable to me to 5 = it happened, and it bothered me EXTREMELY). The DHEQ has nine subscales: (a) Vigilance, (b) Harassment and Discrimination, (c) Gender Expression, (d) Parenting, (e) Victimization, (f) Family of Origin, (g) Vicarious Trauma, (h) Isolation, and (i) HIV/AIDS. The Gender Expression subscale (six items; e.g., “Feeling invisible in the LGBT community because of your gender expression”) was used to measure the mean level of distress that the participant feels from these experiences. Balsam et al. (2013) reported strong internal consistency for the Gender Expression subscale in the original sample (α = .86). Cronbach’s alpha for the current study was .90 for Gender Expression.

Anxiety

The Generalized Anxiety Disorder 7-item Scale (GAD-7; Spitzer et al., 2006) was used to assess participants’ anxiety symptoms within the past two weeks. The scale has seven items with each item rated on a 4-point scale on how often they experience symptoms (0 = not at all to 3 = nearly every day; e.g., “Not being able to stop or control worrying”). Items are summed to create a maximum score of 21, with a higher score representing greater distress from anxiety symptoms. Spitzer et al. (2006) identified the following clinical cutoff scores to identify individuals with significant anxiety symptoms: 0-4 = minimal anxiety, 5-9 = mild anxiety, 10-14 = moderate anxiety, and 15-21 = severe anxiety. Spitzer et al. (2006) reported strong internal consistency for the original sample
with a Cronbach’s alpha of .92. Cronbach’s alpha for the current study was .94 for the POC sample and .92 for the TGD POC sample.

**Depression**

The Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001) was used to assess participants’ depression symptoms within the past two weeks. The scale has nine items with each item rated on a 4-point scale on how often they experience symptoms (0 = not at all to 3 = nearly every day; e.g., “Little interest or pleasure in doing things”). Items are summed to create a maximum score of 27, with a higher score representing greater distress from depression symptoms. Kroenke et al. (2001) identified the following clinical cutoff scores to identify individuals with significant depressive symptoms: 0-4 = none to minimal depression, 5-9 = mild depression, 10-14 = moderate depression, 15-19 = moderately severe depression, and 20-27 = severe depression. Kroenke et al. (2001) reported strong internal consistency for the original sample with a Cronbach’s alpha of .89. Cronbach’s alpha for the current study was .93 for the POC sample and .93 for the TGD POC sample.

**Identity Affirmation**

The Queer People of Color Identity Affirmation Scale (QPIAS; Ghabrial & Andersen, 2021) was used to measure identity affirmation for LGBTQ+ POC. The scale has 12 items with each item rated on a 7-point Likert scale (1 = very strongly disagree to 7 = very strongly agree). The QPIAS measures two subscales: (a) Identity-Based Growth and (b) Identity Cohesion. The Identity Cohesion subscale (five items; e.g. “I feel fortunate to be an LGBTQ+ ethnic/racial minority”) was used to measure how strongly affirmed participants feel in both their LGBTQ+ identity and their racial/ethnic identity.
Ghabrial and Andersen (2021) reported strong internal consistency for the Identity Cohesion subscale in the original sample ($\alpha = .80$). Cronbach’s alpha for the current study was .77 for Identity Cohesion.

The Gender Minority Stress and Resilience Measure (GMSR; Testa et al., 2015) was used to measure identity affirmation for TGD POC. The scale has 58 items and measures nine subscales: (a) Gender-Related Discrimination, (b) Gender-Related Rejection, (c) Gender-Related Victimization, (d) Non-Affirmation of Gender Identity, Internalized Transphobia, (f) Negative Expectations for Future Events, (g) Nondisclosure, (h) Community Connectedness, and (i) Pride. For the subscales Gender-Related Discrimination, Gender-Related Rejection, and Gender-Related Victimization, each item is rated on a scale from Never to Yes, in the past year, with responses in between clarifying if the experience happened before or after the age of 18. For the other six subscales, each item is rated on a 5-point Likert scale (0 = strongly disagree to 4 = strongly agree). The Pride subscale (eight items; e.g., “My gender identity or expression makes me feel special and unique.”) was used to measure how strongly affirmed TGD POC feel in their gender identity. Testa et al. (2015) reported strong internal consistency for the Pride subscale in the original sample ($\alpha = .90$). Cronbach’s alpha for the current study was .89 for Pride.

**LGBTQ+ Community Connectedness**

The Connectedness to the LGBT Community Scale (Frost & Meyer, 2012) was used to measure LGBTQ+ community connectedness for the participants. This scale has seven items with each item rated on a 4-point Likert scale (1 = agree strongly to 4 = disagree strongly). Frost and Meyer’s original scale assessed connection to New York
City’s LGBT community. The scale was adapted to assess how connected participants feel to their local LGBTQ+ community (e.g., “You feel you’re a part of your local LGBT community.”). Frost and Meyer (2012) reported strong internal consistency for the original sample with a Cronbach’s alpha of .81. Cronbach’s alpha for the current study was .88 for the POC sample and .85 for the TGD POC sample.

The Community Connectedness subscale (five items; e.g., “I feel part of a community of people who share my gender identity.”) from the GMSR (Testa et al., 2015) was used to measure community connectedness of TGD POC to others with similar gender identities. Testa et al. (2015) reported strong internal consistency for the Community Connectedness subscale in the original sample (α = .90). Cronbach’s alpha for the current study was .70 for Community Connectedness.

**Procedure**

This study was reviewed and approved by the Utah State University Institutional Review Board (Protocol #12387). See Appendix B for the IRB approved letter of information. Participants were recruited through a QualtricsXM panel, a survey and data management system. In the original sample (Parmenter, 2021), eligibility criteria (self-identify as LGBTQ+ and 18 years of age or older) was provided to Qualtrics and emails were sent by them to individuals on survey panel databases who met criteria. Participants who failed attention checks (e.g., “Select the option D for this question”) or completed the survey more than two standard deviations below the average completion time (suggesting random responding) were excluded from the final sample. An original sample of 527 individuals was recruited in the Fall of 2020. A supplemental sample was collected in the Fall of 2021, with the goal to recruit more transgender and gender diverse
participants. These samples were then merged and filtered to comprise the LGBTQ+
POC and TGD POC samples.

**Analyses**

Regression analyses, using the PROCESS macro in SPSS, assessed the main and
interaction effects of microaggression experiences on mental health outcomes, separately
for LGBTQ+ POC and TGD POC participants. The PROCESS macro utilizes
bootstrapping techniques and ordinary least squares regression to calculate the direct
effects of the independent variable (microaggressions experienced) on the dependent
variables (anxiety, depression), as well as the interaction of the moderators (identity
affirmation, LGBTQ+ community connectedness) and independent variables. For the
sample of LGBTQ+ POC, there were two potential independent variables (heterosexism
in ethnic/racial community and racism in LGBTQ+ community), two moderators
(identity coherence and LGBTQ+ community connectedness), and two dependent
variables (anxiety and depression). A total of eight regression models tested various
moderation possibilities. For the sample of TGD POC, there were one independent
variable (microaggressions based on gender expression), three potential moderators
(Pride, LGBTQ+ community connectedness, and connectedness to transgender and
gender diverse community), and two dependent variables (anxiety and depression). A
total of six regression models tested the various moderation pathways.
CHAPTER IV

RESULTS

Across samples, average racial microaggression and heterosexist microaggression scores were relatively low and the scales were positively skewed (see Tables 3, 4). For the LGBTQ+ POC sample, the mid-points of identity affirmation and LGBTQ+ community connectedness were on the higher end of the scale but were not problematically skewed. On average, LGBTQ+ POC reported scores that represent mild anxiety symptoms and scores that were at the border between mild and moderate depressive symptoms. For the TGD POC sample, average scores for identity affirmation, LGBTQ+ community connectedness, TGD community connectedness, anxiety, and depression were all normally distributed. On average, TGD POC reported scores that were at the border between mild and moderate anxiety symptoms and scores that represent moderate depressive symptoms.

