Understanding Community Resilience Resources and Experiences of Inequity within the LGBTQ+ Community: Implications for Identity and Mental Health Disparities

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UNDERSTANDING COMMUNITY RESILIENCE RESOURCES AND EXPERIENCES OF INEQUITY WITHIN THE LGBTQ+ COMMUNITY: IMPLICATIONS FOR IDENTITY AND MENTAL HEALTH DISPARITIES

by

Joshua G. Parmenter

A dissertation submitted in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

Psychology

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UTAH STATE UNIVERSITY
Logan, Utah
2021
ABSTRACT

Understanding Community Resilience Resources and Experiences of Inequity Within the LGBTQ+ Community: Implications for Identity and Mental Health Disparities

by

Joshua G. Parmenter, Doctor of Philosophy

Utah State University, 2021

Major Professor: Renee V. Galliher, Ph.D.
Department: Psychology

Many lesbian, gay, bisexual, transgender, and queer, plus (LGBTQ+) individuals develop a connection and a sense of affiliation with the broader LGBTQ+ community. Affiliation with the LGBTQ+ community has been associated with positive mental health outcomes and reduced minority stress and facilitates an affirming sexual and gender identity. However, because of systems of oppression, not all sexual and gender diverse people have equal access to community-level resources within the LGBTQ+ community that help with coping in the face of adversity (i.e., community resilience). Research has begun to explore community resilience resources among LGBTQ+ individuals but has not analyzed the co-occurring systems of oppression that may interfere in accessing such resources. Utilizing a mixed methods design, this collection of three studies seeks to better understand sexual and gender diverse people’s experiences with the broader LGBTQ+ community and how various barriers may interfere with their ability to access community resilience resources.
The first study explored LGBTQ+ people of color’s experiences of community resilience resources and inequity within the LGBTQ+ community. LGBTQ+ people of color shared various forms of LGBTQ+ community resilience resources, such as shared hardships, feeling seen, and a sense of liberation. LGBTQ+ people of color also described inequity within the LGBTQ+ community, noting their experiences of disenfranchisement from access to community resilience resources (i.e., internalized oppression, gatekeeping, cultural appropriation, invisibility, alienation, disempowerment). The second study then took the qualitative themes from the first study to develop and validate a measure of LGBTQ+ community resilience and inequity. Finally, the third study used the newly developed measure to identify latent profiles among 527 sexual and gender diverse people. Findings suggest that some latent profiles may be uniquely associated with mental health and identity outcomes. Implications for research, practice, and social justice are discussed.
PUBLIC ABSTRACT

Understanding Community Resilience Resources and Experiences of Inequity Within the LGBTQ+ Community: Implications for Identity and Mental Health Disparities

Joshua G. Parmenter

Being a part of the lesbian, gay, bisexual, transgender, and queer plus (LGBTQ+) community has been linked with positive well-being. Research has established that the LGBTQ+ community has community-level resources (e.g., connection, belonging, shared hardships) that sexual and gender diverse people can utilize to cope in the face of discrimination (i.e., community resilience). However, due to various forms of discrimination and oppression, those with marginalized identities within the LGBTQ+ community (i.e., LGBTQ+ people of color, plurisexual, gender diverse) may not have equal access to LGBTQ+ community resilience resources.

This dissertation is composed of three separate studies aimed at understanding sexual and gender diverse people’s experiences with community resilience resources and inequity within the LGBTQ+ community. The first of three studies recruited 14 LGBTQ+ people of color to explore their experiences within the LGBTQ+ community. Participants from the first study shared positive experiences within the broader LGBTQ+ community, such as shared narratives and hardships, engagement in social justice, and making space within the LGBTQ+ community for the intersections of their LGBTQ+ and ethnoracial identities. However, LGBTQ+ people of color also shared experiences of inequity and discrimination that occurred within the broader LGBTQ+ community, which limited
access to LGBTQ+ community resilience resources and silenced people of color within
the LGBTQ+ community.

The second and third study were conducted using survey data from a larger study
of 527 sexual and gender diverse people. A measure was developed and validated for the
second study to assess an individuals’ experiences with community resilience resources
and inequity within the LGBTQ+ community. The new measure is appropriate for
researchers, mental health providers, and LGBTQ+ community organizations to use to
examine experiences within the LGBTQ+ community. The third study used the newly
validated measure from study two to examine patterns of advantage and disadvantage
within the LGBTQ+ community. Results yielded four profiles of experiences (i.e.,
marginalized, neutral, disengaged, and embedded) among LGBTQ+ participants and that
profiles predicted mental health outcomes. It is our hope that findings from the
dissertation study will be used for advocacy and decreasing inequity within the LGBTQ+
community.
ACKNOWLEDGMENTS

A salient message from a previous mentor comes to mind when reflecting on my academic journey, “Never forget who you are and where you came from.” Students, friends, and even internship site interviews have asked me what I attribute to my training and successes in graduate school. My answer: my people and my mentors. Mentorship, chosen family, and connection have always been a compass throughout my life. They have served as vessels of hope and encouragement during trying times, as a lighthouse whenever I am lost, and as cheerleaders to celebrate the little victories. It is only fitting to thank the people who have helped me along my journey.

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phone calls, the yearly trips to see each other, and the never-ending laughs and memories.
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As a first-generation student, I am eternally grateful to you for the opportunity to achieve a goal I never thought was possible. Your dedication to your students’ training and personal well-being does not go unnoticed. Thank you for your unconditional support, guidance, and hilarious conversations during our weekly meetings. You recently told me that “mentorship is a life-long commitment”: I look forward to what the years have in store.

Joshua Glenn Parmenter
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CHAPTER 1

INTRODUCTION

Sexual and gender diverse people have increasingly been acknowledged as a health disparity population (Institute of Medicine, 2011; National Institute on Minority Health & Health Disparities, 2016). Sexual and gender diverse people are at increased risk for negative mental health outcomes (i.e., depression, anxiety, substance use; Ross et al., 2018) due to identity-related experiences of marginalization (Meyer, 2003). Minority stress theory (Meyer, 2003) suggests that marginalized groups, such as sexual and gender diverse people, are at greater risk for negative mental health outcomes due to experiences of stigma. Both from a minority stress and intersectional framework (Crenshaw, 1991), scholars have established that sexual and gender diverse people with marginalized identities may experience multiple, interlocking forms of oppression (i.e., racism, cisgenderism, heterosexism, monosexism) associated with having multiple marginalized identities (Balsam et al., 2011; Meyer, 2010).

Research with the lesbian, gay, bisexual, transgender, queer, plus (LGBTQ+) community (i.e., a group of individuals with characteristics in common that are not bound by geographical location; American Psychological Association [APA], 2017) has departed from solely examining minority stress-related negative health outcomes and has moved toward strength-based approaches that study how LGBTQ+ groups thrive and recover from minority stress (Kwon, 2013; Meyer, 2015). Resilience can be either individual resilience (i.e., internal capacity to cope in the face of adversity) or community resilience (i.e., access to resources and benefits as a result of participating, connecting,
belonging, or identifying with a given community; Hall & Zautra, 2010; Zautra et al., 2008). However, systems of oppression and experiences of discrimination do not provide the same opportunity structures (i.e., the social, economic, and political structures that make thriving possible in society; Merton, 1968) for accessing community resilience among those with intersecting marginalized social identities (i.e., sexual, gender, ethnoracial, cultural, religious). Systems of oppression and experiences of inequity may restrict opportunities and access to community resilience and could have a detrimental impact on psychological well-being for sexual and gender diverse people (McConnell et al., 2018; Parmenter et al., 2020a).

Exploring sexual and gender diverse people’s experiences of community resilience resources and inequity within the LGBTQ+ community may assist in identifying mechanisms that influence mental health for this population. Identifying subgroups of sexual and gender diverse people based on their experiences with LGBTQ+ community resilience resources and inequity allows researchers and practitioners to focus on disenfranchised groups within the broader LGBTQ+ community. The present collection of studies aimed to (a) understand sexual and gender diverse people’s experiences with the broader LGBTQ+ community (i.e., community resilience resources and experiences of inequity), and (b) explore how inequity within the broader, mainstream LGBTQ+ community may disenfranchise some sexual and gender diverse people from being able to access LGBTQ+ community resilience resources.
Minority stress theory (Meyer, 2003) suggests that those with marginalized identities, and especially those with multiple marginalized identities, are at risk for negative mental health and identity outcomes. Meyer (2003) posited minority stress as experiences of distal stressors (e.g., discrimination, ostracism, microaggressions) and proximal stressors (e.g., fear of rejection, internalized stigma) that affect a sexual or gender diverse person’s mental and physical well-being. Scholars (Cyrus, 2017; Jaspal et al., 2019; Meyer, 2010) contend that those with multiple marginalized identities (e.g., LGBTQ+ Black, Indigenous, People of Color [BIPOC]) are potentially at higher risk for negative mental health outcomes as opposed to those with one marginalized identity (e.g., White gay cisgender men). Additionally, scholars have expanded minority stress theory to include minority stressors that occur within the mainstream LGBTQ+ community (Burton et al., 2020; Pachankis et al., 2020). While minority stress theory has furthered our understanding of marginalized identities and their association with mental health and well-being, other theories have provided comprehensive frameworks for examining multiple and intersecting forms of oppression. Intersectionality, rooted in Black feminist scholarship (Crenshaw, 1991), is a theoretical framework that explores how multiple social identities (e.g., ethnoracial, sexual, gender identity) intersect at the individual level and reveal interlocking systems of oppression at the structural or societal level (Cole, 2009; Moradi & Grzanka, 2017). Intersectionality goes beyond solely exploring additive approaches to multiple marginalized identities by thoroughly examining the interplay between these identities and their social and cultural context (Else-Quest & Hyde, 2016;
Systems of oppression and experiences of stigma have a profound effect on identity and mental health for those with marginalized identities. Interestingly, while there may be differences among various groups, there is also a well-established body of evidence that argues for similarities among LGBTQ+ individuals. For example, some findings suggest cultural constraints (e.g., rejection from family members or ethnoracial peers and community, ethnoracial identity conflicts with LGBTQ+ identity) impact LGBTQ+ BIPOC identity development while White individuals may experience fewer constraints (Grov et al., 2006; Jaspal et al., 2019; Sarno et al., 2015; Stirratt et al., 2008). However, contrary to minority stress theory, which posits that greater minority stress from multiple marginalized identities would result in greater risk for mental health issues (Bowleg et al., 2003; Meyer, 2003), LGBTQ+ POC actually demonstrate similar mental health outcomes to those of White LGBTQ+ individuals (Meyer, 2010). Interestingly, many sexual and gender diverse people demonstrate interest in connecting and belonging with the broader LGBTQ+ community (Frost & Meyer, 2012; Frost et al., 2016; Parmenter et al., 2020b). Because of this common interest in wanting to affiliate with the broader LGBTQ+ community, scholars continue to focus their efforts on examining the buffering effects of connection with the LGBTQ+ community (Meyer, 2015).

**Resilience, Community Resilience, and Inequity to LGBTQ+**

**Community Resilience**

The study of resilience, or the ability to mitigate adverse impacts of stress and
thrive in the face of adversity, is a topic of interest within minority mental health research (Kwon, 2013; Meyer, 2015; Riggle et al., 2014). Resilience was originally conceptualized as an individual-level characteristic (Masten, 2007). Hall and Zautra (2010) highlighted an additional level of resilience known as community resilience, where members of a given community have access to resources that assist in reducing the impact of stress and facilitate positive health outcomes. Within the context of the broader LGBTQ+ community specifically, the LGBTQ+ community is viewed as a supportive network where sexual and gender diverse people are able to provide support and compassion for one another as a result of experiencing shared hardships (Parmenter et al., 2020b; Riggle et al., 2008; Sexton et al., 2018). Parmenter et al. found that LGBTQ+ individuals described the LGBTQ+ community as a space that values acceptance, inclusion, social justice, and a sense of pride in their identities. Sexual and gender diverse participants also emphasized that the LGBTQ+ community was based on a sense of shared hardship, resilience, and connection to a collective identity with a broader LGBTQ+ community that was not limited to a physical space (Parmenter et al., 2020b). Connection and identification with the LGBTQ+ community has shown to facilitate positive identity development, buffer against minority stress, and decrease negative mental health outcomes (Frost & Meyer, 2012; Matsuno & Israel, 2018; Morris et al., 2015; Petruzzella et al., 2019; Testa et al., 2015). Puckett et al. (2015) found that lower connection with the LGBTQ+ community partially explained the relationship between internalized stigma and psychological distress. Research on the benefits of the LGBTQ+ community primarily focus on identification and connection to the LGBTQ+ community (Puckett et
Meyer (2015) called for researchers to further explore other resources of community resilience and measure how LGBTQ+ individuals benefit from this construct.

While the LGBTQ+ community has positive implications for identity and mental health, sexual and gender diverse people may not have equal access to LGBTQ+ community resilience resources. The mainstream LGBTQ+ community is a context that best serves White, gay, cisgender men (Abreu et al., 2021; Cerezo et al., 2020; Page et al., 2021; Parmenter et al., 2020a). Some identities, such as plurisexual (i.e., people attracted to multiple genders, such as bisexual, pansexual, and queer), gender diverse (i.e., transgender, genderqueer, and nonbinary identities), and LGBTQ+ BIPOC are not only oppressed by the heterodominant culture, by also oppressed from within the LGBTQ+ community. Experiences of discrimination, systems of oppression, and structural inequality (i.e., “societal level conditions, cultural norms, and institutional policies that constrain opportunity, resources, and well-being”; Hatzenbuehler & Link, 2014, p. 2) disenfranchise some sexual and gender diverse people from accessing LGBTQ+ community resilience (Meyer, 2015). Parmenter et al., (2020a) found that various forms of within-group discrimination and exclusion occurred within the broader LGBTQ+ community, including monosexism, cisgenderism, and racism. Indeed, many sexual and gender diverse people shared that the broader LGBTQ+ community was primarily centered on and gave power to White, gay, cisgender men; such systems of power led to those with non-privileged identities (e.g., plurisexual, gender diverse, and LGBTQ+ BIPOC) feeling excluded (Ghabrial, 2017, 2019; Hart et al., 2021; Page et al.,
2021; Parmenter et al., 2020a). Indeed, sexual and gender diverse people experience co-occurring community resilience and inequity from within the mainstream LGBTQ+ community. Within-group discrimination and systems of oppression increase the risk of internalized minority stress and negative mental health outcomes among sexual and gender diverse people (Balsam et al., 2011; Bowleg, 2013; Burton et al., 2020; Hatzenbuehler, 2011; Hatzenbuehler & Pachankis, 2016; Pachankis et al., 2020).

**Current Study and Research Questions**

Although the existing body of research has begun to examine the importance of LGBTQ+ community resilience resources, scholars have primarily focused on the experiences of White, gay, cisgender men (Cerezo et al., 2020; Parmenter et al., 2020a). Additionally, research should further examine how various forms of inequity may limit access to LGBTQ+ community resilience (Meyer, 2015). Measuring and examining the co-occurrence of community resilience resources and experiences of inequity within the broader LGBTQ+ community may provide novel insight into how these constructs may affect mental health. Last, identifying groups based on their experiences of community resilience resources and experiences of inequity may allow practitioners to provide interventions to facilitate community resilience while reducing inequities within the mainstream LGBTQ+ community.

Given research on intersectionality has primarily used qualitative methods, there has been a call for furthering intersectional research by utilizing quantitative methods in tandem with qualitative methodology (Else-Quest & Hyde, 2016). Utilizing a mixed
methods design, the three studies seek to better understand sexual and gender diverse people’s experiences within the mainstream LGBTQ+ community and articulate barriers that may interfere with their ability to access LGBTQ+ community resilience.

The first study utilized a qualitative methodology to explore LGBTQ+ BIPOC’s experiences with the mainstream LGBTQ+ community. Specifically, the first study sought to expand previous work by Parmenter (2018) by exploring: (a) what are LGBTQ+ BIPOC’s experiences of connecting, belonging, and identifying with the LGBTQ+ community, (b) what are specific resources of LGBTQ+ community resilience, and (c) what experiences of inequity within the LGBTQ+ community limit LGBTQ+ BIPOC ability to access LGBTQ+ community resilience resources. Exploring LGBTQ+ BIPOC’s experiences within the mainstream LGBTQ+ community may help identify specific inequities that limit experiences of LGBTQ+ community resilience resources.

The second study recruited a large, diverse sample of LGBTQ+ participants to develop and validate a measure of LGBTQ+ community resilience resources. Using extant data from two qualitative studies with members of the LGBTQ+ community, items were created that specifically articulated the benefits of LGBTQ+ community resilience, as well as experiences of inequity within the LGBTQ+ community. The third study then used the newly developed measure to identify groups of sexual and gender diverse people based on their co-occurring experiences of LGBTQ+ community resilience and inequity. Lastly, based on the profiles generated, the third study aimed to examine how belonging in a given profile is associated with mental health and identity outcomes.
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CHAPTER 2
AN INTERSECTIONAL APPROACH TO UNDERSTANDING LGBTQ+
PEOPLE OF COLOR’S ACCESS TO LGBTQ+ COMMUNITY RESILIENCE

Abstract

Resiliency research suggests that connection to LGBTQ+ communities helps mitigate the negative impacts of oppression (i.e., community resilience). However, due to various interlocking systems of oppression, those with multiple marginalized identities (i.e., LGBTQ+ people of color [POC]) may not have equal access to LGBTQ+ community resilience resources. Despite the growing body of literature, little research has explored LGBTQ+ POC experiences with the LGBTQ+ community from an intersectional framework to critique systems of oppression and provide implications for social justice. Fourteen LGBTQ+ POC participated in semistructured interviews to explore their experiences with protective factors of the LGBTQ+ community and the barriers they face in accessing community resilience. Findings supported three broad categories with subthemes: (1) LGBTQ+ community resilience resources (i.e., shared narratives and feeling seen, social justice and liberation), (2) inequity to accessing LGBTQ+ Community Resilience (i.e., Alienation and Exclusion, Disempowerment and Exploitation, Invisibility), and (3) Making Space. Utilizing our intersectional framework, we provide implications for social justice advocacy as well as clinical and educational implications for counseling psychologists and community organizations.

1 Nonsignatory co-authors: E. Wong & D. Perez, Utah State University.
Introduction

Studies on the protective effects of connecting and belonging with the broader LGBTQ+ community have gained traction over the last decade (Parmenter et al., 2020a; Sarno & Mohr, 2016; Sexton et al., 2018). Evidence suggests that those affiliated and connecting with the broader LGBTQ+ community have access to resilience resources that may mitigate adverse effects of sexual and gender identity-based discrimination (Frost & Meyer, 2012; Puckett et al., 2015). However, experiences of inequity and systems of oppression do not provide the same opportunities for accessing resilience resources, especially among those with multiple marginalized identities (Meyer, 2015; Parmenter et al., 2020b). LGBTQ+ POC may not benefit from the protective effects of the broader mainstream LGBTQ+ community due to interlocking systems of oppression. The present study seeks to explore LGBTQ+ POC’s experiences with protective factors of the broader mainstream LGBTQ+ community and the barriers they face to LGBTQ+ community-specific resilience resources. Further, we use an intersectional framework to attend to the growing call for counseling psychologists to interrogate systems of oppression and use research to inform social justice efforts (Grzanka et al., 2019; Moradi & Grzanka, 2017; Shin et al., 2017).

Intersectionality

Kimberlé Crenshaw (1989) coined the term intersectionality to articulate the exclusion of Black women from White feminist movements (Bowleg, 2013; Cole, 2009). Several key elements of intersectionality are important to underscore before discussing
community resilience resources among LGBTQ+ communities and the factors that complicate access to such resources. Intersectionality is not a buzzword for describing the various identity domains that one possesses (Grzanka, 2020; Moradi & Grzanka, 2017). Instead, intersectionality, rooted in Black feminist and Women of Color scholarship (Cole, 2009; Crenshaw, 1989), is a framework that helps to critically analyze how individuals are situated within intersecting systems of oppression. In order to responsibly study intersectionality (Moradi & Grzanka, 2017), researchers must: (1) understand that multiple social identities are not independent and unidimensional but rather interdependent and work together to explain experiences (Bowleg, 2008; Cole, 2009); and (2) multiple social identities (i.e., ethnoracial, gender, sexual) intersect at the micro-level to reveal multiple interlocking systems of oppression (i.e., racism, heterosexism, monosexism, cisgenderism, sexism, White supremacy) at the macro-level (Bowleg, 2008; Cole, 2009; Crenshaw, 1989). Intersectional research is also defined by the directive that scholars should be transformative in their work by critiquing systems of oppression and highlighting implications for social justice and systemic change, a value that resonates with counseling psychologists (Moradi & Grzanka, 2017).

A final note on intersectionality concerns the importance of commonalities that cut across categories of social identity (Cole, 2008, 2009). Similarities, such as shared values and experiences, offer opportunities to build coalitions (“temporary, means-oriented, alliances among individuals or groups which differ in goals”; Gamson, 1961, p. 374) among diverse groups of people disenfranchised by systems of oppression (Cole, 2008, 2009). The concept of coalitions offers a rich way of viewing diverse social
identity categories simultaneously working together and experiencing friction. Conglomerate groups, such as the broader LGBTQ+ community, can be viewed as a coalition of diverse individuals with shared hardships striving together for greater social transformation. However, subgroups within a broader coalition or community (e.g., broader LGBTQ+ movements) can be overlooked and excluded from the potential benefits and resources of affiliating with a coalition (Cole, 2008). Power differentials and experiences of inequity may disenfranchise minoritized individuals within a broader community and limit benefits of community affiliation (Cole, 2008). First, we turn to a review of perceived benefits of belonging to the broader LGBTQ+ community (i.e., community resilience) and then discuss how experiences of inequity within the broader, mainstream LGBTQ+ community may limit access to such community resilience resources.

**Resilience in the Context of LGBTQ+ Communities**

Resilience, or the ability to endure adverse impacts of stress and thrive in the face of adversity, is a topic of interest within minority mental health research (Meyer, 2015; Kwon, 2013). Resilience, originally conceptualized at the individual level, can also be conceptualized at the community-level (Hall & Zautra, 2010). Community resilience is described as the ability to access community resources that promote well-being and coping (Hall & Zautra, 2010; Meyer, 2015). Community resilience emphasizes the influence of social resources and sociocultural context on health and well-being (Hall & Zautra, 2010; Meyer, 2015; Zautra et al., 2008). It is important to note that community
resilience is associated with a sense of collective identity, connection, or belonging with one’s community (Hall & Zautra, 2010; Meyer, 2015; Parmenter et al., 2020a). Interacting with similar-others or communities who share common struggles is linked to positive well-being (Cole, 2008; Frost et al., 2016). In short, affiliation with a community of similar others provides access to tangible (e.g., support groups, organizations, role models) and intangible (e.g., shared values, identification, community/societal validation) community resilience resources (Meyer, 2015).

Meyer (2015) advocated for LGBTQ+ researchers to further explore resilience within LGBTQ+ communities, specifically community resilience. As a result, scholars have identified several tangible and intangible community resilience resources within the context of LGBTQ+ communities. The broader LGBTQ+ community is viewed by many sexual and gender diverse people as a supportive and inclusive social group that values unconditional acceptance, liberation, and social justice (Parmenter et al., 2020a; Vaughan & Rodríguez, 2014). Positive psychology scholars have identified a range of strengths sexual and gender diverse people accrue through their identification with and affiliation to the broader LGBTQ+ community. Connection to the broader LGBTQ+ community, engagement in social justice work and liberation from cis-heteronormative expectations, social identity-based growth, and shared hardships are some of the strength-based resources used to cope with experiences of inequity and construct a positive LGBTQ+ identity (Parmenter et al., 2020a; Riggle & Rostosky, 2012; Vaughan & Rodríguez, 2014). Consistent with this, LGBTQ+ POC’s intersectional identities similarly conferred benefits that contributed to resilience and well-being (e.g., social identity-based growth,
freedom from cis-heteronormative ideologies, and community advocacy; Bowleg, 2013; Ghabrial, 2017, 2019; Ghabrial & Andersen, 2021). Sexual and gender diverse individuals reported that connection to a shared history of defiance and resilience engendered feelings of pride and empowerment (Parmenter et al., 2020a). Affiliation with the broader LGBTQ+ community and connection to similar-others is associated with positive identity development and well-being (Puckett et al., 2015); however, this has been inconsistent across LGBTQ+ subcommunities, such as LGBTQ+ POC (Frost & Meyer, 2012; Frost et al., 2016; McConnell et al., 2018). While the broader LGBTQ+ community provides opportunities to access community resilience resources that facilitate positive health and well-being, research also suggests that some sexual and gender diverse people experience stress and inequity within the broader, mainstream LGBTQ+ community (Pachankis et al., 2020; Parmenter et al., 2020b). Indeed, community resilience resources may not be accessed equally by all sexual and gender diverse people, especially those with multiple marginalized identities who face various forms of inequity within the broader, mainstream LGBTQ+ community.

