ETHELIC AND SEXUAL IDENTITIES OF DUAL MINORITIES AND THE EFFECTS OF MICROAGGRESSIONS ON PSYCHOLOGICAL WELL-BEING

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by

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DEDICATION

I would like to dedicate this thesis to my parents, my aunts and my sister, all whom have guided me and supported me throughout my academic journey, and to my closest friends who have served as my motivators and my survival network. Without the love and support of these people, the completion of this thesis would not be possible.
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ABSTRACT

ETHNIC AND SEXUAL IDENTITIES OF DUAL MINORITIES AND THE EFFECTS OF MICROAGGRESSIONS ON PSYCHOLOGICAL WELL-BEING

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The purpose of this study was to explore the relationship between the sexual and ethnic identities of Lesbian, Gay, Bisexual, Transgender (LGBT) minority emerging adults, their perception and experiences with microaggressions and the effects they have on their psychological well-being. Participants consisted of 42 White/Caucasian, African American, Asian American, and Latino/a American LGBT emerging adults. With ages ranging from 18 to 25 ($M_{age} = 22.51$). The sample consisted of 55% women, 32.5% men and 7.5% transgender. Participants completed an anonymous online self-report questionnaire.

Correlation analyses revealed that the first hypothesis that strength of identity was positively related to psychological well-being was partially supported for both dual minorities and White sexual minorities. Although ethnic identity was not strongly correlated to psychological well-being, some components of sexual identity were strongly
related to both depression and self-esteem. Analyses also revealed that the second hypothesis was partially supported. Ethnic identity had a positive relationship with microaggression. Sexual identity concealment motivation was positively correlated with microaggression, while identity affirmation was negatively correlated. Lastly regression analyses revealed that neither ethnic identity nor sexual identity moderated the effects of microaggression on psychological well-being. Is it important to note the strength of the relationships between sexual identity, microaggression and psychological well-being. Even though sexual identity was strongly related to psychological well-being it was not able to moderate the effects of microaggressions. Highlighting the resilience of the effects that microaggression (LGBT racism and POC heterosexism) have on psychological well-being.

*Keywords:* Ethnic identity, sexual identity, microaggressions, psychological well-being
SECTION I

INTRODUCTION

Statement of the Problem

Within the last decade, the United States has faced an array of policy changes and progressions within the Lesbian, Gay, Bisexual, Transgender (LGBT) community. For example, the ban on same-sex marriage has recently been overturned in 45 states and continues to be debated in the remaining few states. In addition, changes in federal policy have increased worker’s benefits as well as allowed LGBT minorities to openly serve in the military. Such changes have brought an increase in attention to the LGBT community, allowing more resources to be focused towards investigating the needs and unique stressors of sexual minorities.

Sexual minorities are considered to be at-risk, whereby sexual minorities report higher levels of psychiatric disorders (e.g., depression, anxiety, etc.), suicidal ideation, substance abuse, and other risk behaviors than their heterosexual counterparts (Vu, Choi, & Do, 2011; Almeida, Johnson, Corliss, Molnar & Azrael, 2009). For example, research have found that students who identify as lesbian, gay or bisexual (LGB), are two to seven times more likely to report a suicide attempt than their heterosexual counterparts (Haas et al., 2011). A recent meta-analysis on mental disorder, suicide and deliberate harm, concluded that suicide attempts were four times more prevalent among gay/bisexual males than heterosexual males, and LGB respondents were twice as likely to report suicidal ideation in comparison to heterosexual respondents. LGB participants were also 1.5 times more likely to report depression, anxiety, alcohol and substance abuse in comparison to heterosexual participants (King et al., 2008).
Emerging adulthood is a critical developmental period where individuals explore their identities and begin to grasp abstract systems that make up their self-image, making this period of development an ideal time to explore complex identities (Syed & Azmitia, 2008; Arnett, 2000). Emerging adulthood is a period of increased exploration, cognitive ability, and elevated risk for the development of psychiatric disorders (Eisenberg, Gollust, Golberstein, & Hefner, 2007). Yet this period can be full of additional turmoil for individuals who are members of both sexual and ethnic minority groups. The literature on ethnic minorities has long established that ethnic minorities are at-risk due to their experiences with cultural stress and discrimination (Quintana, 2007). Studies have found that ethnic/racial minorities report higher rates of perceived discrimination and greater levels of depression in comparison to their White counterparts (Brittian et al., 2014).

Research suggests that ethnic and sexual minorities in emerging adulthood are at an elevated risk for psychiatric disorders and risk behaviors, yet most of the literature has focused on investigating only one facet of their identity at a time; focusing on either ethnicity or sexuality. Furthermore, studies have explored ethnic identity and sexual identity as separate predictors but not as combined predictors. Multiple identities have also not been thoroughly examined for individuals who have multiple minority statuses – those who are both an ethnic and sexual minority.

Identity research is a broad field that seeks to examine the many facets and intersections of human identity including (but not limited to): ethnicity, sexuality, gender, and social economic status. While there is research on specific domains of identity, ethnic and sexual identity has not been specifically investigated for dual minorities. There is a
prevailing gap in ethnic and sexual research when it comes to the identity development of dual minorities. Conceptual ethnic identity models are group (e.g. African American) specific or encompass racial/ethnic minorities as a whole, but are not designed for those with multiple ethnicities or multiple minority statuses (French & Chavez, 2010; Crawford, Allison, Zamboni & Soto, 2002; Jamil, Harper, & Fernandez, 2009). Similarly, sexual identity models have been designed for sexual minorities overall but not necessarily dual minorities (Bilodeau & Renn, 2005; Cass, 1979).

**Definitions of Key Variables**

In previous literature ethnic identity has been defined differently reflecting the perspective and theoretical framework of the researcher. For the purposes of this study, Ethnic identity (EI) is defined as “one aspect of an individual’s overall identity, stems from the sense of belonging that individuals gain from ethnic group affiliation, and is defined by cultural heritage and attributes, such as values, traditions, and language” (Brittian et al., 2014).

Sexual identity (SI) has often been erroneously used interchangeably with sexual orientation and is often confused with gender identity. Sexual identity differs from sexual orientation in that sexual orientation emphasizes “the predisposition to experience sexual attractions for persons of the same sex, the other sex, or both sexes” (Diamond, 2000, pp. 241). Sexual identity emphasizes a person’s self-concept organized around the person’s sexual orientation (Diamond, 2000). In contrast, gender identity, refers to the psychological sense a person has as either a woman or a man (Yarhouse, Tan, & Palowski, 2005). For the purpose of this study SI was defined using an adaptation of Diamond’s (2000) definition as “the self-concept an individual organizes around this
predisposition, typically labeled (in this culture) gay, lesbian or bisexual” (pp. 241). Transgender individuals were included in the operational definition of sexual identity.

The term microaggression is a relatively new concept that can be complex to define because it encompasses a large range of interpersonal interactions (Sue et al., 2007). A microaggression for the purpose of this study was defined in accordance to Balsam and colleagues’ definition as “brief, daily assaults on minority individuals, which can be social or environmental, verbal or non-verbal, as well as intentional or unintentional” (Balsam, Molina, Beadnell, Simoni & Walters, 2011, pp.163). Microaggressions can be perpetrated against an individuals’ gender, race/ethnicity, sexual orientation, or religion. For the purposes of this study microaggressions were investigated only in reference to race/ethnicity and sexual orientation.

**Literature Review**

**Identity Development**

Theories surrounding identity development are rooted in both developmental (Erikson, 1968) and social psychology (Tajfel & Turner, 1979; 1986). Erik Erikson’s work on identity development gave light to the exploration and commitment processes that occur during youth and progress into adulthood (Erikson, 1968). Erikson presented identity as a developmental process that occurs over time through a process of reflection and observation (Erikson, 1968). He also highlighted the shifts that occur in identity from adolescence through adulthood, ultimately leading to an achieved identity (see Appendix A; Table 1). Erikson suggested that achieved identity was not guaranteed, and failure to achieve a stable identity could lead to role confusion and problems with commitments (Erikson, 1968).
The concept of identity was furthered by James Marcia (1980) who conceptualized identity along two dimensions: exploration and commitment. Marcia’s theory of identity achievement identified four identity statuses within the two dimensions: diffusion, foreclosure, moratorium and achievement (Marcia, 1980). According to Marcia, identity diffusion indicates that an individual has not engaged in either process (exploration or commitment). Identity foreclosure indicates that individual has made a commitment without going through the exploration process. Phinney & Ong (2007) suggested that commitment at this stage can come from identifying with a parent or role model and not from fully internalizing the identity. Identity moratorium occurs when an individual is in the process of exploring but has yet to make a commitment. And lastly, identity achievement occurs when the individual has explored their identity, sorted through the issues that arise and makes a commitment (see Appendix A; Table 2).

Although Marcia’s theory of identity achievement was based on personal identity and not necessarily ethnic identity, it created a platform for Phinney’s ethnic identity model (Phinney, 1990; 1992).

Stemming from Erikson’s influential work on identity search and development among adolescents, social psychologists had a growing interest in group identification and the social components and consequences of the identity membership (Tajfel & Turner, 1979). Social psychologists were more interested in the negotiation between the individual’s social identity and the values society placed on that group membership, than investigating the developmental stages a person moves through to achieve a social identity (French, Seidman, Allen & Aber, 2006). Tajfel and Turner’s social identity theory (1986) emphasizes that social group membership (whether it be religious,
occupational, etc.) serves as an important part of one’s self-concept (Tajfel & Turner, 1986). Their theory proposes that being a member of a group provides individuals with a sense of belonging that contributes to a positive self-concept. It suggests that members of low-status groups seek to improve their status in various ways. It is also linked to ingroup superiority, which satisfies the need for a positive self-esteem (Tajfel, 1978; Tajfel & Turner, 1986). Tajfel and Turner (1986) presented three strategies on how individuals can deal with belonging to a group that is devalued by society: 1) individual mobility, 2) social creativity and 3) social competition. Individual mobility refers to when an individual chooses to physically remove themselves from a group and changes their group membership. If group membership is not modifiable (e.g., gender, race, or ethnicity) then the individual chooses to psychologically leave his or her group by no longer identifying with that group. Social creativity occurs when the group as a whole decides to redefine their group membership meaning by comparing themselves to the outgroup on dimensions which they are superior, or by reassigning the values of the group from negative to positive. Lastly, social competition is when the group as a whole combats the system in efforts to change the hierarchy of their group membership in society. Social identity theory also highlights the potential conflict that arises when multiple group memberships occur (Tajfel & Turner, 1986).

**Ethnic Identity (EI)**

Ethnic identity is a construct that developed from the social identity model (Tajfel & Turner, 1986), although both constructs have roots in Erikson’s theory of psychosocial development (1968). However, it was Jean Phinney’s research on ethnic identity (1992) that sparked an explosion in ethnic identity research. Phinney’s work is the most
commonly cited developmental model of ethnic identity development. This developmental model is rooted in Erikson’s ego identity model (1968) and Marcia’s theory of identity achievement (1980). It proposes that individuals move from identity diffusion to either foreclosure or moratorium and eventually to ethnic identity achievement where one has a clear understanding of their ethnicity (Phinney & Ong, 2007). Phinney proposes that EI develops through three stages: unexamined identity, ethnic identity search, and ethnic identity achievement. In the first stage of unexamined identity, a person has not explored their ethnicity have not really given too much thought. This stage has two possible subtypes: diffusion and foreclosure. These two subtypes suggests a person could either have given their ethnicity little thought (diffusion) or has come to their ideas of their ethnicity through what others (e.g., family, friends, media, etc.) have influenced without really engaging in personal reflection (foreclosure). In the second stage, a person may experience ethnic identity search, whereby they have a moment of awakening where they may have a shocking experience of an incident of rejection when a person is then pushed away from the mainstream culture. Once experiencing identity search, a person may reach ethnic identity achievement through resolution of conflicts encountered in ethnic identity search. In ethnic identity achievement, individuals come to accept and develop a positive self-concept in regard to their ethnic membership (Phinney, 1992; see Appendix A; Table 2).