Tables 5 and 6 show bivariate correlations for the variables assessed for our LGBTQ+ POC and TGD POC samples. In Table 5, the correlations for both forms of microaggressions showed positive and significant relationships with anxiety and depression. There were significant negative relationships between microaggressions and identity affirmation. There were no significant direct correlations between the microaggressions and LGBTQ+ community connectedness. Identity affirmation demonstrated a negative and significant relationship with anxiety and depression. There was a significant positive relationship between identity affirmation and LGBTQ+ community connectedness. There were no significant correlations between LGBTQ+ community connectedness and anxiety and depression. There was a significant positive
### Table 3

**Variables, Means, and Standard Deviations for the LGBTQ+ POC Sample**

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
<th>Skew</th>
<th>S.E Skew</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial Microaggressions</td>
<td>1.0</td>
<td>1.2</td>
<td>0</td>
<td>4</td>
<td>1.1</td>
<td>.12</td>
</tr>
<tr>
<td>Heterosexist Microaggressions</td>
<td>0.9</td>
<td>1.1</td>
<td>0</td>
<td>4</td>
<td>1.1</td>
<td>.12</td>
</tr>
<tr>
<td>Identity Affirmation</td>
<td>23.7</td>
<td>7.6</td>
<td>5</td>
<td>35</td>
<td>-.21</td>
<td>.12</td>
</tr>
<tr>
<td>LGBTQ+ Community Connectedness</td>
<td>20.6</td>
<td>4.8</td>
<td>7</td>
<td>28</td>
<td>-.43</td>
<td>.12</td>
</tr>
<tr>
<td>Anxiety</td>
<td>8.3</td>
<td>6.6</td>
<td>0</td>
<td>21</td>
<td>.35</td>
<td>.12</td>
</tr>
<tr>
<td>Depression</td>
<td>9.1</td>
<td>7.7</td>
<td>0</td>
<td>27</td>
<td>.54</td>
<td>.12</td>
</tr>
</tbody>
</table>

Note: Only 417 participants provided responses for the anxiety and depression scales.

### Table 4

**Variables, Means, and Standard Deviations for the TGD POC Sample**

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
<th>Skew</th>
<th>S.E Skew</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gendered Microaggressions</td>
<td>1.2</td>
<td>1.2</td>
<td>0</td>
<td>4</td>
<td>.84</td>
<td>.29</td>
</tr>
<tr>
<td>Identity Affirmation</td>
<td>12.7</td>
<td>6.7</td>
<td>0</td>
<td>24</td>
<td>.08</td>
<td>.31</td>
</tr>
<tr>
<td>LGBTQ+ Community Connectedness</td>
<td>20.5</td>
<td>4.2</td>
<td>7</td>
<td>28</td>
<td>-.09</td>
<td>.29</td>
</tr>
<tr>
<td>TGD Community Connectedness</td>
<td>7.3</td>
<td>3.9</td>
<td>0</td>
<td>15</td>
<td>.32</td>
<td>.46</td>
</tr>
<tr>
<td>Anxiety</td>
<td>9.8</td>
<td>6.0</td>
<td>0</td>
<td>21</td>
<td>-.05</td>
<td>.29</td>
</tr>
<tr>
<td>Depression</td>
<td>11.1</td>
<td>7.9</td>
<td>0</td>
<td>27</td>
<td>.31</td>
<td>.29</td>
</tr>
</tbody>
</table>

Note: Only 58 participants provided responses for the identity affirmation scale; only 26 participants provided responses for the TGD community connectedness scale.

### Table 5

**Summary of Intercorrelations for the LGBTQ+ POC Sample: Bivariate Correlations**

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Racial Microaggressions</td>
<td>1.00</td>
<td>.692**</td>
<td>-.219**</td>
<td>-.010</td>
<td>.396**</td>
<td>.398**</td>
</tr>
<tr>
<td>2. Heterosexist Microaggressions</td>
<td>--</td>
<td>1.00</td>
<td>-.308**</td>
<td>.030</td>
<td>.403**</td>
<td>.430**</td>
</tr>
<tr>
<td>3. Identity Affirmation</td>
<td>1.00</td>
<td>.317**</td>
<td>-.183**</td>
<td>-.274**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. LGBTQ+ Community Connectedness</td>
<td>1.00</td>
<td>.052</td>
<td>.029</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Anxiety</td>
<td>1.00</td>
<td>.825**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
<td></td>
</tr>
</tbody>
</table>

Note. **Correlation is significant at the 0.01 level (2-tailed)
Table 6

Summary of Intercorrelations for the TGD POC Sample: Bivariate Correlations

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gendered Microaggressions</td>
<td>1.00</td>
<td>.069</td>
<td>.037</td>
<td>-.313</td>
<td>.507**</td>
<td>.566**</td>
</tr>
<tr>
<td>2. Identity Affirmation</td>
<td>--</td>
<td>1.00</td>
<td>.287*</td>
<td>.145</td>
<td>.098</td>
<td>-.017</td>
</tr>
<tr>
<td>3. LGBTQ+ Community Connectedness</td>
<td>1.00</td>
<td>.197</td>
<td>.079</td>
<td>-.004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. TGD Community Connectedness</td>
<td></td>
<td>1.00</td>
<td>.140</td>
<td>-.016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Anxiety</td>
<td></td>
<td></td>
<td>1.00</td>
<td>.673**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Depression</td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. **Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the 0.05 level (2-tailed).

correlation between anxiety and depression.

Tables 7 and 8 summarize regression analyses testing identity affirmation as a moderator of the relationship between microaggression reports and anxiety and depression. The main effects of racial and heterosexist microaggressions were significant for both anxiety and depression. The main effect for gendered microaggressions on anxiety was significant. The main effect of identity affirmation was not significant for anxiety but did significantly negatively predict depression in one of the three regression models. There were no significant interactions between identity affirmation and any form of microaggressions on either anxiety or depression.

Tables 9 and 10 summarize regression analyses testing LGBTQ+ and TGD community connectedness as a moderator of the relationship between microaggressions and anxiety and depression. There were no significant main or interaction effects in models testing the direct and moderated effects of microaggressions on anxiety or depression.
Table 7

Summary of Regression Analyses Assessing Identity Affirmation as a Moderator of the Association Between Racial, Heterosexist, and Gendered Microaggressions and Anxiety

<table>
<thead>
<tr>
<th>Model</th>
<th>F or F change</th>
<th>df</th>
<th>p</th>
<th>R^2 or R^2 change</th>
<th>coefficient</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial Microaggressions</td>
<td>27.47</td>
<td>3, 413</td>
<td>&lt;.001</td>
<td>.166</td>
<td>2.07</td>
<td>2.71</td>
<td>.007</td>
</tr>
<tr>
<td>Identity Affirmation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-0.09</td>
<td>-1.19</td>
<td>.234</td>
</tr>
<tr>
<td>Interaction</td>
<td>0.00</td>
<td>1, 413</td>
<td>.989</td>
<td>&lt;.001</td>
<td>0.00</td>
<td>0.01</td>
<td>.989</td>
</tr>
<tr>
<td>Heterosexist Microaggressions</td>
<td>27.56</td>
<td>3, 413</td>
<td>&lt;.001</td>
<td>.170</td>
<td>2.70</td>
<td>3.31</td>
<td>.001</td>
</tr>
<tr>
<td>Identity Affirmation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-0.03</td>
<td>-0.32</td>
<td>.747</td>
</tr>
<tr>
<td>Interaction</td>
<td>0.21</td>
<td>1, 413</td>
<td>.649</td>
<td>&lt;.001</td>
<td>-0.02</td>
<td>-0.46</td>
<td>.649</td>
</tr>
<tr>
<td>Gendered Microaggressions</td>
<td>5.12</td>
<td>3, 54</td>
<td>.004</td>
<td>.221</td>
<td>0.54</td>
<td>0.38</td>
<td>.708</td>
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<tr>
<td>Identity Affirmation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-0.16</td>
<td>-0.91</td>
<td>.365</td>
</tr>
<tr>
<td>Interaction</td>
<td>1.86</td>
<td>1, 54</td>
<td>.179</td>
<td>.027</td>
<td>0.09</td>
<td>1.36</td>
<td>.179</td>
</tr>
</tbody>
</table>

Table 8

Summary of Regression Analyses Assessing Identity Affirmation as a Moderator of the Association Between Racial, Heterosexist, and Gendered Microaggressions and Depression

<table>
<thead>
<tr>
<th>Model</th>
<th>F or F change</th>
<th>df</th>
<th>p</th>
<th>R^2 or R^2 change</th>
<th>coefficient</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial Microaggressions</td>
<td>33.41</td>
<td>3, 413</td>
<td>&lt;.001</td>
<td>.195</td>
<td>2.56</td>
<td>2.94</td>
<td>.003</td>
</tr>
<tr>
<td>Identity Affirmation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-0.18</td>
<td>-2.05</td>
<td>.041</td>
</tr>
<tr>
<td>Interaction</td>
<td>0.11</td>
<td>1, 413</td>
<td>.744</td>
<td>&lt;.001</td>
<td>-0.01</td>
<td>-0.33</td>
<td>.744</td>
</tr>
<tr>
<td>Heterosexist Microaggressions</td>
<td>35.98</td>
<td>3, 413</td>
<td>&lt;.001</td>
<td>.207</td>
<td>2.87</td>
<td>3.11</td>
<td>.002</td>
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<td></td>
<td></td>
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<td>-1.60</td>
<td>.109</td>
</tr>
<tr>
<td>Interaction</td>
<td>0.03</td>
<td>1, 413</td>
<td>.860</td>
<td>&lt;.001</td>
<td>-0.01</td>
<td>-0.18</td>
<td>.860</td>
</tr>
<tr>
<td>Gendered Microaggressions</td>
<td>7.64</td>
<td>3, 54</td>
<td>&lt;.001</td>
<td>.298</td>
<td>4.64</td>
<td>2.56</td>
<td>.013</td>
</tr>
<tr>
<td>Identity Affirmation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.05</td>
<td>0.19</td>
<td>.849</td>
</tr>
<tr>
<td>Interaction</td>
<td>0.24</td>
<td>1, 54</td>
<td>.627</td>
<td>.003</td>
<td>-0.04</td>
<td>-0.49</td>
<td>.627</td>
</tr>
</tbody>
</table>