**Inequity within the Broader, Mainstream LGBTQ+ Community**

As mentioned before, multiple social identities intersect at the individual-level of experience (i.e., micro-level) to reveal multiple interlocking systems of oppression and inequity at the macro-level (Bowleg, 2008). Intersecting systems of oppression redefine and restrict opportunity structures (i.e., social, economic, and political resources that contribute to success and well-being; Merton, 1968). Experiences of inequity and systems
of oppression could also restrict opportunities for accessing community resilience within the mainstream LGBTQ+ community (Meyer, 2015; Parmenter et al., 2020b). This is especially a concern for those who experience multiple co-constructive forms of subjugation, such as LGBTQ+ POC (Bowleg, 2013; Ghabrial, 2017, 2019). Not only are LGBTQ+ POC marginalized within the White, cisgender, and heterodominant culture, but they may also experience exclusion from their ethnoracial community and from within the broader, mainstream LGBTQ+ community (Bowleg, 2013; Sarno et al., 2015). The mainstream LGBTQ+ community and broader LGBTQ+ social justice coalition is a context that privileges the White, cisgender, monosexual experience while often overlooking or excluding the experiences of non-monosexual (i.e., bisexual, pansexual, queer, fluid), gender diverse, and LGBTQ+ POC (Abreu et al., 2021; Page et al., 2021; Pachankis et al., 2020; Parmenter et al., 2020b). Researchers have documented various forms of oppression within the mainstream and predominantly White LGBTQ+ community, including monosexism, cisgenderism, racism, and White supremacy (Bowleg, 2013; Ghabrial, 2017, 2019; Parmenter et al., 2020b). LGBTQ+ POC, especially POC with non-monosexual and non-binary gender identities (Flanders et al., 2019; Ghabrial, 2019; Ghabrial & Ross, 2018), feel less connected to the mainstream LGBTQ+ community compared to White, monosexual, cisgender people (McConnell et al., 2018; Sarno et al., 2015). As a result, LGBTQ+ POC may feel isolated and restricted in their ability to access community resilience resources from the broader, mainstream LGBTQ+ community. Researchers should further explore LGBTQ+ POC’s experiences with the broader LGBTQ+ community and the inequities they may face to obtain
community resilience resources.

**The Current Study**

Scholars continue to explore experiences of inequity to inform counseling psychologists’ efforts to strengthen coping strategies for LGBTQ+ POC (Bartoş et al., 2014; Pachankis et al., 2015). Although highlighting the clinical implications of existing research is helpful, opportunities are missed to showcase implications for social justice and dismantling systems of oppression (Grzanka et al., 2019). Shin et al. (2017) found that many studies on intersectionality were not considered “transformative” (i.e., did not provide implications for social justice and systemic change). Instead, many existing studies address navigation of multiple domains of identity generally, rather than engaging fully with contexts of inequity. It is vital for research adopting an intersectional framework to critique and interrogate intersecting systems of oppression that impede LGBTQ+ POC from accessing community resilience within the broader, mainstream LGBTQ+ community.

Exploring LGBTQ+ POC’s experiences with the broader, mainstream, and predominantly White LGBTQ+ community will help identify both positive aspects of the broader LGBTQ+ community and the inequity that LGBTQ+ POC may face in accessing community resilience. Utilizing an intersectional framework, this study seeks to explore: (a) what are LGBTQ+ POC’s experiences with the broader, mainstream LGBTQ+ community; (b) what community resilience resources have LGBTQ+ POC experienced that help mitigate the effects of oppression and inequity; and (c) what forms of inequity do LGBTQ+ POC experience that limit access to LGBTQ+ community resilience?
Methods

Study Design and Positionality

Review and approval were obtained from the institutional review board from Utah State University (Appendix A). We combined an intersectional framework with a phenomenological approach to explore LGBTQ+ POC’s experiences with the LGBTQ+ community (Creswell, 2013). DeBlaere et al. (2010) documented that phenomenological methods were useful approaches for studying the “intersection of identity-related experiences” (p. 346) of LGBTQ+ POC.

The identities, experiences, and assumptions of the researchers (i.e., positionality, Berger, 2015) and the participants are influential in the phenomenological research process (Hopkins et al., 2017). The first author identifies as a European American, first-generation college student, gay, genderqueer-masculine presenting individual (they/he). The second author is a European American, highly educated, able-bodied, cisgender woman (she/her) who does not claim a particular sexual identity label, but accrues all privilege associated with heterosexual status through participation in heterosexual marriage. The first and second author enter this work with theoretical orientations and scholarship in intersectional feminism and have conducted previous research on sexual and gender diverse peoples’ positive perceptions and experiences of discrimination within the broader, mainstream LGBTQ+ community. Given our intersecting identities, previous research, and theoretical orientations in intersectional feminism, the first and second authors: (1) initially assumed connectedness to the broader, mainstream, and predominantly White LGBTQ+ community may be helpful and important for most sexual
and gender diverse people; and (2) were cognizant of how intersecting forms of oppression (i.e., White supremacy, racism, monosexism, cisgenderism) interlock and restrict one’s ability to connect and affiliate with the broader, mainstream LGBTQ+ community. We experience a dialectic, in the sense that our identities benefit from Whiteness while our intersectional feminist orientations compel us to critically reflect and challenge notions of White supremacy and how they intersect with other forms of oppression to disenfranchise social groups.

As LGBTQ+ POC, the third and fourth authors provided insight into the experiences of LGBTQ+ POC within mainstream, predominantly White LGBTQ+ spaces. As a lesbian Chinese-Canadian, educated, cisgender woman, the third author was particularly cognizant of resistance and agency, resilience, “both/and” tensions, liminality, incommensurability, hybridity, and “traditional”/“contemporary” values. The fourth author echoed similar perspectives. As an Afro-Latinx queer woman-presenting individual she initially entered the broader LGBTQ+ community with hope for understanding from other LGBTQ+ people but experienced disconnect and exclusion from the predominantly White LGBTQ+ community. The third and fourth authors’ perspectives informed how they read and understood the participants, particularly those who reflected on their bicultural positionalities, articulated the tensions of straddling dominant and minority spaces, and critiqued the conditions of belonging and authenticity.

We attempted to be mindful and engage in reflexive discussion throughout the duration of the study (Berger, 2015). As LGBTQ+ POC, the third and fourth authors strengthened the credibility of culturally competent qualitative research (Clauss-Ehlers et al., 2019;
DeBlaere et al., 2010) by ensuring broad and inclusive subjectivity in the coding and writing process, providing feedback about observations from the first and second authors.

Participants

Participants were recruited through diversity centers, LGBTQ+ organizations, and LGBTQ+ and ethnoracially-focused listservs within the United States and Canada. Participants had to be able to participate in English, self-identify as LGBTQ+, self-identify as a person of color, and be 18 years of age or older in order to be eligible. The study recruitment text contained a link to an appointment management website to sign-up for an individual interview appointment. The appointment management website asked for participants’ name, email address, a pseudonym they wished to use during the interviews, and screened for age (18 years of age or older), LGBTQ+ identity, and ethnoracial identity. Thirty-one interested individuals met the study inclusion criteria and the first 15 participants booked an appointment and completed a brief demographics survey; one did not attend their interview and 15 were placed on a waitlist. The authors determined that data saturation was attained after completing 14 interviews, as no novel information appeared to emerge from new interviews (Saunders et al., 2017). As a result, the 15 participants on the waiting list were contacted by email to cancel their interview enrollment. Participants who completed an interview were compensated with a $20 Amazon gift certificate. Participants consisted of 14 LGBTQ+ POC \((M_{\text{age}} = 26, SD = 4.09)\). The majority of the sample comprised of non-monosexual \((N = 10)\) sexual identities, with nine of the 14 participants identifying as cisgender women, and seven identifying as Latinx (see Table 2.1 for demographic information). Participant
recruitment and data collection occurred during October and November of 2019.

Table 2.1

*Participant Demographic Information*

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Sexual orientation</th>
<th>Gender identity</th>
<th>Pronouns</th>
<th>Ethnoracial identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niu</td>
<td>23</td>
<td>Bisexual</td>
<td>Cisgender woman</td>
<td>She/Her</td>
<td>Pacific Islander</td>
</tr>
<tr>
<td>Bryan</td>
<td>32</td>
<td>Gay</td>
<td>Cisgender man</td>
<td>He/Him</td>
<td>Black/African American</td>
</tr>
<tr>
<td>Ada</td>
<td>26</td>
<td>Bisexual</td>
<td>Cisgender woman</td>
<td>She/Her</td>
<td>Black/African American</td>
</tr>
<tr>
<td>Daisy</td>
<td>25</td>
<td>Queer</td>
<td>Cisgender woman</td>
<td>She/Her</td>
<td>Latinx/Guatemalan</td>
</tr>
<tr>
<td>Trav</td>
<td>23</td>
<td>Queer</td>
<td>Non-binary</td>
<td>They/Them</td>
<td>South Asian/Punjabi</td>
</tr>
<tr>
<td>Tony</td>
<td>23</td>
<td>Gay</td>
<td>Cisgender man</td>
<td>He/Him</td>
<td>Latinx</td>
</tr>
<tr>
<td>Mya</td>
<td>35</td>
<td>Queer</td>
<td>Cisgender woman</td>
<td>She/Her</td>
<td>Black/African American</td>
</tr>
<tr>
<td>Christian</td>
<td>26</td>
<td>Gay</td>
<td>Cisgender man</td>
<td>He/Him</td>
<td>Latinx</td>
</tr>
<tr>
<td>Rumi</td>
<td>29</td>
<td>Pansexual</td>
<td>Cisgender woman</td>
<td>She/Her</td>
<td>Latinx/Ecuadorian</td>
</tr>
<tr>
<td>Ethan</td>
<td>26</td>
<td>Gay</td>
<td>Cisgender male</td>
<td>He/Him</td>
<td>Chinese Canadian</td>
</tr>
<tr>
<td>Luna</td>
<td>22</td>
<td>Bisexual</td>
<td>Cisgender woman</td>
<td>She/Her</td>
<td>Latinx/Chicana</td>
</tr>
<tr>
<td>Dani</td>
<td>22</td>
<td>Bisexual</td>
<td>Cisgender woman</td>
<td>She/Her</td>
<td>Latinx/Filipina</td>
</tr>
<tr>
<td>Kris</td>
<td>30</td>
<td>Bisexual/Pansexual</td>
<td>Cisgender woman</td>
<td>She/Her</td>
<td>Black/African American</td>
</tr>
<tr>
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<td>22</td>
<td>Queer</td>
<td>Genderqueer</td>
<td>They/Them</td>
<td>Chinese</td>
</tr>
</tbody>
</table>

*Note.* Thirteen participants were located within the U.S. and one participant resided in Canada.

Interview Protocol and Data Collection

The first author generated the first draft of the interview questions in consultation with colleagues who identify as LGBTQ+ POC. The interview protocol was then reviewed and revised by the three coauthors and four faculty dissertation committee members with expertise in qualitative methods, ethnoracial diversity, LGBTQ+ mental health, and intersectionality. The final interview protocol consisted of six broad initial
questions with flexible follow-up prompts and unstructured requests for elaboration (see Appendix B). The first author also invited participants to provide feedback on questions throughout the interview process to help with wording and content. The wording of questions did evolve across data collection in response to feedback, but participants felt that the interview protocol did not miss any content relevant to their experiences.

The first author conducted semistructured interviews ranging from 30 to 60 min. Informed consent was obtained from all individual participants before their scheduled interview. All interviews were conducted and recorded through the videoconferencing software, Zoom. The first author reviewed informed consent and acknowledged with participants the potential for blind-spots the first author may have due to their experience as a White, gay, genderqueer individual. The first author invited participants to provide corrections and feedback during the interview to ensure accurate representation of participants’ experiences. The semi-structured approach to interviews allowed the first author to ask follow-up questions dependent on the participants’ response to the semi-structured interview guide. As the sole interviewer, the first author took reflexive field notes to document important emergent themes, reflect on assumptions regarding the study topic, and track potential differences and similarities based on identities and intersecting systems of oppression (Berger, 2015). The first and second author met weekly and frequently consulted with the third and fourth coauthors to engage in reflexive discussion and receive feedback.
**Data Analysis**

All interview recordings were transcribed using Express Scribe-NHC Software. We utilized interpretative phenomenological analysis (IPA); an idiographic, phenomenological, and hermeneutic (i.e., interpretative) analysis, in which the aim is to explore the meanings of the participants’ experiences with a given phenomenon (Chan & Farmer, 2017; Smith et al., 2012). IPA is different from other qualitative analytic approaches, such as grounded theory, as it does not aim to propose new concepts or theories “grounded” in the qualitative data. Instead, IPA’s epistemological underpinnings seek to gather holistic information about the phenomenon of study while heavily attuning to contextual factors, intersecting identities, and interlocking systems of oppression to understand how they influence lived experience (Chan & Farmer, 2017; Smith et al., 2012). Previous scholars have utilized IPA with an intersectional framework to explore the experiences of LGBTQ+ people, as it facilitates a focus on the influence of interlocking systems of oppression on participants’ experiences (Chan & Farmer, 2017; Ghabrial, 2017).

**Preliminary Analysis**

The authors independently read interview transcripts to identify patterns within and across participants. During this process, coauthors highlighted notable quotes from participants while reflexively documenting their reactions and interpretations in the margins. From IPA’s inductive approach, analysis built on patterns that appeared within and across participants’ interviews to form larger thematic categories (Smith et al., 2012). For example, notable quotes and patterns created emerging themes, which were
meaningfully collapsed into broader thematic categories. The authors collaboratively reviewed and discussed thematic codes, shared interpretations situated within an intersectional framework, engaged in reflective discussions, and refined thematic codes to avoid redundancies. The first author then developed a thematic codebook that included the tentative themes discussed by the coauthors. The thematic codebook also included the total number of interviews in which a theme appeared, example quotes, and coauthors’ initial interpretations of the data. The second author, the research advisor with experience in intersectionality research, reviewed and provided suggestions for further refinement of the thematic codebook. Preliminary themes were further discussed, revised, and sent to participants for member checking.

**Methodological Integrity and Finalizing Themes**

Member checking (i.e., the process of interviewees validating, expanding, and clarifying qualitative findings and interpretations; Houghton et al., 2013) helps improve the accuracy and credibility of findings. Using information from the thematic codebook, the first author created a summary of the study findings and interpretations, including example quotes and IRB approved follow-up questions. After coauthors approved the summary and follow-up questions, participants were emailed this summary and asked to provide their reflections, feedback (e.g., “Do our themes and interpretations accurately reflect your experience?”), and answer follow-up questions (Appendix C). Six participants responded, all of whom said that our interpretations accurately reflected their experiences, providing further thoughts on the themes and answering follow-up questions. Information gathered from member-checking further clarified and refined the
final thematic codebook (i.e., triangulation; Creswell, 2013). Authors reviewed and discussed the themes and interpretations until consensus was reached on a final thematic structure.

Findings

Participants shared their experiences with the broader, mainstream LGBTQ+ community. Three broad thematic categories were identified: (1) LGBTQ+ community resilience resources, (2) inequity to accessing LGBTQ+ community resilience, and (3) making space.

LGBTQ+ Community Resilience Resources

Participants discussed the community resilience resources they attained from connecting with the broader, mainstream, and predominantly White LGBTQ+ community. Two subthemes were identified: (1) shared narratives and feeling seen, and (2) social justice and liberation.

Shared Narratives and Feeling Seen

Participants articulated the importance of shared narratives or shared hardships as a resource of the broader, mainstream LGBTQ+ community. Having a sense of “fellowship with people who have struggles similar to mine” (Dani) was beneficial in mitigating the effects of marginalization. Trav shared, “the main thing that helps me recuperate and bounce back is just reaching out to those people who help grow and sustain me.” Shared hardships led participants to feel “connected” (Bryan, Luna, Rumi,
Tony) with a “chosen family” or “siblinghood” (Ada, Bryan, Daisy, Kris, Tony). Such an environment of unconditional acceptance and support allowed participants, like Kris, to “celebrate all parts of my identity, because I have a support system that allows me to do that unapologetically.” Experiences of shared hardships foster a sense of “unity” (Kris) and duty to support one another.

Unconditional acceptance and having shared narratives of hardship and perseverance “validated” (Daisy, Trav) participants’ experiences and affirmed their sexual and gender identities. Normalization and recognition of their various identities and complexities (i.e., different relational arrangements, gender presentations, gender role scripts) helped participants feel “seen” (Mya, Niu, Rumi). As a result, participants felt “resilient” (Luna, Rumi, Trav) and “empowered” (Ada, Bryan, Niu). Niu shared her experiences of being seen and validated within the LGBTQ+ community.

The thing I love about being gay is recognizing other gay people or gay people of color and being like, “I see you! And I get you! And I understand you. And I have a lot of love for who you are and what you are doing.” Like to me… that is what gets us through discrimination.

It is important to note that some participants expressed the importance of intersectionality and context when experiencing community resilience resources. Rumi expressed, “when I feel like a member, I’m referring to specifically feeling a member of like queer people of color, not just the whole community. I just wanna clarify that.” Trav echoed the importance of intersectionality and context.

Researcher: Do you feel connected to the LGBTQ+ community?

Trav: Umm, I feel like it’s very context dependent. I feel like with most queer and trans people of color: Yes. Just because of shared experiences that they might have had related to feeling excluded within larger LGBT spaces.
It is important to consider the intersectional context (i.e., LGBTQ+ POC community, mainstream White LGBTQ+ community) when assessing community resilience resources with LGBTQ+ POC.

**Social Justice and Liberation**

Nine participants felt that the broader, mainstream LGBTQ+ community was defined by its orientation toward social justice and liberation. Luna described, “the community has a certain social consciousness about politics… I would say in that sense it is an activist community.” Some described the LGBTQ+ community as a larger collective or coalition unifying to take a political stance against heterosexism and cisgenderism. Participants also spoke out about social injustices and exclusion that were not specific to the LGBTQ+ community, such as oppressive immigration policies, racism, anti-blackness, classism, and accessibility of mental health and medical care. Kris shared, “It’s so much a part of my life, that it’s… bigger than who I am sleeping with. I think under the current administration and sociopolitical things that are happening, people are feeling a sense of urgency to unify.”

For many participants, social justice was utilized as a vehicle for liberation and accessing community resilience. Participants spoke of perseverance, resilience, and empowerment that helped them interrogate and address civil injustices. Bryan felt the LGBTQ+ community was:

very “go against the grain” or like “we’re going to bug the system” in a way. I think of resistance. And I think that’s a very important part that is a way to kind of cope with the stress of being an LGBTQ+ person.

For some, engaging in social justice advocacy engendered feelings of fulfillment,
facilitated access to the broader LGBTQ+ community, and aided in developing affirming narratives that go against hetero- and cis-normativity.

Participants also experienced connection to a proud history of resistance and social justice. Awareness of historical resilience was helpful in facilitating a sense of liberation, empowerment, and connection to the broader LGBTQ+ community. For Bryan, historical LGBTQ+ POC were seen as a source of resilience and empowerment, “I can think about James Baldwin and Bayard Rustin and all these other prominent Black, gay, queer people that I kind of look up to and as kind of sources of resilience.”

Knowledge and recognition of intersectionality (i.e., historical LGBTQ+ POC), often not recognized within mainstream, predominantly White LGBTQ+ history, helped clarify LGBTQ+ POC’s founding contributions to LGBTQ+ movements. Paying homage to historical LGBTQ+ POC, such as “Sylvia Rivera” (Tony, Trav) and “Marsha P. Johnson” (Ada, Bryan, Luna), and their roles as leaders in forming LGBTQ+ coalitions and social movements appeared to facilitate connection and empowerment.

**Inequity to Accessing LGBTQ+ Community Resilience Resources**

Participants identified various forms of oppression experienced within the broader, mainstream, and predominantly White LGBTQ+ community. Experiences of oppression connected back to tenets of intersectionality, in that social identities at the micro-level intersected to reflect interlocking macro-level inequity (Crenshaw, 1989). Inequity in accessing mainstream LGBTQ+ community resilience consisted of three themes: (1) alienation and exclusion, (2) disempowerment and exploitation, and (3)
Alienation and Exclusion

All fourteen participants felt alienated and excluded from the mainstream, predominantly White LGBTQ+ community despite being able to participate and identify more broadly because of their sexual and gender diverse identities. Ethan shared that he did not have equitable access to resilience resources of the mainstream, predominantly White LGBTQ+ community because, “I don’t feel like I belong within the community. Even if I’m immersing myself within the LGBTQ+ community, I don’t feel like I belong fully.” Niu shared, “being a person of color sometimes I definitely feel like an outsider. I am constantly in this space of ‘am I even really a part of the community?’” Participants shared experiences of identity-related discrimination, rejection, or invalidation that contributed to feelings of alienation and exclusion within the mainstream, predominantly White LGBTQ+ community. Participants shared experiences of being the “token minority” (Ada, Bryan, Niu), having White LGBTQ+ people invalidate past experiences of racism (Mya, Tony, Trav), dating exclusion or fetishization (Bryan, Christian, Ethan, Tony), and gatekeeping (Ada, Chris, Daisy, Dani, Kris, Luna, Niu, Rumi, Trav).

Four participants, all gay cisgender men of color, felt alienated either for being “sought out because you are a person of color and almost being fetishized because of that” (Bryan), or felt excluded by potential romantic or sexual partners because of their body type and ethnoracial identity (Christian, Ethan, Tony). Tony shared, “They don’t see you as attractive because you are not White.” Nine participants experienced gatekeeping (i.e., policing or exclusion that limits or controls the parameters of belonging
to a given group). Those who experienced gatekeeping felt excluded and that they did not belong with the mainstream LGBTQ+ community. Seven non-monosexual women of color (Ada, Daisy, Dani, Kris, Luna, Niu, Rumi) and two gender diverse participants (Chris and Trav) spoke about experiences of gatekeeping. Niu shared, “I feel like I’m not ‘valid’ enough to be in the community. The thought of being perceived as not ‘gay enough’ makes it hard for me to want to reach out.” Similar to non-monosexual women of color, gender diverse participants (Chris and Trav) experienced exclusion rooted in both cisgenderism and racism. Trav expressed concern that people within the mainstream LGBTQ+ community would invalidate their gender identity and “not take me for how I exist.” Trav shared, “most queer and trans people of color [feel] excluded with like larger LGBT spaces… we feel collectively that people don’t talk about our identities in a way that affirms our existence.” The aforementioned experiences contributed to participants feeling “emotional distance” (Chris), “disconnected” (Kris, Luna), or “ostracized” (Bryan) within the mainstream, predominantly White LGBTQ+ community.

**Disempowerment and Exploitation**

Participants shared experiences of feeling disempowered and devalued by White LGBTQ+ people and the mainstream, predominantly White LGBTQ+ community. Twelve participants felt disempowered because the broader, mainstream LGBTQ+ community was “dominated by Whiteness” (Niu, Rumi). Participants acknowledged the existence of power structures within the mainstream, predominantly White LGBTQ+ community contributing to feelings of disempowerment.

That power dynamic, that power structure, is just brought into the queer space…
there’s still racism, there’s still this sort of like, ya know, where people of color are still struggling within the LGBTQ+ community to have voice and to have space. (Mya)

Ada expressed that, “I do think there can be room for people of color [within the mainstream LGBTQ+ community], but whether or not people are willing to give that room is a different question.” Kris realized that her ability to access LGBTQ+ community spaces was because, “I’ve been friends with a director or associate director of an LGBTQ+ center. And they’ve all been White. The fact that power comes from, those connections come from, White people…it’s very telling.” Participant experiences communicate that Whiteness and White supremacy assert control to grant power and opportunity to those who are White LGBTQ+ people whilst disempowering and restricting opportunity for LGBTQ+ POC.