Alongside Phinney’s ethnic identity development model, there have been various models examining racial identity development that also tap into similar facets of exploration and commitment commonly examined in ethnic identity. For example Cross’s five-stage model of Black racial identity (1971) proposed a progression of
identity from low racial salience and low exploration to an internalized clear positive racial identity. A clear positive racial identity results from a period of immersion and internalization, similar to Marcia’s (1980) stages of identity moratorium and identity achievement. Recently Umaña-Taylor and colleagues expanded on Marcia’s framework by adding identity affirmation as a third dimension of ethnic identity development (alongside exploration and resolution) (Umaña-Taylor, Yazedjian, & Bamacá-Gomez, 2004; see Appendix A; Table 2). By adding affirmation as a dimension researchers sought to capture the variability that occurs in ethnic identity formation. This typology captures the experiences of those who have gone through the exploration and resolution processes but don’t ascribe positive feelings towards their ethnic group, as well as those who do.

**Ethnic identity and psychological well-being.** A study testing a model of identity achievement and affirmation, found that achievement and affirmation both significantly predicted psychological well-being and provided evidence for the identity achievement process. They found that moving towards an achieved identity served as an important basis for developing positive feelings and overall sense of belonging to one’s ethnic identity, which in turn promoted a more positive state of well-being (Ghavami, Fingerhut, Peplau, Grant, & Wittig, 2011). Umaña-Taylor and her colleagues (2002) reviewed 21 empirical studies investigating the relationship between self-esteem and ethnic identity among Latino adolescents. The review yielded generous support for the positive relationship between ethnic identity and self-esteem but only for some conceptualizations of ethnic identity (Umaña-Taylor, Diversi, & Fine, 2002). When ethnic identity was conceptualized in other ways, support for this positive relationship...
was inconsistent; one of the main limitations noted by Phinney & Ong (2007). However, positive relationships between ethnic identity and self-esteem have been continuously found. For example, two studies examining ethnic identity in relation to self-esteem found that ethnic identity resolution and exploration were both positively related to self-esteem across various ethnic groups (Umaña-Taylor & Shin, 2007; Umaña-Taylor & Updegraff, 2007).

Few studies have found a negative relationship between ethnic identity and various psychosocial functions. In a study examining the role of ethnic identity and social support on academic performance and well-being, researchers found that students who reported higher levels of ethnic identity also reported lower grades (Cole, Matheson, & Anisman, 2007). Although it is important to note that their scope on ethnic identity was closer to that of group identification rather than their specific ethnic group membership; they conceptualized ethnic identity as group membership instead of specifically measuring ethnic group membership affirmation.

Umaña-Taylor and her colleagues identified key problems in the ethnic identity research due to the multifaceted nature of the construct (Umaña-Taylor et al., 2002). A primary limitation in the extant ethnic identity literature is the conceptualization of ethnic identity based on different theoretical perspectives (Phinney & Ong, 2007). Many studies have continued to find ethnic identity to be a significant predictor of well-being, although the focus has shifted to exploring the specific facets of ethnic identity (e.g., exploration, centrality, affirmation, resolution, etc.) and their association to minorities’ psychosocial functions. Phinney and her colleagues (Phinney, Jacoby, & Silva, 2007) investigated whether certain identity statuses held more positive orientation (positive and open
attitude) towards other racial groups. They found that Asian Americans and Latino/as with an achieved ethnic identity were more likely to have more positive and open attitudes towards other racial groups than those in ethnic identity diffusion. They also noted a positive correlation between ethnic identity exploration and commitment, and positive intergroup attitudes. Another study examining the relationship between race-related stress, racial identity, ethnic identity, Asian values and well-being, found that ethnic identity affirmation and belonging was a significant predictor of well-being (Iwamoto & Liu, 2010).

A bulk of developmental researchers have continued to examine the development of ethnic identity from childhood, into adolescence and into emerging adulthood. Much research has found that transitional periods are noted for their high levels of identity exploration (Phinney, 1990). A recent study by French et al. (2006) examining the longitudinal development of ethnic identity among African American, Latino American, and European American adolescents, found different patterns of change in ethnic identity, varying by ethnicity, over the two transitional periods of middle school and high school. They noted that although group esteem and ethnic identity exploration were highly correlated they followed different trajectories. Group esteem was found to rise in both early and middle adolescence, while ethnic identity exploration rose only during middle adolescence. Similarly, Quintana (2007) found that although group esteem and ethnic identity exploration were strongly correlated, they followed different trajectories. Ethnic identity exploration was found to only rise during middle school, while group esteem rose for both early and middle adolescent cohorts. This rising pattern in identity exploration
has been found to repeat again during the transitional period of high school to college among emerging adults (Arnett, 2000; Syed & Azmitia, 2008).

More recently ethnic identity researchers have continued investigating moderating and protective roles of ethnic identity. A moderator variable is a third variable that affects the direction and strength of the relationship between an independent variable and a dependent variable. The moderator is represented as the interaction between an independent variable and a factor that stipulates the appropriate conditions for the moderation (Baron & Kenny, 1986). A mediating variable, on the other hand, is a variable that accounts for the relation between the independent variable and the dependent variable. “Mediators explain how external physical events take on internal psychological significance. Whereas moderator variables specify when certain effects will hold, mediators speak to how or why such effects occur" (p. 1176).

The extant literature on ethnic identity has found positive links and moderating roles in relation to various psychosocial outcomes although, the moderating role of ethnic identity is still under debate (Umaña-Taylor & Shin, 2007; Umaña-Taylor & Updegraff, 2007; Walker, Obasi, Wingate, & Joiner, 2008). Ethnic identity commitment, belonging, affirmation and centrality (i.e., the level of importance an individual places on their ethnic group membership) all have been found to act as moderators of the relationship between race-related stressors and psychological well-being. Meanwhile, ethnic identity exploration has had mixed findings (Greene, Way, & Pahl, 2006; Torres & Ong, 2010).

In a study examining acculturative stress, depressive symptoms and suicidal ideation, ethnic identity was found to be a moderator among minority students. Those who reported low levels of ethnic identity reported a stronger depression-suicide
relationship than those who reported stronger ethnic group attachment (Walker et al., 2008). Another study had similar findings in that ethnic identity centrality, public regard (i.e., how an individual feels about the evaluative judgments others make about their ethnic group) and other group orientation (i.e., individual attitudes and orientation towards other ethnic groups) acted as protective factors of well-being (French & Chavez, 2010). In line with these results, Greene, Way and Pahl (2006) found that ethnic identity affirmation served as a buffer for the negative effects of discrimination on self-esteem, while ethnic identity exploration left adolescents more vulnerable to discrimination. A more recent study found that identity coherence mediated the positive relationship between ethnic identity participation and well-being, while ethnic identity confusion mediated the negative relationship between ethnic identity search and well-being (Syed et al., 2013).

Although the majority of studies have found ethnic identity to be a moderating variable, there have been a few contradicting studies. A few studies have found evidence that engaging in higher levels of ethnic identity exploration worsens the relationship between race-related stressors and depressive symptoms (Park, Schwartz, Lee, Kim, & Rodriguez, 2012; Torres & Ong, 2010), yet ethnic identity did not moderate the relationship between discrimination and antisocial behavior. As individuals engage in higher levels of exploration, the more they expose themselves to race-related stressors, which in turn compromises their psychological well-being. Similarly in another study, ethnic identity served as a protective factor against discrimination (i.e., it attenuated the negative association between discrimination and adolescent’s anxiety), yet it did not

Torres and Ong (2010) studied the effects of discrimination on well-being in a sample of Latino adults and found that ethnic identity exploration exacerbated the effects of discrimination on depression, while ethnic identity commitment functioned as a protective factor (Torres & Ong, 2010). Similarly, Torres, Yznaga, and Moore (2011), examined ethnic identity exploration and commitment among Latino/a adults in relation to different discrimination domains and their effects on psychological distress, and found that ethnic identity exploration intensified the psychological problems associated with the discriminative events.

The current literature on the protective properties of ethnic identity is mixed leaving a lot of ground to be explored. The moderating potential of ethnic identity is dependent on its unique components. In a recent study examining the associations between perceptions of ethnic group discrimination, ethnic identity exploration and depressive symptoms, it was found that perceived ethnic group discrimination was positively related to depressive symptoms and ethnic identity exploration. Researchers also found a notable indirect relationship between ethnic identity resolution and depressive symptoms, through its direct relationship with ethnic identity affirmation (Brittian et al., 2014). Mixed findings highlight the need for further research on the moderating role of ethnic identity on the connection between culturally related stress and psychological well-being.
Racial Identity vs. Ethnic Identity

Both racial and ethnic identities involve a sense of belonging to a group and undergoing an exploration process in which an individual learns about their group membership. Like Phinney and Ong state, “both are associated with cultural behaviors and values, with attitudes towards one’s own group, and with responses to discrimination. Both vary in importance and salience across time and context” (Phinney & Ong, 2007, pp. 274). Racial identity research has tended to focus on minorities’ responses and experiences to racism (Helms, 2007). Ethnic identity research has focused on the attachment that minorities’ feel towards their ethnic group, examining their involvement in their heritage, values, traditions and language (Phinney & Ong, 2007). Due to the inherent differences between racial and ethnic identities, this study focused on ethnic identity from a developmental perspective.

Sexual Identity (SI)

Like ethnic identity, sexual identity theory is largely indebted to Erikson’s (1968) theory of psychosocial development and Marcia’s (1980) research on identity development. The dominating perspectives in sexual identity development are linear stage models, in which an individual’s progress through a sequence of developmental stages, working through feelings of recognition, reconciliation and acceptance (Cass, 1979; Bilodeau & Renn, 2005).

One of the most highly cited models is Vivian Cass’s (1979) 6-stage model of sexual identity. The model proposes that the first stage is identity confusion, a stage in which the individual becomes first aware of their same-sex attractions and feelings. The second stage is identity comparison, here the individual accepts the possibility of being
lesbian, gay or bisexual (LGB). The third stage is identity tolerance, a stage in which the individual acknowledges not the possibility but the probability that they are LGB. In the fourth stage, identity acceptance, individuals develop positive attachments to his/her LGB identity. This stage is normally characterized by an increase contact with others of similar identities, and the LGB community as a whole. The fifth stage is identity pride; this is a point where the individual sees a division between homosexuals and heterosexuals (us-them perspective), and moves from acceptance to preference of their same-sex identity. The sixth stage is identity synthesis, where there is congruence between one’s public and private identities; relinquishing the us-them perspective (Cass, 1979).