Supplemental Exploratory Analyses

While our analyses showed no moderation effects for identity affirmation and LGBTQ+ community connectedness with anxiety and depression, our bivariate correlations suggested that a mediation model may be more effective at capturing the relationships between identity affirmation, racial microaggressions, heterosexist
### Table 9

*Regression Analyses Assessing LGBTQ+ and TGD Community Connectedness as a Moderator of the Association Between Racial, Heterosexist, and Gendered Microaggressions and Anxiety*

<table>
<thead>
<tr>
<th>Model</th>
<th>F or F change</th>
<th>df</th>
<th>p</th>
<th>R^2 or R^2 change</th>
<th>coefficient</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial Microaggressions</td>
<td>26.45</td>
<td>3, 413</td>
<td>&lt;.001</td>
<td>.161</td>
<td>1.37</td>
<td>1.42</td>
<td>.157</td>
</tr>
<tr>
<td>LGBTQ+ Community Connectedness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-0.01</td>
<td>-0.07</td>
<td>.944</td>
</tr>
<tr>
<td>Interaction</td>
<td>0.78</td>
<td>1, 413</td>
<td>.379</td>
<td>.002</td>
<td>0.04</td>
<td>0.88</td>
<td>.379</td>
</tr>
<tr>
<td>Heterosexist Microaggressions</td>
<td>27.04</td>
<td>3, 413</td>
<td>&lt;.001</td>
<td>.164</td>
<td>2.18</td>
<td>1.97</td>
<td>.050</td>
</tr>
<tr>
<td>LGBTQ+ Community Connectedness</td>
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<td></td>
<td></td>
<td>0.03</td>
<td>0.22</td>
<td>.827</td>
</tr>
<tr>
<td>Interaction</td>
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<td>1, 413</td>
<td>.789</td>
<td>&lt;.001</td>
<td>0.01</td>
<td>0.27</td>
<td>.789</td>
</tr>
<tr>
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<td>8.28</td>
<td>3, 65</td>
<td>&lt;.001</td>
<td>.276</td>
<td>-0.54</td>
<td>-0.20</td>
<td>.838</td>
</tr>
<tr>
<td>LGBTQ+ Community Connectedness</td>
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<td></td>
<td></td>
<td>-0.21</td>
<td>-0.73</td>
<td>.471</td>
</tr>
<tr>
<td>Interaction</td>
<td>1.40</td>
<td>1, 65</td>
<td>.241</td>
<td>.016</td>
<td>0.14</td>
<td>1.18</td>
<td>.241</td>
</tr>
<tr>
<td>Gendered Microaggressions</td>
<td>3.35</td>
<td>3, 22</td>
<td>.038</td>
<td>.314</td>
<td>-3.19</td>
<td>-0.98</td>
<td>.340</td>
</tr>
<tr>
<td>TGD Community Connectedness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-0.69</td>
<td>-1.05</td>
<td>.305</td>
</tr>
<tr>
<td>Interaction</td>
<td>3.35</td>
<td>1, 22</td>
<td>.081</td>
<td>.104</td>
<td>0.54</td>
<td>1.83</td>
<td>.081</td>
</tr>
</tbody>
</table>

Microaggressions, anxiety, and depression. The PROCESS macro in SPSS utilized regression techniques to also test mediation effects in addition to moderation effects. The PROCESS macro calculated the direct effects of the independent variables (racial microaggressions, heterosexist microaggressions) on the dependent variables (anxiety, depression) and identity affirmation on the dependent variables, and the indirect effects of the independent variables on the dependent variables through identity affirmation.

Table 11 presents the results of tests of direct and indirect effects of racial microaggressions, heterosexist microaggressions, and identity affirmation on anxiety and depression. The top of Table 11 presents the results predicting anxiety symptoms. The effect of racial microaggressions on anxiety was fully mediated through identity.
Table 10

Summary of Regression Analyses Assessing LGBTQ+ and TGD Community Connectedness as a Moderator of the Association Between Racial, Heterosexist, and Gendered Microaggressions and Depression

<table>
<thead>
<tr>
<th>Model</th>
<th>F or F change</th>
<th>df</th>
<th>p</th>
<th>R² or R² change</th>
<th>coefficient</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial Microaggressions</td>
<td>27.04</td>
<td>3, 413</td>
<td>&lt;.001</td>
<td>.164</td>
<td>0.90</td>
<td>0.80</td>
<td>.425</td>
</tr>
<tr>
<td>LGBTQ+ Community Connectedness Interaction</td>
<td>2.37</td>
<td>1, 413</td>
<td>.125</td>
<td>.005</td>
<td>0.08</td>
<td>1.54</td>
<td>.125</td>
</tr>
<tr>
<td>Heterosexist Microaggressions</td>
<td>31.67</td>
<td>3, 413</td>
<td>&lt;.001</td>
<td>.187</td>
<td>1.86</td>
<td>1.47</td>
<td>.143</td>
</tr>
<tr>
<td>LGBTQ+ Community Connectedness Interaction</td>
<td>0.95</td>
<td>1, 413</td>
<td>.331</td>
<td>.002</td>
<td>0.06</td>
<td>0.97</td>
<td>.331</td>
</tr>
<tr>
<td>Gendered Microaggressions</td>
<td>10.24</td>
<td>3, 65</td>
<td>&lt;.001</td>
<td>.567</td>
<td>4.47</td>
<td>1.31</td>
<td>.194</td>
</tr>
<tr>
<td>LGBTQ+ Community Connectedness Interaction</td>
<td>0.04</td>
<td>1, 65</td>
<td>.834</td>
<td>&lt;.001</td>
<td>-0.03</td>
<td>-0.21</td>
<td>.834</td>
</tr>
<tr>
<td>Gendered Microaggressions</td>
<td>1.91</td>
<td>3, 22</td>
<td>.157</td>
<td>.207</td>
<td>-4.01</td>
<td>-0.82</td>
<td>.418</td>
</tr>
<tr>
<td>TGD Community Connectedness Interaction</td>
<td>2.19</td>
<td>1, 22</td>
<td>.154</td>
<td>.079</td>
<td>0.65</td>
<td>1.48</td>
<td>.153</td>
</tr>
</tbody>
</table>

affirmation, as no direct effect of racial microaggressions emerged in the full model and the test of the indirect effect was significant. Heterosexist microaggressions were significantly, directly related to anxiety, but identity affirmation did not predict anxiety symptoms in that full model. The indirect effect of heterosexist microaggressions on anxiety through identity affirmation was not significant. The bottom of Table 11 presents the results predicting depression symptoms. Racial microaggressions were significantly related to depression. There were strong and significant direct and indirect effects of both racist and heterosexist microaggressions on depression. Both forms of microaggressions demonstrated significant positive links to depression, and identity affirmation negatively linked to depressive symptoms. Further, the indirect effects of both racial and
heterosexist microaggressions on depression through identity affirmation were significant, such that the effect of microaggressions on depression was partially mediated through identity affirmation.