Participants also felt that their ethnoracial identities and culture were not valued except when used to benefit mainstream, White LGBTQ+ community. Six participants, four of whom identified as Black American, shared experiences of cultural appropriation and being “palatable for the White people” (Ada) within the mainstream, White LGBTQ+ community. Participants expressed frustrations with White LGBTQ+ people and mainstream, predominantly White LGBTQ+ spaces engaging in cultural appropriation and anti-blackness. Niu shared,

Everything I know about the LGBT community totally stems from a White lens that has appropriated Black culture… now that I am thinking about it like specific terminology that I hear used “YAS” or like “YAS QUEEN” is definitely appropriated language that I have heard White gays use from Black trans women of color or Black gay community members… [Polynesian] culture can be used as a way to party. I see a lot of that, and it is really bothersome.

Bryan felt that, “Black culture is accepted only to the degree of how can [White people]
take from it and appropriate it in a negative way to kind of benefit [them].” Some participants felt disempowered by how their culture was only valued to the extent that it could benefit White LGBTQ+ people. Kris shared an experience of cultural appropriation.

I’ve had to check people…especially gay men, who start “talking black” (laughs).… Once I was at a gay club and I had a White man say to me, “inside me is a proud Black woman, honey.” And I’m like “I understand we are having a moment. Gay man. Black woman. It’s like peanut butter and jelly, I get it, but like…who are you talking to? And I remember laughing, but also think that a lot of gay men think that way. That in their heart of hearts (laughs) they really are Black women. And I think that sounds cute, but like it manifests in ways that are just really problematic at times.

Kris elaborated on how her experience of cultural appropriation connected to disempowerment of LGBTQ+ POC; specifically, the problematic nature of White LGBTQ+ people usually being the ones holding positions of power within the broader LGBTQ+ community.

I think there’s an overfamiliarity, an assumption of understanding, an assumption that the problems faced by both groups, racial minorities and sexual minorities are the same or close enough that we can all just kind of collectively understand each other’s experiences. And we don’t necessarily need people of color to have a seat at the table in our organization because we’re being discriminated against too. Then people get forgotten. Trans people get forgotten, trans people of color get forgotten, people of color get forgotten, our international folks who identify as queer are totally not mentioned. So like we lose things in all of this overfamiliarity that happens in the queer community, sometimes not for the better.

White supremacy allocates power and social capital to White LGBTQ+ people, privileging them with a “seat at the table” while disenfranchising LGBTQ+ POC. As a result, participants felt “sad” (Trav) and “powerless” (Christian, Tony).
Invisibility

All fourteen participants felt there was a lack of visibility of LGBTQ+ POC within the mainstream LGBTQ+ community. Participants shared that the “dominant narrative” (Luna) of the broader, mainstream LGBTQ+ community is “predominantly White” (Bryan, Daisy, Rumi, Niu) and “very U.S. and Euro-centric… I don’t really see myself in there, as in general representation” (Chris). Trav shared their frustrations about the invisibility of LGBTQ+ POC, “I feel like LGBTQ+ community means White LGBTQ+ community and that White people control the parameters of who gets to be in the community and the parameters for what that community looks like.” Participants noted that if they did see representation of other LGBTQ+ POC, it was limited to a few LGBTQ+ POC historical figures; however, such figures were not given full recognition for their part in LGBTQ+ social movements. Kris explained how, “gay, White men are really celebrated within the community…sometimes it feels like everybody else is ignored or lost in the celebration.” Asian American and Pacific Islander participants especially felt they weren’t seen as contributors to LGBTQ+ history. Niu shared,

Pacifica LGBT history is mentioned, but again a lot of our history has been (pause) retold by the white man due to colonization… Pacific Islander people have been practicing queerness since the very beginning. And so it would be nice to see that reflected for sure in history. (Researcher: “How does that impact you?”) It’s annoying! I’ve lived 23 years of my life in which I was very much acquainted at a very young age in knowing, “Oh Pacific Islander people are just never going to be mentioned.”

Participants also shared that mainstream, predominantly White LGBTQ+ organizations perpetuate the systemic invisibility of LGBTQ+ POC. Trav shared their disappointment with mainstream, predominantly White LGBTQ+ organizations.
[Organizations] were designed with like a prototypical image of an LGBT person in mind…. It comes across like they weren’t considering different people within like their “larger definition” of the LGBTQ+ community…like in terms of how intentional they’re being about uplifting and centering the voices of those who are marginalized within the LGBTQ+ community.

Participants believed most mainstream, White-centered LGBTQ+ organizations lacked events, programs, and mission statements that were intentional in addressing anti-racist advocacy. The lack of intersectionality underscored the invisibility of LGBTQ+ POC’s experiences. Rumi described, “it’s a disservice to advocate and build on LGBTQ rights, but then not incorporate the whole picture and how there are just so many levels of oppression that fall into that.” Rumi continued to share her experiences of intersectional invisibility.

Despite the fact that we can connect on being queer, my value as a human being is less than because you only see that part of my identity. There is a part of my identity that can connect but the other part feels like it is just not enough. You are able to see me, but you’re not able to see the rest of who I am and incorporate that into what you’re doing. I need you to see all of me, not just that one part of me and then advocate for that one part of me, or like connect with me on that one part. I need you to see that I’m a whole being.

Participants expressed that experiences of invisibility lead to feeling “unsafe” (Bryan, Rumi), “upset” (Kris, Trav) and that it “doesn’t bring me the same kind of joy that I do when I’m around people of color who identify as queer” (Rumi).

Making Space

Participants shared a variety of experiences that restricted their access to community resilience resources within the mainstream, predominantly White LGBTQ+ community. Despite such barriers, eight LGBTQ+ POC described their perseverance to “recreate our own space” (Bryan, Mya, Tony) within the mainstream predominantly
White LGBTQ+ community. Participants, like Rumi, shared, “when I’m around people of color who identify as queer, I feel a very special sense of connection.” Stronger connections with other LGBTQ+ POC were based on mutual understandings of marginalization within heterodominant society and within the mainstream, predominantly White LGBTQ+ community. Ada described how she was not interested in connecting with the “larger LGBTQ+ community, but I am interested in being connected to bisexual, pansexual, and queer people of color.” The perpetuation of White supremacy and inequity within the mainstream, predominantly White LGBTQ+ community contributed to participants’ search for spaces that were more inclusive and affirming of their intersectional identities. Participants created coalitions with other LGBTQ+ POC in order to facilitate belongingness and access to community resilience resources. Trav explained the benefits of connecting with other LGBTQ+ POC.

I love meeting LGBTQ+ people of color. I feel seen, validated, and heard by fellow LGBTQ+ people of color in ways that people with other identities have never made me feel. It is just that innate feeling that even though other LGBTQ+ people of color have different experiences, they still make an attempt to empower other LGBTQ+ people of color and engage in intentional community building in ways that White folks will never understand.

Recognition of intersectional identities allowed participants to feel seen in a holistic manner. Indeed, participants acknowledge the importance of intersectional communities (i.e., LGBTQ+ POC) in coping with inequity within the mainstream, predominantly White LGBTQ+ community.

being a gay (claps) woman (claps) of (claps) color is the benefit of dealing with discrimination. And here is what I mean by that. Being a gay woman of color who hangs with other gay women of color…the fact that we all are coming from that same identity, all within the same community, that is what gets us through discrimination. (Niu)
Participants demonstrated perseverance to access community-level resilience (e.g., recognition, shared narratives and history, belonging, visibility, liberation) with other LGBTQ+ POC.

Last, the lack of representation of LGBTQ+ POC pushed participants to be more “out” about their sexual and gender identities. Participants strived to be “out” about their identities to serve as a role model for other LGBTQ+ POC and “make space” (Kris) within the mainstream, predominantly White LGBTQ+ community. Kris described, “it means that I am kind of a beacon or an ally for others. It’s important for me to be out… it’s something that I feel a responsibility to model being proud.” Christian shared, “it really has pushed me to try to be super queer and brown in my own space so that I can help be visible for somebody else, like a teenager, who needs to see themselves in a space.” Despite not having past LGBTQ+ POC role models, participantsstrived to provide that representation to help other LGBTQ+ POC. In this sense, while LGBTQ+ POC may have opportunities to benefit from community resilience, they are also making commitments to validate the experiences of other LGBTQ+ POC within a predominantly White context that fails to intentionally center them; an act of social justice in itself.

Discussion

In the present study, we sought to explore LGBTQ+ POC’s experiences in the broader LGBTQ+ community. Our findings not only identified important community resilience resources, but also experiences of inequity that LGBTQ+ POC face within the mainstream, predominantly White LGBTQ+ community. Our findings demonstrate some
through-lines or similarities that cut across social identity categories within the broader LGBTQ+ community. Experiences of shared hardships, a sense of unity, shared LGBTQ+ history and social justice are consistent with previous research on the positive, strength-based aspects of the broader, albeit mostly White, LGBTQ+ community (Parmenter et al., 2020a; Riggle & Rostosky, 2012; Vaughan & Rodriquez, 2014). Indeed, our results connect to the concept of building coalitions based on commonalities (Cole, 2008). The broader, mainstream LGBTQ+ community is oriented toward social action and striving for equality, which could be rooted in LGBTQ+ peoples’ sense of shared hardships and collective identity. Some LGBTQ+ POC appeared to capitalize on such community resilience resources to promote feelings of empowerment and positive well-being. Although these similarities do build coalitions of sameness at a broader LGBTQ+ community level, there are notable differences that are unique to the experiences of LGBTQ+ POC. For example, while experiences of gatekeeping are similar to past findings associated with White monosexual women and gender diverse people (Parmenter et al., 2020b), LGBTQ+ POC also face unique forms of inequity (e.g., exploitation, disempowerment, invisibility).

Various co-constructed systems of oppression (i.e., racism, anti-blackness, monosexism, cisgenderism, sizeism, White supremacy) intersected to further isolate, exclude, and disenfranchise LGBTQ+ POC from the mainstream White LGBTQ+ community. The experiences of inequity articulated by our participants underscore the intersectional tenet that diverse social identities are mutually constitutive and that focusing on a single social identity category obscures the depth of understanding of
LGBTQ+ POC (Bowleg, 2008, 2013; Ghabrial, 2017). For example, body image and body type for LGBTQ+ POC is not well represented in media or mainstream, predominantly White LGBTQ+ discourse. On the contrary, idealized body types for sexual minority men are rooted in racism, anti-blackness, and White supremacy; placing sexual currency and social capital in bodies associated with Whiteness (i.e., light skin, fit, masculine, lean but muscular; Brennan et al., 2013). Additionally, fetishization was connected to stereotypes rooted in colonialism and gendered racism (e.g., racism that is structured by racist perceptions of gender roles; Follins, 2014) and perpetuate heterosexist ideologies that sexual minority men are promiscuous.

Our findings are supported by previous research on oppression within the LGBTQ+ community (Bowleg, 2013; Parmenter et al., 2020b), while also providing novel insight into how systems of oppression manifest and limit access to community resilience. Co-constructive, interlocking systems of oppression produce inequities to LGBTQ+ community resilience, thereby maintaining systems of domination (e.g., White supremacy). Participants’ conveyed a common experience: the inclusion, visibility, and privileging of White, cisgender, and monosexual identities while leaving LGBTQ+ POC feeling alienated, disempowered, and invisible. Systems of oppression allocate community resilience resources within the mainstream White LGBTQ+ community and deem what identities are important and visible. Connecting to literature on coalition building (Cole, 2008), power differentials and experiences of inequity within a coalition may exclude or overlook groups within a broader coalition and limit their access to benefits of coalitions and community building. Our findings resonate with previous
research suggesting that, while connection to the broader, mainstream LGBTQ+ community may serve as a protective factor (Meyer, 2015), LGBTQ+ POC may not experience the same benefits of mainstream LGBTQ+ community resilience as White, gay, cisgender men (McConnell et al., 2018). Further, our study provides additional insight into how specific subcommunities (e.g., non-monosexual and gender diverse POC) feel “othered” within the mainstream, predominantly White LGBTQ+ community, (Bowleg, 2013; Ghabrial, 2017).

Our findings provide additional evidence about the benefits of the broader, mainstream LGBTQ+ community while underscoring the power and importance of intersectional communities in preserving well-being for LGBTQ+ POC (Abreu et al., 2021; Ghabrial, 2017, 2019; Jackson et al., 2020). Connecting with the broader and mainstream LGBTQ+ community allowed participants to feel part of a broader coalition that was aimed at making social change. LGBTQ+ POC felt connected to the broader, mainstream LGBTQ+ community while simultaneously feeling excluded, disempowered, and made invisible. LGBTQ+ POC expressed that connecting with the mainstream, White LGBTQ+ community was not enough (Page et al., 2021). Experiences of inequity within the broader, mainstream, and White LGBTQ+ community motivated LGBTQ+ POC to find belonging and intersectional visibility in LGBTQ+ POC community spaces. Recognition of intersectional identities allowed participants to feel seen in a holistic manner. Participants shared their experiences of racism within the broader, White-centric LGBTQ+ community and noted that those experiences motivated them to find community connection and belonging in LGBTQ+ POC spaces (Ghabrial, 2017; Page et
Connecting with other LGBTQ+ POC or experiencing positive intersectional experiences is associated with positive well-being for LGBTQ+ POC (Abreu et al., 2021; Ghabrial, 2017; Jackson et al., 2020). This contributes to the dearth of literature on the resilience of LGBTQ+ POC (Ghabrial, 2017, 2019). LGBTQ+ POC’s urge to find intersectional LGBTQ+ POC communities underscores the relative lack of LGBTQ+ POC inclusive spaces and the prevalence of oppression in the broader, mainstream, White LGBTQ+ community. Future research should further explore how LGBTQ+ POC create coalitions that assist in their resilience and liberation from oppressive structures.

**Limitations and Implications for Future Research**

The present study contributed to the research on LGBTQ+ POC intersectionality in several ways and provides important implications for practice, education, and policy; however, a few limitations should be noted. Although there were several checks and balances implemented throughout the study (e.g., community and professional assistance on interview questions, reflexive discussions, member-checking), it is important to acknowledge the impact the first author’s identities and positionality had on study design, data collection, and knowledge production. For example, as a White, gay, genderqueer masculine-presenting individual, the first author’s identities and experiences are affirmed and represented within the broader, mainstream LGBTQ+ community. As such, the interview questions were geared towards the broader LGBTQ+ community and did not specifically examine the experiences and community resilience resources within various LGBTQ+ community contexts (i.e., LGBTQ+ POC communities). Also, the presence of
a White LGBTQ+ interviewer likely influenced LGBTQ+ POC to communicate differently, and potentially downplay their experiences of inequity. Despite these limitations, participants demonstrated agency and spoke about the detrimental effects of White supremacy and informed the interviewer about the differences between their connection with mainstream, predominantly White LGBTQ+ community and the power and importance of intersectional LGBTQ+ POC communities. Even still, it is unclear whether connection and support from the broader LGBTQ+ community is sufficient, regardless of the racial make-up of the community in question. It could be that community resilience resources from mainstream, White LGBTQ+ community have little value or benefit for LGBTQ+ POC and that access to LGBTQ+ POC spaces is more indicative of resilience. Further, it could be that community resilience is facilitated by forming coalitions with other LGBTQ+ POC in resistance to mainstream, predominantly White LGBTQ+ spaces. Future research should specifically explore the similarities and differences in community resilience resources within these distinct contexts and how they affect LGBTQ+ POC.

Second, recruitment strategies privileged the voices of those who have internet access and were already connected to organizations for LGBTQ+ or POC. As a result, the narratives of individuals who are not “out” or who are alienated from these organizations are not included in this study. Additionally, the small sample does not include a broad range of sexual, gender, and ethnoracial identities, thereby limiting generalizability of the findings. Although the “T” is often included in LGBTQ+ research, the experiences of transgender people, especially transgender POC, are often lost within the broader,
mainstream LGBTQ+ community (Galupo, 2017). This limitation can be extended to ethnoracial identity given the small sample size does not allow for analyses to meaningfully examine between-group differences across ethnoracial identities. Additionally, combining a variety of ethnoracial identities into a category of POC has the potential to be problematic as each group experiences unique sociohistorical and political realities. Further, our recruitment letter sought “LGBTQ+ people of color” to participate in the study. Some ethnoracial groups may not view themselves as POC (e.g., Arab, Persian, POC who “pass” as White; Ghabrial, 2019; Maghbouleh, 2017) and could have felt excluded from the study. Lastly, some participants spoke of classism and experiences of colorism that limited their access to the LGBTQ+ community and intersectional spaces for LGBTQ+ POC. Such experiences did not show up enough to constitute a theme, but future research should specifically focus on how SES and race intersect and influence one’s access to LGBTQ+ communities.

**Implications for Social Advocacy and System-Centered Interventions**

Consistent with our study’s intersectional framework, our findings have implications for social justice and systemic transformation. The field of counseling psychology emphasizes multiculturalism, intersectionality, and social justice advocacy (Clauss-Ehlers et al., 2019; Grzanka et al., 2019). Unfortunately, most interventions focus on individual or small group level interventions (Bartoș et al., 2014; Pachankis et al., 2015; Wilkins-Yel et al., 2020). While important and applicable, individual and small group interventions place an undue burden on marginalized groups to cope with and rise
above social injustices (Grzanka et al., 2019; Sloan & Shipherd, 2019). A systemic issue requires a systemic intervention (Grzanka et al., 2019). Transformative approaches (Prilleltensky & Stead, 2012) tackle deeper systemic issues that contribute to internalized and interpersonal barriers discussed in this study. Interrogating systems of oppression and social justice work is a coalition-based social responsibility that cannot be addressed solely on an individual and interpersonal level. Of note, we are not denying the importance of one-on-one and group-based interventions that address internalized and interpersonal oppression. Instead, we offer recommendations that are consistent with an intersectional framework (Moradi & Grzanka, 2017; Shin et al., 2017) and propose a paradigm shift in counseling psychologist’s intervention strategies (Grzanka et al., 2019; Prilleltensky & Stead, 2012). We believe the recommendations are germane in order to address systemic inequality that produces the unique experiences articulated by our participants.

Although many interventions propose ways to address systemic change, most emphasize a “bottom-up” approach (Burton et al., 2020; Feinstein et al., 2019). We propose that counseling psychologists create and implement interventions that intervene at multiple levels while centering systemic issues and social justice. System-centered interventions would place social justice concerns as a priority while still intervening in internalized and interpersonal oppression.

Our results on the experiences of exclusion, invisibility, and disempowerment within the mainstream, White LGBTQ+ community provides a rich example. First, our results suggest that White supremacy, racism, monosexism, and cisgenderism create
social hierarchies that allocate power, social capital, and resources to White, monosexual, cisgender people. This hierarchy privileges White, monosexual, cisgender people with a “seat at the table” while disenfranchising and silencing the narratives of LGBTQ+ POC. Our results point to the cultural appropriation of Black culture to benefit White LGBTQ+ spaces, which upholds oppressive ideologies (i.e., racist stereotypes; Rogers, 2006). Counseling psychologists can intervene by engaging in transformative social change with mainstream and predominantly White LGBTQ+ community spaces. Specifically, counseling psychologists could (1) challenge mainstream and predominantly White LGBTQ+ organizations and communities to be self-critical about their Whiteness, racism, monosexism, and cisgenderism; (2) provide education on cultural appropriation, its connection to White supremacy and racism, and its adverse effects on LGBTQ+ POC’s experiences (i.e., disempowerment); (3) promote visibility and representation of non-stereotypical and anti-oppressive narratives of LGBTQ+ POC; (4) advocate for more LGBTQ+ POC affirming events, groups, and representation, thereby centering and empowering the voices of LGBTQ+ POC within predominantly White LGBTQ+ spaces; and (5) advocate and provide benefits of transforming mission statements, policies, and advocacy efforts to be more inclusive and affirming of LGBTQ+ POC. Simultaneously, counseling psychologists can support clients to increase affirming experiences (i.e., feeling seen and validated, connection with other LGBTQ+ POC, social advocacy) and assist in positive intersectional identity development to promote empowerment and self-preservation (Ghabrial, 2017; Vaughan & Rodriquez, 2014).

The burden should not be placed solely on LGBTQ+ POC to advocate and create
social change. Counseling psychologists, as well as antiracist and LGBTQ+ allies, should build coalitions with LGBTQ+ POC to dismantle oppressive systems (Grzanka et al., 2019). Building coalitions and engaging in system-level intervention is consistent with counseling psychology’s focus on social justice (Baranowski et al., 2016; Hage et al., 2020). Coalitions could assist in empowering LGBTQ+ POC and create lasting transformative social change.

Last, we urge multicultural training and education, within counseling psychology doctoral programs and within community-based organizations, to (1) depart from solely focusing on the White, gay, cisgender experience; (2) continue to challenge Whiteness and how it permeates institutions and perpetuates White supremacy; and (3) shift the educational and training paradigm to focus on social justice work for marginalized groups (Baranowski et al., 2016; Grzanka et al., 2019; Hage et al., 2020). Education and training for community organizations can underscore the discontinuities and inequity LGBTQ+ POC face. We posit that LGBTQ+ organizations, especially those lead by White LGBTQ+ people, would benefit from training that discusses White privilege, White supremacy, and interlocking systems of oppression (i.e., monosexism, cisgenderism, patriarchy). Doing so may help mitigate community resilience barriers for LGBTQ+ POC. Further, not only should counseling psychologists and community members be educated on complex inequities and social hierarchies but should also be trained on how to transform complex inequities through social advocacy and coalition building (Grzanka et al., 2019). Shifting the educational and training paradigm in this way will develop advocates, thereby assisting in building coalitions who work together to disrupt systemic
inequity and White supremacy within the LGBTQ+ community (Spanierman & Smith, 2017).

Conclusion

The experiences shared by our participants highlight the complexities of power and privilege and their relevance for LGBTQ+ community resilience. At the same time, the experiences of LGBTQ+ POC conveyed resilience and collective action to make space and thrive within the broader, mainstream, and White LGBTQ+ community. Our findings offer a critique of the systemic issues at play and a way forward that allows the broader, mainstream, White LGBTQ+ community and organizations to begin the collaborative work of addressing the many issues articulated by LGBTQ+ POC in this study.

References


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CHAPTER 3
DEVELOPMENT AND INITIAL VALIDATION OF THE LGBTQ+
COMMUNITY RESILIENCE AND INEQUITY SCALE

Abstract

Resiliency researchers suggest that connection to LGBTQ+ communities helps mitigate the negative impacts of oppression (i.e., community resilience). Due to interlocking systems of oppression, those with multiple marginalized identities may not have equal access to LGBTQ+ community resilience resources. While published measures assess subcomponents of LGBTQ+ community resilience (e.g., connection, belonging, collective identity), no measures to date measure it in a holistic manner while simultaneously measuring experiences of inequity within the LGBTQ+ community. The present study developed and validated the LGBTQ+ Community Resilience and Inequity Scale (LGBTQ+ CRIS). A two-factor structure (i.e., Community Resilience Resources and Community Inequity) demonstrated the best model fit, explained 65.8% of the variance, and was theoretically consistent with existing research on LGBTQ+ community resilience and inequities. Participants scores on the final LGBTQ+ CRIS subscales were compared to other constructs of identity and connection with the LGBTQ+ community, and mental health to test convergent and criterion validity. The LGBTQ+ CRIS may provide insight into factors that contribute to well-being for marginalized sexual and gender diverse people. Directions for future research and implications for use in community organizations and group settings are discussed.
Introduction

Minority mental health research has traditionally emphasized negative elements of minority stress associated with belonging to a marginalized group (Meyer, 2003). There is a growing movement to depart from the focus on negative aspects of minority stress in order to highlight mechanisms that mitigate adverse impacts of stress and allow marginalized groups to thrive in the face of adversity (i.e., resilience; Kwon, 2013; Riggle et al., 2014). While resilience is mostly conceptualized as an individual construct, resilience can also be understood in a community-level context (Meyer, 2003, 2015).

Community resilience is understood as members of a given community having access to resources and benefits (e.g., connection, collective identity, belonging) that assist in reducing the impact of stress and facilitate positive health outcomes (Hall & Zautra, 2010; Zautra et al., 2008). The concept of community resilience is often invoked within the context of research regarding communities persevering in the face of adversity (e.g., recovering from a natural disaster). Meyer (2015) applied the concept of community resilience within the context of the lesbian, gay, bisexual, transgender, and queer, plus (LGBTQ+) community. However, it is difficult to incorporate community resilience into LGBTQ+ research without valid and reliable measures of community resilience.