Diamond (2000) conducted a study investigating the sexual attraction trajectories of sexual minority women over a two-year course. While she found that there was a general stability and consistency in same-sex attractions over the two-year course, half of the participants changed their sexual identities from the beginning of the study, suggesting that although the same-sex attraction (SSA) might remain stable, sexual identity and behavior are more fluid (Diamond, 2000; D’Augelli, 1994). Same-sex attraction alone does not dictate how the individual sexually identifies; it is merely one facet of sexual identity. Savin-Williams and Diamond (2000) also sought to investigate the trajectories of male and female sexual minority youth and identified two varying trajectories within the context of their first same-sex attraction: a) the sexual group [those who reported explicit SSA thoughts or sexual behavior] and b) the emotional group [those who reported emotional feelings for the same-sex]. Within this context they found that men were more likely to report experiences involving sexual thoughts or behaviors
towards the same-sex, while women reported experiences involving emotional feelings. They also identified two sexual identity trajectories of same-sex sexual contact and self-labeling, the sex-first group (engaged in same-sex sexual contact before labeling or disclosing their identity as non-heterosexual), and the label-first group (engaged in same-sex sexual contact second) (Savin-Williams & Diamond, 2000). Glover, Galliher, and Lamere (2009) conducted a study examining the diverse roles of sexual minorities in a dating context and found that LGB youth’s identifications and label of their same-sex attractions seem to remain at a constant rate from adolescence into adulthood. Like Savin-Williams and Diamond, they also found support for the fluidity in young women’s attractions, sexual behaviors and self-identification. Researchers went on to suggest that sexual identity development is not a fixed linear progression, but rather has room for variability not just between genders but also within sexual minority labeling and same-sex attractions (Glover et al., 2009).

There has been a rise in literature documenting the variability in the order of various psychosocial milestones. It has been found that some LGB individuals report sexual activity before disclosing their sexual identities, and others report disclosing their identities before engaging in any sexual behavior. These findings suggest that young men are more likely to engage in same-sex behavior before identifying as gay, than young women (Savin-Williams & Diamond, 2000). Still, these findings have been criticized due to the use of retrospective data which is highly prone to distortion based on the current condition of the individual disclosing the information.

Rosario, Schrimshaw, and Hunter (2008) examined differences among LGB youths’ identity formation and integration over the course of a year. They found that
there were two naturally occurring paths, one consisting of a group of individuals who underwent various milestones of sexual identity formation earlier, and a second larger group that underwent milestones at a later point in life. Finding that the early developing group was more likely to report having experienced sexual abuse during childhood, than the later developing group. Even though they found that LGB youth demonstrated multiple patterns of identity formation and integration, it was consistent that LGB youth who reported higher levels of integration, had a cognitive sexual orientation that was more same-sex focused, perceived more family support, more positive social relationships and were less likely to report gay-related stresses (Rosario et al., 2008). Yarhouse and colleagues (2005) explored alternative sexual identity development patterns among those who experience same-sex attraction. Although there were common themes among the participants, there was substantial evidence to suggest alternative trajectories for sexual identity development and synthesis. They also noted that participants demonstrated fluidity among same and opposite-sex attractions and orientations.

There have been many other proposed models of sexual identity development, including some that have been group specific (e.g., lesbian identity, gay identity, etc.). Although most of the proposed models are predominantly linear stage models, there have been other notable theoretical frameworks. D’Augelli (1994) proposed a model that takes social contexts into account, and theorizes that sexual orientation development is fluid at times, and fixed at other times. The model emphasizes that environmental and biological factors affect and influence sexual identity during different developmental periods. Like the previous model, this framework proposes that sexual identity occurs over six identity
processes. The first process, *exiting heterosexuality*, normally noted as the beginning of the “coming out” process whereby an individual recognizes personal and social aspects of sexual orientation. The second, *development of a personal LGB identity*, is where an individual develops a socioaffectional stability that encompasses their thoughts, feelings, and attractions. The third process, *development of an LGB social identity*, is where individuals create social support networks. In the fourth process, the individual *becomes an LGB offspring*, meaning they “come out” to their parents, siblings and extended family. The fifth process, *developing an LGB intimacy status* is difficult due to the lack of examples of same-sex relationships or cultural scripts that are applicable to them, sometimes a phase of ambiguity and uncertainty about intimacy. The sixth process, *entering an LGB community*, is something D’Augelli noted does not occur for everyone where an LGB individual becomes committed to sociopolitical action within their LGB communities.

Another highly referenced model of gay and lesbian identity development comes from Fassinger and Miller (1996) who focused not on a sequential pattern of development but rather conceptualized the development as a two-part process consisting of phases. Researchers proposed that identity development consisted of two processes: formation of individual sexual identity, and formation of group membership. Each part consisting of four phases: awareness, exploration, deepening/commitment and internalization-synthesis. When developing their individual sexual identity, they begin by becoming aware that they are different from others. Moving into a phase of exploring feelings and same-sex attractions. After exploring the individual begins to internalize and commit to their LGB identity. Finally incorporating their sexuality into their overall
identification. When developing a group identity, the individual also follows the same four phases. Beginning with becoming aware of people with different sexual orientations. Exploring their relationship to the prospective LGB community. Moving into a phase of commitment to the LGB community, a period of accepting both positive and negative aspects of group membership. The last phase is where the individual fully internalizes their group identification.

Regarding the theoretical perspective (Cass, 1979; D’Augelli, 1994; Fassinger & Miller, 1996; Savin-Williams & Diamond, 2000), sexual identity research has foundational commonalities among LGB identity theory: self-definition, self-acceptance and disclosure. There is a period of self-definition consisting of discovering and defining one’s self as LGB, a period of self-acceptance where one accepts themselves as LGB, ending in a period where one integrates and discloses their sexual identity. Many of these models are critiqued for their failure to recognize the diversity of the “coming out” process. Also, there are many developmental issues that arise when studying sexual identity development during adolescence. Adolescents go through a period of sexual experimentation and identity confusion. Same-sex sexual contact does not signal LGB identity, while some adolescents identify as LGB with no prior same-sex sexual contact, thereby noting high levels of diversity among adolescents (Diamond, 2000).

The extant literature on sexual identity development has been largely focused on the development of white heterosexuals, and lesbian and gay individuals and has only recently begun looking at bisexuals, and other ethnic/racial groups. Most recently, this literature has expanded sexual minority research to include transgender-identified persons. In addition, the vast majority of research has grouped bisexual individuals with
lesbian women and gay men and only a small portion of researchers have studied bisexuals as a separate group. Even though it has been suggested that in comparison to lesbian women, gay men, and heterosexuals, bisexuals’ capacity to be attracted to both genders renders them more susceptible to be influenced by environmental factors (Diamond, 2000). Kertzner, Meyer, Frost, and Stirratt (2013) found that bisexuals reported significantly lower levels of social well-being than their lesbian and gay counterparts even when no differences arose on measures of psychological well-being and depression. They also found that bisexuals reported lower levels of LGB community connectedness. Similar to previous findings, a study comparing bisexual women in same-sex relationships, different-sex relationships, and bisexual women not in a current relationship, on dimensions of sexual identity found that bisexual women in same-sex relationships reported the highest levels of sexual identity uncertainty (Dyar, Feinstein, & London, 2014). Bisexual women in same-sex relationships reported the highest levels of depressive symptoms and higher frequency of binegative (e.g., negative attitudes towards bisexuals) exclusion and rejection by lesbians and gay men than bisexual women in same-sex relationships. It was found that bisexuals not in a current relationship reported the highest levels of depression (Dyar et al., 2014). Studies suggest that bisexuality has commonalities with lesbian women and gay men, but face unique stressors that may not be fully explored utilizing frameworks that group LGB together.

Transgender research is a nascent field exploring the biological and contextual factors that surround the development of this gender identity. Studies have found that when individuals’ gender identity doesn’t conform to their biological sex, they are at an increased risk of experiencing emotional disorders and trauma (e.g., physical,
psychological, and sexual abuse) (Roberts, Rosario, Corliss, Koenen & Austin, 2012; Boskey, 2014). Unfortunately there is very little, to no research on transgender identity development, and many of the past studies have focused on gender dysphoria, defined as “a strong and persistent (long-term) discomfort and distress with one’s birth sex, gender, and anatomical body” (Grossman & D’Augelli, 2007). Morgan and Stevens (2012) sought to explore the life trajectories of transgender persons from a qualitative approach utilizing grounded theory. They found that participants displayed similar patterns of life experience, reflected in three prominent themes: an early sense of body-mind dissonance (i.e., incongruence between one’s biological gender and gender identity), negotiating and managing identities (i.e., gender identity, sexual identity, etc.) and the process of transition. Researchers suggest that transgender identity is a staged and developmental process stating “the process of recognizing, acknowledging and developing one’s identity as transgender is a multistage process in which the sense of a transgendered identity develops before one has an actual name for it” (Morgan & Stevens, 2012, pp. 305).

Grossman and D’Augelli (2007) conducted an exploratory investigation to identify life-threatening behaviors among fifty-five transgender youth. They found that transgender youth [regardless of being female-to-male (FTM) or male-to-female (MTF)] are at a high risk for suicidal ideation and life-threatening behavior. About 50% of the sample reported suicidal ideation, a quarter reported it was in direct relation to their transgender identity. Even more concerning, a quarter of the youth reported a suicide attempt, of that quarter, 75% reported it being in relation to their transgender identity, while the remaining 25% attributed it to being transgender. Overall, the findings suggest significant connections between suicide ideation and body esteem.
In another qualitative study also investigating transgender-identified people’s experiences in arriving at their gender identity, the researchers found three clustered themes in relation to the common processes of transgender identity development (Levitt & Ippolito, 2014). The first theme consisted of an overwhelming sense from early childhood to conform to cisgender (i.e., a person who is not transgender) ideals, being treated like damaged goods. In the second theme, participants described the importance of hearing transgender narratives and finding safe spaces to express their gender. The third theme was the ongoing process of balancing “authenticity and necessity” (Levitt & Ippolito, 2014, pp. 1743). Participants reported finding a balance between remaining authentic to their gender and having safety and social considerations for their gender expression.

More recently, sexual identity research has sought to explore the psychological circumstances of identifying as sexual minority. Wright and Perry (2008) found that sexual identity distress was directly related to psychological distress. When individuals felt more stigma or negative affect in relation to their sexual orientation they were more likely to experience mental health problems. They also found that individuals who more openly disclosed their sexual identity with their support networks were less likely to experience high levels of distress, but if their support network was high in LGB peers, they were more likely to engage in risky sexual behavior.

In line with these findings, a study explored the impact of minority stress (e.g., sexual identity distress, stigma consciousness, and heterosexist experiences) on psychological distress among lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth and found that there was a clear relationship between minority stress and
psychological distress (Kelleher, 2009). Minority stress was found to significantly predict negative psychological outcomes, and sexual identity distress significantly predicted psychological distress. More recently, Amola and Grimmett (2015) conducted a study investigating the relationships between sexual identity, depression, self-esteem, HIV risk behaviors, HIV status and internalized homophobia in Black men who have sex with men (MSM). They found high levels of pressure to conform to a heterosexual identity, and found that internalized homophobia was positively correlated with depression, and negatively correlated with self-esteem. Having found that sexual minorities are at an increased risk for depressive symptoms and risk behaviors in comparison to their sexual majority counterparts has propelled research into exploring ethnic/racial and gender differences (Vu et al., 2011; Haas et al., 2011; King et al., 2008).