**Table 11**

*Direct and Indirect Effects of Identity Affirmation for the LGBTQ+ POC Sample*

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Effect</th>
<th>B</th>
<th>SE</th>
<th>t</th>
<th>p</th>
<th>LLCI</th>
<th>UPCI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anxiety</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Racial Microaggressions &gt; Anxiety</td>
<td></td>
<td>2.07</td>
<td>.26</td>
<td>8.13</td>
<td>&lt;.001</td>
<td>1.57</td>
<td>2.58</td>
</tr>
<tr>
<td>Identity Affirmation &gt; Anxiety</td>
<td></td>
<td>-0.09</td>
<td>.04</td>
<td>-2.20</td>
<td>.028</td>
<td>-0.17</td>
<td>-0.01</td>
</tr>
<tr>
<td>Indirect Effect of Racial Microaggressions on Anxiety Through Identity Affirmation</td>
<td></td>
<td>0.12</td>
<td>.07</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexist Microaggressions &gt; Anxiety</td>
<td></td>
<td>2.35</td>
<td>.29</td>
<td>8.13</td>
<td>&lt;.001</td>
<td>1.78</td>
<td>2.91</td>
</tr>
<tr>
<td>Identity Affirmation &gt; Anxiety</td>
<td></td>
<td>-0.06</td>
<td>.04</td>
<td>-1.38</td>
<td>.167</td>
<td>-0.14</td>
<td>0.02</td>
</tr>
<tr>
<td>Indirect Effect of Heterosexist Microaggressions on Anxiety Through Identity Affirmation</td>
<td></td>
<td>0.12</td>
<td>.10</td>
<td></td>
<td></td>
<td>-0.08</td>
<td>0.32</td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Racial Microaggressions &gt; Depression</td>
<td></td>
<td>2.29</td>
<td>.29</td>
<td>7.86</td>
<td>&lt;.001</td>
<td>1.72</td>
<td>2.86</td>
</tr>
<tr>
<td>Identity Affirmation &gt; Depression</td>
<td></td>
<td>-0.20</td>
<td>.05</td>
<td>-4.35</td>
<td>&lt;.001</td>
<td>-0.29</td>
<td>-0.11</td>
</tr>
<tr>
<td>Indirect Effect of Racial Microaggressions on Depression Through Identity Affirmation</td>
<td></td>
<td>0.28</td>
<td>.09</td>
<td></td>
<td></td>
<td>0.13</td>
<td>0.46</td>
</tr>
<tr>
<td>Direct Effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexist Microaggressions &gt; Depression</td>
<td></td>
<td>2.72</td>
<td>.33</td>
<td>8.31</td>
<td>&lt;.001</td>
<td>2.08</td>
<td>3.36</td>
</tr>
<tr>
<td>Identity Affirmation &gt; Depression</td>
<td></td>
<td>-0.16</td>
<td>.05</td>
<td>-3.41</td>
<td>&lt;.001</td>
<td>-0.25</td>
<td>-0.07</td>
</tr>
<tr>
<td>Indirect Effect of Heterosexist Microaggressions on Depression Through Identity Affirmation</td>
<td></td>
<td>0.34</td>
<td>.11</td>
<td></td>
<td></td>
<td>0.14</td>
<td>0.58</td>
</tr>
</tbody>
</table>
CHAPTER V
DISCUSSION

LGBTQ+ POC are at a greater risk of experiencing daily distal and proximal stressors that contribute to poorer mental health outcomes. Additionally, TGD POC lie at the intersection of multiple marginalized identities and have to navigate additional stressors, leading to increased risks of violence, discrimination, and worse mental health outcomes. This study looked at the factors of identity affirmation and LGBTQ+ community connectedness as potential moderators of the associations between racist and heterosexist microaggressions and mental health outcomes (depression and anxiety) for LGBTQ+ POC, with additional analyses attending to the unique pathways among gendered microaggressions, protective factors, and mental health outcomes for TGD POC.

While the results of these analyses showed that there was not a moderating effect of identity affirmation or LGBTQ+ community connectedness on the relationship between microaggressions and anxiety or depression, exploratory post hoc analyses indicated that identity affirmation showed a partial mediating effect between racial microaggressions and anxiety, racial microaggressions and depression, and heterosexist microaggressions and depression. The positive association between racial microaggressions and anxiety was partially explained by the undermining effect of microaggressions on identity affirmation. Similarly, the positive association between both racist and heterosexist microaggressions and depression was partially explained by the diminished identity affirmation in the context of high experiences of microaggressions.
Bivariate Relationships among Microaggressions, Identity Affirmation, Community Connectedness, and Mental Health

For the LGBTQ+ POC sample, the bivariate correlations suggested significant and moderately sized positive associations between racial microaggressions and both anxiety and depression and between heterosexist microaggressions and both anxiety and depression. These relationships are consistent and have been well documented within the literature (Bostwick et al., 2021; Nadal et al., 2012; Nadal et al., 2019; Scharer & Taylor, 2018). While these data are correlational and it is certainly possible that exacerbated depressive and anxious symptoms render one more attentive or reactive to microaggressive experiences, the more theoretically grounded interpretation of this relationship focuses on the harmful and invalidating effects of daily microaggressions.

Significant negative correlations were also observed between identity affirmation and racial microaggressions, heterosexist microaggressions, anxiety, and depression, suggesting a protective effect of identity affirmation. This relationship is also consistent with prior research, in which LGBTQ+ individuals who experience higher identity affirmation have fewer depressive and anxiety symptoms (Cramer et al., 2022; Ghavami et al., 2011). The literature suggests that experiencing racial discrimination can lead to lower racial/ethnic identity affirmation (Romero & Roberts, 2003). Other research suggested that experiencing discrimination can lead to introspection and personal growth for LGBTQ+ POC (Bowleg, 2013), but literature supporting a negative link between microaggressions and identity affirmation for LGBTQ+ POC is limited.

There was not a significant relationship between LGBTQ+ community connectedness and either form of microaggressions, anxiety, or depression. This lack of
significant relationship stands in opposition to most of the findings in the extant literature, which suggest that increased LGBTQ+ community connectedness is related to lower symptoms of anxiety and depression (Bridges et al., 2020; Frost et al., 2022; Lozano-Verduzco et al., 2019; Petruzzella et al., 2019; Pflum et al., 2015; Puckett et al., 2020). However, contrary to the majority of the published studies, Pulice-Farrow et al. (2021) found that LGBTQ+ community connectedness was related to negative mental health outcomes. Pulice-Farrow et al. (2021) suggested that individuals experiencing discrimination might turn to social connection through community to cope with those experiences, contributing to co-rumination, which can lead to negative mental health outcomes. The lack of relationship between LGBTQ+ community connectedness and anxiety and depression that was observed in this study suggests that associations may be more nuanced and warrant further investigation.

For the TGD POC sample, bivariate correlations showed significant, large, positive correlations between gendered microaggressions and both anxiety and depression. The finding that greater experience of gendered microaggressions links to increased anxiety and depression symptoms is consistent with the literature (Parr & Howe, 2019; Seelman et al., 2016). There was no significant relationship between the three moderators—identity affirmation, LGBTQ+ community connectedness, and TGD community connectedness—and either gendered microaggressions or anxiety and depression. Previous research that investigated the effects of these variables led us to hypothesize that relationships would exist with anxiety and depression. Past research reported that higher gender identity affirmation related to better mental health outcomes (Cramer et al., 2022; Parr & Howe, 2019; van den Brink et al., 2020). In general, the
literature also suggests that feeling more connected to other LGBTQ+ individuals and other TGD individuals is related to lower symptoms of anxiety and depression and greater positive mental health outcomes (Frost et al., 2022; Lozano-Verduzco et al., 2019; Petruzzella et al., 2019; Pflum et al., 2015). Our sample of TGD POC was small, and therefore underpowered, but the magnitude of the correlations was small. It may be that the intersectional nature of the microaggression measure undermined relationships with the intersectional measure of identity affirmation. Specifically, racial microaggressions within the LGBTQ+ community or sexual/gender identity based microaggressions within one’s community of color target one portion of the holistic intersectional identity that is assessed via the Queer People of Color Identity Affirmation Scale (Ghabrial & Andersen, 2021). This was also true for the larger LGBTQ+ POC sample, but perhaps the added complexity of a marginalized gender identity undermines any protective role of community engagement and positive identity, with regard to links to these microaggressions that are embedded within one portion of the overall identity.

Lack of Moderation Effect for Identity Affirmation and Community Connectedness

Analyses explored the role of identity affirmation, LGBTQ+ community connectedness, and TGD community connectedness as potential moderators. In the regression models, there were no significant interactions between microaggression experiences and either identity affirmation or community connectedness, providing no support for the hypothesis that identity affirmation and LGBTQ+ community connectedness would mitigate the effect of microaggressions on anxiety and depression. In fact, the regression models for the larger POC sample primarily only yielded
significant main effects for all forms of microaggressions, indicating the supremacy of the microaggressive experiences over the protective factors. There were no significant regression effects at all for TGD-specific identity affirmation, LGBTQ+ community connectedness, or TGD community connectedness, but the small sample size (especially for the analyses that used the measure of TGD community connectedness) may have resulted in underpowered analyses.