Measuring Community Resilience Within the LGBTQ+ Community

Scholars studying LGBTQ+ community resilience do not have access to published, validated measures of the construct of community resilience. However, there are a number of measures of related constructs that have been used to capture
components of the community resilience construct. Specifically, there is a growing literature exploring community connectedness (Frost & Meyer, 2012; Lin & Israel, 2012), belongingness (McLaren et al., 2008; Morris et al., 2015), and participation and involvement with the LGBTQ+ community (Foster-Gimbel et al., 2020; Hunt et al., 2012; Johns et al., 2013; Ross et al., 2014). Riggle et al. (2014) developed a measure assessing positive aspects of being LGBTQ+, including self-awareness, authenticity, intimacy, social justice, and sense of community. Other scholars (Enno et al., in press; Sarno & Mohr, 2016) have used an adapted version of the Multigroup Ethnic Identity Measure (Phinney, 1992) to examine marginalized sexual and gender diverse people’s sense of identity with the broader LGBTQ+ community.

Thus, quantitative researchers have examined some facets of community resilience relevant to the LGBTQ+ community. However, other elements of community resilience have been observed in qualitative research (Asakura, 2016; Bowling et al., 2020; Parmenter et al., 2020a; Parmenter et al., 2021; Sexton et al., 2018) and have not captured by existing measures (e.g., shared struggle, collective identity, validation of identities). Measure development should include these other concepts in order to holistically assess community resilience. For example, researchers have articulated values (i.e., acceptance, inclusion, social justice, pride, and attention to LGBTQ+ history) and shared experiences of hardship and resilience that contribute to a sense of collective identity (Ghaziani et al., 2016; Parmenter et al., 2020a; Sexton et al., 2018). The growing literature highlighting strength and resources in the LGBTQ+ community provides the conceptual foundation for measure development that captures LGBTQ+ community
resilience broadly. Developing a novel measure of LGBTQ+ community resilience would further the existing body of research; however, assessment of community resilience must explicitly acknowledge and include assessment of inequity in the community with regard to accessing community resilience resources.

**Intersectionality and Barriers to LGBTQ+ Community Resilience**

Not all members of the LGBTQ+ community have equal access to LGBTQ+ community resilience resources due to discrimination, exclusion, and systems of oppression that disenfranchise those with marginalized identities (e.g., women, people of color, gender minorities; Crenshaw, 1991; Moradi & Grzanka, 2017; Testa et al., 2015). A growing body of qualitative literature articulates experiences of discrimination and barriers many LGBTQ+ people face in attempting to connect, belong, and identify with the LGBTQ+ community (Flanders et al., 2019; Ghabrial, 2017, 2019; Parmenter et al., 2020b; Parmenter et al., 2021). For example, LGBTQ+ black, indigenous, and people of color (BIPOC) may feel limited in their ability to access community resilience resources due to experiences of exclusion and invisibility perpetuated within predominantly White LGBTQ+ communities (Flanders et al., 2019; Ghabrial, 2019; Giwa & Greensmith, 2012). LGBTQ+ BIPOC have expressed that LGBTQ+ community is a White context, which limits LGBTQ+ BIPOC from fully feeling acknowledged and included (Parmenter et al., 2020b; Parmenter et al., 2021). Bisexual and gender diverse people have reported experiences of monosexism and cisgenderism as a barrier to feeling belongingness with the LGBTQ+ community (Ghabrial, 2017, 2019; Parmenter et al., 2020b). Indeed, many
identities within the LGBTQ+ community are marginalized and may experience inequities in access to community resilience.

Qualitative research has provided a solid foundation for further quantitative inquiry on barriers that hinder connection with the LGBTQ+ community. There has been a push for intersectional research utilizing quantitative methods (Else-Quest & Hyde, 2016). Some scholars have sought to address the gap within intersectional research by creating measures that capture unique experiences of marginalized groups (Balsam et al., 2011; Enno et al., in press). However, we are not aware of any measures that broadly assess LGBTQ+ community resilience while simultaneously taking into account the experiences of inequity within the LGBTQ+ community. Such a measure would be useful in examining how community resilience resources and inequities within the LGBTQ+ community link to identity development and mental health among marginalized sexual and gender diverse individuals (DeBlaere et al., 2010; Meyer, 2015).

**Current Study**

The present study aims to develop and validate a measure of LGBTQ+ community resilience and inequity for research, community, and counseling use. Our measure comprehensively captures elements of community resilience relevant for LGBTQ+ populations. Additionally, in order to understand systems of inequity that may limit access to community resilience resources, the measure included items that explicitly assessed barriers relevant to marginalized LGBTQ+ sub-populations. As a secondary aim, we depart from past patterns of creating and norming measures with samples of primarily White, gay, cisgender men (DeBlaere et al., 2010), by evaluating the scale with
a diverse sample of LGBTQ+ people. While we used data-based techniques to explore the factor structure of the items, we predicted that two broad factors would articulate positive and negative experiences within the LGBTQ+ community. Participant responses were then compared to other identity constructs, LGBTQ+ community connection, LGBTQ+ group identity, and mental health to assess convergent and criterion validity.

**Methods**

**Participants**

We recruited 527 participants using a QualtricsXM panel, a survey and data management system. Eligibility criteria included self-identification as LGBTQ+ and 18 years of age or older. Consistent with our aims to maximize representation within our sample, we targeted recruitment of LGBTQ+ BIPOC and other marginalized identities within the LGBTQ+ community (e.g., gender diverse participants, non-monosexual participants). Doing so allows for the LGBTQ+ Community Resilience and Inequity Scale (CRIS) to be developed and validated on a diverse sample and is consistent with movements to steer away from norming and validating measures and constructs on primarily White samples (DeBlaere et al., 2010). Additionally, recruitment of identities marginalized within the LGBTQ+ community provides rich insight into items that may capture experiences of marginalization not observed by White, cisgender, and monosexual participants (DeBlaere et al., 2010; Moradi et al., 2010).

The final sample was comprised of Black or African American (31.3%), White or European American (26.3%), Latinx (14%), Asian or Asian American (20.1%), Pacific
Islander (1.3%), Native American or Alaska Native (4.2%), and Middle Eastern (.75%) participants; the remaining participants (1.9%) identified as bi/multi-racial or other ethnoracial identities. Forty-six percent of participants identified as cisgender men and 40.6% as cisgender women. Roughly 7.6% identified as transgender and 4.9% identified their gender as outside the gender binary. The majority of the sample self-identified as gay (36.4%) or bisexual (34.9%). The remainder of the sample identified as lesbian (19.2%) or reported other plurisexual identities (pansexual, queer, etc.; 9.5%). Fifty percent of the sample made less than $50,000 a year and 58.2% of the sample had attended college or were college graduates. The sample was randomly divided in half for analyses. Demographic information for the two subsamples is provided in Table 3.1.

**Procedures**

The current study was reviewed and approved by the Institutional Review Board of the authors’ institution. Inclusion criteria were provided to a Qualtrics representative, and eligible members of Qualtrics participant panels received standardized email invitations that stated the time commitment and incentive offered by Qualtrics. Upon clicking on a survey link in the email, participants were presented with informed consent materials and confirmation of oversight by the university Institutional Review Board (Appendix D). Agreeing to the informed consent document allowed participants to move on to the survey (Appendix E). Respondents were compensated according to their pre-existing arrangement with the QualtricsXM panel provider. Data were delivered to the researchers in anonymous form.
Table 3.1

Demographics of Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) Samples

<table>
<thead>
<tr>
<th>Variables</th>
<th>EFA sample (N = 264)</th>
<th>CFA sample (N = 263)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td><strong>Age, M (range)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44.46</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender Identity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cisgender man</td>
<td>128</td>
<td>49</td>
</tr>
<tr>
<td>Cisgender woman</td>
<td>101</td>
<td>38.7</td>
</tr>
<tr>
<td>Gender fluid</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td>Non-binary/genderqueer</td>
<td>7</td>
<td>2.7</td>
</tr>
<tr>
<td>Gender non-conforming</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td>Agender</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td>Transgender man</td>
<td>12</td>
<td>.8</td>
</tr>
<tr>
<td>Transgender woman</td>
<td>5</td>
<td>.8</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td><strong>Sexual identity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gay</td>
<td>96</td>
<td>36.4</td>
</tr>
<tr>
<td>Lesbian</td>
<td>45</td>
<td>17</td>
</tr>
<tr>
<td>Bisexual</td>
<td>101</td>
<td>38.3</td>
</tr>
<tr>
<td>Pansexual</td>
<td>11</td>
<td>4.2</td>
</tr>
<tr>
<td>Queer</td>
<td>6</td>
<td>2.3</td>
</tr>
<tr>
<td>Questioning/unsure</td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td>Asexual</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td><strong>Ethnoracial identity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latinx</td>
<td>37</td>
<td>14</td>
</tr>
<tr>
<td>Black</td>
<td>90</td>
<td>34.1</td>
</tr>
<tr>
<td>European/White</td>
<td>67</td>
<td>25.4</td>
</tr>
<tr>
<td>Asian</td>
<td>49</td>
<td>18.6</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td>Native American or Alaska Native</td>
<td>9</td>
<td>3.4</td>
</tr>
<tr>
<td>Middle Eastern or North African</td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td>Biracial or other</td>
<td>6</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;$50,000</td>
<td>128</td>
<td>49.7</td>
</tr>
<tr>
<td>$50,000 - $100,000</td>
<td>78</td>
<td>30.3</td>
</tr>
<tr>
<td>&gt;$100,000</td>
<td>51</td>
<td>19.9</td>
</tr>
<tr>
<td><strong>Education</strong></td>
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<td></td>
</tr>
<tr>
<td>High school or less</td>
<td>43</td>
<td>19.1</td>
</tr>
<tr>
<td>Some college or college graduate</td>
<td>155</td>
<td>60.6</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
<td>52</td>
<td>20.3</td>
</tr>
</tbody>
</table>
Measures

**LGBTQ+ Community Resilience and Inequity Scale**

Two sources of extant qualitative data were used to develop a pool of potential items for the LGBTQ+ Community Resilience and Inequity Scale (LGBTQ+ CRIS). Both sources of extent data were studies that explored LGBTQ+ individuals’ experiences with the LGBTQ+ community (Parmenter, 2018; Parmenter et al., 2021). The pool of items for the LGBTQ+ CRIS were based on identified themes and quotes from these studies. We originally generated 86 items based on these accounts. The authors and one researcher outside the project, all of whom have research or clinical experience in LGBTQ+ mental health, or lived experiences as a LGBTQ+ person, reviewed items. Twenty-eight statements were deleted to reduce redundancy and additional edits were made to enhance clarity and simplicity for many of the remaining 58 items. Items were pilot tested with a small sample of participants \( n = 50 \) who provided additional feedback on clarity of items.

Measure instructions include acknowledgement of the multiple domains of identity (e.g., race, ethnicity, culture, religion, gender, sexual or affectional orientation) and the ways they intersect to shape unique subjective experiences. The text instructs participants to take a moment to consider the components of identity that are the most important or salient to them. Participants were asked to rate their agreement with the 58 LGBTQ+ CRIS items on a 5-point scale \( (1 = \text{strongly disagree}, \ 5 = \text{strongly agree}) \).

**Convergent Validity Variables**

The LGBTQ+ Group Identity Measure (Sarno & Mohr, 2016) is a 10-item
measure assessing affective pride (“I have a lot of pride in the LGBTQ+ community and its accomplishments”), cognitive clarity (“I have a clear sense of my sexual orientation and what it means for me”), and behavioral engagement (“I participate in LGBTQ+ cultural practices such as pride events, benefits, or marches”) with the LGBTQ+ community. Items are measured on a 6-point scale (1 = strongly disagree to 6 = strongly agree) and subscale scores are calculated by reverse-scoring items as needed and then averaging item scores. Reliability estimates were $\alpha = .92$ for affective pride, $\alpha = .57$ for cognitive clarity, and $\alpha = .84$ for behavioral engagement. Cronbach’s alpha for cognitive clarity was lower than recommended guidelines for adequate internal consistency. This scale is comprised of only two items, which impacts the estimate of internal consistency.

Connectedness to the LGBT Community Scale (Barret & Pollack, 2005; Frost & Meyer, 2012) consisted of seven items to measure how close a person feels to the LGBTQ+ community (e.g., “You feel a bond with the LGBTQ+ community.”). Items are measured on a 4-point scale (1 = strongly disagree to 4 = strongly agree) and subscale scores are calculated by reverse-scoring items as needed and then summing scores. Internal consistency for the present study was .89.

**Criterion Validity Variables**

We assessed identity-related factors using 24-items from the Lesbian, Gay, and Bisexual Identity Scale (LGBIS; Mohr & Kendra, 2011). Seven subscales (e.g., internalized stigma, concealment motivation, acceptance concerns, identity uncertainty, difficult process, identity affirmation, and identity centrality) were measured on a 6-point scale (1 = strongly disagree to 6 = strongly agree). We did not include the identity
superiority subscale in our survey as previous research did not support hypotheses about associations with the constructs under investigation. The acronym was modified from LGB to LBGTQ+ to broaden the target group (“I often wonder whether others judge me for my LGBTQ+ identity,” “I am glad to be an LGBTQ+ person”). Subscale scores were computed by reverse-scoring items as needed and averaging item scores for subscales. Cronbach’s alphas ranged from .71 to .88.

Two scales measured mental health related symptoms. The Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001) assessed participants’ endorsement of nine depression symptoms, such as loss of interest or pleasure, depressed mood, or sleep disruption. Items are scored from 0 (not at all) to 3 (nearly every day), summed, and final scores range from 0 to 27. Cronbach’s alpha for the current study was .94. The Generalized Anxiety Disorder 7-Item (GAD-7; Spitzer et al., 2006) assesses symptoms such as worry, restlessness, irritability, and nervousness on a scale from 0 (not at all) to 3 (nearly every day). Items are summed to create a score ranging from 0 to 21; higher scores represent higher severity of anxiety. Internal consistency of the GAD-7 was $\alpha = .95$.

**Analytic Strategy**

Previous research using EFA and CFA recommend either a 2:1 ratio of items to participants or minimum sample sizes ranging from 100 to 300 participants (Howard, 2016; Pearson & Mundform, 2010). We randomly split the sample in half to conduct the EFA ($N = 264$) and CFA ($N = 263$). The statistical package R (R Core Team, 2013) was used to conduct EFA analyses utilizing the package `psych` (Luo et al., 2019). We
conducted EFA with a maximum likelihood method and a promax rotation (i.e., oblique rotation method which assumes correlation between factors; Browne, 2001; Howard, 2016; Sass & Schmitt, 2010), and determined factor structure using parallel and scree plot analyses. The R package lavaan (Rosseel, 2012) was used to conduct CFA and assess model fit. We assessed convergent and criterion validity of the final LGBTQ+ CRIS with the full sample ($N = 527$) by looking at bivariate correlations between the LGBTQ+ CRIS with measures of identity, connection, and identity with the LGBTQ+ community, and mental health.

Results

Data Cleaning

A total of 755 people accessed the survey link through their Qualtrics panel provider. Ninety-six people accessed the survey but discontinued after completing 10% or less of the survey. Eighty-five people did not provide demographic information to qualify for inclusion in the present study. An additional 47 people were removed from the data set for failing quality-attention checks (e.g., “Please select ‘Strongly Agree’ for this question.”) or providing repetitive-patterned responses that suggested fraudulent data. The final sample consisted of 527 completed surveys from eligible LGBTQ+ participants. Missing data for the LGBTQ+ CRIS items were less than 1%. Missing data were handled using full information maximum likelihood (i.e., missing data approach that utilizes all available information to derive maximum likelihood estimates; Enders, 2001; Schlomer et al., 2010). Distribution of scores for all items were within acceptable skewness (-1 to
+1) and kurtosis (-2 to +2) ranges.

**Exploratory Factor Analysis**

Our procedures were generally guided by Worthington and Whittaker (2006) and Howard’s (2016) suggestions for factor analysis. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was .95 (above the recommended .60 minimum; Howard, 2016) and Bartlett’s test of sphericity was significant, \( \chi^2 (276) = 5,350.75, p < .001, \) which suggests that the data was appropriate for factor analysis (Howard, 2016; Worthington & Whittaker, 2006). Scree plot and parallel analyses suggested a two or three-factor structure. Preliminary analyses of the three-factor structure demonstrated two strong factors and a third factor with a lower eigenvalue. The third factor did not appear to account for sufficient unique variability in the items and had many cross-loadings with the other two factors. As a result, we fixed the number of factors to two and proceeded with item reduction through an iterative process of factor analysis. Items were removed one at a time if they (a) had primary loadings less than .55 in absolute magnitude, or (b) if they had cross-loadings higher than .20 (Howard, 2016; Worthington & Whittaker, 2006). The conservative cut-off criteria sought to maximize factor structure parsimony and minimize artificial inflation of relationships between factors (Sass & Schmitt, 2010). We ran an EFA between each item removal until our criteria was met by all remaining items, resulting in 48 remaining items.

The 48 items demonstrated redundancy in content and opportunities for scale-length optimization. We further reduced the item pool by removing items that (a) were judged by the research team to be redundant in content, (b) had lower structure
coefficients, (c) had inter-item correlations of .80 or higher, (d) demonstrated low communalities (less than .40) (e) conceptually conflicted with other items on the factor, or (f) were judged by the research team to be cumbersome in their wording (Riggle et al., 2014; Worthington & Whittaker, 2006). Item reduction processes yielded 20 items—10 for each of the two factors. Worthington and Whittaker suggest conducting a final EFA on the reduced set of items since dropping items may change the factor structure. The final EFA with the remaining 20 items yielded two theoretically strong factors with eigenvalues of 7.94 and 7.77. The items explained 65.8% of the variance (factor one = 48.9%, factor two = 16.9%). The KMO was .94 and Bartlett’s test of sphericity was significant, $\chi^2 (190) = 4,133.84, p < .001$, suggesting a relationship across all remaining items. Table 3.2 provides EFA factor loadings for the final 20 items. Both factor one ($\alpha = .94$), and factor two ($\alpha = .93$) showed strong internal consistency. Based on the items of each factor, we named subscales Community Resilience Resources (factor one) and Community Inequity (factor two).

**Confirmatory Factor Analysis**

We conducted a CFA with the remaining 263 participants to determine if the factor structure from the EFA would fit data with a different subsample. For CFA we determined model fit using root mean square of approximation (RMSEA) and assessed incremental model fit using the comparative fit index (CFI), Tucker-Lewis index (TLI), and standardized root mean square residual (SRMR). Multiple scholars suggest that good model fit is indicated by a CFI and TLI above .95 (Schreiber et al., 2006; McDonald & Ho, 2002) and RMSEA lower than .06. However, CFI greater than .90 and RMSEA and
Table 3.2

Exploratory Factor Analysis Pattern Matric Factor Loadings and Descriptive Statistics for Final LGBTQ+ Community Resilience and Inequities Scale (n = 264)

<table>
<thead>
<tr>
<th>Item</th>
<th>Community resilience resources</th>
<th>Community inequities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Factor loading</td>
<td>Structure loadings</td>
</tr>
<tr>
<td>I feel a sense of unconditional love and acceptance from the LGBTQ+ community.</td>
<td>.689</td>
<td>.743</td>
</tr>
<tr>
<td>I feel a sense of shared hardship with the broader LGBTQ+ community.</td>
<td>.607</td>
<td>.594</td>
</tr>
<tr>
<td>I feel part of a community of people who share my identities.</td>
<td>.774</td>
<td>.762</td>
</tr>
<tr>
<td>I feel seen and validated by the LGBTQ+ community.</td>
<td>.804</td>
<td>.810</td>
</tr>
<tr>
<td>I feel included in the LGBTQ+ community.</td>
<td>.857</td>
<td>.879</td>
</tr>
<tr>
<td>I feel a connection with the LGBTQ+ community.</td>
<td>.828</td>
<td>.819</td>
</tr>
<tr>
<td>I feel supported by others in the LGBTQ+ community.</td>
<td>.886</td>
<td>.879</td>
</tr>
<tr>
<td>I benefit from belonging with the LGBTQ+ community.</td>
<td>.821</td>
<td>.773</td>
</tr>
<tr>
<td>The LGBTQ+ community helps me persevere during hard times.</td>
<td>.857</td>
<td>.823</td>
</tr>
<tr>
<td>The LGBTQ+ community and LGBTQ+ organizations are intentional in advocating for my identities.</td>
<td>.726</td>
<td>.763</td>
</tr>
<tr>
<td>My identities put me at a disadvantage within the LGBTQ+ community.</td>
<td>-.012</td>
<td>-.421</td>
</tr>
<tr>
<td>Other people within the LGBTQ+ community have more privilege/opportunities than me.</td>
<td>-.034</td>
<td>-.388</td>
</tr>
<tr>
<td>I feel isolated and separated from other people in the LGBTQ+ community.</td>
<td>-.196</td>
<td>-.523</td>
</tr>
<tr>
<td>I don’t feel like the LGBTQ+ community advocates for people like me.</td>
<td>-.087</td>
<td>-.488</td>
</tr>
<tr>
<td>My identities are not given proper recognition in LGBTQ+ history and social justice movements.</td>
<td>.009</td>
<td>-.408</td>
</tr>
<tr>
<td>My identities are invisible within the LGBTQ+ community.</td>
<td>-.003</td>
<td>-.446</td>
</tr>
<tr>
<td>The LGBTQ+ community does not value my identities.</td>
<td>-.012</td>
<td>-.467</td>
</tr>
<tr>
<td>I feel fetishized or exoticized by other LGBTQ+ community members.</td>
<td>.144</td>
<td>-.243</td>
</tr>
<tr>
<td>There is no space for my identities within the LGBTQ+ community.</td>
<td>-.013</td>
<td>-.425</td>
</tr>
<tr>
<td>My other identities do not allow me to be “out and proud.”</td>
<td>.113</td>
<td>-.249</td>
</tr>
<tr>
<td>M(SD)</td>
<td>3.78</td>
<td>(.86)</td>
</tr>
</tbody>
</table>

Note. LGBTQ+ = Lesbian, Gay, Bisexual, Transgender, and Queer.
SRMR below .08 has been reported as acceptable for smaller sample sizes (Brown, 2006; Browne & Cudeck, 1993; Kline, 2016; Schreiber et al., 2006; Weston & Gore, 2006). A two-factor model, in which all 20 items were fixed to load onto their respective factor, suggested acceptable model fit: RMSEA = .061 (90% confidence interval [.052, .071]), CFI = .958, TLI = .953, SRMR = .040. All factor loadings for the two-factor model ranged from .56 to 1.04.

Validity Testing of the LGBTQ+ CRIS

We formulated the following hypotheses based on the finalized LGBTQ+ CRIS factor structure. To test convergent validity, we hypothesized that LGBTQ+ community variables (i.e., behavioral engagement, cognitive clarity, affective pride, and community connection) would have strong positive associations with the Community Resilience Resources subscale (H1) and moderate negative correlations with the Community Inequity subscale (H2). H1 and H2 are rooted in our theoretical understanding of community resilience (Foster-Gimbel et al., 2020; Meyer, 2015; Parmenter et al., 2020a) and previous research on marginalization and oppression (Balsam et al., 2011; Bowleg, 2013; Ghabrial, 2017). To test criterion validity, we predicted the Community Resilience Resources subscale would be negatively correlated with concealment motivation, acceptance concerns, identity uncertainty, internalized stigma, difficult process (poor identity outcomes; H3) and positively correlated with identity affirmation and identity centrality (positive identity outcomes; H4). For the Community Inequity subscale, we hypothesized positive correlations with poor identity outcomes (H5) and negative correlations with positive identity outcomes (H6). Last, we predicted that anxiety and
depression would be negatively associated with the Community Resilience Resources subscale (H7) and positively associated with the Community Inequity subscale (H8). Previous research supports such hypotheses, suggesting that community connection and belonging is associated with positive identity and mental health outcomes (Busby et al., 2020; Frost & Meyer, 2012; Frost et al., 2016; Morris et al., 2015; Pflum et al., 2015) while experiences of marginalization within the LGBTQ+ community are positively correlated with negative mental health outcomes (Balsam et al., 2011, 2013; McConnell et al., 2018).