Mohr and Fassinger (2000) found significant gender differences, men reported higher levels of internalized *homonegativity* (i.e., negative feelings about one’s sexual orientation), need for privacy and acceptance of sexual orientation, while women reported higher levels of confusion (Mohr & Fassinger, 2000). In a study by Consolacion, Rusell, and Sue (2004), investigating gender differences and within group (ethnic/racial) differences of dual minorities, found that young women had elevated mental health risks (suicidal ideation, depression and low self-esteem), and noted that African Americans reported the lowest levels self-esteem in comparison to other minorities, such as Asian Pacific Islander and Hispanic/Latinos. Zoeterman and Wright (2014) investigated how openness to experience influences LGB identity formation and how it impacts mental health. They found that women, ethnic minorities and bisexuals reported having a less developed identity and higher levels of internalized
homonegativity, suggesting that women and men’s sexual identity development is susceptible to different social and biological contextual factors that significantly affect identity integration and psychosocial adjustment.

Even though a large part of the extant research has found that racial/ethnic minorities are at an increase risk for depressive symptoms, some researchers have found evidence against that claim. For example, in a study examining social and psychological well-being of LGB individuals, it was found that despite having a greater predisposition to discrimination and prejudice, African American respondents did not report lower levels of psychological adjustment in comparison to their White counterparts (Kertzner, et al., 2013). A possible explanation could be that investigating dual minorities from a sexual minority scope could be overlooking significant differences between racial groups. While looking at sexual identity and racial/ethnic identity separately can indicate no incongruences, exploring the intersection of these two could capture important differences.

In contrast to identity formation research, some researchers have studied how the process of sexual identity integration affects psychological well-being. In a study specifically looking at lesbian identity and self-esteem, it was found that women who had synthesized (i.e., integrated) their sexual identities reported higher levels of self-esteem (Swann & Spivey, 2004). In a longitudinal examination of LGB identity formation and integration, it was also found that youth who reported higher levels of integration experienced greater psychological adjustment. Youth who reported low levels of integration had the highest rates of distress and self-esteem (Rosario, Schrimshaw, & Hunter, 2011). Findings suggest that a more developed identity is indicative of greater
psychological adjustment. Zoeterman and Wright (2014) found that sexual identity development fully mediated the positive effect of openness to experience on mental health, implying an association between identity development and better mental health.

Crawford and colleagues (2002) examined how African American gay and bisexual men managed their dual identity developmental process. They proposed a sexual and racial/ethnic acculturation model that encompassed four modes: assimilation (low sexual identification/high racial-ethnic identity), integration (high sexual identity/high racial-ethnic identity), separation (high sexual identity/low ethnic-racial identification), and marginalization (low sexual identity/low ethnic-racial identity). They found that participants in the integration mode of acculturation reported higher levels of self-esteem, HIV prevention self-efficacy, stronger social support networks, greater levels of life satisfaction, lower levels of gender-role and psychological distress than those in the other three modes. Those in the marginalization mode reported the most compromised psychological adjustment. These findings indicated that the more they were able to integrate and hold positive self-attitudes toward their ethnic and sexual identities, the more they valued themselves, protected their health, and experienced greater levels of personal contentment (Crawford et al., 2002). Unfortunately only few researchers have investigated ethnic/racial, and sexual identity concurrently, or the intersection of identities among dual minorities. A more recent study looking at ethnic identity and sexual identity among African American and Latino gay, bisexual, and questioning (GBQ) male youth, found that sexual identity and ethnic identity develop simultaneously during early to late adolescence. Even though both identities develop at the same time, each identity acts independently from the other and follows different trajectories. With
regards to ethnic identity, awareness and exploration was a result of external factors (e.g., behaviors of others), while sexual identity awareness and exploration was a result of an internal process (e.g., becoming aware of one’s same-sex attractions). They found that youth managed both identities creatively, noting that they were able to maintain a connection to both sexual and ethnic communities by selectively embracing resources within each community that supported their development (Jamil, Harper, & Fernandez, 2009).

Vu and colleagues (2011) found that sexual identity development was affected by ethnic identity development, and vice versa, meaning that both identities were intertwined and influenced one another. They also found that participants who were more comfortable with their ethnic identity tended to be more comfortable with their sexual identity, and vice versa. Overall they noticed that a positive dual identity (both ethnic and sexual) was correlated with greater psychosocial outcomes (e.g., social support, socioeconomic status and acculturation). A more recent study examined racial and sexual identities as potential protective factors in minorities’ development, and HIV prevention (Walker et al., 2014). Similar to Vu et al. (2011), they found that those who reported greater levels of racial centrality and racial public regard reporter fewer sexual risk acts. Although some components of ethnic identity were associated, it was found that sexual identity was not correlated with sexual behavior. Although sexual and ethnic identity can act as protective factors, external and underlying factors (e.g., discrimination) still affect dual minorities.
Discrimination

Minorities in the United States have historically been documented to experience racism, not just at an individual level but at an institutionalized level as well, ultimately compromising their psychological well-being (Tate, 2007; Yosso, Smith, Ceja, & Solorzano, 2009). The existing literature has largely documented that perceived discrimination is negatively associated with psychological well-being (Zeiders, Umaña-Taylor, & Derlan, 2013; Seaton, Caldwell, Sellers, & Jackson, 2008; 2010; French & Chavez, 2010; Torres & Ong, 2010; Brittian et al., 2014; Greene, Way, & Pahl, 2006).

Discrimination research has found robust gender differences, in that men perceive more acts of discrimination in comparison to women (Seaton et al., 2008). It has also found age differences, in that older adolescents tend to report higher levels of perceived racism (Seaton et al., 2010). Discrimination researchers have sought to explore the trajectories of the effects of discrimination, determining whether perceived acts of discrimination have an impact in future mental health. Greene et al. (2006) examined trajectories of perceived discrimination among racial/ethnic groups over the course of three years, and found that there was a negative relationship between discrimination, well-being and depressive symptoms that rose as time proceeded (Greene et al., 2006). Some researchers have even found a direct negative relationship between discrimination and depression, even after controlling for stereotype threat (French & Chavez, 2010). Other researchers have found that perceived discriminatory events produce a lag effect, suggesting that discriminative events not only affect the individual at the time of the event but that there is an internalization of the event that affects psychological well-being (Torres & Ong, 2010).

In a recent study, Zeiders et al. (2013) investigated depression and self-esteem
trajectories in relation to gender roles and perceived discrimination. They found that perceived discrimination was negatively correlated with self-esteem and positively correlated with depressive symptoms.

Having established the detrimental effects of perceived discrimination on psychological well-being, discrimination research has pursued the investigation in relation to sexual minorities. Almeida and colleagues (2009) found that LGBT adolescents were significantly more likely to report perceived discrimination in comparison to their heterosexual counterparts. They also found an increase in perceived discrimination when it came to transgender youth, and in suit with the literature, they found that LGBT adolescents who reported experiencing discriminative acts based on their sexual orientation, were significantly more likely to display depressive symptoms (e.g. self-harm, suicidal ideation). Perceived discrimination is suggested to be a large factor in emotional distress (Almeida et al., 2009). Building on previous findings, a recent study looking at LGBT emerging adults found that, although there was a clear relationship between perceived discrimination and reported mental disorders within the last year (Bostwick, Boyd, Hughes, West, & McCabe, 2014). Racial discrimination alone was not correlated with mental health disorders but that when combined with sexual or gender discrimination, it was strongly predictive of previous mental health disorder.

**Microaggressions**

With changes in societal views of racism and discrimination, a new era of subtle racism has been identified. Racism is now more commonly seen as implicit and the subtle nature of this expression of racism is what aids to its perpetuation. Researchers have come to use the term *microaggressions* to represent the subtle, daily, verbal (or nonverbal),
behavioral, social or environmental indignities directed that minorities’ experience (Solorzano, Ceja, & Yosso, 2001; Sue et al., 2007). Microaggressions, whether intentional or unintentional, have been found to have a diminishing effect on psychological well-being, not because of a single occurrence but the daily accumulation has an internalizing effect that affects overall well-being (Sue, Capodilupo, & Holder, 2008; Solorzano et al., 2000).

Researchers have identified three main forms of microaggressions: microassaults, microinsults, and microinvalidations (Sue et al., 2007). Microassaults are explicit derogatory attacks against a minority that is meant to purposely harm through name-calling, avoidant behavior, or deliberate discriminatory acts. Although these are explicit attacks they are normally disclosed in more private settings, allowing a degree of anonymity. Typically when these attacks are observed publicly it is a result of the person either losing control, or feeling safe to engage in such behavior. In contrast, microinsults are “characterized by communications that convey rudeness and insensitivity and demean a person’s racial heritage or identity” (Sue et al., 2007, pp. 274). These communications are commonly unknown to the perpetrator but clearly convey a derogatory insult. An example can be a situation where a woman discloses her sexual identity only to be told that she “doesn’t look like a lesbian”. Even though the perpetrator may be unaware of the microinsult, the individual’s well-being is compromised. Finally, microinvalidations are communications that exclude or negate “the psychological thought, feelings, or experiential reality” of a minority (Sue et al., 2007, pp. 274). An example can be, asking someone where he or she was born, clearly negating his or her U.S. American heritage.
Sue and colleagues (2008) conducted a qualitative study researching the internal psychological dynamics and effects of microaggressions on African Americans. Findings suggested that the ambiguous nature of microaggressions places minorities in an undesirable state of paranoia and cultural mistrust. Individuals have to deduct underlying meaning from subtle communications and remain vigilant of attacks to protect their well-being (Sue et al., 2008). Like the previous study, Torres, Driscoll, and Burrow (2010) examined the effects of racial microaggressions on the psychological functioning of high-achieving African Americans. In line with previous studies, their respondents reported experiencing an array of microaggressions, from being treated like a criminal, to feeling constantly underestimated. Although most noteworthy was that after controlling for depressive symptoms, experiencing microaggressions led participants to view their life as stressful. Findings suggest that microaggressions have the capacity to increase the perception of greater life stress.

Huynh (2012) explored the frequency and reactivity to different forms of microaggression among Latino and Asian American youth. She found that both ethnic groups were affected by microaggressions and although Latino adolescents reported a higher frequency of microaggressions, no differences existed in reactivity (i.e., degree to which adolescents were reactive to microaggressions). She also found a positive relationship between frequency of negative treatment and depressive and somatic symptoms. As frequency of microaggressions increased, depressive and somatic symptoms increased as well. In line with Huynh’s (2012) findings, Nadal, Griffin, Wong, Hamit, and Rasmus (2014) found the same relationship between frequency of microaggressions and psychological well-being. They also found a positive correlation
between racial microaggressions and depressive symptoms, suggesting that although microaggressions are subtle and can go unnoticed; they are by no means innocuous.

The growing body of microaggression research has found substantial evidence for the detrimental influence that these derogatory acts have on ethnic/racial minorities’ psychological well-being. There is also evidence for the occurrence of different types of microaggressions that affect minorities to varying degrees (Sue et al., 2008; Torres, Driscoll, & Burrow, 2010). Recently, researchers have moved to explore the frequency and effect of microaggressions in the lives of sexual minorities.