One reason that there was a lack of effect of the moderators might have been due to the inherently powerful and impactful nature of microaggressions, which potentially speaks to an overwhelming effect on the mental health of LGBTQ+ POC and TGD POC. Studies have found that individuals exploring their racial/ethnic identity may be more prone to racial/ethnic discrimination (Killoren et al., 2020; Yip et al., 2019). The literature also suggests that how one perceives microaggressions and discrimination can be affected by other dimensions of identity; individuals with a greater salience of their identity might be more alert to discriminatory events, increasing their perception of microaggressions (Sellers et al., 1998; Sellers et al., 2001; Sellers & Shelton, 2003). Additionally, expecting discrimination to occur can act as a buffer to the consequences of experiences of discrimination, where individuals are more able to handle the stress by externalizing the experience (Sellers et al., 1998). Additionally, for LGBTQ+ individuals, openness (less concealed about their identity) might relate to how much importance they place on their identity and their risk of exposure to discriminatory events, where more openness can increase perceptions of discrimination (Suppes et al., 2021).

While identity affirmation, LGBTQ+ community connectedness, and TGD community connectedness did not have a moderating effect, other variables might serve
as protective factors for LGBTQ+ POC and TGD POC. Scholars have expanded on the protective factors for the mental health of LGBTQ+ individuals (e.g., comfort from companion animals; belongingness with group members, positive feeling of being part of a group, social network size; Fredriksen-Goldsen et al., 2013; Kalb et al., 2022; Matijczak et al., 2021). For LGBTQ+ POC, variables such as engagement in community and activism, social support from created and chosen family, and romantic involvement (Hailey et al., 2020; Kulick et al., 2016; Whitton et al, 2018), have been documented as protective factors for their mental health. That being said, there is still a gap in the literature at present for the factors that serve LGBTQ+ POC. Additionally, the literature is limited on variables that serve as protective factors for the mental health of TGD POC and further research is needed.

LGBTQ+ and TGD community connectedness did not have a moderating effect for LGBTQ+ POC and TGD POC. The majority of the LGBTQ+ communities that LGBTQ+ POC participate in may be predominantly White. For LGBTQ+ POC, connectedness to a predominately White LGBTQ+ community may be more ambivalent than straightforward. LGBTQ+ POC can feel connected to members in these spaces due to the shared hardships and feeling affirmed in their sexual and gender identities (Parmenter et al., 2021). At the same time, LGBTQ+ POC might feel alienated and like they don’t fully belong, even though they share similar sexual and gender identities. Additionally, LGBTQ+ POC might experience feelings of disempowerment, invalidation, and invisibility within these White-dominated spaces (Parmenter et al., 2021). Kler et al. (2023) suggested that for LGBTQ+ POC experiencing intersectional microaggressions, seeking connectedness with other sexual and gender minority people of color can be
more important than seeking connectedness from communities with other sexual minorities, gender minorities, or people of color. If LGBTQ+ POC feel more connected to members with similar hardships (Parmenter et al., 2021), sharing community with individuals with more similar identities to them may foster greater connection. This ambiguity may echo that the relationship between LGBTQ+ community connectedness and wellbeing can be more nuanced than straightforward and warrants further investigation.

While published literature suggests that connectedness leads to better mental health outcomes for LGBTQ+ individuals (Frost et al., 2022; Lozano-Verduzco et al., 2019; Petruzzella et al., 2019; Pflum et al., 2015), another reason that might explain our lack of relationship for community connectedness is by the location of our participants and who they are receiving support from. As mentioned earlier, LGBTQ+ POC might be living in areas where the LGBTQ+ communities are predominantly White, which can lead to feelings of invalidation and possible exposure to further discrimination. Additionally, LGBTQ+ individuals living in environments that are more LGBTQ+ supportive (e.g., LGBTQ+ resources, LGBTQ+ focused events) may have better health outcomes (Watson et al., 2020). If LGBTQ+ POC are living in environments that are less supportive of their sexual and/or gender identity, it may lead to worse mental health outcomes.

**Mediating Effect of Identity Affirmation on the Relationships between Microaggressions and Mental Health**
The bivariate correlations suggested that identity affirmation was related to both racial and heterosexist microaggressions and both outcome variables. While identity affirmation did not serve as a moderator, theory and the pattern of bivariate correlations would support exploratory analysis of the role of identity affirmation as a mediator between the microaggressions and the outcome variables.

Our analyses showed that identity affirmation served as a partial mediator for the relationships between racial microaggressions and anxiety, racial microaggressions and depression, and heterosexist microaggressions and depression for LGBTQ+ POC, as both direct and indirect effects were significant in the three models. The pattern of relationships suggests that the experience of microaggressions may undermine identity affirmation, which in turn leads to greater depressive and anxious symptoms. The literature has shown that perceiving microaggressions may lead to sexual and gender minorities and people of color feeling like they don’t belong, like they have to change who they are in order to fit better, and invalidated in their identity (Campbell et al., 2022; Miles et al., 2020). Thus, we can infer that microaggressions might lead to feeling non-affirmed in one’s identity, which supports our findings.

Additionally, the way microaggressions were measured were by type of microaggressions within specific communities, such that participants reported what racial microaggressions they perceived from their LGBTQ+ community and what heterosexist microaggressions they perceived from their racial/ethnic community. Individuals might feel like they’re feeling affirmed for one part of identity in one community, while simultaneously being attacked for their other identity. This could have impacted how
affirmed LGBTQ+ POC reported that they felt for their intersectional identity, both their sexual and/or gender identity and their racial/ethnic identity.

Our bivariate correlations suggest that having higher identity affirmation might be related to lower symptoms of anxiety and depression, inferring that identity affirmation might serve as a protective factor for LGBTQ+ POC mental health. This role has been well documented within the literature (Brittian et al., 2013; Cramer et al., 2022; Fredriksen-Goldsen et al., 2017; Ghavami et al., 2011; Sladek et al., 2020). We posit that due to the effect of racial and heterosexist microaggressions, the ability of identity affirmation to serve as a protective factor for anxiety and depression is diminished. It’s imperative that future research studies the mechanisms behind the relationship between identity affirmation and racial and heterosexist microaggressions, to better understand how identity affirmation may serve as protective factor for the mental health of LGBTQ+ POC in the face of microaggressions.

Previous research has found identity affirmation to serve a mediator role for the relationship between perceived racial discrimination and depression, although identity affirmation only served a mediator for Latinx people (Brittian et al., 2015). Future research should explore how identity is being affirmed for certain racial/ethnic people and/or groups versus others. Other studies have investigated the role of self-esteem (a person’s evaluation of their own sense of worth or value) and self-mastery (one’s overall sense of control in their life and environment) as mediators between intersectional minority stress and depressive symptoms for sexual and gender minority adolescents of color (Mereish et al., 2022). These variables expand on how one might view their identity and might go hand in hand with affirmation of identity. Self-esteem and self-mastery
might be important components to further research for identity affirmation in LGBTQ+ POC and TGD POC.

**Limitations**

There were several limitations to this study. The sample size for TGD POC was limited. With a small sample, analyses are underpowered and generalizability is limited, such that the effects or lack thereof from this study cannot be generalized to the majority of TGD POC. Future studies should focus on recruiting a larger sample size for TGD POC.

As for the measures that were chosen, certain decisions could have been improved. For the TGD POC sample, microaggressions were measured using the Gender Expression subscale of the Daily Heterosexist Experiences Questionnaire (Balsam et al., 2013). A better approach might have been to use a scale dedicated to capturing gendered microaggressions like the Gender Identity Microaggressions Scale (Nadal, 2019). A specific microaggressions scale for TGD POC, that focuses on gendered and racial microaggressions could not be found and warrants further investigation.

The scale that was used to measure the microaggressions for LGBTQ+ POC, separately measures microaggressions experienced based on one dimension of one’s identity and in specific communities (i.e., racial microaggressions from LGBTQ+ community and heterosexist microaggressions from racial/ethnic community). Currently, no other scale, besides Balsam et al. (2011), has been published to measure the microaggressions that LGBTQ+ POC experience. A future approach could be to focus on the intersectional microaggressions that LGBTQ+ POC experience in combination of
community spaces. This would allow the unique experiences of LGBTQ+ POC to be captured and would not limit the impact to one part of their identity or a singular community. While not measuring microaggressions specifically, scales have been developed to measure intersectional discrimination, discrimination that one experiences based on who they are and their multiply marginalized identities (Scheim & Bauer, 2019). Measures that consider the intersectionality of oppression and the impact of having multiply marginalized identities are important and should influence the path for future research.

Our measure of identity affirmation for the LGBTQ+ POC sample was the Queer People of Color Identity Affirmation Scale (Ghabrial & Andersen, 2021), which considered how affirmed one felt in both their LGBTQ+ and racial/ethnic identity. Since our microaggression scale measured microaggressions based on dimensions of one’s identity, there could have been dissonance between our participants responses to affirmation in their entire identity and microaggressions specific to an identity.