As expected, strong positive correlations were found between LGBTQ+ community engagement variables and the Community Resilience Resources subscale (H1), and those variables correlated negatively with the Community Inequities subscale (H2). Community Resilience Resources were negatively correlated with poor identity outcomes (H3), except for identity uncertainty, while showing positive correlations with both identity affirmation and identity centrality (H4). Our expectation that Community Inequity would be positively associated with poor identity outcomes (H5) and negatively correlated with positive identity outcomes was confirmed. Contrary to our prediction, Community Resilience Resources was not associated with mental health outcomes (H7). However, Community Inequity demonstrated positive associations with anxiety and depression (H8). Table 3.3 presents bivariate correlations between LGBTQ+ CRIS subscales and validity measures.
### Table 3.3

*Correlations Between LGBTQ+ Community Resilience and Inequity Scale (CRIS) Subscales, LGBTQ+ Community, Identity, and Mental Health Variables*

<table>
<thead>
<tr>
<th>Variables</th>
<th>Community resilience resources</th>
<th>Community inequities</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian, Gay, Bisexual Identity Scale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concealment motivation</td>
<td>-.25</td>
<td>.39</td>
<td>3.63</td>
<td>1.43</td>
</tr>
<tr>
<td>Acceptance concerns</td>
<td>-.12</td>
<td>.41</td>
<td>3.16</td>
<td>1.31</td>
</tr>
<tr>
<td>Identity uncertainty</td>
<td>-.07</td>
<td>.42</td>
<td>2.09</td>
<td>1.21</td>
</tr>
<tr>
<td>Internalized homophobia</td>
<td>-.17</td>
<td>.45</td>
<td>2.24</td>
<td>1.27</td>
</tr>
<tr>
<td>Difficult process</td>
<td>-.23</td>
<td>.38</td>
<td>3.02</td>
<td>1.29</td>
</tr>
<tr>
<td>Identity affirmation</td>
<td>.55</td>
<td>-.36</td>
<td>4.68</td>
<td>1.18</td>
</tr>
<tr>
<td>Identity centrality</td>
<td>.46</td>
<td>-.24</td>
<td>4.06</td>
<td>1.03</td>
</tr>
<tr>
<td>Connection to LGBTQ+ Community</td>
<td>.71</td>
<td>-.41</td>
<td>20.14</td>
<td>4.83</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual Group Identity Measure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral engagement</td>
<td>.53</td>
<td>-.15</td>
<td>3.77</td>
<td>1.27</td>
</tr>
<tr>
<td>Cognitive clarity</td>
<td>.19</td>
<td>-.37</td>
<td>4.69</td>
<td>1.15</td>
</tr>
<tr>
<td>Affective pride</td>
<td>.66</td>
<td>-.42</td>
<td>4.54</td>
<td>1.22</td>
</tr>
<tr>
<td>Patient Health Questionnaire-9 (PHQ-9)</td>
<td>-.03</td>
<td>.32</td>
<td>16.68</td>
<td>7.56</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder-7 (GAD-7)</td>
<td>.04</td>
<td>.26</td>
<td>14.03</td>
<td>6.58</td>
</tr>
</tbody>
</table>

*Note. N = 527.*

All correlations were significant at the $p < .001$ level, except for the nonsignificant correlations between the Community Resilience Resources subscale and Identity Uncertainty, PHQ-9, and GAD-7.

### Discussion

The need for a measure of community resilience has increased as scholars have continued to research strategies for connecting with the LGBTQ+ community, as well as social and psychological correlates of community connectedness. Additionally, intersectional feminist scholars have called for the development and validation of measures that assess for the co-occurring experiences of advantage and disadvantage (Else-Quest & Hyde, 2016). The present study took steps in-line with these aims and created a measure that allows for the measurement of Community Resilience Resources.
The final LGBTQ+ CRIS has two subscales: (a) Community Resilience Resources and (b) Community Inequity. Community Resilience Resources captures connection, identification, belonging, shared hardships, unconditional acceptance, validation of identities, and empowerment obtained through membership with the LGBTQ+ community. The Community Inequity subscale represents experiences of inequity and exclusion experienced within the LGBTQ+ community (see Appendix F). The two-factor measure provides a parsimonious representation of LGBTQ+ community resilience and inequity that is consistent with existing theory (Meyer, 2015) and previous qualitative studies (Bowleg, 2013; Parmenter et al., 2020a, 2020b; Sexton et al., 2018).

The LGBTQ+ CRIS subscales showed good construct and criterion validity with other LGBTQ+ community, identity, and mental health variables (Clark, & Watson, 2003; Kazdin, 2003). Some of the correlations between the Community Resilience Resources subscale and LGBTQ+ community variables (i.e., community connection and affective pride) demonstrated strong correlations that exceeded recommendations for testing convergent validity (i.e., correlations do not exceed moderate strength [.40 -.60]; Kazdin, 2003). While this does suggest some issues with discriminant validity, it is not surprising as our scale measures similar, somewhat overlapping components of community resilience. We consider this finding consistent with our aim of developing and validating a concise and feasible measure encompassing various components of community resilience.

Relationships between CRIS subscales and identity-related criterion validity
outcomes were consistent with hypotheses. For example, the Community Resilience Resources subscale was positively associated with positive identity outcomes (i.e., identity centrality and identity affirmation) and negatively correlated with negative identity outcomes (i.e., acceptance concerns, internalized stigma, concealment motivation, difficult process). Conversely, the Community Inequity subscale was positively associated with negative identity outcomes and negatively associated with identity affirmation and identity centrality. Thus, our findings demonstrate that Community Resilience Resources are associated with positive identity outcomes while Community Inequities may be associated with poorer identity outcomes. Our findings support previous research on the contribution of LGBTQ+ community to positive identity outcomes and mitigating internalized stigma (Frost & Meyer, 2012; Meyer, 2003; Riggle et al., 2014). Other research also outlines the ways that experiences of marginalization and inequity within the LGBTQ+ community are associated with internalized stigma (Balsam et al., 2011, 2013). The Community Inequity subscale was positively correlated with depression and anxiety, which is consistent with existing research on oppression within the LGBTQ+ community (Balsam et al., 2011; McConnell et al., 2018).

Interestingly, the Community Resilience Resources subscale was not associated with depression and anxiety. Frost and Meyer (2012) found that connection to the LGBTQ+ community, a theoretically consistent subcomponent of community resilience, was not associated with depression. Experiences of marginalization and oppression within the LGBTQ+ community could be more salient and influential in predicting mental health outcomes. Future research should examine if Community Resilience Resources could
link to mental health indirectly through positive LGBTQ+ identity or could be considered in conjunction with Community Inequity when predicting mental health outcomes.

**Limitations and Future Research**

Although there are clear strengths in our methods (e.g., diverse sample, items grounded in previous qualitative data) and novel findings, there are several limitations to keep in mind. Relatively few transgender and gender diverse identities were represented in our sample, limiting the generalizability of the findings for gender diverse people. There were also under-representations of Pacific Islander, Middle Eastern, Native American LGBTQ+ people. Future studies should engage in outreach targeted towards gender diverse people and underrepresented ethnoracial minorities to explore the constructs of LGBTQ+ community resilience and inequities.

The LGBTQ+ CRIS instructions and question format combined with the diversity of ethnoracial, sexual, and gender identities in the sample may have influenced our results. Although the format of the questions (e.g., “My identities put me at a disadvantage within the LGBTQ+ community”) underscores the scale’s flexibility and intersectionality in testing various subpopulations of the LGBTQ+ community, the wording of items introduces subjectivity to participants’ interpretation and experiences with the items. To this end, future research should investigate differential item functioning and measurement invariance among ethnoracial, sexual, and gender identity subgroups. Testing measurement invariance is consistent with integrating intersectionality into quantitative methods and can address possible limitations to the generalizability of the LGBTQ+ CRIS factor structure (Else-Quest & Hyde, 2016). It is
possible that the Community Resilience Resources subscale could differ for LGBTQ+ BIPOC as they may have less access to connection and group identity with the broader LGBTQ+ community (Sarno & Mohr, 2016). Another limitation to note is the creation and eventual selection of measure items. It is possible that the authors’ and reviewers’ identities and experiences may have influenced item content and selection in ways that could introduce bias. While this concern is somewhat alleviated by the use of guidelines for scale length-optimization (Worthington & Whittaker, 2006) and by the diverse sample used to validate the measure, we find it important to be transparent and congruent with intersectional research (DeBlaere et al., 2010; Else-Quest & Hyde, 2016; Moradi & Grzanka, 2017). Lastly criterion validity was examined using connection with the LGBTQ+ community and LGBTQ+ group identity. Because there are several other elements of LGBTQ+ community resilience (e.g., belongingness, participation in community events, involvement in social justice) future research should further examine associations between the LGBTQ+ CRIS and other theoretically consistent variables.

**Implications**

The LGBTQ+ CRIS may demonstrate utility within community-advocacy, clinical, and educational settings. From a community-advocacy standpoint, LGBTQ+ organizations, Diversity and Inclusion centers, as well as non-profit organizations could utilize this measure to assess Community Resilience Resources and Community Inequity within their given context. Using this measure as a needs assessment tool could lead to community program development and advocacy efforts to address experiences of inequity within LGBTQ+ communities. From a clinical and educational point-of-view,
the LGBTQ+ CRIS could be used within group therapy or intergroup dialogues (e.g., a justice-centered approach that brings together people to address histories of tension through face-to-face communication; Morales-Doyle, 2017). Using the LGBTQ+ CRIS as a tool to process experiences of connection and inequity could help in increasing unity while simultaneously challenging systems of oppression. Such intergroup processing could help in building awareness regarding the struggles of marginalized groups within the broader LGBTQ+ community (e.g., LGBTQ+ BIPOC, gender diverse individuals, plurisexuals). Lastly, the LGBTQ+ CRIS offers important implications for research. Utilizing the LGBTQ+ CRIS may allow scholars to examine how systems of oppression intersect and produce inequities in access to community resilience resources. In addition, more complex designs can be utilized to explore how community resilience resources and community inequities co-occur and produce unique experiences for subpopulations within the LGBTQ+ community.

Conclusion

The LGBTQ+ CRIS provides a preliminary measure of community resilience resources and community inequities. The assessment tool could assist in furthering research on the LGBTQ+ community and intersectional research. We urge researchers to continue exploring and building on concepts of community resilience and inequity, as not all experiences may be captured in the LGBTQ+ CRIS. Nevertheless, our measure lays the foundation to further develop and expand these latent constructs.
References


Bowleg, L. (2013). “Once you’ve blended the cake, you can’t take the parts back to the main ingredients”: Black gay and bisexual men’s descriptions and experiences of intersectionality. *Sex Roles, 68*(11-12), 754-767. [https://doi.org/10.1007/s11199-012-0152-4](https://doi.org/10.1007/s11199-012-0152-4)


CHAPTER 4
EXPERIENCES OF COMMUNITY RESILIENCE AND INEQUITY AMONG LGBTQ+ PEOPLE: A PERSON-CENTERED ANALYSIS

Abstract

A diverse sample of LGBTQ+ people ($N = 527$) was recruited to explore sexual and gender diverse peoples’ co-occurring experiences with community resilience resources and inequity within the LGBTQ+ community. Using Latent Profile Analysis, four distinctive latent profiles emerged from the data: Marginalized, Neutral, Disengaged, and Embedded. Beta regression analyses suggested that identity centrality played a pivotal role in a participants’ membership to a given profile. Additionally, plurisexual and gender diverse identities may be associated with less likelihood in profiles that were high in LGBTQ+ community resilience resources. Profile membership was also associated with mental health, internalized minority stress, and LGBTQ+ identity affirmation. The present study assists in expanding our understanding of co-occurring processes (i.e., community resilience resources and inequity within the LGBTQ+ community) and how they link to mental health and identity outcomes for sexual and gender diverse people. We discuss implications for practice, education, training, and research.

Introduction

Many lesbian, gay, bisexual, transgender, queer, or other personally meaningful
sexual or gender identity label (LGBTQ+) individuals develop a connection and a sense of collective identity with a broader LGBTQ+ community (Frost & Meyer, 2012; Frost et al., 2016; Parmenter et al., 2020a; Sarno & Mohr, 2016). Connection and belonging with an LGBTQ+ community has been associated with positive mental health outcomes, reduced minority stress, and an affirming LGBTQ+ identity (Morris et al., 2015; Petruzzella et al., 2019). Conversely, those with low connection to an LGBTQ+ community may be at increased risk for psychological distress (McConnell et al., 2018).

From the framework of community-level resources, we can conceptualize the broader LGBTQ+ community as a network providing resources (e.g., connection, belonging, shared struggles, validation) that help in-group members cope with marginalization (i.e., community resilience; Parmenter et al., 2020a; Shilo et al., 2015; Zimmerman et al., 2015). However, not all sexual and gender diverse individuals have equal access to LGBTQ+ community resilience resources (Meyer, 2015; Parmenter et al., 2020b; Parmenter et al., 2021).

Systems of inequity restrict opportunity structures (Merton, 1968) for accessing community resilience resources. Scholars suggest that some may experience reduced in-group connection and belonging due to racism, monosexism, cisgenderism, and other forms of oppression within the LGBTQ+ community (Balsam et al., 2011; Ghabrial, 2017, 2019; Parmenter et al., 2020b; Parmenter et al., 2021. On the other hand, greater centrality of one’s sexual or gender identity may facilitate tapping into LGBTQ+ community resilience resources (Meyer, 2003, 2015). Quantitative methods are often category-based (i.e., comparing across ethnoracial, gender, or sexual identity categories).
and variable-centered approaches (i.e., focusing on a given variable and its association with an outcome; Masyn, 2013). Person-centered analytic approaches combined with scales assessing advantage and disadvantage may provide rich opportunities to examine co-occurring experiences of community resilience and inequity within the LGBTQ+ community. Moreover, person-centered approaches can identify subgroups of people based on their experiences, thereby providing opportunities to examine how individuals with different profiles fair on mental health and identity outcomes. The present study seeks to: (1) use a person-centered approach to identify profiles of sexual and gender diverse people based on their responses to a measure of LGBTQ+ community resilience resources and inequity; (2) understand how different domains of social identity (e.g., ethnoracial, sexual, and gender identity) and identity centrality may influence membership to respective profiles; and (3) examine if belonging to a given profile predicts mental health and identity outcomes.

**LGBTQ+ Community Resilience and Inequity**

Resilience has been a focal point within minority mental health research (Kwon, 2013; Meyer, 2003, 2015). Resilience can be both conceptualized at the individual-level (i.e., the ability to endure stress and thrive in the face of adversity; Kwon, 2013; Meyer, 2015) and community-level (i.e., community resilience: accessibility and utilization of sociocultural community resources that promote coping and well-being; Hall & Zautra, 2010; Meyer, 2015; Zautra et al., 2008). Meyer (2015) called for researchers to explore community resilience within the context of LGBTQ+ communities, with the goal of understanding buffering effects for minority stress. Scholars have identified various
resources that comprise community resilience within the LGBTQ+ community, including connection and belonging (Frost & Meyer, 2012; Morris et al., 2015; Shilo et al., 2015), collective identity (Parmenter et al., 2020a), validation and shared hardships (Ghabrial, 2019; Parmenter et al., 2021, as well as participation in LGBTQ+ social justice movements (Parmenter et al., 2020a; Riggle et al., 2014). A sense of belonging and connection to the LGBTQ+ community may buffer minority stress processes and contribute to well-being for sexual and gender diverse people (Morris et al., 2015; Puckett et al., 2019; Testa et al., 2015). Scholars have documented that sexual and gender diverse people seek out connections with other LGBTQ+ community members to cope with discrimination and experiences of rejection (Abreu et al., 2021; Frost et al., 2016; Zimmerman et al., 2015). Indeed, the LGBTQ+ community provides access to community resilience resources that mitigate minority stress and reduce risk of depression and anxiety.

There may be several factors that support or hinder access to LGBTQ+ community resilience resources. Meyer (2015) documented that LGBTQ+ identity centrality (i.e., the importance of sexual and gender identity to one’s sense of self) may relate to coping and access to LGBTQ+ community resilience resources. Specifically, one who does not find sexual and gender identity to be highly important for their overall sense of self may not be motivated to access LGBTQ+ community resilience compared to someone who has high LGBTQ+ identity centrality. However, because of multiple sources of discrimination and inequity, not all LGBTQ+ individuals may have equitable access to LGBTQ+ community resilience, regardless of identity centrality.
Scholars underscored how the mainstream LGBTQ+ community is a context that best serves White, cisgender, gay men (Abreu et al., 2021; Page et al., 2021; Parmenter et al., 2020b). Some sexual and gender diverse people feel excluded due to experiences of racism, monosexism, and cisgenderism within the LGBTQ+ community (Balsam et al., 2011; Ghabrial, 2017, 2019; Page et al., 2021; Parmenter et al., 2021). Zimmerman et al. (2015) found that sexual and gender diverse people who identified as African American, Asian American, or endorsed multiple ethnoracial identities had lower community connectedness than those endorsing a White ethnoracial identity. Such experiences of inequity and discrimination are of greater concern for those who experience multiple forms of marginalization. For example, those who are plurisexual (e.g., bisexual, pansexual, queer, fluid) experience less connection and increased risk for exclusion within the mainstream LGBTQ+ community (Ross et al., 2018). However, those who identify as plurisexual Black, Indigenous, People of Color (BIPOC) may feel even less connection and greater feelings of exclusion compared to their White, monosexual, cisgender peers (Ghabrial & Ross, 2018).

Experiences of inequity and low community resilience resources can have a detrimental effect on mental health. LGBTQ+ BIPOC, plurisexual, and gender diverse people (e.g., transgender, genderqueer, or nonbinary identities) are at elevated risk for negative mental health outcomes because of experiences of inequity (Jaspal et al., 2019; Lefevor et al., 2019). Vargas et al. (2020) documented that those who are multiply marginalized may exhibit higher risk for depression and anxiety. Sexual and gender diverse people with low connection to the LGBTQ+ community may experience high
psychological distress and greater internalized minority stress (McConnell et al., 2018). Conversely, Petruzzella et al. (2019) found that LGBTQ+ BIPOC who were connected to the LGBTQ+ community had low mental health problems.

Despite the growing body of literature on experiences of community resilience and inequities within the LGBTQ+ community, most studies explore these constructs independently rather than in tandem. Parmenter and Galliher (2021) sought to address the gap in the literature by developing and validating the LGBTQ+ Community Resilience and Inequity Scale (CRIS). Their scale was created to assess the co-occurring experiences of community resilience resources (i.e., validation of identities, shared hardships, connection belonging, collective identity, inclusion, social justice advocacy) and community inequities (i.e., invalidation of identities, exclusion, isolation, invisibility of identities within community). The development of this new measure provides rich opportunities for further inquiry on co-occurring experiences of advantage and disadvantage within the LGBTQ+ community.

**Latent Profile Analysis: A Useful Method to Identify At-Risk Subgroups of LGBTQ+ People**

Community resilience and community inequity are complex phenomena that require innovative analytic methods to capture nuances and patterns of experiences. Prior research has primarily utilized variable-centered approaches, which focus on a given variable and its association with an outcome (Masyn, 2013). In contrast, a person-centered approach uses multiple variables to identify patterns of responses among individuals and place them statistically into the “best fitting” group. Many researchers
have found merit in utilizing cluster analyses to classify or identify groups; however, Latent Profile Analysis (LPA) is an increasingly popular person-centered, data driven approach for exploring “hidden” subgroups within a given population (Masyn, 2013).

LPA is a multivariate, model-based analysis that statistically identifies groups, or profiles, of participants based on multiple continuous variables (Masyn, 2013). There is a growing body of literature that demonstrates LPA as an appropriate methodology for examining experiences among LGBTQ+ populations (Choi et al., 2019; Garnett et al., 2014; Tierney et al., 2021). Within the context of the present study, a person-centered approach (i.e., LPA) allows us to explore whether there are specific profiles of sexual and gender diverse people with regard to experiencing both LGBTQ+ community resilience resources and inequities within the LGBTQ+ community. In other words, LPA will provide information on how these two constructs co-occur within profiles while simultaneously analyzing differences between profiles. Most studies examine experiences of risk and resilience and their effects on mental health outcomes using category-based variables and variable-centered analyses. For example, scholars often compare mental health outcomes between White and BIPOC LGBTQ+ people (McConnell et al., 2018; Frost & Meyer, 2012). No studies, to our knowledge, have analyzed the co-occurring experiences of advantage and disadvantage in the LGBTQ+ community with person-centered analytic approaches. Using LPA with a validated measure of community resilience and inequity will expand the existing body of research by identifying potentially at-risk subgroups of sexual and gender diverse people.

The study was driven by three research aims. First, the current study uses LPA to
identify profiles of participants based on their responses to a measure of community resilience resources and inequity within the LGBTQ+ community. Second, we examined how ethnoracial, sexual, and gender identities, as well as LGBTQ+ identity centrality, are related to profiles identified from the LPA. Previous research suggests that experiences with community resilience resources and inequity within the LGBTQ+ community are influenced by various domains of social identity (Ghabrial, 2017, 2019; Ghabrial & Ross, 2018; Parmenter et al., 2020b) and identity centrality (Meyer, 2003, 2015). The influence of identities on experiences of risk and resilience have been extensively studied, but few studies have used identity variables as a predictor within person-centered analyses (Tierney et al., 2021). Lastly, we examined how profiles predict internalized minority stress, positive LGBTQ+ identity, and mental health outcomes. It is well-documented that community resilience and experiences of inequity are associated with minority stress, positive LGBTQ+ identity, and mental health; however, no prior studies have analyzed how the co-occurrence of community resilience and inequities influence identity and mental health among sexual and gender diverse people.

Methods

Participants

We recruited participants (N = 527) through a QualtricsXM panel, a survey and data management system. Participants had to self-identify as LGBTQ+ and 18 years of age or older to meet research eligibility. We prioritized recruitment of LGBTQ+ BIPOC, gender diverse, and plurisexual identities within our sample to maximize representation.
Doing so allowed us to highlight the experiences of sexual and gender diverse people.

The survey was accessed by 755 individuals who received standardized email invitations from their Qualtrics panel provider. Of those, 85 individuals did not meet inclusion criteria and were immediately excluded, 96 people completed 10% or less of the survey, and 47 were removed for failing attention checks. The final sample consisted of 527 completed surveys from eligible LGBTQ+ participants between the ages of 18 and 93 years of age ($M_{age} = 44.28, SD = 18.34$).

The sample was comprised of individuals who identified as Black or African American (31.3%), White or European American (26.3%), Latinx (14%), Asian or Asian American (20.1%), Pacific Islander (1.3%), Native American or Alaska Native (4.2%), and Middle Eastern (.75%). The remaining participants (1.9%) identified as bi/multiracial. The sample mostly identified as gay (36.4%), bisexual (34.9%), or lesbian (19.2%). The remainder of the sample endorsed plurisexual identities (pansexual, queer, fluid etc.; 9.5%). Participants mostly identified as cisgender (cisgender men = 46%; cisgender women = 40.6%), with roughly 7.6% identifying as transgender and 4.9% identifying outside of the gender binary.

**Measures**

**Demographic Information**

Items assessed age, ethnoracial, sexual, and gender identity. Participants could select multiple options for the ethnoracial identity question. Responses were coded as “biracial or multiracial” if they endorsed more than one ethnoracial identity option.
**LGBTQ+ Community Resilience and Inequities (LGBTQ+ CRIS)**

The LGBTQ+ CRIS (Parmenter & Galliher, under review) measures two constructs: Community Resilience Resources (“I feel a sense of shared hardship with the broader LGBTQ+ community”; “The LGBTQ+ community helps me persevere during hard times”) and Community Inequity (e.g., “There is no space for my identities within the LGBTQ+ community”; “My identities put me at a disadvantage within the LGBTQ+ community”). The introductory text asks respondents to consider the various components of their identities (i.e., ethnoracial, cultural, gender, sexual, and religious identity) and the influence they have on experiences prior to responding to the items. The measure consists of 20 items on a 5-point scale (1 = strongly disagree, 5 = strongly agree). Cronbach’s alpha was $\alpha = .94$ for Community Resilience Resources and $\alpha = .93$ for Community Inequity Scale items are included in Appendix F.

**Lesbian, Gay, Bisexual Identity Scale (LGBIS)**

We used seven of the eight LGBIS subscales (Mohr & Kendra, 2011) to measure internalized minority stress, LGBTQ+ identity centrality, and positive LGBTQ+ identity. The measure consists of 24-items using a 6-point scale (1 = strongly disagree to 6 = strongly agree) to assess seven dimensions: internalized stigma, concealment motivation, acceptance concerns, identity uncertainty, difficult process (difficulty coming to terms with sexual and gender identity), identity affirmation, and identity centrality. Items were reworded to broadly capture LGBTQ+ individuals (e.g., “I often wonder whether others judge me for my LGBTQ+ identity”), mostly by simply changing LGB to LGBTQ+. 
**Internalized minority stress.** In the original measure development, Mohr and Fassinger (2000) reported that the negatively valenced subscales could be combined to create an overall score of internalized minority stress. We used a similar approach by combining internalized stigma, concealment motivation, acceptance concerns, identity uncertainty, and difficult process from Mohr and Kendra’s (2011) LGBIS measure. The internalized minority stress subscale broadly reflects how negatively a person feels about being LGBTQ+, with higher scores suggesting more internalized minority stress. Internal consistency for the current study was $\alpha = .91$.