Nadal and associates (2011) wanted to explore the specific types of microaggressions that surround sexual orientation and how they affect the everyday lives of LGB individuals. Through the use of qualitative methods, Nadal and colleagues found eight emerging themes: use of heterosexist terminology (e.g., faggot, dyke; could be classified as a microassault), endorsement of heteronormative culture/behaviors (e.g., feeling like the LGBT individual has to act “straight”, or feel pressure to make others feel comfortable about their sexuality; could be classified as a microinsult), assumption of universal LGBT experience, exoticization (e.g., feeling dehumanized, or like an object; could be classified as a microinsult), discomfort/disapproval of LGBT experience, denial of the reality of heterosexism (could be classified as a microinvalidation), and assumption of sexual pathology/abnormality (could be classified as a microinsult), and threatening behaviors (e.g., victims of assault or threatening behavior) (Nadal, Issa, Leon, Meterko, Wideman, & Ying, 2011). Aside from identifying common themes among the types of microaggressions sexual minorities experience, Nadal and associates observed gender differences. They found that lesbian and bisexual women reported more cases of feeling
objectified, while gay men reported more cases of being accused of having HIV/AIDS or
of being a sexual predator (Nadal et al., 2011). While there may be common themes
among the types of microaggressions experienced by sexual minorities, these findings
suggest that there are microaggressions that are specific to gender identity.

Another study by Platt and Lenzen (2013), examining sexual orientation
microaggressions, found seven common themes among LGBT participants’ responses
(five similar themes were previously identified by Sue, 2010): endorsement of
heteronormative culture, sinfulness (e.g., the belief that any non-heterosexual orientation
is sinful or morally deviant), homophobia, heterosexist language/terminology (e.g.,
language that reflects heteronormative values (i.e., husband, wife), oversexualization
(e.g., associating one’s sexual orientation with sexual activities/behaviors),
dersexualization (e.g., acceptance of a sexual minority but only when they are not in an
active relationship), and microagression as humor. While some of the identified themes
differ from those identified by Nadal et al. (2011), there are core themes that both studies
tap into. Both studies identified themes that fall into the three microaggression
classifications set forth by Sue et al., (2007) (microassault, microinsult, and
microinvalidation). Overall these studies illustrate the added stress, and deleterious
effects that sexual orientation microaggressions cause LGBT individuals. Sexual
minorities are constantly placed under scrutiny for not adhering to heteronormative
standards, and are constantly placed in an elevated state of stress, and due to the fact that
microaggressions are subtle in nature, sexual minorities are made to feel as though they
are “being sensitive” when they react or express concern furthering the microinvalidation
(Sue et al., 2008; Nadal et al., 2011; Platt & Lenzen, 2013).
Microaggressions are dangerous, not just because of their explicit effects on minorities, but because they are widely acknowledged as acts of discrimination. In a study by McCabe, Dragowski and Rubison (2013), school psychologists were asked to report about incidences of bias and harassment of LGBT youth and the number of incidences where they overheard students or staff making derogatory remarks. School psychologists reported lower incidences of bias and harassment among LGBT youth yet they reported high numbers of derogatory remarks. School psychologists overlooked these comments not considering them to be bias (e.g., heteronormative) or harassing (McCabe et al., 2013). Recognizing that microaggressions are covert and overt discriminatory acts and treating them as such is necessary, especially among mental health professionals. Shelton and Delgado-Romero (2013) wanted to explore themes and experiences of LGBQ individuals with sexual orientation microaggressions in a therapy setting. Researchers identified seven themes, in which heteronormality was largely present. Microaggressions are present in all settings causing an added strain on sexual and ethnic minorities’ lives. Minorities seek mental health services, and utilize friends and family, as protective resources to combat adversity, yet are experiencing microaggressions from those exact sources. Nullifying the buffering effect these resources tend to have on the negative effects of discrimination (Shelton & Delgado-Romero, 2013). A recent study explored transgender microaggressions in the context of friendship, finding unique themes that trans individuals face and themes that resonate with those identified for LGB individuals (Galupo, Henise, & Davis, 2014). Participants reported feelings of invalidation, exoticization (objectification), discomfort, and isolation after experiencing microaggressions. Unfortunately, regardless of the perpetrators or the
victims being aware or unaware of these derogatory communications, dual minorities’ mental health will continue to be at an increased risk.

**Theoretical Lenses: Critical Race Theory and Intersectional Theory**

Critical Race theory (CRT) was originally drawn from an economic perspective but widely adapted to explain social issues pertaining to racism and social inequality experienced by subordinate identity-statuses (Anderson & McCormack, 2010). This paradigm focuses on the influence of race in different aspects of individuals’ lives. The theory takes into account the idea that racism is finely ingrained into our American system and that is what makes racism such a prevalent and dominant force (Anderson & McCormack, 2010; Yosso et al., 2009). CRT has been used by scholars to explain the inequalities different minorities face due to their minority statuses such as gender, ethnicity/race and sexual orientation (Tate, 1997). CRT argues that identities related to race are an inherent part of any individual, and these identities will consequently play a risk factor on individuals’ lives, and the same is seen of gender and sexual orientation. CRT would argue that individuals who have multiple intersecting identities are at a bigger risk of experiencing daily microaggressions because of the accumulation of oppression that occurs within each intersecting identity.

Critical Race Theory is heavily influenced by the sociological theory of intersectionality. Intersectional theorists have argued that when groups are marginalized due to their racial identity they are more likely to be marginalized for other non-mainstream identities (Yosso et al., 2009). Intersectional theory concerns itself with the effect that the intersection of multiple statuses has on health and well-being (Cole, 2009). It works on the basic premise that the intersecting variables (e.g., race, SES, sexual
orientation) that define individuals, work together to create inequality often referred to as “interlocking systems of oppression” (Cole, 2009). CRT and intersectionality theory served as the theoretical basis for my study, using their emphases on the intersecting identities of dual minorities and the effects these intersecting identities have on mental health and inequality (Syed, 2010).

**Intersectional Invisibility**

An alternate point of view to the perception of discrimination among dual minorities comes from the sociological perspective of intersectional invisibility (Purdie-Vaughns & Eibach, 2008). Intersectional invisibility states that individuals who possess multiple minority statuses are rendered “invisible” because they do not fit the prototype for what a sexual minority and thus are not at a high risk of experiencing discrimination. The idea of invisibility comes from the notion that people with multiple minority statuses do not fit the respective prototypes of their identity groups. This theory posits that when thinking of a homosexual individual the prototypical image is of a white man or a white woman. Therefore a Latina/o homosexual would not experience the microaggressions that a White homosexual male or female would because they are not prototypical of what a homosexual individual should be (see Figure 1). Evidence for this theory stems from research focused on *androcentrism* – the tendency to define the standard person as male, *ethnocentrism* – the tendency to define the standard person as a member of the dominant ethnic group, and *heterocentrism* – the tendency to define the standard person as heterosexual (pp. 378). This theory emphasizes the prototypical fit to those three dimensions (androcentrism, ethnocentrism, and heterocentrism). Scholars have indicated that the addition of non-mainstream identities does not increase the likelihood of
individuals to be marginalized. Conversely, they indicate that the addition of such identities will reduce the likelihood of that individual to be marginalized. This synergetic process will serve as a protective factor of marginalized context for individuals who present dual/multiple identities (Purdie-Vaughns & Eibach, 2008). Overall, intersectional invisibility argues that individuals with multiple intersecting identities (e.g., gender and race) will not experience the level of prejudice and racism that a person who is prototypical (e.g., White gay man) would.

In sum, the literature has brought to light the positive relationships between ethnic identity and psychological well-being (Torres & Ong, 2010; Walker et al., 2008; Phinney, 1990). It has also highlighted the positive relationship between sexual identity and psychological well-being (Consolacion et al., 2004; Rosario, Schrimshaw, & Hunter, 2011). Lastly, discrimination literature substantiates the negative impact that perceived microaggressions and discrimination have on people’s psychological well-being, specifically those with multiple minority statuses (Balsam et al., 2011; Nadal et al., 2011; Solorzano et al., 2000; Torres, Driscoll, & Burrow, 2010). With what is known about the established relationships between ethnic identity and sexual identity and mental health, little research has investigated the effect of both of these identities combined.

**Current Study**

The current study was designed to target the prevailing gaps in both identity and microaggression research on dual minorities. The aim of this study was to ascertain whether ethnic identity and sexual identity strength (combined) serve as predictors of emerging adults’ psychological well-being. It also sought to explore how perceived
discrimination and the effects of microaggressions on psychological well-being are moderated by ethnic and sexual identity strength.

**Hypotheses**

1. It is hypothesized that strength of identity (ethnic identity and sexual identity) will have a positive relationship with psychological well-being.

2. It is also hypothesized that emerging adults who score higher on ethnic identity and sexual identity will perceive fewer acts of microaggression than those with lower scores.

3. It is hypothesized that strength of ethnic identity and sexual identity will serve as a moderator for the effects of microaggressions on psychological well-being.
SECTION II

Method

Participants

Participants consisted of 42 dual (ethnic and sexual) and sexual minorities, with ages ranging from 18 to 25 (55% women, 32.5% men, 7.5% transgender). The participants’ ethnic/racial background was made up of 42.9% White, 23.8% Latino/a, 21.4% mixed-race, 4.8% Asian/Asian American, 2.4% Black, and 4.8% indicated other. The participants sexually identified as 22% lesbian, 22% gay, 31.7% bisexual, and 24.4% identified as other.

Measures

Ethnic Identity Strength. Participants’ ethnic identity was measured using Phinney’s (1992) Multigroup Ethnic Identity Measure (MEIM). The measure consisted of 15 items, on a scale 1 (strongly disagree) to 4 (strongly agree). This scale consisted of two subscales: 1) ethnic identity search and, 2) affirmation, belonging and commitment. The first subscale measured to what extent a person had explored or tried to learn about their ethnic group, how involved they were within their ethnic group and thoughts surrounding the impact their ethnic group had on their daily lives. The second subscale, captured how much a person accepts and feels pride about their ethnic membership, how positive that group membership is and how attached they were to their ethnic group (see Appendix B). Both scales were found reliable during the present study; identity affirmation/belonging had a Cronbach’s alpha of .87, and identity exploration had an alpha of .80.
**Sexual Identity Strength.** Participants’ sexual identity was measured using the Lesbian, Gay, and Bisexual Identity Scale (LGBIS; Mohr & Kendra, 2011). This scale consisted of 27 items ranging on a 1 (disagree strongly) to 7 (agree strongly) scale. The LGBIS consists of 8 subscales, but for the purposes of this study only 4 subscales were used: 1) concealment motivation, 2) identity uncertainty, 3) identity centrality and 4) identity affirmation. The first subscale targeted the motivation that LGB persons experience to keep their sexual orientation concealed. The second captured the uncertainty about one’s sexual orientation identity. The third subscale captured the view of one’s LGB identity as central to one’s overall identity. And lastly the fourth subscale reflected the degree to which an LGB individual positively viewed and endorsed their sexual orientation and their membership to the LGB community. The items for these subscales were modified from “LGB” to “LGBT” to include transgender minorities. The Cronbach’s alphas for the present study were: .92 (concealment motivation), .93 (identity uncertainty), .88 (identity centrality) and .91 (identity affirmation).