For the TGD POC sample, identity affirmation was measured using the Pride subscale of the Gender Minority Stress and Resilience Measure (Testa et al., 2015). This scale looked specifically at one’s affirmation of their gender identity and did not look at the impact of racial/ethnic identity. The scale that was used for the LGBTQ+ POC, the Queer People of Color Identity Affirmation Scale (Ghabrial & Andersen, 2021), might have been a better scale to focus on, as it emphasizes one’s LGBTQ+ identity and their racial/ethnic identity. That being said, a scale that focuses on identity affirmation and emphasizes gender identity and racial/ethnic identity could not be found.
Kler et al. (2023) found that community connectedness with other sexual and gender minority people of color can have a greater effect for LGBTQ+ POC. Our measure for community connectedness was adapted from Frost and Meyer’s (2012) measure, which originally measured connection to New York City’s LGBT community. Future research should further investigate the effects of various types of community connectedness (e.g., sexual, gender, racial/ethnic, or a combination community) for LGBTQ+ POC.

**Implications and Directions for Future Research**

The lack of moderation effect for LGBTQ+ and TGD community connectedness adds to the research that suggests that the relationship between community connectedness and mental health for LGBTQ+ individuals may be more nuanced than expected. Additionally, LGBTQ+ POC might feel conflicted with their relationship to LGBTQ+ communities that are predominantly White (Parmenter et al., 2021). Our results show that racial microaggressions from LGBTQ+ communities may diminish the ability of identity affirmation to serve as a protective factor for anxiety and depression. Knowing the impact of racial microaggressions and the ambivalent relationship that LGBTQ+ POC feel within predominately White LGBTQ+ communities suggests these communities might need to consider how they might be contributing to racial microaggressions toward LGBTQ+ POC that perpetuate the feelings of disconnection. For LGBTQ+ POC and TGD POC, the literature suggests that they might find better social support in spaces with other LGBTQ+ POC or TGD POC (Kler et al., 2023). The nuanced nature of LGBTQ+
and TGD community connectedness warrants further investigation to understand how LGBTQ+ POC and TGD POC might create connection in community.

Our analyses showed that there is a presence of racial microaggressions in LGBTQ+ communities and heterosexist microaggressions in racial/ethnic communities and that they directly relate to worse mental health, and may diminish the protective role of identity affirmation on the mental health of LGBTQ+ POC. Research should focus on fostering support in the face of microaggressions within these communities. Previous research suggests that receiving microaffirmations, subtle acts of acceptance and affirmation, on an interpersonal and environmental level may be a useful way to diminish the negative mental health outcomes that LGBTQ+ individuals experience from microaggressions (Sterzing & Gartner, 2020). Microaffirmations that emphasize acceptance, social support, recognition of sexual identity and systemic injustice, and emotional support may be beneficial for LGBTQ+ individuals (Flanders et al., 2019b). Additionally, microaffirmations may serve to build identity affirmation.

Microintervention strategies could be implemented to address these microaggressions when LGBTQ+ POC or TGD POC experience them. Currently, microinterventions have been documented as a strategy to address racial microaggressions, focusing on validation of experiential reality, value as a person, affirmation of racial or group identity, support and encouragement, and reassurance that the individual is not alone (Sue et al., 2019). However, the strategic goals within these microinterventions (make the “invisible” visible, disarm the microaggression/macroaggression, educate the offender, seek external intervention) could be implemented when LGBTQ+ POC and TGD POC perceive microaggressions. Further research is
necessary on interventions that could be created or adapted to address when LGBTQ+
POC and TGD POC perceive racial, heterosexist, gendered, or intersectional
microaggressions.

Scholars who are investigating the mediating effect of identity affirmation on
microaggressions and mental health, may want to conduct longitudinal research. This
may be a more effective manner to capture how identity affirmation might evolve over
time in relation to perceiving microaggressions. Additionally, the literature supports
various components that might be involved in identity affirmation (e.g., identity salience,
self-esteem, self-mastery; Mereish et al., 2022; Sellers & Shelton, 2003). These
components should be further investigated in relation to identity affirmation and
perceiving microaggressions.
REFERENCES


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https://doi.org/10.1093/geront/gns123

https://doi.org/10.1093/geront/gnw170

https://doi.org/10.1080/00224499.2011.565427

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https://doi.org/10.1037/cou0000571


https://doi.org/10.1037/a0022532

https://doi.org/10.1037/ort0000363


transgender-and-gender-non-confirming-people-in-the-united-states-in-
2021#introduction


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https://doi.org/10.1037/ort0000203


https://doi.org/10.1186/1471-244X-8-70


https://doi.org/10.1080/00918369.2016.1242333


https://doi.org/10.1080/00918369.2019.1624456


https://doi.org/10.1080/15538605.2012.648583


https://doi.org/10.1002/j.1556-6676.2014.00130.x


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resilience. *Journal of Counseling Psychology, 68*(6), 629-641. [http://dx.doi.org/10.1037/cou0000578](http://dx.doi.org/10.1037/cou0000578)


https://doi.org/10.1037/dev0000708.supp (Supplemental)
Appendix A

Measures
Demographic Information

1. What is your gender?
   a. Man
   b. Woman
   c. Gender Fluid
   d. Non-binary/Genderqueer
   e. Gender Non-conforming
   f. Agender
   g. Other (please specify) ________________

2. What biological sex were you assigned at birth?
   a. Male
   b. Female
   c. Intersex

3. Which category best describes your racial/ethnic background? (check all that apply)
   a. Latinx/Latinx American
   b. Black/ African American
   c. White/ European American
   d. Asian/Asian American
   e. Native Hawaiian/Pacific Islander
   f. American Indian/ Alaska Native
   g. Middle Eastern/Middle Eastern American
   h. Bi-racial/ Multi-racial
      i. Other: (please specify) ______________________

4. How do you currently describe your sexual orientation:
   a. Heterosexual/straight
   b. Gay
   c. Lesbian
   d. Bisexual
   e. Pansexual
   f. Queer
   g. Questioning/Unsure
   h. Fluid
   i. Asexual
   k. Other: (please specify) ______________________

5. In what state do you presently reside? __________________

6. What is your state of origin (or country if originally from outside of US)? ________

7. What is your age? ________
8. What is your current relationship status?
   _____ single
   _____ monogamous heterosexual marriage
   _____ monogamous same-sex marriage
   _____ polyamorous (open-relationship) heterosexual marriage
   _____ polyamorous (open-relationship) same-sex marriage
   _____ unmarried, but in a monogamous heterosexual relationship
   _____ unmarried, but in a monogamous same-sex relationship
   _____ unmarried, but in a polyamorous (open-relationship) heterosexual relationship
   _____ unmarried, but in a polyamorous (open-relationship) heterosexual relationship
   _____ divorced
   _____ widowed

9. Please indicate your present level of yearly income.
   _____ $15,000 or less
   _____ $15,000 - $24,999
   _____ $25,000 - $34,999
   _____ $35,000 - $49,999
   _____ $50,000 - $74,999
   _____ $75,000 - $99,999
   _____ $100,000 - $149,999
   _____ $150,000 - $199,000
   _____ $200,000 - $299,000
   _____ $300,000 - $500,000
   _____ greater than $500,000.

10. How would you describe the community you grew up in?
    a. Rural (country)
    b. Urban (city)
    c. Suburban (subdivisions)
    d. Metropolitan (large city)

12. What is your current religious affiliation, if any?
    a. Catholic
    b. Christian-Protestant (e.g., Baptist, Methodist, Episcopalian)
    c. Christian- Evangelical or Pentecostal
    d. Atheist
    e. Agnostic
    f. Hindu
    g. Buddhist
    h. Jewish
    i. Muslim
    j. Spiritual
    k. None
1. Other: (please specify) ______________

13. What was your religious affiliation you were raised in, if any?
   a. Catholic
   b. Christian-Protestant (e.g., Baptist, Methodist, Episcopalian)
   c. Christian- Evangelical or Pentecostal
   d. Atheist
   e. Agnostic
   f. Hindu
   g. Buddhist
   h. Jewish
   i. Muslim
   j. Spiritual
   k. None
   l. Other: (please specify) ______________

LGBT POC Microaggressions Scale (LGBT-PCMS)

<table>
<thead>
<tr>
<th></th>
<th>Did not happen/not applicable to me</th>
<th>0</th>
<th>1</th>
<th>2</th>
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<tr>
<td>1</td>
<td>Not being able to trust White LGBTQ+ people</td>
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<td>2</td>
<td>Feeling misunderstood by White LGBTQ+ people</td>
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<td>3</td>
<td>Having to educate White LGBTQ+ people about race issues</td>
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<tr>
<td>4</td>
<td>Being the token LGBTQ+ person of color in groups or organizations</td>
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<td>5</td>
<td>Being told that “race isn’t important” by White LGBTQ+ people</td>
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<td>6</td>
<td>White LGBTQ+ people saying things that are racist</td>
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<td>7</td>
<td>Not being accepted by other people of your race/ethnicity because you are LGBTQ+</td>
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<td>8</td>
<td>Feeling misunderstood by people in your ethnic/racial community</td>
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<tr>
<td>9</td>
<td>Feeling invisible because you are LGBTQ+</td>
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<td>10</td>
<td>Difficulty finding friends who are LGBTQ+ and from your racial/ethnic community</td>
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<tr>
<td>11</td>
<td>Feeling unwelcome at groups or events in your racial/ethnic community</td>
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<td>12</td>
<td>Not having any LGBTQ+ people of color as positive role models</td>
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<td>13</td>
<td>Being rejected by other LGBTQ+ people of your same race/ethnicity</td>
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<td>14</td>
<td>Being rejected by potential dating or sexual partners because of your racial/ethnicity</td>
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<tr>
<td>15</td>
<td>Being seen as a sex object by other LGBTQ+ people because of your race/ethnicity</td>
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</table>
16) Reading personal ads that say “White people only”
17) Feeling like White LGBTQ+ people are only interested in you for your appearance
18) Being discriminated against by other LGBTQ+ people of color because of your race/ethnicity

*Combine 0 and 1 point responses to create consistent measure that focuses on perceived distress associated with each item rather than occurrence of each item.