**LGBTQ+ identity centrality.** The identity centrality subscale was comprised of five items from Mohr and Kendra’s (2011) LGBIS scale. The LGBTQ+ identity centrality subscale measures how central or important one’s LGBTQ+ identity is to their sense of self. Higher scores on this subscale reflect higher centrality. The subscale score was computed by reverse-scoring negatively worded items and averaging scores for the subscale. Cronbach’s alpha was .84 for the current study.

**Positive LGBTQ+ identity.** The positive LGBTQ+ identity consisted of three items from Mohr and Kendra’s (2011) LGBIS scale. Subscale scores were computed by averaging item scores for the subscale. The positive LGBTQ+ identity scale measures affirmation of LGBTQ+ identity, where higher scores represent high positive LGBTQ+ identity. Cronbach’s alphas for the current study was .73.

**Mental Health**

**Depression.** The Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001) contains nine items assessing depression symptoms in the past two weeks. Items are
scored from 0 (not at all) to 3 (nearly every day), summed, and final scores range from 0 to 27. Higher scores indicate greater distress from depression symptoms. Cronbach’s alpha for the current study was .94.

**Anxiety.** The Generalized Anxiety Disorder 7-Item (GAD-7; Spitzer et al., 2006) is a measure of generalized anxiety symptoms in the past two weeks. The GAD-7 is based on seven items scored from 0 (not at all) to 3 (nearly every day). Items are summed to create a score ranging from 0 to 21; higher scores represent greater distress from anxiety symptoms. Internal consistency of the GAD-7 was $\alpha = .95$.

**Procedures**

Institutional Review Board (IRB) approved all materials and procedures used in the current study. Participants were recruited by QualtricsXM from September through December of 2020. Participants received a standardized email from their Qualtrics panel provider describing the time commitment and incentive offered and accessed the survey from a link in the email. Incentives were managed by Qualtrics in accordance with pre-existing arrangements with the panel participants, but typically include offerings such as cash, airline miles, or gift cards.

The first page of the Qualtrics survey was the IRB approved informed consent, stating that participants must be 18 years of age or older and identify as LGBTQ+ to participate. People who consented to participate were then directed to a few screener questions (e.g., questions about age, sexual and gender identity). If participants met inclusion criteria, they were presented the rest of the survey measures. Individuals who failed attention checks (e.g., “Please select ‘Strongly Agree’ for this question”), dropped
out of the survey, or who were screened out for not meeting inclusion criteria were removed from the dataset and were not compensated. Data were delivered to the research team in anonymous form.

**Analytic Strategy**

Preliminary analyses in SPSS 27 found that the distribution of scores for all items were within acceptable skewness (+/- 1.5; Westfall & Henning, 2013). Categorically based sexual and gender identity variables were dichotomized in SPSS due to smaller sample sizes of sexual and gender identity subgroups. We dichotomized sexual identity into monosexual (e.g., gay or lesbian identified) and plurisexual (e.g., bisexual, pansexual, queer, fluid, asexual, and other nonmonosexual identities). Gender identity was dichotomized into cisgender (e.g., cisgender men and women) and those who identified as gender diverse (e.g., transgender men and women, genderqueer, nonbinary, gender fluid, or other gender diverse identities). We used R (R Core Team, 2013) to conduct LPA and model fit statistics using the *mclust* package (Rosenberg et al., 2018). The *betareg* package (Cribari-Neto & Zeileis, 2010) was used to perform beta regressions to assess predictors of latent groups.

**Results**

LPA is a stepwise analytic strategy where each step represents a model that adds a profile (k+1) and compares the likelihood of the current model with the previous model (Williams & Kibowski, 2016). We used individual scale items from the LGBTQ+ CRIS rather than subscale scores as our indicators in the LPA analysis. Doing so allowed us to
detect more nuance in community resilience resources and specific experiences of community inequity that were pertinent for a given profile. We used a combination of model fit indices to determine the best-fitting model (Nylund et al., 2007). Log Likelihood (LL), Akaike Information Criterion (AIC), Bayesian Information Criterion (BIC), and bootstrap likelihood ratio test (BLRT) were examined to evaluate model fit (Masyn, 2013). Lower BIC and AIC values suggest better fitting models. BLRT evaluates the relative fit of a model by comparing a k-class solution to the k-1 class solution and using a bootstrap resampling method. A low p-value indicates that the k-class model fits better than the k-1 class model.

We started with a two-profile model and methodically increased the number of latent profiles. BLRT p values were significant for all model comparisons (α = .01). The LL, AIC, and BIC showed significant drops as the number of latent profiles increased but began to taper off between the five-profile and six-profile models. The LL, AIC, and BIC suggested a five-profile solution, as the values were lower than the four-profile solution. Although the five-profile solution appeared to have the best model fit, models with more than four profiles (a) did not provide additional novel profiles and represented minor variations in profile characteristics, and (b) had low profile sample sizes (Depaoli, 2013). Thus, the four-profile model was preferable as each profile was conceptually novel and theoretically defensible. LPA model fit indices are provided in Table 4.1.

**Profile Characteristics**

Table 4.2 provides demographic characteristics for each profile. Figure 4.1 provides a visual representation of the latent profiles. Two participants in the sample did
Table 4.1

*Latent Profile Analysis Models and Fit Indices*

<table>
<thead>
<tr>
<th>Model</th>
<th>AIC</th>
<th>BIC</th>
<th>Log likelihood</th>
<th>BLRT p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two profiles</td>
<td>26127.82</td>
<td>26387.89</td>
<td>-13002.91</td>
<td>.009</td>
</tr>
<tr>
<td>Three profiles</td>
<td>25021.38</td>
<td>25370.98</td>
<td>-12428.69</td>
<td>.009</td>
</tr>
<tr>
<td>Four profiles</td>
<td>24670.94</td>
<td>25110.07</td>
<td>-12232.47</td>
<td>.009</td>
</tr>
<tr>
<td>Five profiles</td>
<td>23392.83</td>
<td>23921.49</td>
<td>-11572.42</td>
<td>.009</td>
</tr>
<tr>
<td>Six profiles</td>
<td>23192.80</td>
<td>23810.99</td>
<td>-11451.40</td>
<td>.009</td>
</tr>
</tbody>
</table>

Notes. AIC = Akaike Information Criterion; BIC = Bayesian Information Criterion; BLRT = bootstrap likelihood ratio test.

Table 4.2

*Demographics of Profiles*

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Profile 1 (n = 136)</th>
<th>Profile 2 (n = 200)</th>
<th>Profile 3 (n = 49)</th>
<th>Profile 4 (n = 140)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Sexual identity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gay</td>
<td>45</td>
<td>33.1</td>
<td>63</td>
<td>31.5</td>
</tr>
<tr>
<td>Lesbian</td>
<td>11</td>
<td>8.1</td>
<td>45</td>
<td>22.5</td>
</tr>
<tr>
<td>Plurisexual(^a)</td>
<td>80</td>
<td>58.8</td>
<td>92</td>
<td>46</td>
</tr>
<tr>
<td>Gender identity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cisgender man</td>
<td>72</td>
<td>52.9</td>
<td>80</td>
<td>40.0</td>
</tr>
<tr>
<td>Cisgender woman</td>
<td>36</td>
<td>26.5</td>
<td>91</td>
<td>45.5</td>
</tr>
<tr>
<td>Non-binary/genderqueer</td>
<td>14</td>
<td>10.3</td>
<td>12</td>
<td>6.0</td>
</tr>
<tr>
<td>Transgender man</td>
<td>9</td>
<td>6.6</td>
<td>6</td>
<td>3.0</td>
</tr>
<tr>
<td>Transgender woman</td>
<td>5</td>
<td>3.7</td>
<td>11</td>
<td>5.5</td>
</tr>
<tr>
<td>Ethnoracial identity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native American</td>
<td>9</td>
<td>6.6</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>Asian/Asian American</td>
<td>26</td>
<td>19.1</td>
<td>42</td>
<td>21.0</td>
</tr>
<tr>
<td>Black/African American</td>
<td>39</td>
<td>28.7</td>
<td>57</td>
<td>28.5</td>
</tr>
<tr>
<td>Latinx/Latinx American</td>
<td>16</td>
<td>11.8</td>
<td>24</td>
<td>12.0</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>1</td>
<td>.7</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>White/White American</td>
<td>27</td>
<td>19.9</td>
<td>48</td>
<td>24.0</td>
</tr>
<tr>
<td>Biracial or Other</td>
<td>18</td>
<td>13.2</td>
<td>24</td>
<td>12.0</td>
</tr>
</tbody>
</table>

\(^a\)The Plurisexual category consisted of all bisexual, pansexual, fluid, queer, and questioning sexual identities.
Figure 4.1

Average Standardized Score of Items for the Four-Profile Model.
not fit into any of the profiles. The first profile \((n = 136, 25.8\%)\) was labeled the Marginalized profile. People in the Marginalized profile demonstrated low scores on the community resilience resources questions and the highest observable scores on community inequity. The Marginalized profile scored lowest on questions about feeling a sense of unconditional acceptance and feeling included in the LGBTQ+ community, while scoring highest on questions pertaining to feeling invisible and not valued within the LGBTQ+ community. People in this profile also felt like the LGBTQ+ community did not advocate for their identities. The second profile \((n = 200, 37.9\%)\) was labeled the Neutral profile, as they demonstrated slightly above average community resilience resources and slightly below average community inequity. People in the Neutral profile did not show any major variations in their endorsement of community resilience resources or inequity questions. The third profile \((n = 49, 9.3\%)\) was labeled the Disengaged profile. Those in the Disengaged profile scored the lowest on community resilience resource questions and slightly below average on community inequity questions. Those in the Disengaged profile did not feel part of a community who shared their identities, did not feel they benefitted from the LGBTQ+ community, and felt the LGBTQ+ community did not help them persevere during hard times. The Disengaged profile scored slightly below average on community inequity questions except for “I feel isolated and separated from other people in the LGBTQ+ community.” Lastly, the fourth profile \((n = 140, 26.5\%)\) was named the Embedded profile, which was highest on community resilience resource items (e.g., “I feel supported by others within the LGBTQ+ community”) and lowest on all community inequity items.
Identity Variables Predicting LPA Profiles

Ethnoracial, sexual, and gender identity were used to predict profile membership. We used beta regression to be conceptually consistent with the probabilistic nature of belonging to a given profile. Beta regressions are used to analyze variables that are restricted to an interval (e.g., probabilities of profile membership; Ferrari & Cribari-Neto, 2004). We used a data transformation to adjust any values that were exactly equal to 0 or 1 in the probabilities using $\frac{y^*(n-1) + 0.5}{n}$ where $n$ is the sample size (Smithson & Verkuilen, 2006). When conducting the LPA, R computes participants’ probability of belonging to each profile, and these probabilities were used as the outcome variables for the following analyses. Unfortunately, Native American ($n = 22$) and Middle Eastern ($n = 1$) participants were removed from beta regression analyses because sample sizes were too small to include those participants as separate groups for the race/ethnicity variable.

Sexual and gender identity categories were dichotomized and dummy coded (i.e., monosexual vs plurisexual, cisgender vs gender diverse).

We first wanted to see if various domains of social identity were associated with profile membership before accounting for the effects of identity centrality. Ethnoracial, sexual, and gender identities were regressed onto the probability of each profile membership. R output provided estimates in the form of log-odds of profile membership and $p$ values. Log-odds were then transformed into average marginal effects (AME) to interpret findings in probability units. Black ethnoracial identity was related to an increased likelihood in belonging to the Embedded profile (AME = .079, $p = .04$). Those with plurisexual identities demonstrated a higher likelihood of membership in the
Marginalized profile (AME = .072, \( p = .01 \)), and decreased likelihood of membership in the Embedded profile (AME = -.073, \( p = .01 \)). Lastly, gender diverse identity was associated with lower likelihood of profile membership in the Embedded profile (AME = -.074, \( p = .06 \)); however, this finding was marginally significant. No domains of social identity predicted the probability of membership in the Neutral or Disengaged profiles.

We then added identity centrality into the beta regression model with the social identity variables regressed onto the probability of profile membership. For the Marginalized profile, plurisexual identity was still associated with an increase in probability of profile membership (AME = .061, \( p = .03 \)), while higher identity centrality was related to a decrease in probability of profile membership (AME = -.035, \( p = .007 \)). Increased identity centrality was associated with a decreased probability of belonging to the Disengaged profile (AME = -.028, \( p < .001 \)). Gender diverse identity (AME = -.078, \( p = .04 \)) and plurisexual identity (AME = -.073, \( p = .04 \)) were associated with decreased likelihood of membership to the Embedded profile. An increase in identity centrality was associated with an increased probability of belonging to the Embedded profile (AME = .064, \( p < .001 \)). None of the variables predicted probability of membership in the Neutral profile.

**Links between Profile Probabilities and Psychosocial Health**

Participants’ probability of profile membership was regressed onto internalized minority stress, positive LGBTQ+ identity, and mental health outcomes (e.g., depression and anxiety). Only one profile could be regressed onto an outcome variable at a time.
since the profile probabilities were perfectly collinear. We have reported significant results for outcome variables by each respective profile. Table 4.3 provides regression estimates and \( p \) values.

**Table 4.3**

*Regression Estimates and Significance Values for all Profiles by Outcome Variable*

<table>
<thead>
<tr>
<th>Profile name</th>
<th>Internalized minority stress Estimate</th>
<th>( p ) value</th>
<th>LGBTQ+ identity affirmation Estimate</th>
<th>( p ) value</th>
<th>Depression Estimate</th>
<th>( p ) value</th>
<th>Anxiety Estimate</th>
<th>( p ) value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marginalized</td>
<td>.86</td>
<td>&lt; .001</td>
<td>-.94</td>
<td>&lt; .001</td>
<td>4.03</td>
<td>&lt; .001</td>
<td>2.67</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Neutral</td>
<td>.16</td>
<td>.104</td>
<td>.22</td>
<td>.058</td>
<td>-3.5</td>
<td>.627</td>
<td>-.22</td>
<td>.732</td>
</tr>
<tr>
<td>Disengaged</td>
<td>-.14</td>
<td>.382</td>
<td>-.71</td>
<td>&lt; .001</td>
<td>-2.15</td>
<td>.076</td>
<td>-2.71</td>
<td>.010</td>
</tr>
<tr>
<td>Embedded</td>
<td>-.97</td>
<td>&lt; .001</td>
<td>.98</td>
<td>&lt; .001</td>
<td>-2.75</td>
<td>&lt; .001</td>
<td>-1.33</td>
<td>.047</td>
</tr>
</tbody>
</table>

*Marginalized Profile*

Findings demonstrated that an increase in the probability of membership to the Marginalized profile was associated with an increase in internalized minority stress and a decrease in positive LGBTQ+ identity. An increase in the probability of profile membership was also related to an increase in depression and anxiety scores.

*Neutral Profile*

Probability of membership in the Neutral profile was not associated with internalized minority stress, depression, and anxiety. An increase in membership in the Neutral profile was marginally associated with an increase in positive LGBTQ+ identity.

*Disengaged Profile*

Increases in probability of membership to the Disengaged profile was related to a
decrease in anxiety. Additionally, an increase in probability of membership in the Disengaged profile was associated with less positive LGBTQ+ identity. Probability of belonging to the Disengaged profile was not associated with depression or internalized minority stress.

**Embedded Profile**

Findings demonstrated that an increase in probability of membership in the Embedded profile was associated with decreased depression, anxiety, and internalized minority stress. Increases in the likelihood of belonging to the Embedded profile were also related to an increase in positive LGBTQ+ identity.

**Discussion**

To our knowledge, this was the first study to explore the co-occurring experiences of community resilience resources and community inequity within the LGBTQ+ community through a person-centered approach. Our results suggest that there are four distinct profiles among sexual and gender diverse people: Marginalized, Neutral, Disengaged, and Embedded. The four profiles provide rich insight about the experiences of sexual and gender diverse people within the LGBTQ+ community. Our person-centered methodology underscores the complexity of sexual and gender diverse individuals’ experiences within the LGBTQ+ community and their relationship with domains of social identity, positive LGBTQ+ identity, internalized minority stress, and mental health.
Domains of Identity and Identity Centrality

We explored links among domains of social identity or LGBTQ+ identity centrality and probabilities of membership in profiles of advantage and disadvantage. Those who endorsed plurisexual identities were more likely to belong to the Marginalized profile (i.e., low community resilience resources and high inequity). Additionally, both plurisexual and gender diverse identities were less likely to belong to the Embedded profile— the profile demonstrating positive mental health and identity outcomes. There is burgeoning evidence that plurisexual and gender diverse individuals experience inequity within the LGBTQ+ community (Ghabrial, 2017, 2019; Ghabrial & Ross, 2018; Parmenter et al., 2020b). Our findings support previous research on the experiences of plurisexual and gender diverse individuals and suggest that this subpopulation may lack access to LGBTQ+ community resilience resources. Interestingly, gender diverse and plurisexual identities were still associated with less likelihood of belonging to the Embedded profile even after adding LGBTQ+ identity centrality into the model. Meyer (2003, 2015) posited that greater centrality of one’s sexual and gender identity can assist in tapping into resources of LGBTQ+ community resilience. Although high identity centrality was associated with membership, gender diverse and plurisexual identities were still less likely to belong in the Embedded profile. Indeed, domains of social identity and the interlocking experiences of inequity may restrict one’s ability to experience the positive outcomes associated with LGBTQ+ community resilience resources.

Black or African American identity was related to membership in the Embedded profile but was no longer significantly associated when accounting for identity centrality.
Findings could be partially explained by theories of minority stress and community resilience (Meyer, 2003, 2015) which posit that the centrality of one’s sexual or gender identity is important for exposure and access to LGBTQ+ community resilience resources. Although Black or African American LGBTQ+ people have a higher likelihood of membership in the Embedded profile, high identity centrality may better explain someone’s likelihood of belonging to this profile as it may facilitate exposure to more opportunities to access community resilience resources. Recent research describes a process by which LGBTQ+ BIPOC build microcommunities and coalitions within the broader, mainstream LGBTQ+ community that provide community resilience resources in persevering through hardships (Abreu et al., 2021; Ghabrial, 2017, 2019; Page et al., 2021; Parmenter et al., 2021. Scholars should further explore Black or African American LGBTQ+ peoples’ experiences with both the broader, mainstream LGBTQ+ community and Black LGBTQ+ communities as sources of coping and resilience.

Last, our results suggest that high LGBTQ+ identity centrality is related to a decreased likelihood of belonging to the Disengaged profile. Existing theory posits identity centrality as an important factor in one’s ability to access and benefit from LGBTQ+ community resilience resources (Meyer, 2003, 2015). Sexual and gender diverse people with low identity centrality may lack motivation or interest to pursue connections with an LGBTQ+ community, perhaps doubting the relevance or benefit of such affiliation for their own personal development (Meyer, 2015). Additionally, because their LGBTQ+ identity is not a central element of their sense of self, they may not find experiences of inequity as salient to their experience (Meyer, 2003). Said differently,
people in the Disengaged profile may be subject to inequity within the LGBTQ+ community, but it may not be as impactful because their identity is not central to their sense of self.

**Links with Identity and Mental Health**

Another contribution of our study is the examination of associations between profiles of advantage and disadvantage and mental health and identity outcomes. Our findings corroborate previous evidence suggesting that community resilience resources may assist in maintaining positive mental health (Matsuno & Israel, 2018; Morris et al., 2015), while experiences of inequity may be linked to poorer mental health and greater minority stress (Balsam et al., 2011; McConnell et al., 2018). Our findings not only support previous research but also expand our understanding about how these processes work in tandem and influence mental health and identity outcomes. In theoretically predictable ways, those in the Marginalized profile (25.8% of the sample) experienced patterns of low community resilience resources and high community inequity, which in tandem were associated with greater depression, anxiety, internalized minority stress, and low positive LGBTQ+ identity. Conversely, sexual and gender diverse people in the Embedded profile (26.5% of the sample) endorsed patterns of high community resilience resources and low community inequity, associated with positive LGBTQ+ identity, and low internalized minority stress, anxiety, and depression. The Marginalized and Embedded profiles offer fairly straightforward portraits of advantage and disadvantage.

The other two profiles describe more complex relationships with LGBTQ+ community. Participants in the Disengaged profile demonstrated a negative association
with positive LGBTQ+ identity. The lower levels of positive LGBTQ+ identity for those in the Disengaged profile may be both a result of and a cause of their disengagement from the LGBTQ+ community. Scholars have documented that communion with people with shared hardships, a sense of collective identity, and access to positive role models may help in developing and maintaining a positive LGBTQ+ identity (Matsuno & Israel, 2018; Parmenter et al., 2020a). However, experiencing lower identity affirmation may also undermine motivation to reach out to other LGBTQ+ people and ultimately decrease access to connection and support. Interestingly, the likelihood of belonging to the Disengaged profile was associated with a decrease in anxiety. The decrease in anxiety could be partially attributed to the low identity centrality. Consistent with Meyer’s (2003) minority stress theory, low identity centrality could potentially reduce exposure to minority stress-related anxiety; however, further research is needed to confirm the mediating effects of identity centrality to make such claims.

Finally, the Neutral profile, the largest group, demonstrated “mid-line” scores across the community resilience and inequity items. We find it intriguing that this group, demonstrating both moderate levels of resilience and moderate levels of inequity, comprised almost 40% of the sample. It seems important to note that a large portion of the sample felt no strong emotional ties to the LGBTQ+ community, did not feel particularly alienated from the community, and suffered no consequences in terms of identity or mental health (in fact, they may be somewhat higher in identity affirmation). Thus, while there are clear positive mental health implications of being embedded within an LGBTQ+ community, a large proportion of individuals appear to be somewhat
indifferent with regard to their connection to LGBTQ+ community.

**Limitations**

Unfortunately, we had to dichotomize sexual and gender identities to meet the assumptions of our analyses. Dichotomizing the identity variables resulted in a loss of specificity with regard to interpretation of differences among the profiles. Further, we had to remove some participants from beta regression analyses (i.e., Native American and Middle Eastern) because of the small sample sizes of ethnoracial identities in these groups. As a result, certain identities were not well represented within our sample and, therefore, our results may not be generalizable across all ethnoracial, sexual, and gender identities. For example, there are likely within-group differences among gender diverse people (i.e., genderqueer, nonbinary, gender nonconforming, agender, transgender men, transgender women), as previous work has found that genderqueer and non-binary identities may experience more severe anxiety, depression, and psychological distress than binary gender identities (i.e., cisgender men, cisgender women, transgender men, transgender women; Lefevor et al., 2019). Another aspect of this limitation is the inability to specifically explore intersecting identities. The current study assessed the effects of individual domains of social identity separately, as there are challenges in applying intersectional frameworks to quantitative methods (Else-Quest & Hyde, 2016). Of particular relevance, although ethnoracial identity did not predict membership in three of the four profiles, we wonder if the intersection of ethnoracial, sexual, and gender identities (i.e., intersectional oppression, intersectional identity cohesion) could better account for profile membership. We look forward to the development of new quantitative
methodologies that allow for examining the influence of intersecting identities on experiences with community resilience resources and inequity. Last, the LGBTQ+ CRIS items do not specify whether participants should interpret “LGBTQ+ community” as a small, local LGBTQ+ community or a broader or mainstream LGBTQ+ community. Further research is warranted to explore these distinctions.

**Implications for Practice, Advocacy, Education/Training, and Research**

The current study uniquely demonstrates how patterns of co-occurring processes (i.e., community resilience resources and inequity within the LGBTQ+ community) are associated with mental health and identity outcomes. Findings have several implications for practice, advocacy, education/training, and future research. Across all professional roles and contexts, counseling psychologists should strive to understand how LGBTQ+ community resilience resources and inequity within the LGBTQ+ community work in tandem rather than as separate processes. For example, clinicians should refrain from solely asking about sexual and gender diverse clients’ access to community resilience resources, as experiences of inequity within the community appear to be interconnected. Further, researchers should avoid only attuning to one of these processes while ignoring the other as they may work together to explain and predict mental health and identity outcomes. Educators, trainers, and trainees can advocate for the inclusion of LGBTQ+ relevant training modules and colloquia on the experiences of sexual and gender diverse populations within the broader LGBTQ+ community.