**Microaggressions.** Participants’ experience with racism was measured with the Lesbian, Gay, Bisexual, Transgender People of Color Microaggression Scale (LGBT-PCMS) (Balsam et al., 2011). This was an 18-item measure answered on a 6-point scale ranging from 0 (Did not happen/not applicable to me) to 5 (it happened, and it bothered me EXTREMELY). The measure was made up of three subscales (LGBT racism, POC heterosexism and LGBT relationship racism) but for the purposes of this study only two were used: 1) racism in LGBT communities and 2) heterosexism in racial/ethnic minority communities. The first subscale captured to what degree dual minorities experienced racism within their LGBT communities. The second subscale captured the heterosexist
experiences dual minorities face within racial/ethnic minority communities. The Cronbach’s alphas for the present study were: .84 (LGBT racism) and .85 (POC heterosexism).

**Psychological Well-being.** Participants’ psychological well-being was measured using both Rosenberg’s Modified Self-Esteem Inventory Scale (RMEIS) and the Center for Epidemiologic Studies Depression (CES-D) scale. Rosenberg’s Modified Self-Esteem Inventory (Rosenberg, 1965) measured individual’s perception of self-worth, ability, self-satisfaction and self-respect. This scale contained 10-items answered on a 4 point scale ranging from 0 (strongly disagree) to 3 (strongly agree). An average of these items was calculated. Higher scores indicated a higher self-esteem, while low scores indicated a lower self-esteem. Cronbach’s alpha for the present study was .92.

The Center for Epidemiologic Studies Depression (CES-D; Radloff, 1977) scale consisted of 20 items answered on a 4-point scale ranging from 1(rarely or none of the time (less than 1 day) to 4 (most or all of the time (5-7 days). A sum of these items was created, in which a score of 16 points or higher was considered depressed. Cronbach’s alpha for the present study was .94.

**Procedure**

The study was approved through the university Institutional Review Board. Sexual minorities [i.e. Lesbian, Gay, Bisexual, and Transgender (LGBT)] and dual minorities (both ethnic and sexual minorities) were recruited through LGBT centers, LGBT events, word-of-mouth, and local community newsletters. Participants accessed the survey either through an emailed link or as a direct online survey link. They were first prompted with a participant consent form providing them with the information on the
possible risks/benefits of their participation, as well as instructing them on their rights as a participant of the study. Before every set of questions participants were given brief instructions on how to respond appropriately.

Participants took between 30 to 45 minutes to complete the survey. Participants concluded the survey answering demographics questions. Lastly they were thanked and provided with links to local mental health resources incase of any emotional distress.

Respondents were not compensated for their participations.
SECTION III

Results

In order to test the hypotheses the data was checked for normality; analyses revealed that there were some univariate outliers whose skewness and kurtosis z-scores exceeded more than 3 standard deviations. Even though they were univariate outliers these cases were retained due to the nature of the scales; these responses are part of the intended studied sample. Analyses also revealed that there were no multivariate outliers; none of the Mahalanobis distances exceeded the chi-square critical value \((76.09; df = 38)\) at \(p < .001\).

To test the hypothesis that strength of ethnic and sexual identities have positive relationships with psychological well-being, correlation analyses were conducted. Contrary to expectations, the results indicated that for dual minorities, ethnic identity and psychological well-being were not significantly correlated. Table 3 reveals the following results; specifically, identity affirmation and belonging had non-significant relationships with depression and self-esteem (see Appendix A). Identity exploration did not have a significant correlation with depression, but it was marginally correlated with self-esteem, \(r(22) = -.41, p = .06\). Some of the components of sexual identity were significantly correlated with psychological well-being; of the four subscales, only concealment motivation was significantly correlated with depression, \(r(22) = .69, p < .05\), and self-esteem, \(r(22) = -.53, p < .05\). No other subscale was significantly correlated with psychological well-being.

As shown in 3, correlation analyses for racial majority (White) participants revealed that there were no significant correlations between ethnic identity and
psychological well-being (see Appendix A). Some of the components of sexual identity were correlated with psychological well-being. Identity centrality was significantly correlated with depression, \( r(20) = .53, p < .05 \), but not with self-esteem. Like identity centrality, identity affirmation was correlated with depression, \( r(20) = -.48, p < .05 \), but not with self-esteem. Both dual minorities and White participants did not have significant correlations between ethnic identity and psychological well-being but they both did have significant correlations between sexual identity and well-being. Although for dual minorities it was concealment motivation, while for White participants it was identity centrality and identity affirmation.

Lastly, when analyzing the entire sample (see Appendix A; Table 4), ethnic identity exploration was significantly related to self-esteem, \( r(42) = -.39, p < .05 \). No other significant correlations between ethnic identity and psychological well-being were found. Analyses also revealed that some components of sexual identity were significantly related to psychological well-being. Concealment motivation was significantly correlated with both depression, \( r(42) = .54, p < .05 \), and self-esteem, \( r(42) = -.47, p < .05 \). Identity affirmation was significantly correlated with depression, \( r(42) = -.32, p < .05 \), but not self-esteem. Finally, identity uncertainty and identity centrality were not related to depression, nor self-esteem.

In order to test the second hypothesis that emerging adults with high ethnic identity and sexual identity perceived fewer acts of microaggression, correlation analyses were performed between each type of identity and microaggressions (see Appendix A; Table 5). These revealed that ethnic identity affirmation/belonging was not correlated with either components of microaggression – LGBT racism or people of color (POC).
heterosexism. However, ethnic identity exploration was significantly correlated with LGBT racism, $r(40) = .48, p < .05$, but not POC heterosexism. Analyses suggested significant correlations between two components of sexual identity and microaggressions. Sexual identity concealment motivation was correlated with LGBT racism, $r(40) = -.37, p < .05$. Identity affirmation was also found to be significantly correlated with both LGBT racism ($r(40) = -.43, p < .05$) and POC heterosexism ($r(39) = -.32, p < .05$). On the other hand, identity uncertainty and identity centrality were not correlated with LGBT racism or POC heterosexism.

In order to test the final hypothesis that strength of identity would serve as a moderator for the effects of microaggressions on psychological well-being, regression analyses were conducted. For these, only concealment motivation was used as a measure of sexual identity as it was the only predictor that was significantly correlated with psychological well-being. Ethnic identity was a composite of both subscales (affirmation/belonging and exploration). Analyses indicated that there was no sign of multicollinearity or singularity between these hypothesized independent variables. To test whether identity moderated the effects of microaggressions on psychological well-being, all the predictors and moderators were centered and multiplied in order to test for the interactions between them.

These regression analyses revealed that although sexual identity was a significant predictor of both depression (see Appendix A; Tables 6 and 8) and self-esteem (see Appendix A; Tables 10 and 12), it did not moderate the effects of microaggressions on psychological well-being. The interaction between sexual identity and LGBT racism was not a significant predictor of depression or self-esteem (see Appendix A; Tables 6 and
The interaction between sexual identity and POC heterosexism was also not a significant predictor of depression or self-esteem (see Appendix A; Table 8 and 12). However, the results revealed that sexual identity was a significant predictor of depression when tested as a predictor alongside both LGBT racism ($\beta = .38, p < .05$) and POC heterosexism ($\beta = .52, p < .05$) (see Appendix A; Tables 6 and 8). Sexual identity was also a significant predictor of self-esteem when tested alongside microaggression predictors, LGBT racism and heterosexism ($\beta = -.34, p < .05; \beta = -.38, p < .05$) (see Appendix A; Tables 10 and 12).

Unlike sexual identity, analyses indicated that ethnic identity did not moderate the effects of microaggressions on psychological well-being (see Appendix A; Tables 7, 9, 11 and 13). The interaction between ethnic identity and LGBT racism was not a significant predictor of depression (see Appendix A; Table 7) or self-esteem (see Appendix A; Table 11). Similar to the previous interaction, the interaction between ethnic identity and POC heterosexism was also not a significant predictor of either depression or self-esteem (see Appendix A; Tables 9 and 13).
SECTION IV

Discussion

The purpose of this study was to examine the relationships and effects of identity strength and microaggressions on psychological well-being; to do this three hypotheses were tested. When examining the first hypothesis that strength of identity (both EI & SI) would have a positive relationship with psychological well-being, the sample was separated into minority and majority groups to note any significant racial group differences.

When looking at dual minorities, correlation analyses indicated that there were no strong correlations between ethnic identity and psychological well-being. There was only a marginal correlation between ethnic identity exploration and self-esteem. When the whole sample was analyzed it was found that only identity exploration was correlated with depression. Such findings go against the significant positive relationship that normally arises between ethnic identity and well-being among racial/ethnic minorities (Syed et al., 2013; Walker et al., 2008; Umaña-Taylor et al., 2002). Findings illustrate how having an additional sexual minority status ultimately affects the relationship between ethnic identity and psychological well-being in dual minorities. Also when examining the whole sample as a sexual minority group, finding that exploration was correlated with depression fell in line with what previous research found during the developmental period of emerging adulthood (Arnett, 2000; Arnett & Brody, 2008).

Sexual identity had multiple components that were correlated with psychological well-being for both minority and majority groups. When focusing only on dual minorities, the only subscale of sexual identity that was correlated with both depression
and self-esteem was concealment motivation. This could be indicative of their dual minority status, in that they feel an added pressure by their ethnic communities to conceal their sexual identity. Dual minorities constantly face the stress of conforming to heteronormative values within their ethnic communities, causing them to feel a need to hide their sexual identity, ultimately affecting their psychological well-being.

Although when it came to the White group it was found that identity centrality and identity affirmation were correlated with depression. While White participants did not feel a strain to conceal their sexual identity, their mental health was affected by their sexual identity centrality and affirmation. The level of importance and ascribed positive values on sexual identity promoted a more positive psychological well-being. Although ethnicity might not affect White participants in this situation, sexual identity plays a large role in their overall well-being.

This shift brings to light some of the differences between minorities and their racial counterparts. Unfortunately due to sample size, regression analyses were not conducted to investigate what subscales of sexual identity served as predictors of psychological well-being because they would yield unreliable results. Lastly, when the groups were combined and analyzed as a sexual minority sample it was found that concealment motivation was positively correlated with depression and negatively correlated with self-esteem, which parallels previous research (Rosario et al., 2008; Wright & Perry, 2008). Overall, the hypothesis was partially supported for both ethnic and sexual identity, and psychological well-being.

The second hypothesis was also partially supported. The results indicated that ethnic identity exploration, sexual identity concealment motivation, and sexual identity
affirmation were significantly correlated with microaggressions. Whether those with high identity strength perceived more or less acts of microaggression in comparison to their counterparts was not completely addressed, the relationship between dual identities and microaggressions was explored. In line with previous research, it was found that ethnic identity exploration and sexual identity concealment motivation were positively correlated to LGBT racism (Balsam et al., 2011; Nadal, 2011). This indicated that as exploration and concealment motivation increased, so did the perceived acts of racism within their own (LGBT) communities. This positive relationship is indicative of the level of awareness and identity exploration that occurs during emerging adulthood (Arnett & Brody, 2008). Identity affirmation had a negative correlation with both LGBT racism and POC heterosexism. This indicated that as identity affirmation increased fewer incidents of LGBT racism were perceived, and fewer acts of heterosexism within racial/ethnic communities were perceived. This supports the hypothesis that as sexual identity strength increases fewer acts of microaggressions are perceived.