LGBTQ+ Racism = Questions 1-6
POC Heterosexism = Questions 7-12
LGBTQ+ Relationship Racism = Questions 13-18

Daily Heterosexist Experiences Questionnaire (DHEQ)

The following is a list of experiences that LGBT people sometimes have. Please read each one carefully, and then respond to the following question:

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

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. Difficulty finding a partner because you are LGBT
2. Difficulty finding LGBT friends
3. Having very few people you can talk to about being LGBT
4. Watching what you say and do around heterosexual people
5. Hearing about LGBT people you know being treated unfairly
6. Hearing about LGBT people you don't know being treated unfairly
7. Hearing about hate crimes (e.g., vandalism, physical or sexual assault) that happened to LGBT people you don't know
8. Being called names such as "fag" or "dyke"
9. Hearing other people being called names such as "fag" or "dyke"
10. Hearing someone make jokes about LGBT people
11. Family members not accepting your partner as a part of the family
12. Your family avoiding talking about your LGBT identity
13. Your children being rejected by other children because you are LGBT
14. Your children being verbally harassed because you are LGBT
15. Feeling like you don't fit in with other LGBT people
16. Pretending that you have an opposite-sex partner
17. Pretending that you are heterosexual
18. Hiding your relationship from other people
19. People staring at you when you are out in public because you are LGBT
20. Worry about getting HIV/AIDS
21. Constantly having to think about "safe sex"
22. Feeling invisible in the LGBT community because of your gender expression
23. Being harassed in public because of your gender expression
24. Being harassed in bathrooms because of your gender expression
25. Being rejected by your mother for being LGBT
26. Being rejected by your father for being LGBT
27. Being rejected by a sibling or siblings because you are LGBT
28. Being rejected by other relatives because you are LGBT
29. Being verbally harassed by strangers because you are LGBT
30. Being verbally harassed by people you know because you are LGBT
31. Being treated unfairly in stores or restaurants because you are LGBT
32. People laughing at you or making jokes at your expense because you are LGBT
33. Hearing politicians say negative things about LGBT people
34. Avoiding talking about your current or past relationships when you are at work
35. Hiding part of your life from other people
36. Feeling like you don't fit into the LGBT community because of your gender expression
37. Difficulty finding clothes that you are comfortable wearing because of your gender expression
38. Being misunderstood by people because of your gender expression
39. Being treated unfairly by teachers or administrators at your children’s school because you are LGBT
40. People assuming you are heterosexual because you have children
41. Being treated unfairly by parents of other children because you are LGBT
42. Difficulty finding other LGBT families for you and your children to socialize with
43. Being punched, hit, kicked, or beaten because you are LGBT
44. Being assaulted with a weapon because you are LGBT
45. Being raped or sexually assaulted because you are LGBT
46. Having objects thrown at you because you are LGBT
47. Worrying about infecting others with HIV
48. Other people assuming that you are HIV positive because you are LGBT
49. Discussing HIV status with potential partners
50. Worrying about your friends who have HIV

Scoring: The measure can be scored two ways:
1. Occurrence: Responses are recoded 0 = 0 (did not occur) and 1 through 5 = 1 (did occur). Items are then summed for a total score indicating how many of these experiences participants have had.
2. Distress: Responses are recoded so that 0 and 1 = 1 (did not bother) and the rest of the responses remain the same. A mean is then computed for responses to all items, indicating the mean level of distress participant feels related to these experiences.

9 Subscales: Vigilance: Items 4, 16, 17, 18, 34, 35; Harassment and discrimination: Items 8, 19, 29, 30, 31, 32; Gender expression: Items 22, 23, 24, 36, 37, 38; Parenting: Items 13, 14, 39, 40, 41, 42; Victimization: Items 43, 44, 45, 46; Family of origin: Items 11, 12, 25, 26, 27, 28; Vicarious trauma: Items 5, 6, 7, 9, 10, 33; Isolation: 1, 2, 3, 15; HIV/AIDS: 20, 21, 47, 48, 49, 50
Generalized Anxiety Disorder 7-item (GAD-7) Scale

Over the last 2 weeks, how often have you been bothered by the following problems?

0 = Not at all  
1 = Several days  
2 = More than half of the days  
3 = Nearly every day

1) Feeling nervous, anxious, or on edge  
2) Not being able to stop or control worrying  
3) Worrying too much about different things  
4) Trouble relaxing  
5) Being so restless that it’s hard to sit still  
6) Becoming easily annoyed or irritable  
7) Feeling afraid as if something awful might happen

Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

0 = Not at all  
1 = Several days  
2 = More than half of the days  
3 = Nearly every day

1) Little interest or pleasure in doing things  
2) Feeling down, depressed, or hopeless  
3) Trouble falling or staying asleep, or sleeping too much  
4) Feeling tired or having little energy  
5) Poor appetite or overeating  
6) Feeling bad about yourself—or that you are a failure or have let yourself or your family down  
7) Trouble concentrating on things, such as reading the newspapers or watching television  
8) Moving or speaking so slowly that other people could have noticed. Or so fidgety or restless that you have been moving a lot more than usual  
9) Thoughts that you would be better off dead, or thoughts of harming yourself in some way
The Queer People of Color Identity Affirmation Scale (QPIAS)

Below is a list of statements to your life as a person who is both an ethnic/racial minority and a sexual and/or gender minority. All items are about your LGBTQ+ ethnic/racial minority identity. Please rank your agreement with each item on the scale provided from very strongly disagree (1) to very strongly agree.

(Very Strongly Disagree) 1  2  3  4  5  6  7 (Very Strongly Agree)

1) I feel badly about being both LGBTQ+ and an ethnic/racial minority. (r)
2) Being an LGBTQ+ ethnic/racial minority has made me resilient.
3) Being an LGBTQ+ ethnic/racial minority has given me the drive I need to accomplish great things.
4) I feel that my LGBTQ+ and ethnic/racial identity are at war with each other. (r)
5) I think the difficulties I’ve faced as a person who is an LGBTQ+ ethnic/racial minority make me better at handling hard situations.
6) Being an LGBTQ+ ethnic/racial minority makes me equipped to make positive change in the world.
7) I feel fortunate to be an LGBTQ+ ethnic/racial minority.
8) I derive power from my identity as an LGBTQ+ ethnic/racial minority.
9) I wish I could erase at least one of these minority identities from myself. (r)
10) As an LGBTQ+ ethnic/racial minority, I have a unique voice.
11) I would never want to change being LGBTQ+ or a ethnic/racial minority.
12) Being an LGBTQ+ ethnic/racial minority gives me the confidence to claim identities that I might otherwise not feel good about. For example: having a disability, having an illness, having mental health issues.

Note: Subscales are scored by reversing items as needed and adding item scores. Boldface indicates reverse-scored items (1, 4, 9). Identity-Based Growth subscale (2, 3, 5, 6, 8, 10, 12), Identity Cohesion subscale (1, 4, 7, 9, 11).

The Gender Minority Stress and Resilience Measure (GMSR)

Please indicate how much you agree with the following statements.

(Strongly disagree) 0  1  2  3  4 (Strongly agree)

Non-Affirmation of Gender Identity

1) I have to repeatedly explain my gender identity to people or correct the pronouns people use.
2) I have difficulty being perceived as my gender.
3) I have to work hard for people to see my gender accurately.
4) I have to be “hypermasculine” or “hyperfeminine” in order for people to accept my gender.
5) People don’t respect my gender identity because of my appearance or body.
6) People don’t understand me because they don’t see my gender as I do.