Our findings offer implications for the role of identity centrality in accessing
community resilience resources. Researchers should continue to explore identity centrality as a potential mediator or moderator to experiences of advantage and disadvantage (Meyer, 2015). Clinicians can process the centrality of sexual and gender identity, as well as affiliation with a larger collective or community (Parmenter et al., 2020a), as they work with clients to understand their sense of self and well-being. Further, clinicians can provide research evidence to clients on the role of sexual and gender identity centrality in being able to tap into community-level resources for coping.

The intersection of resilience and inequity is important for mental health and identity outcomes for sexual and gender diverse people. From a clinical and advocacy perspective, counseling psychologists can engage in group and social justice-based interventions to build access to community resilience resources for sexual and gender diverse people—especially those with plurisexual or gender diverse identities. The rationale for clinical and social justice interventions is twofold: (1) to interrogate and reduce inequities that negatively impact the lives of sexual and gender diverse people; and (2) to improve access, perhaps indirectly, to LGBTQ+ community resilience. On a separate but equally important note, future studies can utilize a person-centered approach (i.e., LPA) to uncover at-risk subgroups within the LGBTQ+ community. Doing so provides further insight into the struggles of sexual and gender diverse people who may feel marginalized within the broader LGBTQ+ community.
References


CHAPTER V
GENERAL DISCUSSION

The purpose of this dissertation was to (a) understand sexual and gender diverse people’s experiences with the broader LGBTQ+ community, and (b) explore how inequity within the broader LGBTQ+ community may disenfranchise some sexual and gender diverse people from being able to access LGBTQ+ community resilience resources. The following section provides a general discussion of major contributions and implications for future research, clinical practice, and social justice advocacy.

Major Contributions

This dissertation project aimed to further the existing body of research on LGBTQ+ community resilience (Meyer, 2015; Parmenter et al., 2020). Moreover, this dissertation project also sought to simultaneously expand the existing literature by examining systems of inequity that may restrict access to LGBTQ+ community resilience resources. To date, no studies to our knowledge have explored sexual and gender diverse people’s co-occurring experiences with LGBTQ+ community resilience and inequity. The first study explored LGBTQ+ POC’s experiences within the LGBTQ+ community. Findings suggest that LGBTQ+ POC experience certain LGBTQ+ community resilience resources (i.e., shared hardships, liberation, and social justice), but that they also experienced inequity within the LGBTQ+ community that could impede their access to such resilience resources. Hence, LGBTQ+ POC persevere and form microcommunities with other LGBTQ+ POC that was not centered on Whiteness, monosexism, and
cismadical. Forming microcommunities with other LGBTQ+ POC supports access to 
LGBTQ+ community resilience resources and coping with experiences of inequity.

The second study then developed and initially validated a scale to assess the co-
occurring experiences of community resilience resources and inequity within the 
LGBTQ+ community. The third study used the newly validated measure to identify 
groups based on experiences within the LGBTQ+ community. Four profiles emerged 
from the data: Marginalized, Neutral, Disengaged, and Embedded. The four profiles were 
differently associated with identity and mental health outcomes, suggesting that those 
belonging to some profiles may be at risk for internalized stigma, anxiety, and 
depression. Findings from the third study resonate with other multicultural frameworks, 
such as Berry’s (1992, 2005) model of acculturation. For example, those in the 
marginalization (i.e., loss of cultural identification with both their original and dominant 
culture; Berry, 2005) stage of Berry’s acculturation model could be similar to that of the 
Marginalized profile in that they may feel marginalized within their “culture of origin” 
(i.e., LGBTQ+ community) and demonstrate psychological distress. Conversely, the 
Embedded profile may align so some degree with Berry’s (1992, 2005) integration (i.e., 
integrated into the dominant culture while remaining connected to their culture of origin, 
Berry, 2005), in that they feel membership within the LGBTQ+ community; however, 
further research is needed in order to draw these conclusions and connect our findings to 
those of other multicultural frameworks.

Another major contribution is the multi-method approach. The chosen 
methodology was rigorous and attempted to stay true to the lived experiences of sexual
and gender diverse participants. Methodology across the three studies built progressively by: (a) exploring sexual and gender diverse peoples’ lived experiences within the LGBTQ+ community; (b) creating a psychometric assessment of LGBTQ+ community resilience and inequity that is grounded in qualitative data (i.e., lived experiences from study 1); and (c) using the newly developed measure and a person-centered analytic approach to identify potentially at-risk people sexual and gender diverse people. As an aside, the first study garnered a high response rate during the recruitment phase, demonstrating that this area of study is of great interest and underscoring the need for an opportunity for LGBTQ+ POC to be heard. We urge other researchers to adopt multi-method methodologies to capture the unique and complex experiences of sexual and gender diverse people.

**Implications for Research, Practice, Education, and Social Justice Advocacy**

Our findings have research, practice, education, and social justice advocacy implications for working with sexual and gender diverse people. First, there are no quantitative assessments that measure the co-occurring experiences of community resilience and inequity within the LGBTQ+ community. The new measure is appropriate for researchers, mental health providers, and LGBTQ+ community organizations. Utilizing the LGBTQ+ CRIS could provide rich information about sexual and gender diverse people’s experiences with community resilience resources and inequity within the LGBTQ+ community. Researchers can continue to explore how co-occurring experiences
of community resilience resources and within-group inequity may impact identity and mental health for sexual and gender diverse people. Clinicians and social justice advocates can use the LGBTQ+ CRIS to identify common experiences of community resilience and inequity at a group or community-level.

The present studies provide a foundation for scholars to build from. Researchers can continue to explore other mechanisms that may influence access to community resilience resources or buffer against experiences of inequity within the mainstream LGBTQ+ community. Participants from the first study suggested that they may form microcommunities with other LGBTQ+ POC to gain support and persevere through experiences of inequity. Although the present study did not intentionally explore this phenomenon, it is important to further investigate how sexual and gender diverse people create microcommunities within the predominantly White, monosexual, and cisgender LGBTQ+ community to assist in maintaining well-being (Abreu et al., 2021; Cerezo et al., 2020; Page et al., 2021). Another area of important research is to replicate and expand our findings for gender diverse populations. We were unable to recruit a substantial subsample of gender diverse participants due to funding, time, and resource limitations from the QualtricsXM panel. The experiences of gender diverse people are often either (a) not made a central focus within research on LGBTQ+ people, or (b) gender diverse identities are grouped together with sexual identity. The aforementioned limitations could further exclude the voices of gender diverse people. Research is warranted on the specific experiences of community resilience and inequity for gender diverse people.

Our findings may have particular clinical relevance in guiding clinicians in the
conceptualization and treatment of sexual and gender diverse clients. First, our research findings highlight the importance of considering the interlocking and co-constructing systems of oppression that effect sexual and gender diverse people. To illustrate this point, consider the following scenario: a Latinx pansexual, non-binary (they/them) individual presents in therapy with concerns of depression, anxiety, and shares “I just feel alienated.” Now, our natural pull might be to focus our clinical conceptualization of their concerns to be partially attributed to minority stress and exclusion within the cis-heterodominant culture. Minority stress from the cis-heterodominant culture is important in our work with sexual and gender diverse people (Meyer, 2003); however, this may be an incomplete conceptualization.

Using an intersectional feminist framework and pulling from our knowledge-base on the three studies may assist in our conceptualization of our client’s concerns. First, exploring interlocking systems of oppression and how they impact our client’s experiences and well-being is important. Using an intersectional framework is consistent with the new multicultural guidelines from the APA (Clauss-Ehlers et al., 2019). Collectively, evidence suggests that LGBTQ+ POC, plurisexual, and gender diverse people may experience inequity and exclusion within the mainstream LGBTQ+ community. Specifically, the third study suggests that plurisexual people may be more likely to experience high inequity within the mainstream LGBTQ+ community and be at risk for depression, anxiety, and internalized minority stress. It may be important to gather further information about their experiences of inequity within the mainstream LGBTQ+ community and how it factors into their presenting concerns. Also, if relevant
and important to the client, it may be important to provide resources and connect them to LGBTQ+ support groups specifically tailored to LGBTQ+ POC, as research does suggest that connection to LGBTQ+ microcommunities may be helpful for well-being (Ghabrial, 2017, 2019; Page et al., 2021).

As mentioned in the first study, there are some opportunities for multi-level and social justice-centered interventions to address inequities within the mainstream LGBTQ+ community. It may also be important for researchers and clinicians to advocate for creating support groups that are specifically tailored for LGBTQ+ POC, plurisexual, and gender diverse people. While having LGBTQ+ support groups that are open to all sexual and gender diverse identities promotes inclusion, broad support groups could replicate the same power dynamics within the broader LGBTQ+ community (i.e., predominantly White, monosexual, and cisgender). Creating support groups for LGBTQ+ microcommunities and intentionally exploring systems of oppression within the broader LGBTQ+ support groups is important in interrogating systems of oppression and providing resources for all sexual and gender diverse people. On another note, educators, trainers, and trainees can advocate for more intersectional-informed training modules on the LGBTQ+ community. Departing from solely talking about the LGBTQ+ community from a White, monosexual, and cisgender lens can provide a more rich discussion of the intersectional experiences of sexual and gender diverse people and their experiences of community resilience and inequity within the broader LGBTQ+ community.

Collectively, the three studies included in this dissertation provide major contributions to the field of research, clinical practice, education, and social justice for
sexual and gender diverse people. This dissertation provides a solid foundation from which future inquiry can build. We encourage scholars to use the present findings to further our understanding of community resilience resources and experiences of inequity within the broader LGBTQ+ community among sexual and gender diverse people.

References


Appendix A

Informed Consent for Qualitative Study
Letter of Information

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 LGBTQ+ people of color’s experiences with community resilience. Your participation is entirely voluntary.

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

Procedures
Your participation will involve completing a 10-minute online survey designed to gather information about your sexual identity, racial-ethnic identity, and other background information. Subsequently, you will participate in an online individual interview assessing your experiences within the LGBTQ+ community and your experiences with community resilience. Interviews will be digitally recorded and transcribed for analysis. We will send you a copy of the transcription of your individual interview by email and ask you to review it for accuracy or any additional comments you would like to add. You may decline to respond to any questions you would prefer not to answer. Interviews are expected to last 30-60 minutes. We anticipate that 15-20 people will participate in this research study.

Before you read this form, you responded to some questions regarding LGBTQ+ identity and racial/ethnic identity labels. Researchers will destroy that data once you agree to enter the full 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. The foreseeable risks or discomforts include loss of privacy and some discomfort answering questions. Loss of privacy is a possible risk, due to the use of videoconferencing for the interviews and online participation in general. You also have the option of turning off the video during the interview, and participating through audio only. No identifying information will be collected in the survey except for an email address, so you may be compensated for your participation and contacted to review your transcript. There is also the possibility that you may experience some discomfort answering questions about your experiences as an LGBTQ+ person of color. In order to minimize those risks and discomforts, 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
Although you will not directly benefit from this study, it has been designed to learn more about LGBTQ+ people of color and the unique experiences they face within the LGBTQ+ community. Some information may help health care providers and educators to provide better interventions and services for the LGBTQ+ community.

Confidentiality
The researchers will make every effort to ensure that the information you provide as part of this study remains confidential. Your identity will not be revealed in any publications, presentations, or reports resulting from this research study. However, it may be possible for someone to recognize your particular response. If you have an email

Department of Psychology | 435.797.1460 | 2810 Old Main Hill | Logan, UT 84322
Appendix B

Interview Protocol
Interview Protocol

1) How would you describe the LGBTQ+ community?

2) What is your experience as a LGBTQ+ POC?

3) Do you feel like a member of the LGBTQ+ community?
   a. If yes, in what ways? What does it mean for you to be a member of the LGBTQ+ community? If no, tell me more about that.

4) What are benefits of being a member of the LGBTQ+ community?
   a. Prompt: In addition to those benefits, can you think of resources within the LGBTQ+ community that help you cope with discrimination? Develop and maintain positive health?

5) How has being an LGBTQ+ POC influence your experiences in the broader LGBTQ+ community?

6) What are your experiences with exclusion and inequity within the broader LGBTQ+ community?
   a. Do you feel like you have the same opportunities to access resources of the LGBTQ+ community? How so? What barriers restrict you?
   b. What restricts your ability to identify/affiliate/connect/belong with the LGBTQ+ community?
   c. Is your culture or identity valued in the LGBTQ+ community? Tell me more about that.
   d. How are your identities represented or not represented or talked about within the LGBTQ+ community, culture, and history?
Appendix C

Member-Checking Document
Benefits and Positive Aspects of the LGBTQ+ Community

Participants named a variety of benefits or positive resources the LGBTQ+ community offered that helped with maintaining positive identity and reducing the effects of discrimination. Some of these benefits or positive aspects included social justice/advocacy, having shared experiences of hardship, unconditional love and acceptance, a sense of collective identity or unity with other LGBTQ+ people, and liberation from rigid heterodominant ideals. Such benefits of the LGBTQ+ community helped with feelings of empowerment, maintaining a sense of positive LGBTQ+ identity, and allowed participants to feel connected and identify to the broader LGBTQ+ community.

Barriers to LGBTQ+ Community

However, many participants felt they could not fully find a sense of connection or identify with the LGBTQ+ community. Of note, many participants specifically stated they did not feel a sense of belongingness to the LGBTQ+ community. Participants felt they did not have equal access to the aforementioned benefits or positive resources of the community. They shared a variety of barriers that contributed to unequal access to these resources. Participants reported the following systems of oppression occurring within the LGBTQ+ community: racism (e.g., cultural appropriation, microaggressions, dating exclusion and fetishizing people of color, tokenism), biphobia, classism, ageism (i.e., minimal resources for LGBTQ+ adults), rigid beauty standards within LGBTQ+ spaces, and transphobia (e.g., transgender or genderqueer individuals feeling like they did not have space within the community).

Participants emphasized how there was a lack of representation and visibility of their ethnic or racial identity within the LGBTQ+ community, LGBTQ+ media, LGBTQ+ organizations, and LGBTQ+ history. Many felt there was either limited or no room for their race, ethnicity, or culture within the LGBTQ+ community and that they often had to push to make room for their culture within LGBTQ+ spaces. LGBTQ+ people of color also talked about how the expectation of being “out and proud” was a westernized idea and was sometimes not realistic for people of color. Some felt that this tied to their culture and that coming out was seen as a “selfish act” that did not consider how it could affect their family and cultural community. They also mentioned experiences of homophobia within their religious and racial-ethnic community that contributed to them not wanting to connect, identify, or belong with the LGBTQ+ community.

However, many participants spoke about things that helped with feelings of connection, belongingness, and feeling like they could identify with the community. Some participants mentioned that others acknowledging and validating their identities, especially their racial or ethnic identity, helped with feeling connected to the LGBTQ+ community. Lastly, they reported that connecting with other LGBTQ+ people of color helped in feeling connected and belonging with the LGBTQ+ community.
Additional Questions

1) I realized that I focused more on your LGBTQ+ identity and may have neglected to ask about your identity as a person of color. With that: “What is your experience as a person of color and your identity or belonging with your racial-ethnic community?”

2) What is your experience as a LGBTQ+ person of color?

3) What, if anything, holds you back from being able to fully belong with the LGBTQ+ community?

4) What, if anything, holds you back from being able to fully belong with your racial-ethnic community?

5) Some participants mentioned how there was either a lack of positive language or there were no words in their native language to explain LGBTQ+ identity. If this is applicable to you, could you speak a little more about this? How does this effect your sense of identity (both racial-ethnic and LGBTQ+)?
Appendix D

Informed Consent for Quantitative Studies
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 300 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.

Voluntary Participation, Withdrawal [and Costs]
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.

Department of Psychology | psychology@usu.edu | 2810 Old Main Hill | Logan, UT 84322
Appendix E

Measures and Demographic Survey
Study Survey

For the purpose of this study we must state the following: Some of you may prefer to use labels other than ‘lesbian, gay, bisexual, transgender, or queer’ to describe your sexual orientation. We use the term LGBTQ+ in this survey as a convenience, and we ask for your understanding if the term does not completely capture your sexual or gender identity.

We are going to ask you a series of questions about your identity as a LGBTQ+ individual. We recognize that the survey is long and some of the questions may seem similar, but there are differences in the wording, so please try to answer all of the questions. Choose the response that best reflects your feelings about your experience.

LGBTQ+ Community Resilience Scale Questions

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

1 = Strongly Disagree
2 = Disagree
3 = Neither Agree or Disagree
4 = Agree
5 = Strongly Agree

Benefits/Privilege:

1) The LGBTQ+ community unconditionally accepts my identities and diversity.
2) I feel a sense of unconditional love and acceptance from the LGBTQ+ community.
3) I feel a sense of shared hardship with the broader LGBTQ+ community/LGBTQ+ community members.
4) I feel part of a community of people who share my identities.
5) My identities are normalized within the LGBTQ+ community.
6) The LGBTQ+ community sees and validates my experiences.
7) I feel seen and validated by the LGBTQ+ community.
8) I feel included in the LGBTQ+ community.
9) I feel a sense of belonging with the LGBTQ+ community.
10) I feel a connection with the broader LGBTQ+ community.
11) I feel a sense of identity with the LGBTQ+ community.
12) I feel like a member of the LGBTQ+ community.
13) I feel supported by others in the LGBTQ+ community.
14) I benefit from belonging with the LGBTQ+ community.
15) I consider the LGBTQ+ community as a “chosen family.”
16) I trust people in the LGBTQ+ community.
17) I feel a sense of unity with other members of the LGBTQ+ community.
18) The LGBTQ+ community helps me feel proud of myself.
19) The LGBTQ+ community helps me feel empowered.
20) The LGBTQ+ community helps me feel stronger.
21) The LGBTQ+ community helps me persevere during hard times.
22) The LGBTQ+ community and LGBTQ+ organizations are intentional in advocating for my identities.
23) My identities are represented well in LGBTQ+ history.

**Inequities:**

1) I often wonder “am I a part of the LGBTQ+ community?”
2) I don’t feel LGBTQ+ enough.
3) I feel like an outsider in the LGBTQ+ community.
4) I don’t feel like I belong with the LGBTQ+ community.
5) I don’t fit in with the dominant groups within the LGBTQ+ community.
6) My identities restrict me from having equal opportunities to connect with the LGBTQ+ community.
7) My identities put me at a disadvantage within the LGBTQ+ community.
8) My identities restrict me from having equal opportunities to belong with the LGBTQ+ community.
9) Because of my identities, I do not get the same opportunities as others within the LGBTQ+ community.
10) My identities are not allowed a “seat at the table” within the LGBTQ+ community.
11) Other people within the LGBTQ+ community have more privilege/opportunities than me.
12) I feel isolated and separated from other people in the LGBTQ+ community.
13) I am able to participate in LGBTQ+ events that are specific for my identities.
14) I don’t feel the LGBTQ+ community advocates for people like me.
15) The LGBTQ+ community and LGBTQ+ organizations are not intentionally advocating for my identities.
16) The LGBTQ+ community and LGBTQ+ organizations do not recognize and represent my identities in their resources.
17) My identities are not given proper recognition in LGBTQ+ history and social justice movements.
18) There are few to no opportunities to learn about those who share my identities in LGBTQ+ history.
19) There are few to no opportunities to connect with others in the LGBTQ+ community who share my identities.
20) Most figures discussed in LGBTQ+ history do not share my identities.
21) The LGBTQ+ community is primarily a space for those who do not share my identities.
22) My identities are not represented well within the LGBTQ+ community.
23) My identities are not acknowledged within the LGBTQ+ community.
24) My identities are invisible within the LGBTQ+ community.
25) My identities are not valued within the LGBTQ+ community.
26) My identities receive scrutiny by other LGBTQ+ people.
27) My identities are invalidated within the LGBTQ+ community.
28) The LGBTQ+ community culturally appropriates events or aspects of my culture.
29) I feel fetishized or exoticized by other LGBTQ+ community members.
30) I can’t/am unable openly identify with the LGBTQ+ community.
31) I often feel ignored by the LGBTQ+ community.
32) There is no room/space for my identities or culture in the LGBTQ+ community.
33) I have to make room/space for my identities within the LGBTQ+ community.
34) My other identities do not allow me to be “out and proud.”
35) My identities are silenced within the LGBTQ+ community.

**Lesbian, Gay, and Bisexual Identity Scale (Mohr & Kendra, 2011)**

For each of the following questions, please mark the response the best indicates your current experience as an LGBTQ+ person. Please be as honest as possible: Indicate how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next.

1. (Strongly disagree) 1 2 3 4 5 6 (Strongly agree)

1) I prefer to keep my LGBTQ+ identity rather private.
2) If it were possible, I would choose to be straight/cisgender.
3) I’m not totally sure what my sexual or gender identity is.
4) I keep careful control over who knows about my LGBTQ+ identity.
5) I often wonder whether others judge me for my LGBTQ+ identity.
6) I am glad to be an LGBTQ+ person.
7) I keep changing my mind about my sexual orientation or gender identity.
8) I can’t feel comfortable knowing that others judge me negatively for my LGBTQ+.
9) I can’t decide whether I am bisexual or gay (if gender minority: I can’t decide whether I am cisgender or gender queer/gender nonconforming/transgender).
10) My LGBTQ+ identity is an insignificant part of who I am. (r)
11) Admitting to myself that I am LGBTQ+ has been a very painful process.
12) I think a lot about how my LGBTQ+ affects the way people see me.
13) Admitting to myself that I am LGBTQ+ has been a very slow process.
14) I’m proud to be part of the LGBTQ+ community.
15) My LGBTQ+ identity is a central part of my identity.
16) My LGBTQ+ identity is a very personal and private matter.
17) I wish I were heterosexual/cisgender.
18) Being an LGBTQ+ person is a very important aspect of my life.
19) I have felt comfortable with my LGBTQ+ identity just about from the start. (r)
20) I believe it is unfair that I am attracted to people of the same-sex/am not cisgender.
21) To understand who I am as a person, you have to know that I’m LGBTQ+.
22) I get very confused when I try to figure out my sexual orientation or gender identity.
23) I believe being LGBTQ+ is an important part of me.
24) I am proud to be LGBTQ+.

**Note:** Subscale scores are computed by reverse-scoring items as needed and averaging subscale item ratings. Subscale composition is as follows (underlined items should be reverse-scored): Acceptance Concerns (5, 8, 12), Concealment Motivation (1, 4, 16), Identity Uncertainty (3, 7, 9, 22), Internalized Homonegativity (2, 17, 20), Difficult Process (11, 13, 19), Identity Affirmation (6, 14, 24), Identity Centrality (10, 15, 18, 21, 23)

**The Lesbian, Gay, and Bisexual Group Identity Measure:** (Sarno & Mohr, 2016)

(Strongly disagree) 1 2 3 4 5 6 (Strongly agree)

1) I have spent time trying to find out more about the LGBTQ+ community.
2) I am active in organizations or social groups that include mostly LGBTQ+ people.
3) I have a clear sense of my sexual orientation and what it means for me.
4) I am happy that I am a member of the LGBTQ+ community.
5) I am not very clear about the role of my sexual orientation in my life.
6) In order to learn more about LGBTQ+ culture, I have often talked to other people about LGBTQ+ culture.
7) I have a lot of pride in the LGBTQ+ community and its accomplishments.
8) I participate in LGBTQ+ cultural practices such as pride events, benefits, or marches.
9) I feel a strong attachment towards the LGBTQ+ community.
10) I feel good about being a part of the LGBTQ+ community.

*Subscale scores are computed by reverse-scoring Item 5 and averaging subscales item ratings. Subscales composition is as follows: Behavioral Engagement (1, 2, 6, 8); Cognitive Clarity (3, 5); and Affective Pride (4, 7, 9, 10)*
LGBT Community Connectedness (Frost & Meyer, 2012)
To what extent do you agree with the following items?

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.

Generalized Anxiety Disorder 7-item (GAD-7) Scale (Spitzer, Kroenke, Williams, & Lowe, 2006)
Over the last 2 weeks, how often have you been bothered by the following problems?

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; Kroenke, Spitzer, & Williams, 2001):
Over the last 2 weeks, how often have you been bothered by any of the following problems?