The third hypothesis that ethnic identity and sexual identity did not moderate the effects of microaggressions on psychological well-being was not supported. This finding is similar to prior studies where ethnic identity was not a strong moderator (Tynes et al., 2012; Torres et al., 2011). Noteworthy was the finding that both subscales of microaggressions (LGBT racism and POC heterosexism) were significant predictors of depression. The strength and direction of this relationship has been found in previous studies, findings here substantiate those claims (Balsam et al., 2011; Nadal, 2011; Torres et al., 2010; Huynh, 2012; Nadal et al., 2014). As the frequency of perceived acts of LGBT racism and POC heterosexism increase, the more diminished psychological well-
being becomes. It is important to note the positive correlations between microaggression and psychological well-being in both dual minorities and their racial counterparts suggest an absence of intersectional invisibility. This model argues that dual minorities are not prototypical of homosexual individuals therefore rendering them invisible, experiencing less acts of racism/prejudice (Purdie-Vaughns & Eibach, 2008).

Even though the moderators (the interactions between identity type and microaggression) were not significant, it was found that sexual identity concealment motivation by itself was a significant predictor of psychological well-being. In line with previous research, it was found that concealment motivation had a negative relationship psychological well-being (Consolacion et al., 2004; Wright & Perry, 2008). When sexual minorities feel a need to conceal their identity it has detrimental effects on their mental health. Once again this stresses the relationship between experienced microaggressions, sexual identity and mental health.

**Limitations**

The primary limitation in this study was the small sample size, which ultimately affected the power of the analyses, which resorted to the analyses being primarily correlational. The small sample size was not sufficient to examine differences between racial/ethnic groups. Also, the present study was designed to look specifically at dual minorities during emerging adulthood making this study difficult to generalize to other age groups because of the nature of this developmental period. It cannot be determined to what extent this sample is representative of dual minorities in general.
Future Directions

Future studies should explore the moderating effects of dual identity integration in dual minorities with a larger sample. With the strength of the relationship between microaggressions, and mental health, it is absolutely crucial to investigate how the dual minorities cope with the added strain of microaggressions within both their identifying communities.

The current findings add to the growing body of research on dual minorities and dual identities. Although studies are constantly investigating individual minority statuses and individual identities, there is still insufficient research on the intersection of those statuses and identities. This study examined the intersections of ethnic and sexual minority status as well as sexual and ethnic identities, providing insight on the effects and associations of microaggressions on psychological well-being. Future research should explore the strength of relationship between LGBT-POC-microaggression and mental health as well exploring ethnic identity as two separate factors in dual minorities. It is highly critical for dual minorities to further investigate the unique psychological and physical impacts that sexual orientation and ethnic microaggressions have on minorities’ mental health.
References


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Rosario, M., Schrimshaw, E. W., & Hunter, J. (2008). Predicting different patterns of sexual identity development over time among lesbian, gay, and bisexual youths:


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Table 1

*Erikson’s Stages of Psychosocial Development*

<table>
<thead>
<tr>
<th>Age</th>
<th>Conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy (0-1 year)</td>
<td>Basic trust vs. Mistrust</td>
</tr>
<tr>
<td>Early Childhood (1-3 years)</td>
<td>Autonomy vs. Shame</td>
</tr>
<tr>
<td>Play Age (3-years)</td>
<td>Initiative vs. Guilt</td>
</tr>
<tr>
<td>School Age (6-12 years)</td>
<td>Industry vs. Inferiority</td>
</tr>
<tr>
<td>Adolescence (12-19 years)*</td>
<td>Identity vs. Confusion*</td>
</tr>
<tr>
<td>Early adulthood (20-25 years)*</td>
<td>Intimacy vs. Isolation*</td>
</tr>
<tr>
<td>Adulthood (26-64 years)</td>
<td>Generativity vs. Stagnation</td>
</tr>
<tr>
<td>Old Age (65- death)</td>
<td>Integrity vs. Despair</td>
</tr>
</tbody>
</table>

*Note: James Marcia’s identity statuses are based on the adolescent and early adulthood stages of Erik Erikson’s psychosocial stages.*
### Table 2

*Ethnic Identity Stages based on Marcia’s Identity Statuses*

<table>
<thead>
<tr>
<th></th>
<th>Marcia (1980)</th>
<th>Identity Diffusion</th>
<th>Identity Foreclosure</th>
<th>(Identity Crisis)</th>
<th>Moratorium</th>
<th>Identity Achievement</th>
</tr>
</thead>
</table>
Table 3

*Correlations Between Ethnic Identity, Sexual Identity and Psychological Well-being for Dual Minority and White Participants*

<table>
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<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
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<td>1. Ethnic Identity Affirmation/ Belonging</td>
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<td>.15</td>
<td>.32</td>
<td>-.36</td>
<td>-.36</td>
<td>.17</td>
<td>-.27</td>
<td>.30</td>
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<tr>
<td>2. Ethnic Identity Exploration</td>
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<td>1</td>
<td>.69**</td>
<td>-.05</td>
<td>-.28</td>
<td>-.19</td>
<td>.00</td>
<td>-.19</td>
</tr>
<tr>
<td>3. Sexual Identity Concealment motivation</td>
<td>-.18</td>
<td>.14</td>
<td>1</td>
<td>-.17</td>
<td>-.33</td>
<td>-.20</td>
<td>.08</td>
<td>-.17</td>
</tr>
<tr>
<td>4. Sexual Identity Uncertainty</td>
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<td>.03</td>
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<td>-.36</td>
<td>.26</td>
<td>-.34</td>
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<td>-.01</td>
<td>-.44*</td>
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<td>-.06</td>
<td>.53*</td>
<td>-.39</td>
</tr>
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<td>.34</td>
<td>-.42</td>
<td>-.59**</td>
<td>.64**</td>
<td>1</td>
<td>-.48*</td>
<td>.33</td>
</tr>
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<td>7. Depression</td>
<td>.01</td>
<td>.30</td>
<td>.69**</td>
<td>.21</td>
<td>-.21</td>
<td>1</td>
<td>-.60**</td>
<td></td>
</tr>
<tr>
<td>8. Self-esteem</td>
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<td>-.24</td>
<td>.38</td>
<td>.19</td>
<td>-.79**</td>
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</table>

*Note: Lower triangle comprises correlations for dual minority participants. Upper triangle comprises correlations for White participants. *p < .05. **p < .01.*
Table 4

Correlations Between Ethnic Identity, Sexual Identity and Psychological Well-being for All Participants

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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</thead>
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<tr>
<td>1. Ethnic Identity</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Affirmation/</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Belonging</td>
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<tr>
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<td>-</td>
<td>-</td>
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<td>-</td>
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<td>3. Sexual Identity Concealment</td>
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<td></td>
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<td></td>
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<td>Motivation</td>
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<td>.55**</td>
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<td>-</td>
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<tr>
<td>7. Depression</td>
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<td>.25</td>
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<td>.26</td>
<td>-.01</td>
<td>-.32*</td>
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<tr>
<td>8. Self-esteem</td>
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<td>-.47**</td>
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<td>.29</td>
<td>.26</td>
<td>-.76**</td>
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</table>

Note: *p < .05. **p < .01.
Table 5

*Correlations Between Ethnic Identity, Sexual Identity and Microaggressions for All Participants*

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
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<td>1. Ethnic Identity Affirmation/ Belonging</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>4. Sexual Identity Uncertainty</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5. Sexual Identity Centrality</td>
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<td>-.49*</td>
<td>-.30</td>
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<td>6. Sexual Identity Affirmation</td>
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<td>-.44*</td>
<td>-.55*</td>
<td>.55*</td>
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<td>7. Microaggression LGBT Racism</td>
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<td>-.37*</td>
<td>.23</td>
<td>-.16</td>
<td>-.43*</td>
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<td>8. Microaggression POC Heterosexism</td>
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<td>.31</td>
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<td>.21</td>
<td>-.32*</td>
<td>.71*</td>
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</table>

*Note: *"p < .05. **p < .01.
Table 6  

Predictors of Depression: Testing Microaggression LGBT Racism and Sexual Identity for Moderation

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>T</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>Microaggression LGBT Racism</td>
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<td>2.23</td>
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<tr>
<td>Sexual Identity Concealment Motivation</td>
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<td>.95</td>
<td>.38</td>
<td>2.57</td>
</tr>
<tr>
<td>Microaggression LGBT Racism*Sexual Identity Concealment Motivation</td>
<td>1.28</td>
<td>1.18</td>
<td>.15</td>
<td>1.08</td>
</tr>
</tbody>
</table>

Dependent variable: Depression (CES-D)
Table 7

*Predictors of Depression: Testing Microaggression LGBT Racism and Ethnic Identity for Moderation*

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized</th>
<th>Standardized</th>
<th>$T$</th>
<th>Sig.</th>
</tr>
</thead>
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<tr>
<td>Microaggression LGBT Racism</td>
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<td>.53</td>
<td>3.30</td>
<td>.00</td>
</tr>
<tr>
<td>Ethnic Identity Affirmation/Exploration</td>
<td>4.65</td>
<td>.20</td>
<td>1.34</td>
<td>.19</td>
</tr>
<tr>
<td>Microaggression LGBT Racism* Ethnic Identity Affirmation/Exploration</td>
<td>-2.18</td>
<td>-.13</td>
<td>-.82</td>
<td>.42</td>
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</table>

Dependent variable: Depression (CES-D)
Table 8

Predictors of Depression: Testing Microaggression POC Heterosexism and Sexual Identity for Moderation

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>T</th>
<th>Sig.</th>
</tr>
</thead>
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<tr>
<td>Microaggression POC Heterosexism</td>
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<tr>
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</table>

Dependent variable: Depression (CES-D)
Table 9

Predictors of Depression: Testing Microaggression POC Heterosexism and Ethnic Identity for Moderation

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>T</th>
<th>Sig.</th>
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</thead>
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<td>Std. Error</td>
<td>Beta</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microaggression POC</td>
<td>2.28</td>
<td>2.95</td>
<td>.11</td>
<td>.77</td>
</tr>
<tr>
<td>Heterosexism*Ethnic Identity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dependent variable: Depression (CES-D)
Table 10

*Predictors of Self-Esteem: Testing Microaggression LGBT Racism and Sexual Identity for Moderation*

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>Microaggression <em>LGBT Racism</em></td>
<td>-.20</td>
<td>.12</td>
<td>-.26</td>
<td>-1.71</td>
</tr>
<tr>
<td>Sexual Identity <em>Concealment Motivation</em></td>
<td>-.11</td>
<td>.05</td>
<td>-.34</td>
<td>-2.20</td>
</tr>
<tr>
<td>Microaggression <em>LGBT Racism</em> <em>Sexual Identity</em></td>
<td>-.08</td>
<td>.06</td>
<td>-.19</td>
<td>-1.30</td>
</tr>
</tbody>
</table>

Dependent variable: Self-Esteem (RMSEI)
Table 11

Predictors of Self-Esteem: Testing Microaggression LGBT Racism and Ethnic Identity for Moderation