**Internalized Transphobia**
1) I resent my gender identity or expression.
2) My gender identity or expression makes me feel like a freak.
3) When I think of my gender identity or expression, I feel depressed.
4) When I think of my gender identity or expression, I feel unhappy.
5) Because my gender identity or expression, I feel like an outcast.
6) I often ask myself: Why can’t my gender identity or expression just be normal?
7) I feel that my gender identity or expression is embarrassing.
8) I envy people who do not have a gender identity or expression like mine.

**Pride**
1) My gender identity or expression makes me feel special and unique.
2) It is okay for me to have people know that my gender identity is different from my sex assigned at birth.
3) I have no problem talking about my gender identity and gender history to almost anyone.
4) It is a gift that my gender identity is different from my sex assigned at birth.
5) I am like other people but I am also special because my gender identity is different from my sex assigned at birth.
6) I am proud to be a person whose gender identity is different from my sex assigned at birth.
7) I am comfortable revealing to others that my gender identity is different from my sex assigned at birth.
8) I’d rather have people know everything and accept me with my gender identity and gender history.

**Community Connectedness**
1) I feel part of a community of people who share my gender identity.
2) I feel connected to other people who share my gender identity.
3) When interacting with members of the community that shares my gender identity, I feel like I belong.
4) I’m not like other people who share my gender identity. (r)
5) I feel isolated and separate from other people who share my gender identity. (r)

Notes: Total scores are calculated for each scale based on summed values assigned to possible response options. All items are scored from 0-4 according to responses ranging from *strongly disagree* to *strongly agree*. Items followed by (R) should be reverse-scored before calculating total scores.
Connectedness to the LGBT Community Scale

To what extent do you agree with the following items?

(Agree strongly) 1  2  3  4 (Disagree strongly)

1) You feel you’re a part of your local LGBT community.
2) Participating in your local LGBT community is a positive thing for you.
3) You feel a bond with the LGBT community.
4) You are proud of your local LGBT community.
5) It is important for you to be politically active in your local LGBT community.
6) If we work together, gay, bisexual, and lesbian people can solve problems in your local LGBT community.
7) You really feel that any problems faced by your local LGBT community are your own problems.
Appendix B

Informed Consent
Informed Consent

Stigma and Cultural Barriers to Accessing LGBTQ+ Community Resilience among LGBTQ+ People of Color: Implications for Identity and Mental Health Disparities

Introduction
You are invited to participate in a research study conducted by Renee Galliher, professor, and Joshua Parmenter, a graduate student in the Department of Psychology at Utah State University. The purpose of this research is to understand the experiences of discrimination LGBTQ+ people of color face within different community contexts and how this affects well-being.

This form includes detailed information on the research to help you decide whether to participate in this study. Please read it carefully and ask any questions you have before you agree to participate.

Procedures
Your participation will involve completing an online survey assessing your sexual identity, racial-ethnic identity, community belongingness, mental health, and experiences of discrimination and stigma within different community contexts. Participation in the survey is anonymous and is expected to take 25 minutes. We anticipate that 650 people will participate in this research study.

Risks
This is a minimal risk research study. That means that the risks of participating are no more likely or serious than those you encounter in everyday activities. There is some risk that your identity as research participants will be disclosed to others, which can be minimized if you complete the survey in a private location and close the browser upon completion. No identifying information will be collected in the survey. There is also the possibility that you may experience some discomfort answering questions about your experiences of discrimination as an LGBTQ+ person of color. You may refuse to answer questions or discontinue the participation at any time. If you have a negative research-related experience or are injured in any way during your participation, please contact the principal investigator of this study right away at (435)797-3391 or Renee.Galliher@usu.edu.

Benefits
There is no direct benefit to you for participating in this research study. More broadly, this study will help the researchers learn more about LGBTQ+ people of color and the unique experiences they face within the LGBTQ+ community. Such information may help health care providers and educators to provide better interventions and services for the LGBTQ+ community.

Confidentiality
The information you provide as part of this study will be delivered to the researchers in anonymous form. Your responses will be collected by Qualtrics and delivered to the researchers with no identifying information. There will be no way to link your responses to your name. De-identified survey responses will be kept indefinitely.

The research team works to ensure confidentiality to the degree permitted by technology. It is possible, although unlikely, that unauthorized individuals could gain access to your responses because you are responding online. However, your participation in this online survey involves risks similar to a person's everyday use of the Internet.

Compensation
For your participation in this research study, you will receive compensation from Qualtrics in accordance with your agreement with them.
IRB Review
The Institutional Review Board (IRB) for the protection of human research participants at Utah State University has reviewed and approved this study. If you have questions about the research study itself, please contact the Principal Investigator at (435) 797-3391 or Renee.Galliher@usu.edu or the student investigator at joshua.parmenter@aggiemail.usu.edu. If you have questions about your rights or would simply like to speak with someone other than the research team about questions or concerns, please contact the IRB Director at (435) 797-0567 or irb@usu.edu.

Renee V. Galliher, PhD
Principal Investigator
(435) 797-3391; Renee.Galliher@usu.edu

Joshua G. Parmenter
Student Investigator
joshua.parmenter@aggiemail.usu.edu

Your participation in this research is completely voluntary. If you agree to participate now and change your mind later, you may withdraw at any time by simply exiting the survey.

Informed Consent
By clicking on the link below, you agree to participate in this study. You indicate that you understand the risks and benefits of participation, and that you know what you will be asked to do. You also agree that you have asked any questions you might have, and are clear on how to stop your participation in the study if you choose to do so. Please be sure to retain a copy of this form for your records.
CURRICULUM VITAE

KEVIN CHI

(305) 720-0073 kevin.chi@usu.edu

EDUCATION

2021-Present  **Doctoral Student, Clinical/Counseling Psychology**  
Utah State University

M.S.  **Thesis:** The Mental Health Correlates of Microaggressions Towards Transgender and Gender Diverse People of Color: Moderating Effects of Identity Affirmation and LGBTQ Community Connectedness  
Chair: Renee V. Galliher, Ph.D.

B.S.  **Psychology**  
University of Florida

CLINICAL EXPERIENCE

2022-2023  **SCCE Community Clinic**, Utah State University  
Supervisors: Susan Crowley, Ph.D., Sara Boghosian, Ph.D., Marietta Veeder, Ph.D.  
**Graduate Student Therapist:** Conducted intake assessments with prospective clients seeking psychotherapy, provide evidence-based psychotherapy for adolescent and adult clients, conduct integrative assessments evaluating intelligence and achievement abilities, participate in weekly group and individual supervisions.  
Total Hours = 294; Direct Contact Hours = 81.5; Assessment Hours = 14

RESEARCH EXPERIENCE

2021-Present  **PR²IDE Lab**, Utah State University  
Principal Investigator: Renee V. Galliher, Ph.D.  
**Graduate Student Researcher:** Review participant interviews, voice clips, and illustrations; code transcripts; discuss themes and conclusions.

2019-2021  **Social-Cognitive and Affective Developmental Lab**, University of Florida  
Principal Investigator: Natalie Ebner, Ph.D.
Lab Manager: Managed data collection, scheduling, and compensation; conducted study session with participants (remotely through Zoom and in person); conducted prescreening and recruitment; modified studies through the IRB system; revised informed consent forms, protocol, and scripts; trained and supervised undergraduate research assistants

Undergraduate Research Assistant: Obtained informed consent; conducted study sessions with participants; conducted screenings calls for participant recruitment; inputted data into RedCap system; adapted psychological measure to digital format for RedCap; trained research assistants.

2019-2021 Wellness, Equity, Liberation, Love, and Sexuality (WELLS) Healing and Research Collective, University of Florida
Principal Investigator: Della Mosley, Ph.D
Undergraduate Research Assistant: Coded and focus coded participant transcripts using Constructivist Grounded Theory; collaborated on writing and discuss conclusions; collaborated on interview questions and recruitment strategies; recruited participants; created a demographic survey using Qualtrics

PUBLICATIONS
https://doi.org/10.1037/xap0000426

PRESENTATIONS
Institute for Learning in Retirement Student Research on Aging Poster Competition and the Robert Levitt Awards at Oak Hammock, Gainesville, FL.

TEACHING EXPERIENCE

2021-2022  Teaching Assistant
Psychology 4230: Psychology of Gender, Utah State University
Supervisor: Lee Pradell, M.S.
Responsibilities: Graded assignments and exams; modified course material; facilitated discussion

2022  Course Instructor
Psychology 4230: Psychology of Gender, Utah State University
Responsibilities: Graded assignments and exams; modified course material; facilitated discussion; held office hours

2021-2022  Teaching Assistant
Psychology 4230: Psychology of Gender, Utah State University
Supervisor: Elizabeth Wong, MA
Responsibilities: Graded assignments and exams; held office hours