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
Demographic Information

1. Do you identify as LGBTQ+?
   a. Yes
   b. No

2. Are you a person of color (Black/African American, Native American, Latinx, Asian/Asian American, Middle Eastern, etc.)?
   a. Yes
   b. No

3. Are you Transgender?
   a. Yes
   b. No

4. 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) ______________________

5a. In what state do you presently reside? __________________
5b. What city do you live in? ______________

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) same-sex 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
   l. 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)* ____________

15. Highest level of education completed:
   a. Elementary school
   b. High school degree
   c. Some college
   d. College graduate
   e. Technical or trade school graduate
   f. Professional or graduate degree
   g. Other: *(please specify)* ____________
Appendix F

LGBTQ+ Community Resilience and Inequity Scale
LGBTQ+ Community Resilience and Inequities Scale

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

<table>
<thead>
<tr>
<th>Item</th>
<th>1 (Strongly Disagree)</th>
<th>2 (Disagree)</th>
<th>3 (Neither Agree or Disagree)</th>
<th>4 (Agree)</th>
<th>5 (Strongly Agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) I feel a sense of unconditional love and acceptance from the LGBTQ+ community.</td>
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<tr>
<td>2) I feel a sense of shared hardship with the broader LGBTQ+ community.</td>
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<td>3) I feel part of a community of people who share my identities.</td>
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<td>4) I feel seen and validated by the LGBTQ+ community.</td>
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<td>5) I feel included in the LGBTQ+ community.</td>
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<tr>
<td>6) I feel a connection with the LGBTQ+ community.</td>
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<td>7) I feel supported by others in the LGBTQ+ community.</td>
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<tr>
<td>8) I benefit from belonging with the LGBTQ+ community.</td>
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<tr>
<td>9) The LGBTQ+ community helps me persevere during hard times.</td>
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<td></td>
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<tr>
<td>10) The LGBTQ+ community and LGBTQ+ organizations are intentional in advocating for my identities.</td>
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<tr>
<td>11) My identities put me at a disadvantage within the LGBTQ+ community.</td>
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<td></td>
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<tr>
<td>12) Other people within the LGBTQ+ community have more privilege/opportunities than me.</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Item</td>
<td>1 (Strongly Disagree)</td>
<td>2 (Disagree)</td>
<td>3 (Neither Agree or Disagree)</td>
<td>4 (Agree)</td>
<td>5 (Strongly Agree)</td>
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<tr>
<td>13) I feel isolated and separated from other people in the LGBTQ+ community.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14) I don’t feel like the LGBTQ+ community advocates for people like me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15) My identities are not given proper recognition in LGBTQ+ history and social justice movements.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16) My identities are invisible within the LGBTQ+ community.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17) The LGBTQ+ community does not value my identities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18) I feel fetishized or exoticized by other LGBTQ+ community members.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19) There is no space for my identities within the LGBTQ+ community.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20) My other identities do not allow me to be “out and proud.”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Note. LGBTQ+ = Lesbian, Gay, Bisexual, Transgender, and Queer. Items should be randomized for surveys. Subscale scores are computed by averaging subscale item ratings. Community Resilience Resources subscale: Items 1-10. Community Inequities subscale: Items 11-20.
Appendix G

Permission for Use Letter
Joshua G. Parmenter, M.S.
Utah State University
2810 Old Main Hill
Logan, UT 84322-2810
joshua.parmntcr@aggiemail.usu.edu

Elizabeth Wong & D. Perez,
Utah State University

Dear Elizabeth Wong and D. Perez,

I am preparing my dissertation in the Department of Psychology at Utah State University. As you know, my dissertation has been completed as part of a larger research project I collaborated on with Dr. Renee Galliher. I am writing this letter requesting formal permission to report findings from our research, in which I am the primary author on, in my final dissertation document. I will include an acknowledgment on the first page of all relevant chapters to all non-signatory coauthors. This permission letter will be included as an appendix at the end of the dissertation document. If you would like a different acknowledgment, please let me know. Please provide your electronic signature to this letter, thereby indicating your approval of this request.

If you have any questions, please contact me at the email address provided above.

Thank you for your assistance.

Joshua G. Parmenter, M.S.

I hereby give permission to Joshua G. Parmenter to use collaborative study findings for which they are first author, with the following acknowledgement to be included on the first page of all relevant chapters as well as a copy of this letter to be included in the appendix:
Non-signatory co-authors: Elizabeth Wong & D. Perez, Utah State University

Elizabeth Wong Signature: ____________________________ Date: June 05, 2021
D. Perez Signature: ____________________________ Date: June 5, 2021
CURRICULUM VITAE

JOSHUA G. PARMENTER

EDUCATION & TRAINING

Ph.D.  Combined Clinical/Counseling Psychology (APA Accredited)
2021  Utah State University, Logan, UT
Advisor: Renee V. Galliher, Ph. D.
Dissertation: Understanding community resilience and experiences of inequity within the LGBTQ+ community: Implications for identity and mental health disparities

2021-2022  Veteran Affairs Medical Center- San Francisco
Director of Training: Kellie Rollins, PsyD
APA Accredited Clinical Internship

M.S.  Counseling Psychology
2018  Utah State University, Logan, UT
Advisor: Renee V. Galliher, Ph. D.
Masters Thesis: The culture of sexuality: Identification, conceptualization, and acculturation processes within sexual minority and heterosexual culture

B.A.  Psychology
2015  Pacific Lutheran University, Tacoma, WA
Advisor: Katherine A. Crowell, Ph. D.
Undergraduate Thesis: Risky business: Associations between masculinity and sociosexuality among sexual minority men
Cum Laude

B.A.  Theatre (Emphasis: Acting/Directing)
2015  Pacific Lutheran University, Tacoma, WA

RESEARCH

PEER REVIEWED PUBLICATIONS


**MANUSCRIPTS UNDER REVIEW**


**BOOK CHAPTERS AND NON-PEER REVIEWED PUBLICATIONS**


**PRESENTATIONS (*denotes mentored undergraduate students)**


2014. *Opening the closet door to creativity: Associations between outness and creativity.* Poster presentation at the annual Western Psychological Association Conference, Portland, OR.

**Funded Grants and Awards**

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<th>Year</th>
<th>Grant Description</th>
<th>Role</th>
<th>Amount</th>
<th>Institution</th>
<th>Location</th>
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<tr>
<td>2019-2020</td>
<td><strong>College of Education and Human Services Graduate Student Research Award</strong></td>
<td>Principal Investigator</td>
<td>$1,000</td>
<td>Utah State University, Logan, UT</td>
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<td></td>
<td><em>Stigma and cultural barriers to accessing LGBTQ+ community resilience among LGBTQ+ people of color: implications for identity and mental health disparities</em></td>
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<tr>
<td>2019-2020</td>
<td><strong>Psychology Department Dissertation Research Grant</strong></td>
<td>Principal Investigator</td>
<td>$1,000</td>
<td>Utah State University, Logan, UT</td>
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<td></td>
<td><em>Stigma and cultural barriers to accessing LGBTQ+ community resilience among LGBTQ+ people of color: implications for identity and mental health disparities</em></td>
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<td>2019-2020</td>
<td><strong>Mamie Phipps Clark Diversity Research Grant, Psi Chi</strong></td>
<td>Principal Investigator</td>
<td>$1,500</td>
<td>Utah State University, Logan, UT</td>
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<td></td>
<td><em>Stigma and cultural barriers to accessing LGBTQ+ community resilience among LGBTQ+ people of color: implications for identity and mental health disparities</em></td>
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<td>2019-2020</td>
<td><strong>Anthony LaPray Research Scholarship</strong></td>
<td></td>
<td>$1,000</td>
<td>Utah State University, Logan, UT</td>
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<td></td>
<td><em>$1,000 for 1 year</em></td>
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<td>2019-2020</td>
<td><strong>Utah State University Psychology Department Conference Travel Award</strong></td>
<td>Principal Investigator</td>
<td>$400</td>
<td>Utah State University, Logan, UT</td>
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<td></td>
<td><em>LGBTQ+ culture: Implications for integrating collective identity into sexual identity development models, Presented in Naples, Italy</em></td>
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<tr>
<td>2019-2020</td>
<td><strong>Utah State University Psychology Department Conference Travel Award</strong></td>
<td>Principal Investigator</td>
<td>$400</td>
<td>Utah State University, Logan, UT</td>
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<td><em>Contextual navigation: Towards a holistic model of negotiating sexual identity in context, Presented in Naples, Italy</em></td>
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<td>2019-2020</td>
<td><strong>Masters Thesis Research Award</strong></td>
<td>Principal Investigator</td>
<td>$3,500</td>
<td>Utah State University, Logan, UT</td>
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<td><em>The culture of sexuality: Identification, conceptualization, and acculturation processes within sexual minority and heterosexual culture</em></td>
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<td><em>International Society for Research on Identity, Naples, Italy</em></td>
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<tr>
<td>2018-2019</td>
<td><strong>Walter R. Borg Research Scholarship</strong></td>
<td></td>
<td>$3,500</td>
<td>Utah State University, Logan, UT</td>
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<td></td>
<td><em>$3,500 for 1 year</em></td>
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<tr>
<td>2017-2018</td>
<td><strong>Psychology Department Thesis Research Grant</strong></td>
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Principal Investigator, $1,000
*The culture of sexuality: Conceptualization, identification, and acculturation processes within LGBT and heterosexual culture*
Utah State University, Logan, UT

2017
*Utah State University Graduate School Travel Award*
Principal Investigator, $400
*Links between Gender Role Adherence and Sexual Identity Development Among Sexual Minority Men, Presented in Groningen, The Netherlands*

2017
*Utah State University Psychology Department Conference Travel Award*
Principal Investigator, $400
*Links between Gender Role Adherence and Sexual Identity Development Among Sexual Minority Men, Presented in Groningen, The Netherlands*

2014-2015
*S. Erving Severtson Research Fellowship/Forest Foundation Undergraduate Fellow*
Principal Investigator, $2,500 awarded, $500 in travel expenses
*Risky Business: Associations Between Masculinity and Sociosexuality Among Non-Heterosexual Men, Pacific Lutheran University, Tacoma, WA*

2011-2015
*Dean’s List*
Pacific Lutheran University, Tacoma, WA

2011-2015
*Dean’s Scholarship*
$4,000 annually ($16,000 over 4 years)
Pacific Lutheran University, Tacoma, WA

**RESEARCH EXPERIENCE**

2018-2021
*Research Assistant, Investigating the Career Development and Professional Trajectories of LGBTQ Students in Engineering*
Utah State University, Psychology Department
National Science Foundation: Broadening Participation in Engineering $336,343
Principal Investigator: Ryan Berke, Ph. D.
*Responsibilities include: Assisted a grant funded project pertaining to LGBTQ+ populations and affirming academic settings. Created literature review, collected and cleaned quantitative data, interviewed participants, transcribed data, performed statistical analyses, produced and edited manuscript for publication, submitted poster to conferences.*

2019-2020
*Data Analyst, Diversity & Inclusion Initiative*
Utah State University, President’s Office
Supervisors: Renee Galliher, Ph.D. & Eri Bentley, Ph.D.
*Responsibilities include: Assisted a university-level diversity and inclusion project. Managed data sets containing data from administrative staff, faculty,*
and students from Utah State University. Performed preliminary statistical analyses and produced brief reports for the presidential office at USU.

2015-2016  
Research Intern  
University of California-San Francisco’s Alliance Health Project, San Francisco, CA  
**Supervisor:** Martha Shumway, Ph.D  
**Responsibilities include:** Interviewed inpatient clients about experiences with mental health care, assisted in literature reviews for multiple projects, created manuscript for a mindfulness-based eating and body satisfaction intervention for sexual minority women.

2015-2016  
Research Assistant  
University of California-San Francisco’s Public Psychiatry Fellowship, San Francisco, CA  
**Supervisor:** Melanie Thomas, MD, MS  
**Responsibilities include:** Performed literature searches on psychiatric mental health services, conducted focus groups with primary care physicians, synthesized results, created poster presentation and submitted to American Psychiatric Association Convention (Atlanta, GA).

2014-2015  
**S. Erving Severtson Research Fellowship/Forest Foundation Undergraduate Fellow**  
Pacific Lutheran University, Department of Psychology  
**Supervisor:** Katherine Crowell, Ph. D. & David Huelsbeck, Ph. D.  
**Responsibilities include:** Created independent line of research on masculinities and sociosexuality among sexual minority men, created literature review, collected data, performed statistical analyses, produced and edited manuscript for publication, submitted poster to conferences.

2013-2015  
Undergraduate Research Assistant  
Pacific Lutheran University, Department of Psychology  
**Supervisor:** Katherine Crowell, Ph. D.  
**Responsibilities include:** Assisted in research on creativity as a resilience factor among sexual minorities, created literature review, coded qualitative data, submitted poster to conferences.

EDITORIAL AND PEER REVIEW EXPERIENCE

2020- Present  
Ad Hoc Peer Reviewer, Psychology & Sexuality

2018- Present  
*Ad Hoc Peer Reviewer*, Psychology of Men & Masculinity

2019- Present  
*Ad Hoc Peer Reviewer*, Sex Roles

2019- Present  
*Ad Hoc Peer Reviewer*, Current Psychology
2019- Present  Ad Hoc Peer Reviewer, Journal of Gay and Lesbian Social Services


2017-2018  Student Travel Award Reviewer, APA Division 44: Society for the Psychological Study of Sexual Orientation and Gender Diversity- Bisexual Issues Committee

CLINICAL INTERESTS

Theoretical Orientations/Approaches: Intersectional Feminist/Multicultural Framework, Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, Dialectical Behavior Therapy

Presenting Concerns: Trauma, emotion dysregulation, anxiety, depression, self-injury, suicidality, eating disorders, sexual health, sexual and gender identity development

Populations: Adulthood, Emerging Adulthood, LGBTQ+, Individuals with Multiple Oppressed Identities, Vulnerable Populations

CLINICAL EXPERIENCE

06/19- 05/20  Practicum Student Therapist
Post-Traumatic Stress Disorder Assessment Track, Salt Lake City Department of Veteran Affairs Medical Center
- Conducted PTSD psychodiagnostic assessments with veterans.
- Co-facilitated a cognitive processing therapy group for veterans with PTSD and other specified trauma or stressor-related disorders.
- Participated in multidisciplinary staff meetings and case conferences.
- Presenting problems include: PTSD, Other specified trauma or stress-related disorders, substance use, suicidal ideation, self-harm, depression, anxiety, social anxiety, relationship concerns, emotion dysregulation, personality disorders.

Supervisors:  Sara Owens, Ph.D.
Direct Hours: 83.25 Indirect Hours: 169.5

07/19- 05/20  Practicum Student Therapist
Student Health and Wellness, Utah State University

- Provided behavioral health services within a primary care setting
- Intake assessments, brief psychotherapy, behavioral consultation, crisis consultation, and collaboration with primary care providers.
- Presenting problems include: depression, generalized anxiety disorder, social anxiety disorder, eating disorders, bipolar disorder, borderline personality disorder, antisocial personality disorder, PTSD, sexual trauma, self-harm, chronic suicidality, abusive relationships, emotion dysregulation, sexual and gender identity concerns.

Supervisor: Scott DeBerard, Ph.D.

Direct Hours: 141 Indirect Hours: 173.5

08/19-05/20 Practicum Student Therapist
Counseling and Psychological Services, Utah State University

- University counseling center providing psychological services
- Conducted psychological and psychoeducational assessments with university students (including learning disability, ADHD, personality, and mental health assessments) and wrote integrative reports to determine eligibility for university disability services, in addition to medication consultations from the university student health center.

Assessment Supervisor: Justin Barker, Psy.D.

Direct Hours: 58 Indirect Hours: 48 Integrated Reports: 9

08/18-05/19 Practicum Student Therapist
Counseling and Psychological Services, Utah State University

- University counseling center providing psychological services
- Provided short- and long-term psychotherapy to emerging adult community population
- Co-facilitated group therapy, including a Dialectical Behavioral Therapy Skills Training Group and a LGBTQ+ Support Group.
- Participated in weekly didactic training and seminars covering a variety of topics, including ethics, theories of therapeutic change, trauma, eating disorders, personality disorders, LGBTQ+ affirmative practice, multicultural competency, among others.
- Co-facilitated campus outreach workshops covering various mental health topics, including mindfulness, resiliency, body image, and stress reduction.
- Typical presenting problems included: depression, generalized anxiety disorder, social anxiety disorder, panic disorder, eating disorders, borderline personality disorder, PTSD, sexual trauma, self-harm, chronic suicidality, self-harm, abusive relationships, emotion dysregulation, sexual and gender identity concerns.

Supervisors: Amy Kleiner, Ph.D. & Charles Bentley, Ph.D.

Direct Hours: 186 Indirect Hours: 248
08/17- 05/18  *Practicum Student Therapist*
Behavioral Health Clinic: Psychology Division
Sorenson Center for Clinical Excellence, Utah State University
- In-home community clinic, provided psychological services and conducted assessment
- Intake assessments, brief psychotherapy provided to child, adolescent, and adult community population
- Provided psychoeducational assessments to adults and children using the WAIS IV, WISC IV, & Woodcock Johnson, and administration of the MMPI-II.
- Typical presenting problems included: depression, generalized anxiety disorder, social anxiety disorder, childhood trauma, avoidant personality disorder, addiction, relationship problems, identity concerns, adjustment issues, learning disabilities, and PTSD.

  Supervisors:  Scott DeBerard, Ph.D. & Sara Boghosian, Ph.D.
  Assessment Supervisor: Marietta Veeder, Ph.D.
  Direct Hours: 150 Indirect Hours: 339 Integrated Reports: 3

2015-2016  *HIV Test Counselor*
University of California-San Francisco’s Alliance Health Project,
San Francisco, CA
  Supervisor: Devin Posey & Perry Rhodes
  Responsibilities include: Providing anxiety and distress reduction counseling, HIV testing, and reporting test results to client, anxiety management and sexual risk assessment and reduction/prevention, brief substance use assessment, multidisciplinary staff meetings.

2014-2015  *Dialectical Behavioral Therapy Intern*, Child Study & Treatment Center,
Lakewood, WA.
  Supervisor: Byron Tani CSTC/DSHS
  Responsibilities include: Providing group DBT skill building exercises to adolescents, multidisciplinary staff meetings, and recreational and interpersonal skill building exercises.

**CERTIFICATIONS AND CONTINUED EDUCATION**

2019  *Navigating Race and Racism: Future Frontiers of Evidence-Based Cultural Competence in Clinical Care*, Dr. Kimberly Applewhite, PsyD (Utah Center for Evidence-Based Treatment)

2017  *Trauma-Focused Cognitive-Behavioral Therapy Continuing Education*  
Online Course through the Medical University of South Carolina

2017  *Infusing Trans Issues into Counseling Psychology Supervisor and Training: Dialogue between Supervisees and Supervisors*.  
American Psychological Association Webinar Training.
2017  *Gender Diverse Clients: Understanding the History and Moving Forward,* Anneliese Singh, National Multicultural Summit, Portland, OR

2017  *The “B” is not Silent: Discrimination, Internalization, and Bisexuality Identity* National Multicultural Summit, Portland, OR

2017  *Strategies for Recruiting LGBTQ Participants for Psychological Research* National Multicultural Summit, Portland, OR

2016  *Adult Transgender Cultural Competence and Cultural Humility* San Francisco Department of Public Health

2015  *State of California HIV/HCV Counselor Training* San Francisco Department of Public Health, License Counselor ID 7426

2015  *Knowledge and Access of PrEP Seminar* San Francisco Department of Public Health

**TEACHING**

**TEACHING EXPERIENCE**

Fall 2018  **On-Campus Instructor**, Utah State University, Logan, UT  
Psychology 3210: Abnormal Psychology  
Supervisor: Scott Bates, Ph.D.  
*Responsibilities include: Office hours, grading, lecturing, and development and management of course material.*

Summer 2018  **Online Instructor**, Utah State University, Logan, UT  
Psychology 4210: Personality Theories  
Supervisor: Gretchen Peacock, Ph.D.  
*Responsibilities include: Office hours, grading, lecturing, and development and management of course material.*

Spring 2018  **On-Campus Instructor**, Utah State University, Logan, UT  
Psychology 4230: Psychology of Gender  
Supervisor: Gretchen Peacock, Ph.D.  
*Responsibilities include: Office hours, grading, lecturing, and development and management of course material.*

Fall 2017  **Online Instructor**, Utah State University, Logan, UT  
Psychology 4230: Psychology of Gender  
Supervisor: Kathryn Sperry, Ph.D. and Gretchen Peacock, Ph.D.  
*Responsibilities include: Grading, online lecturing, and development and management of course material.*
2016-2017  **Graduate Teaching Assistant**, Utah State University, Logan, UT  
Psychology 4230: Psychology of Gender  
Supervisor: Kathryn Sperry, Ph.D.  
*Responsibilities include: Office hours, grading, guest lecturing, in-class activities, and mentorship of undergraduate students.*

2016-2017  **Graduate Teaching Assistant**, Utah State University, Logan, UT  
Psychology 1010: General Psychology  
Supervisor: Jennifer Grewe, Ph.D.  
*Responsibilities include: Office hours, answering emails, grading, and mentorship of undergraduate students.*

**GUEST LECTURES**

10/2019  **Guest Panelist**: Teaching Techniques within Psychology  
Panel on Teaching within Different Academic Fields  
Utah State University, Logan UT

11/2017  **Guest Lecturer**: LGBTQ+ Identity Development  
Psychology 4230: Psychology of Gender  
Utah State University, Logan UT

04/2017  **Guest Lecturer**: Sexual and Gender Identity  
Psychology 4230: Psychology of Gender  
Utah State University, Logan UT

04/2017  **Guest Lecturer**: LGBTQ+ Mental Health  
Psychology 4230: Psychology of Gender  
Utah State University, Logan UT

02/2017  **Guest Lecturer**: The Psychology of Men and Body Image  
Psychology 4230: Psychology of Gender  
Utah State University, Logan UT

11/2016  **Guest Lecturer**: Gender, Sexual Assault, and Trauma  
Psychology 4230: Psychology of Gender  
Utah State University, Logan UT

10/2016  **Guest Lecturer**: Masculinities and Body Image  
Psychology 4230: Psychology of Gender  
Utah State University, Logan UT

10/2016  **Guest Lecturer**: Men, Masculinity, and Mental Health  
Psychology 4230: Psychology of Gender  
Utah State University, Logan UT
09/2016  **Guest Lecturer:** Intersectionality  
Psychology 4230: Psychology of Gender  
Utah State University, Logan UT

## SERVICE

### PROFESSIONAL EXPERIENCE

2021  *Counseling and Psychological Services Search Committee Member*, Utah State University, Logan, UT

2019-2021  *Utah State University Diversity and Inclusion Task Force Member*, Utah State University, Logan, UT

2016- 2021  *Practicum Accreditation Committee Student Representative*, Utah State University, Logan, UT.


2017- 2018  *Student Representative*, Utah State University Combined Psychology Doctoral Program. Logan, UT.


2014- 2015  *Psi Chi Treasurer*, Pacific Lutheran University, Tacoma, WA

## ACADEMIC AND COMMUNITY INVOLVEMENT

2018- 2021  *Safe Passages for U (SP4U) Facilitator and Trainer*, Utah State University, Logan UT

2018  *Positive Body Image Workshop Co-Facilitator*, Utah State University, Logan, UT

2016- 2021  *Love Is For Everyone (LIFE) Graduate Student Affiliate*, Utah State University, Logan, UT
2016-2021  **Allies on Campus Facilitator**, Utah State University, Logan, UT

2016-2021  **OUTSpoken Panelist**, Allies on Campus, Utah State University, Logan, UT

2016  **Graduate Student Panel**, Utah State University, Logan, UT

2015-2016  **Council Affiliate, San Mateo County LGBTQ+ Mental Health Council**
        San Mateo, CA

2014-2015  **Student Affiliate**, Queer Ally Student Union (QASU), Pacific Lutheran University, Tacoma, WA

**PROFESSIONAL AFFILIATIONS**

Student Affiliate, American Psychological Association with APAGS affiliation (Member#: 89090828)

Student Affiliate, APA Division 17, Society of Counseling Psychology

Student Affiliate, APA Division 44, Society for the Psychology of Sexual Orientation and Gender Diversity

Student Affiliate, APA Division 51, Society for the Psychological Study of Men and Masculinities

Member, International Society for Research on Identity

Member, Psi Chi National Honor Society in Psychology (Member#: 21997278)