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microaggression LGBT Racism</td>
<td>-.25</td>
<td>-.32</td>
<td>-1.93</td>
<td>.06</td>
</tr>
<tr>
<td>Ethnic Identity Affirmation/Exploration</td>
<td>-.10</td>
<td>-.12</td>
<td>-.74</td>
<td>.47</td>
</tr>
<tr>
<td>Microaggression LGBT Racism* Ethnic Identity Affirmation/Exploration</td>
<td>-.32</td>
<td>-.28</td>
<td>-1.8</td>
<td>.09</td>
</tr>
</tbody>
</table>

Dependent variable: Self-Esteem (RMSEI)
Table 12

*Predictors of Self-Esteem: Testing Microaggression POC Heterosexism and Sexual Identity for Moderation*

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>Microaggression POC Heterosexism</td>
<td>-.13</td>
<td>.10</td>
<td>-.19</td>
<td>-1.20</td>
</tr>
<tr>
<td>Sexual Identity Concealment Motivation</td>
<td>-.13</td>
<td>.05</td>
<td>-.38</td>
<td>-2.40</td>
</tr>
<tr>
<td>Microaggression POC Heterosexism* Sexual Identity Concealment Motivation</td>
<td>-.02</td>
<td>.06</td>
<td>-.06</td>
<td>-.40</td>
</tr>
</tbody>
</table>

Dependent variable: Self-Esteem (RMSEI)
Table 13

*Predictors of Self-Esteem: Testing Microaggression POC Heterosexism and Ethnic Identity for Moderation*

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microaggression POC Heterosexism</td>
<td>-.20</td>
<td>-.30</td>
<td>-1.76</td>
<td>.09</td>
</tr>
<tr>
<td>Ethic Identity Affirmation/Exploration</td>
<td>-.21</td>
<td>-.25</td>
<td>-1.54</td>
<td>.13</td>
</tr>
<tr>
<td>Microaggression POC Heterosexism*Ethnic Identity</td>
<td>-.22</td>
<td>-.22</td>
<td>-1.30</td>
<td>.20</td>
</tr>
</tbody>
</table>

Dependent variable: Self-Esteem (RMSEI)
Figure 1. Ideological sources of prototypicality – the figure illustrates how prototypically allows for non-prototypical to be rendered intersectionally invisibility (Purdie-Vaughns & Eibach, 2008)
APPENDIX B

MEASURES USED IN THE THESIS

Multigroup Ethnic Identity Measure

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are Hispanic or Latino, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in: In terms of ethnic group, I consider myself to be ____________________

Use the numbers below to indicate how much you agree or disagree with each statement.

(4) Strongly agree  (3) Agree  (2) Disagree  (1) Strongly disagree

1- I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.

2- I am active in organizations or social groups that include mostly members of my own ethnic group

3- I have a clear sense of my ethnic background and what it means for me.

4- I think a lot about how my life will be affected by my ethnic group membership.

5- I am happy that I am a member of the group I belong to.

6- I have a strong sense of belonging to my own ethnic group.

7- I understand pretty well what my ethnic group membership means to me.

8- In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.

9- I have a lot of pride in my ethnic group.

10- I participate in cultural practices of my own group, such as special food, music, or customs.

11- I feel a strong attachment towards my own ethnic group.

12- I feel good about my cultural or ethnic background.

13- My ethnicity is
(1) Asian or Asian American, including Chinese, Japanese, and others

(2) Black or African American

(3) Hispanic or Latino, including Mexican American, Central American, and others

(4) White, Caucasian, Anglo, European American; not Hispanic

(5) American Indian/Native American

(6) Mixed; Parents are from two different groups

(7) Other (write in): ________________________________

14- My father's ethnicity is (use numbers above)

15- My mother's ethnicity is (use numbers above)
Lesbian, Gay, and Bisexual Identity Scale

For each of the following statements, mark the response that best indicates your experience as a lesbian, gay, or bisexual (LGB) person. Please be as honest as possible in your responses.

1---------2---------3---------4---------5---------6---------7
Disagree Strongly Agree Strongly

1. I prefer to keep my same-sex romantic relationships rather private.
2. If it were possible, I would choose to be straight.
3. I'm not totally sure what my sexual orientation is.
4. I keep careful control over who knows about my same-sex romantic relationships.
5. I often wonder whether others judge me for my sexual orientation.
6. I am glad to be an LGB person.
7. I look down on heterosexuals.
8. I keep changing my mind about my sexual orientation.
9. I can't feel comfortable knowing that others judge me negatively for my sexual orientation.
10. I feel that LGB people are superior to heterosexuals.
11. My sexual orientation is an insignificant part of who I am.
12. Admitting to myself that I'm an LGB person has been a very painful process.
Lesbian, Gay, Bisexual, Transgender People of Color Microaggressions Scale (LGBT-PCMS)

For each of the following statements, mark the response that best indicates your experiences.

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

1. Not being accepted by other people of your race/ethnicity because you are LGBT
3. Not being able to trust White LGBT people
4. Feeling misunderstood by White LGBT people
5. Feeling misunderstood by people in your ethnic/racial community
6. Having to educate White LGBT people about race issues
7. Being the token LGBT person of color in groups or organizations
8. Feeling invisible because you are LGBT
9. Being rejected by other LGBT people of your same race/ethnicity
10. Being rejected by potential dating or sexual partners because of your race/ethnicity
11. Being seen as a sex object by other LGBT people because of your race/ethnicity
12. Reading personal ads that say “White people only”
13. Feeling like White LGBT people are only interested in you for your appearance
14. Difficulty finding friends who are LGBT and from your racial/ethnic background
15. Being told that “race isn’t important” by White LGBT people
16. Being discriminated against by other LGBT people of color because of your race.
17. White LGBT people saying things that are racist
18. Feeling unwelcome at groups or events in your racial/ethnic community

19. Not having any LGBT people of color as positive role models
Center for Epidemiologic Studies Depression Scale

Instructions: Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

<table>
<thead>
<tr>
<th>I was bothered by things that usually don't bother me.</th>
<th>1 = Rarely or None of the Time (Less than 1 day)</th>
<th>2 = Some or a little of the Time (1-2 days)</th>
<th>3 = Occasionally or a Moderate Amt of Time (3-4 days)</th>
<th>4 = Most or All of the Time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I did not feel like eating; my appetite was poor.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I felt that I could not shake off the blues even with help from my family or friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I felt that I was just as good as other people. (RC)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I had trouble keeping my mind on what I was doing.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I felt depressed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I felt that everything I did was an effort.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I felt hopeful about the future. (RC)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I thought my life had been a failure</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I felt fearful.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My sleep was restless.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I was happy. (RC)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I talked less than usual.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Feeling</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>I felt lonely.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>People were unfriendly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I enjoyed life. (RC)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I had crying spells.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I felt sad.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I felt that people dislike me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I could not get &quot;going&quot;.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
### Rosenberg’s Modified Self-Esteem Inventory

<table>
<thead>
<tr>
<th>Statement</th>
<th>3=Strongly Agree</th>
<th>2=Agree Somewhat</th>
<th>1=Disagree Somewhat</th>
<th>0=Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that I am a person of worth, at least on an equal par with others.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I feel that I have a number of good qualities.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>All in all, I am inclined to feel that I’m a failure. (RC)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I am able to do things as well as most other people.</td>
<td>3=Strongly Agree</td>
<td>2=Agree Somewhat</td>
<td>1=Disagree Somewhat</td>
<td>0=Strongly Disagree</td>
</tr>
<tr>
<td>I feel I do not have much to be proud of. (RC)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I take a positive attitude toward myself.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>On the whole, I am satisfied with myself.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I wish I could have more respect for myself. (RC)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I certainly feel useless at times. (RC)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>At times I think that I am no good at all. (RC)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
**Demographics**

Please answer the following questions and/or check the boxes which BEST describes you.

1. **What is your race/ethnicity?**

<table>
<thead>
<tr>
<th>Native American/American Indian/Alaskan Native</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaiian Native/Pacific Islander</td>
</tr>
<tr>
<td>Caribbean/Caribbean American</td>
</tr>
<tr>
<td>Asian/Asian American</td>
</tr>
<tr>
<td>African/African American</td>
</tr>
<tr>
<td>Caucasian/White (Not Latino(a)/Hispanic)</td>
</tr>
<tr>
<td>Latino(a)/Hispanic</td>
</tr>
<tr>
<td>Middle Eastern/Arab</td>
</tr>
<tr>
<td>Mixed/Multi-Racial (please specify):</td>
</tr>
<tr>
<td>Other (please specify):</td>
</tr>
</tbody>
</table>

2. **What is your age? _____**

3. **What is your gender identity?**

<table>
<thead>
<tr>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Transgender/Transsexual</td>
</tr>
<tr>
<td>Other (please specify):</td>
</tr>
</tbody>
</table>

4. **What is your sexual orientation?**

<table>
<thead>
<tr>
<th>Lesbian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay</td>
</tr>
<tr>
<td>Bisexual</td>
</tr>
<tr>
<td>Transgender</td>
</tr>
<tr>
<td>Other (please specify):</td>
</tr>
</tbody>
</table>
5. What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.

<table>
<thead>
<tr>
<th>No high school</th>
<th>No high school</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school</td>
<td>High school</td>
</tr>
<tr>
<td>Some college</td>
<td>Some college</td>
</tr>
<tr>
<td>Associates degree</td>
<td>Associates degree</td>
</tr>
<tr>
<td>Bachelors degree</td>
<td>Bachelors degree</td>
</tr>
<tr>
<td>Masters degree</td>
<td>Masters degree</td>
</tr>
<tr>
<td>Doctorate degree</td>
<td>Doctorate degree</td>
</tr>
<tr>
<td>Other professional degree</td>
<td>Other professional degree</td>
</tr>
<tr>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

6. What is the highest level of education achieved by your parents/legal guardians?

<table>
<thead>
<tr>
<th>Parent/Legal Guardian 1:</th>
<th>Parent/Legal Guardian 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No high school</td>
<td>No high school</td>
</tr>
<tr>
<td>High school</td>
<td>High school</td>
</tr>
<tr>
<td>Some college</td>
<td>Some college</td>
</tr>
<tr>
<td>Associates degree</td>
<td>Associates degree</td>
</tr>
<tr>
<td>Bachelors degree</td>
<td>Bachelors degree</td>
</tr>
<tr>
<td>Masters degree</td>
<td>Masters degree</td>
</tr>
<tr>
<td>Doctorate degree</td>
<td>Doctorate degree</td>
</tr>
<tr>
<td>Other professional degree</td>
<td>Other professional degree</td>
</tr>
<tr>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

7. What is your marital status?

<table>
<thead>
<tr>
<th>Single, never married</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married or domestic partnership</td>
</tr>
<tr>
<td>Widowed</td>
</tr>
<tr>
<td>Divorced</td>
</tr>
<tr>
<td>Separated</td>
</tr>
</tbody>
</table>
8. What is your yearly income?

<table>
<thead>
<tr>
<th>Income Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $10,000</td>
</tr>
<tr>
<td>$10,000 - $20,000</td>
</tr>
<tr>
<td>$20,000 - $30,000</td>
</tr>
<tr>
<td>$30,000 - $40,000</td>
</tr>
<tr>
<td>$40,000 - $50,000</td>
</tr>
<tr>
<td>$50,000 - $60,000</td>
</tr>
<tr>
<td>$60,000 - $80,000</td>
</tr>
<tr>
<td>$80,000 - $100,000</td>
</tr>
<tr>
<td>Over $100,000</td>
</tr>
</tbody>
</table>